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Sexual and Reproductive Health Among
Indigenous Mexican Adolescents: A Socio-
Representational Perspective

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Declaration

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Abstract

In this thesis I advance a socio-representational perspective on sexual and reproductive health as constructed by indigenous Mexican adolescents. The social and psychological literature on health among indigenous populations and on adolescent sexual health is reviewed. It is argued that a socio-psychological perspective is needed to understand the resources through which contemporary indigenous youth, a population overlooked by research, make sense of their sexual and reproductive health. In generating the theoretical tools to tackle this issue, I adopt a dialogical approach to social representations theory to sharpen Jovchelovitch's (2007) model of knowledge encounters by proposing a typology of potential outcomes of these encounters. The empirical research involved female and male indigenous adolescents in two social contexts: rural and urban. In-depth individual interviews, focus group discussions and unstructured observations were employed for data elicitation. Results from the interpretative thematic analysis performed are presented through a 'funnelling' approach whereby the interdependent engagements of indigenous adolescents with their social context, their partners and specific health beliefs are discussed by highlighting nuanced differences in relation to social context and gender. Key findings are related to the understanding of romantic relationships in terms of stability and continuity, which impacts on the way that sex and contraception are perceived and experienced. Results also reveal that, in dialogue with others, adolescents come to identify alternative ways of positioning themselves with regards to customary discourses about sexual health. Focus group discussions are further examined through a dialogical analysis of interactions that aim to identify, in sociodialogue, the outcomes of knowledge encounters initially proposed. A further data-driven outcome is subsequently added to the typology and analytical categories are refined. Implications for health promotion in terms of the reflexion entailed in dialogue are offered in the conclusion chapter.

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INTRODUCTION

Models of health in Mexico emerge out of a conflictive interaction between two systems of knowledge and values: one from Western culture, considered superior and legitimate (by the majority), and an Indian one, regarded as inferior (Coronado, 2005: 165).

In the case of adolescents, experts opine that it is best to use the concept of sexual health instead of reproductive health because it is not appropriate to favour the link sexuality-reproduction. It is known that sexual relationships, in the majority of cases, do not have the goal of reproduction (Mexican Ministry of Health, 2002: 57, my translation, emphases added).

These quotes portray the current situation of indigenous Mexican adolescents when it comes to sexual health. Although it is widely known that indigenous people have their own knowledge, it is the “experts”¹—the holders of “valid” knowledge—who decide how health-related notions should be understood. Moreover, these quotes are intended to reflect the invisibility and voiceless condition of indigenous young people in Mexico: ‘adolescents’ and, to a lesser extent, ‘indigenous people’ are recognised groups; the characteristics of the youth, however, are rarely linked to indigenous people. The phrase ‘indigenous adolescent’ is thus an oxymoron. The reasons behind this might be various. One of them, in my view, is that “indigenusness” continues to be treated by non-indigenous people as a synonym for ignorance, passivity and underdevelopment (Martinez Novo, 2006; Rosas-Vargas, 2007). Since “adolescence” is a concept typically associated with change, maturing and growth (WHO, 2006), it seems contradictory to hold this notion together with indigenusness.

In Mexico, as in many Latin American countries, indigenous peoples were treated dismissively after the Spanish conquest. One of the ways to conceal the socioethnic diversity in these countries was the use of the “myth of the *mestizaje*” intended to create a space of no differences, in which nations were unified by the mix of races (Gall, 2004). This portrays a harmonious façade in which new and supposedly homogenous mixed nations are solidly integrated. However, the *mestizaje* myth has served to hide the fact that this integration was neither solid nor horizontal. On the contrary, behind this label there was a subordinated exclusion, as the closer a person or a practice was to indigenusness,

¹ In this thesis I use single quotation marks (‘ ’) to mark the use of a term in a technical sense, especially when it is mentioned for the first time. I employ double quotation marks (“ ”) for direct quotations as well as for words or phrases used in a metaphorical sense, or in a sense that is questioned or not endorsed by myself.

the lower their location in the social hierarchy (Briceño-Linares, 2006; Duno, 2002). Regarding sexual health, the *mestizaje* myth has served to gain control over indigenous females, establishing the values of the Roman Catholic Church and the dominant class as the only valid, permissible and legitimate ones (Gutiérrez Chong, 2008). Today, Mexico is seen as a nation in which hybridity, instead of *mestizaje*, has been the long-standing cultural marker through which multiple socioethnic backgrounds coexist and, at some points, are able to communicate (García Canclini, 1995/2001). In Mexico, as it has been suggested for other Latin American countries (e.g. Arruda, 1998), the national context does not only act as a ground canvas, but also as a source of continuous restructuration that is itself an active element in the continuous negotiation of identities.

At present, in Mexico, sexual health-related issues are treated as private, sensitive and sometimes unspeakable topics. At the same time, the proportion of births from female indigenous adolescents is double that of non-indigenous girls (Chávez-Galindo, 2007). Against this backdrop, sexual health is officially understood as involving a positive and respectful approach to sexuality and sexual relationships (WHO, 2002). Considering the historical treatment given to indigenous peoples and the current invisibility of indigenous adolescents, why is it always necessary to compare them with non-indigenous populations? What are the distinctive cultural elements that could underlie the understanding of sexual health among these adolescents? The notion of what constitutes a positive approach to sexuality—in other words, the understanding of what sexual ill-health involves—is actually shaped by local culture and should be understood in this way.

These questions, coupled with a commitment to address historical, social and health-related problems in my own country (Mexico), stimulated me to conduct the research reported here. My aim is to offer a social psychological approach to local knowledge that goes beyond the “deficit model” (Hilgartner, 1990; Schiele, 2008). I acknowledge the value of indigenous adolescent knowledge in its own right and it is not my research interest to compare indigenous and non-indigenous adolescents. Instead, the overarching goal of this research is to investigate the social representations of sexual and reproductive health among indigenous adolescents in two social contexts in Mexico. This aim guides two further goals at the empirical and theoretical level. The empirical objective of the thesis is threefold: first, to understand how indigenous adolescents construct their representations of sexual and reproductive health; second, to explore how they do so in dialogue; and third, to identify any differences manifested in the dialogue displayed by participants from rural and urban contexts. The theoretical aim is to sharpen the

understanding of the model of knowledge encounters proposed by Jovchelovitch (2007) by adding a dialogical perspective and putting it into use in a sociocultural context where hybridity has been a long-standing cultural marker.

With this research, I hope to make a contribution to social psychology through three main outcomes. First, by uncovering new empirical facts about social representations of sexual health among indigenous adolescents in Mexico, a population that has been neglected by research. Second, by furthering social psychological studies of local knowledge in a non-Western context, including participants with the same ethnic background in two social contexts. And third, by sharpening the understanding of the model of knowledge encounters by adopting a dialogical approach to social representations.

Outline of the thesis

The thesis is presented in two parts. Part I is concerned with delineating the problem of study and examining the relevant theoretical and methodological tools to address it. Chapter I focuses on the literature on indigenous peoples and adolescent sexual health to show that indigenous Mexican adolescents and their *contemporary* understandings of sexual and reproductive health have been ignored by research. It is argued that there has been a parallel focus between research on indigenous peoples and the methods used for examining adolescent sexual health, insofar as the emphasis has been on the 'incompleteness' and limitations of these groups when engaging in sexual health issues. Hence, it is suggested that a distinct sociopsychological approach is needed to study sexual and reproductive health as understood by indigenous Mexican adolescents. Chapter II discusses the theoretical framework, within social representations theory, used to examine the research problem. Three theoretical issues are discussed: the relevance of a dialogical approach to social representations, the intimate relationship between social representing and the construction of identities, as well as the production of social representations in and through communication, with emphasis on dialogue. Next, the notion of cognitive polyphasia is connected to Jovchelovitch's (2007) model of knowledge encounters. By weaving the aforementioned theoretical concepts together, I propose a tentative typology of outcomes of knowledge encounters anticipated to be of use for data analysis. Chapter III discusses my methodological choices for investigating the research problem. In doing so, the research design (two-embedded case study) is justified and preparations for data collection are introduced. Next, the data elicitation techniques employed (in-depth

individual interviews, focus group discussions and unstructured observations) are justified. Data elicitation and analysis, as well as quality assurance measures pursued are discussed.

Part II presents and discusses the empirical findings generated by the analysis. Chapter IV presents the societal elements that impact upon indigenous adolescents' understanding of sexuality, health and reproduction. It is suggested that indigenous adolescents respond to the expectations of their social environment of what is considered sexually healthy by positioning themselves as the current generation, not necessarily "modern" or "traditional" but with potential for transformation. In doing so, participants evaluate and internalise these social expectations by incorporating them into an individual life project that integrates their sexual and reproductive experiences. Chapter V establishes the prominent role of relationships in shaping the sexual and reproductive decisions of participants. Gender expectations for females and males are discussed. In view of these expectations, it is shown that there is a continuous and hierarchical understanding of both sexual practices and relationships and how they interdependently determine one another. Negotiations of sexual encounters and contraceptive measures aimed at fertility regulation are thus understood against the background of prospects for continuity and stability. The questioning of these prospects, it is suggested, opens up opportunities for use of contraceptive measures such as the condom. In addition, symbolic resources for challenging expected gender identities are identified and connections with "traditional" and "modern" views on relationships and fertility are discussed. Chapter VI discusses findings on beliefs of potential pollution through external agents, AIDS and diseases and how participants believed to be able to combat it by means of hygiene, condoms, knowhow and screening of sexual partners. It also examines further beliefs on masturbation and folk medicine (including traditional, local and indigenous medicine). Beliefs about pollution are connected to prophylactic and therapeutic practices by mapping out references to possible deep-seated beliefs through the use of historical texts. The Mexican rural notion of 'nature' is introduced to interpret some of these beliefs and the folk medicine knowledge that participants display.

Throughout Chapters IV, V and VI, relevant differences by social context and gender are highlighted. In addition, the proposed typology of knowledge encounters is used to interpret the engagement of participants with a variety of actors and ideas in order to show the potential for transformation of the topics discussed. In Chapter VII this typology is applied in a systematic way to analyse sociodialogue in focus group discussions. Outcomes of knowledge encounters are identified in the data and, through iterative

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comparison, an additional outcome is recognised. The typology is then sharpened by adding this outcome and further qualifying categories for comparison.

Chapter VIII deals with the concluding discussion by examining the empirical contribution of the thesis in terms of the content, process and context of representations. The theoretical contribution to the model of knowledge encounters is also assessed. Practical implications and recommendations for further research are offered.

PART I

I. DELINEATING THE 'PROBLEM': INDIGENOUS ADOLESCENTS AND SEXUAL HEALTH

Contention exists in the social sciences regarding the effects of modernity on the way people relate to each other. The “fallacy of developmentalism” (Dussel, 1993) has been used to argue that modernity from a ‘Eurocentric’ point of view contrasts the underdeveloped global South and the developed global North in a linear process that equates development with modernisation. This Eurocentric view, however, has been subjected to scrutiny, and social theorists are increasingly acknowledging that: “[g]lobalisation, increased communication and mobility generally create opportunities for new combinations between ‘traditional’ and ‘modern’ practices” (Nedervee–Pieterse, 2009: 142). Cultural hybridity is thus increasingly advocated as *the* trait of the current world (Bhabha, 1994; García Canclini, 1995/2001; Kraidy, 2004): rather than polarising modernity and tradition in relation to knowledge and cultural and social practices, a plurality of ‘modernities’ that incorporate tradition are summoned.

In a similar vein, Hermans and Kempen (1998), by closely examining the dichotomies that have beleaguered psychology in recent times, suggest that in a globalising society that is ever-changing, dichotomies such as individualism–collectivism and egocentric–sociocentric are problematic in the sense that they fail to capture the complexities of the current world. Understanding societies as polarised, homogenous and self-contained misses the dynamic nature of current societies and the interpenetration of, for example, the global and the local (glocalisation), and assumes that the boundaries of the categories used remain constant. This argument was put forward in cultural studies for the specific case of Latin America some time ago by García Canclini: “Today we conceive Latin America as a more complex articulation of traditions and modernities (diverse and equal), a heterogeneous continent consisting of countries in each of which coexist multiple logics of development” (1995/2001: 9).

It is against this backdrop of considering the constant change of boundaries, the interstitial dialogue in-between what were once considered fixed categories, that this chapter is presented. It examines the literature on indigenous peoples and adolescents by situating Mexico and Latin America within a wider conversation on sexual and reproductive health. The objective of this chapter is to show that the misconceptions that occur when arguing that countries in the “underdeveloped” South will eventually progress

into “modernity”, are also visible in research on both indigenous peoples and adolescents. I will show that indigenous adolescents and their sexual health are hardly ever seen from a positive angle by the academic literature, thereby restricting the possibilities for alternative representations fostered by agency and dialogue. Consequently, I argue that a different, sociopsychological approach is needed if the internal dynamics and symbolic resources of these groups are to be recognised, thereby contributing to make visible their knowledge and their own logic of transformation.

* * *

Before engaging in the task of examining research on sexual health, I would like to offer the World Health Organisation’s (WHO) working definition of sexual health. This is necessary because there are no agreed characterisations of sexual and/or reproductive health in the academic literature. However, it is essential to start from a conventionalised notion as background:

a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2002: 5)^{2,3}.

In light of the concept delimited as above, I shall use the terms ‘sexual health’ and ‘sexual and reproductive health’ interchangeably in this thesis, with the assumption that sexual health encompasses and goes beyond reproduction (Aggleton & Campbell, 2000).

1.1. Indigenous health: still traditional?

The notion of indigeneness is complex, and has been much contested (Bartlett et al., 2007; Kuper, 2005; Stephens, 2006). It is estimated that there are over 350 million indigenous people living in 70 countries (International Work Group for Indigenous Affairs, 2001). In 2000, the Mexican National Centre for the Development of the Indigenous Populations (CDI) indicated that the number of people who could be considered indigenous was 10.2 million (based on the aggregation of household members whose head of household, partner or ascendants declared to speak an indigenous

² This working definition was offered as a contribution to advancing understanding in the field of sexual health. It does not represent an official position of the WHO.

³ I acknowledge that there are several definitions of sexual health (Easton et al., 2001; Edwards & Coleman, 2004; Parker et al., 2004; Wellings, 2008). I identified the point of consensus in the sexuality dimension. My working definition, however, remains the same as the concept offered by the WHO. The conceptualisation of sexual and reproductive health along three main components is offered in section 3.3.

language). This is equal to 10.5 per cent of the Mexican population and, in absolute terms, constitutes the largest indigenous population in Latin America (Layton & Patrinos, 2006).

By 2002, the incidence of poverty in Mexico was 4.5 times higher in municipalities that were predominantly indigenous than in those that were non-indigenous, compared with 3.7 times higher for this population in 1992. In predominantly indigenous municipalities, 90 per cent of people lived below the moderate poverty line (Ramírez, 2006).

In this section I examine current academic discussions regarding indigenous peoples and their health. First, I contextualise existing research on indigenous health in Mexico within a global perspective by highlighting the problematic aspects that demographic and survey research have consistently documented. Second, I discuss the contributions of anthropological and historical research to indigenous health in Mexico. In doing so, I question the pertinence of insisting on investigating what the researcher perceives as “traditions” and I argue for a more adequate way to portray hybrid indigenous identities. I finish this section with a brief discussion on hybrid identities, drawing on existing research on contemporary youth in Mexico.

1.1.1. Indigenous health: a factual problem

Worldwide, evidence confirms that indicators of health among indigenous people are consistently poorer than equivalent indicators for non-indigenous populations in the same country (Anderson et al., 2006; Montenegro & Stephens, 2006; Ohenjo et al., 2006; Stephens et al., 2006). In countries such as Canada, the USA, Australia and New Zealand, a considerable amount of sociodemographic data on indigenous peoples’ health is available, which is mirrored to a lesser extent in Latin America (Stephens et al., 2005, 2006), where evidence regarding indigenous peoples’ health is patchy and varying in quality (Nettleton, Napolitano, & Stephens, 2007). For instance, in a recent review of the academic health literature, San Sebastián and Hurting (2007) remark that indigenous groups from Mexico are underrepresented in health research. Of the 690 papers they examined, 23 per cent deal with indigenous populations in Central America⁴, and only 1.6 per cent of the papers are concerned with reproductive health⁵.

⁴ Geographically, Mexico is part of North America. In the United Nations Composition of Macro Geographical Regions, Mexico is considered to be part of Central America. The latter is the working classification used by San Sebastián and Hurting (2007) and by this study.

⁵ “Searches were made via the PubMed and Lilacs electronic databases using the following terms: ‘Indian’, ‘indigenous’, ‘aboriginal’, ‘native’, ‘Amazon’ and all the different countries of Latin America (18 countries). All published papers between 1995 and 2004 relating to health in indigenous populations in Latin America were included” (San Sebastián

Internationally, research on sexual and reproductive health of indigenous groups is particularly scarce. It has been argued that, taking into account literature from the USA, Australia and New Zealand, reviewing the sexual *activity* of indigenous people is limited by the small number of relevant studies and methodological variations between them, restricting direct comparison or extrapolation to larger populations (Saggers, Gray, & Strempel, 2006: 201). Devries, Free and Jategaonkar (2007) report that there is a particular scarcity of studies concerned specifically with condom use among aboriginal people in the USA and Canada⁶. The few studies focusing on sexual health topics among indigenous populations highlight the need to move beyond the individual and include contextual dimensions to research. When it comes to indigenous youth as participants, these investigations are guilty of the same individualism that characterises research on non-indigenous populations: “factors” associated with “attitudes” and sexual health-related “behaviours” among young people, the role of gendered standards for sexual practices (Larkins et al., 2007) and the influence of the family and the peer group (Devries et al., 2008) are highlighted.

In this context, as Wynne notes for the public understanding of science, “multifold reinventions of the public deficit model” still persist (2006, in Trench, 2008: 121). Recently, however, research on indigenous people has developed alternative views to deficit models of health (e.g. Liddell, Barrett, & Bydawell, 2005; Stewart et al., 2008). Researchers are highlighting the importance of avoiding the reinforcement of stereotypes and focusing on possibilities for change while respecting local knowledge and logic (Pyett, Waples-Crowe, & van der Sterren, 2008). Yet, when it comes to sexual and reproductive health among indigenous adolescents, it is precisely due to the deficit model^{7,8} adopted in the scarce research that “we still know relatively little about their knowledge of sexual health issues and if they share the concerns of health professionals and others” (Saggers, Gray, & Strempel, 2006: 202).

& Hurting, 2007: 317). “The authors recognise that there are anthropological and social science journals, among others, not indexed in these databases that might deal with indigenous health” (San Sebastián & Hurting, 2007: 319).

⁶ “Aboriginal in this review included all persons who consider themselves to be indigenous...Ten databases and indexes were searched by KD [first author] for articles published in the peer reviewed literature, grey literature reports and unpublished findings. Where possible, the search terms ‘condom’ and ‘Aboriginal’ were mapped to the controlled vocabulary subheadings of each index/database to generate more inclusive search terms appropriate for each reference product” (Devries, Free, & Jategaonkar, 2007: 49).

⁷ As Bauer, Allum and Miller (2007) and Sturgis and Allum (2007) have suggested, it would be a fallacy to relate the deficit model and the contextualist/dialogue perspectives to quantitative and qualitative research. Regardless of the research techniques employed, I suggest that what is crucial is to focus on the understandings of people in research, as an alternative to view them as less knowledgeable in relation to the scientific perspective (Bauer & Gaskell, 1999: 166–167).

⁸ For a very productive way of using the “deficit model” as a cultural tool of argumentation, see Wright and Nerlich (2006).

Research in Mexico mirrors the aforementioned international trends in terms of limited findings on sexual and reproductive health. In Mexico, sociodemographers calculate that current fertility rates among indigenous people are comparable to those of non-indigenous populations 20 years ago (Ramírez, 2006). Controlling for education, age and income, the fertility rate of indigenous women is estimated to be twice as high as that of non-indigenous women (Ramírez, 2006). In addition, the use of contraceptives among indigenous people is approximately 30 years behind the use of contraceptives by non-indigenous populations (Mendoza Victorino, 2007). When asked about their awareness of contraceptives, only 34.1 per cent of indigenous Mexican women reported being aware of condoms, in contrast to 67.1 per cent of their non-indigenous counterparts. Furthermore, 21.5 per cent of indigenous Mexican women said they used contraceptive methods classified as “other”, which include abortive teas and remedies, and 37.2 per cent reported using *coitus interruptus* as a contraceptive method (Chávez Galindo et al., 2007). Although these methods suggest a concern with avoiding pregnancies, they put those who use them at risk of contracting sexually transmitted infections (STIs).

The limited evidence on sexual health is restricted to demographic facts that confirm the urgency of conducting research on indigenous Mexican adolescents specifically. All other factors being equal, Mexican adolescents who speak indigenous languages are five times less likely to use a condom when having sexual intercourse for the first time than those who do not speak an indigenous language (Gayet et al., 2003). The fertility rate of indigenous female adolescents is nearly twice as high as that of their non-indigenous counterparts (0.147 and 0.079, respectively) (Chávez Galindo et al., 2007). Controlling for education, the variable “speaker of an indigenous language” is associated with that person being less likely to use contraceptives than non-indigenous language speakers, a trend that has been maintained for the past ten years (difference of 21.9% in 1996 and 19.1% in 2006) (Mendoza Victorino, 2007).

Researchers have not offered explanations for the social processes involved behind the foregoing factual data. Although these statistical figures are clearly worthy of attention, the mere acknowledgement of problematic conditions provides limited insight into the resources and potential for transformation that indigenous people might have, an issue that has begun to be recognised. For instance, in a recent international consultation on indigenous health (Mowbray, 2007), it was reported that the legacy of colonisation and continuing colonial influence shape the health of indigenous people, which translates to higher disease burdens and lower life expectancies. “Despite this, a strong desire was

expressed not to focus solely on a 'deficit model' or 'framework', and to stress positive aspects of Indigenous peoples' experience" (Mowbray, 2007: 30).

Another limitation of focusing exclusively on demographic measures of ill health is that, when involving indigenous peoples, the instruments used frequently fail to take into account the cultural specificities of these populations, so that recent research has pointed out important inconsistencies in the data (Castro, Erviti, & Leyva, 2007). For example, results from the last Mexican National Health Survey (ENSA, 2000) indicate that, at a national level, speakers of indigenous languages have *no significant differences* in indices of morbidity in relation to non-speakers of indigenous languages. This seems to contradict what is common currency in health circles in Mexico: indigenous peoples are, overall, worse off than their non-indigenous counterparts. Yet, survey respondents are asked by pollsters to "rate" their health in the two weeks previous to the survey: it is suggested that answers to this question might reflect more of the tolerance and resilience gained in conditions of poverty and marginalisation than the narrow progressive divide between the categories of health and illness that the researchers had in mind when formulating the question (Castro, Erviti, & Leyva, 2007: S47)⁹. This methodology presupposes a single universal comprehension of the ailments it researches. Through these instruments, researchers continue to ask the same ill-suited questions and are unsuccessful in considering how indigenous communities elaborate and make sense of their health/illness processes. In fact, the need to acknowledge indigenous peoples' worldviews and their understanding of health has been highlighted by the Pan American Health Organisation (PAHO):

Comprehension of the social and cultural factors which shape their knowledge, attitudes, and health practices, are as fundamental as the availability of quantitative data. The public health challenge is to be able to translate the sociocultural information in order to promote the well-being of indigenous individuals and communities. (2003: 6).

The present thesis seeks to react to this call in relation to sexual and reproductive health among indigenous Mexican youth. Given the scarcity of research on this specific issue, in the following subsections I review the way academic research has approached indigenous Mexican groups (not only youth) and their overall health, and indigenous Mexican adolescents generally (§1.1.2. and §1.1.3., respectively¹⁰).

⁹ Additional flaws in the data collection and analysis of this survey are offered by Castro, Erviti and Leyva (2007). I limit the number of examples due to economy of space.

¹⁰ The symbol § indicates 'section' or 'subsection' and is used in this thesis when referring to another relevant part of the text.

1.1.2. Indigenous Mexican health and the role of tradition

The task of investigating indigenous peoples' knowledge and general approach to health has been taken up by different social sciences in Mexico, in particular anthropology and history. Academics have contributed to our understanding of indigenous health by documenting a wealth of "traditional" knowledge attributed to indigenous peoples since pre-Columbian times. This includes the management of pregnancy, birth, reproduction, contraceptives and abortifacients (Quezada, 1975b, 1977; Sullivan, 1969), in addition to health and general cosmovision (López Austin, 1980; Lozoya & Zolla, 1984; Zolla et al., 1994). This body of research recognises three points in common among indigenous Mexican groups: the preponderance of knowledge of herbal and natural remedies; a complex system of health beliefs that encompasses concepts including nature, energy (duality weakness/strength), temperature (duality hot/cold) and sorcery; and an array of practices rooted in this system of beliefs that includes, among others, hydrotherapeutic procedures (e.g. *temazcalli*) and ritualised birth attendance.

The idea that there is an opposition between what is considered "traditional" pre-Columbian understandings (usually referring to what is historically recorded) and what is called "scientific" biomedical knowledge has been criticised in recent times. Accordingly, current anthropological work is beginning to corroborate that contemporary knowledge coexistence and irregular mixture are the rule rather than the exception. For example, as early as nearly 30 years ago, Menéndez (1984) contended with regards to European colonisation:

The implantation of political and ideological domination did not need to establish a disruption in the everyday ideology but instead in the local hegemonic sectors. The destruction of the local forms of domination did not dismantle the continuity and ideological everyday structure of the population, since the same means of production and ideology were maintained. Subordinated classes were able to continue with their basic ideological structure insofar as they did not constitute an option to confront domination. It was above this basic ideological structure, articulated around maize, that new ideological conceptions about causation and therapeutic were incorporated. This was facilitated since the imported conceptions presented more similitude than antagonism in terms of interpretation and healing mechanisms... The contemporary 'traditional' is, then, something 'new', and it is only the dynamics of the process of appropriation and also, at the same time, of exclusion, that makes it 'traditional' (47–48, my translation, emphases added).

This quote suggests the questionable dichotomy between modernity and tradition in relation to health knowledge of indigenous peoples. In this regard, recent anthropological research suggests that the logic of the "hegemonic" or "cosmopolitan" non-indigenous

perspective and that of indigenous healers are still in competition (Ayora–Díaz, 2000; Coronado, 2005). However, it also points towards the need to recognise that the ‘exotic’ perception—from the point of view of the outsider, researchers often included—of indigenous peoples as spiritually connected with nature is in fact undergoing change. It is suggested, for example, that local healers in indigenous communities are incorporating pharmaceutical products (Ayora–Díaz, 2000), and there is a generational gap producing the loss of knowledge about medicinal plants (Smith–Oka, 2008).

This is not to say that “traditional” or local knowledge in relation to health has been completely wiped out by biomedicine, because it has not. Until the 1980s, anthropologists documented that the knowledge, beliefs and practices registered in historical texts were still observed by indigenous peoples (Browner & Perdue, 1987; Castañeda Salgado, 1993; Mellado, Zolla, & Castañeda, 1989). Today, however, to the outsider, more often than not the simple acknowledgement of some slight form of hybridity in local knowledge, beliefs and practices is frequently regarded as politically incorrect (Ayora–Díaz, 2000). Although this view is starting to be challenged (see, for a recent example, Giovannini et al., 2011), research usually takes a long time to be published and some authors, especially at a local level (e.g. Lartigue Becerra, 2001), are inclined to quote historical records when arguing for the *current* prevalence of health knowledge based on what they perceive as “tradition”. Consequently, they offer conclusions not fully substantiated by actual evidence coming from *contemporary* indigenous populations.

Taking this background into account, I would like to move on to consider the reports available on sexual and reproductive health of indigenous groups in the last decade. This scarce body of research is framed within anthropological perspectives and puts forward three main points that convey the notion of a “progression” towards non-indigenous forms of understanding sexual and reproductive health. First, a ‘*desindianización*’ (de-Indianisation), understood as an economic and demographic transition, has occurred in some previously indigenous villages in Mexico, which has facilitated the decline in the fertility rate (González Montes, 2003a). Second, “*new* ideas and ways of living sexuality and reproduction are opening up their way in indigenous zones” (Espinosa Damián, 2008: 149, my translation, emphasis added). These “new” ideas, in turn, are supposed to account for the fertility decline and the increase in the child-bearing spacing interval among indigenous populations, albeit well behind their non-indigenous counterparts. Third, indigenous women are starting to question gender roles

otherwise taken for granted, with the aid of NGOs (Maier, 2004) and grassroots organisations (González Montes, 2007).

These scant reports are usually rich in anecdotal evidence on reproductive and contraceptive knowledge and practices, which is often gathered through government-sponsored rural women's workshops in the form of *testimonios* (testimonies)¹¹. However, transparency in analytical procedures and thorough examination of socially constructed processes is seldom offered. In addition, more often than not reports are outlined in the form of descriptive 'reflections' coming from researchers (e.g. González Montes, 2003b). Consequently, when including these populations, research would greatly benefit from further systematisation of the data gathered. Furthermore, a narrow focus on reproductive and contraceptive matters is generally translated into taking into account mainly women as participants, so that, within the limited number of research projects, evidence coming from men, who are at least physically involved in reproductive and sexual matters, is extremely restricted.

In addition to the aforementioned limitations, and perhaps more importantly, while recent anthropological reports insist on the "transition" or "progression" towards "new" ways of living sexuality and reproduction, as if indigenous ways were "old", limited attention is paid to the positive role that indigenusness or, for that matter, "tradition", might have played in the first place. The narrow focus on an assumed sharp distinction between the "traditional" and the biomedically respected "modern" has prevented this scarce research from 're-Indianising' (Lestage, 2003, in González Montes, 2003a) or focusing on the constructive aspects of "tradition". Furthermore, the different processes through which both the "old" and the "new" knowledge are negotiated and might feed into each other, rather than cancelling each other out, are overlooked. The focus is on exposing *either* the preservation of the traditional *or* the embrace of the modern, while rarely acknowledging the coexistence of multiple knowledges or exploring the processes behind this co-occurrence.

When it comes to *sexuality*, in contrast to the bodies of research mentioned above, Bellato (2006; 2007) is the only contemporary author who explores this topic among indigenous adults. Her rich anthropological description of sexual socialisation among Mazahua men and women explores sexual initiation, sexuality within wedlock and infidelity from the perspective of a discreet number of participants. Her research is

¹¹ *Testimonios* has emerged as a recognised way of gathering data from indigenous peoples (Smith, 1999). What I am pointing out here is the lack of systematisation of analytical procedures and induction of conclusions, not the data collection technique.

distinctive in offering links from historical texts in relation to participants' utterances, thereby suggesting that "traditional" or pre-Columbian conceptions of sexuality are still present in indigenous communities. It also highlights a precarious environment for indigenous peoples and their sexuality, characterised by poverty and general disempowerment. In focusing on sexuality exclusively, however, Bellato's analysis offers limited insight into the relationship between indigenous peoples' socialised sexual exchanges (sexuality) and their often problematic *reproductive health* situation. Although her research is an example that when appropriate respectful methods are used indigenous peoples might be open to speaking about sexuality, it also illustrates the disjuncture between sexuality and reproduction that frequently characterises research internationally (Dixon Mueller, 1993; Higgins & Hirsch, 2007).

To sum up, in the foregoing subsection I have shown that research coming from anthropology and history provides a promising basis for questioning sharp distinctions between "modernity" and "tradition". I have argued that the assumption that there is a linear movement among indigenous peoples from traditional to modern biomedical ways of approaching health is starting to be questioned. Mirroring international debates, I have shown that, between these two systems of knowledge, the case for coexistence and cross-fertilisation is as feasible as that of eradication and miscommunication. The latter, however, has been the most explored by anthropological perspectives. Accordingly, anthropological research identifies a progression towards "new" ways of approaching reproductive health. By implying that through these new ways indigenous Mexican peoples are becoming less indigenous, a linear progression is implicitly conveyed. Finally, I have shown that research on sexuality among indigenous peoples is particularly scarce. The sole instance that reports such research illustrates the divide between sexuality and reproductive health that frequently characterises research.

In the following subsection, I offer an alternative exploration of contemporary—as distinctive from modern or traditional—indigenous peoples through the review of research on indigenous youth identity in Latin America.

1.1.3. Indigenous Mexican youth: modern tradition?

It has been suggested that indigenous youth, as a research focus, offers a privileged scope for exploring youth identities in the context of the confluence of modernity and tradition (Pérez Ruiz, 2008c; Urteaga Castro-Pozo, 2008a, 2008b). In this subsection I show that recent investigations are responding to the scarcity of research on indigenous youth in

general, which is related to the academic disregard of this life stage among indigenous groups. However, I suggest that although the few findings on indigenous youth *identity* are promising, research addressing indigenous adolescents' current lifestyle and its impact on shaping sexual and reproductive health is absent.

In Latin America, social researchers are increasingly interested in indigenous adolescents and their identity processes, especially when they move to or are born in urban spaces (Feixa Pampols & González Cangas, 2005, 2006; Pérez Ruiz, 2008a; Romer, 2009). These studies frequently start with a discussion focused on whether the concepts of adolescence and youth are relevant for Latin American contexts and, more specifically, for indigenous peoples. This debate points out that, mirroring Western tendencies, youth research in Latin America has largely been focused on urban, upper middle class, in-school male youth. In this respect, in the past it was typically suggested that in working-class rural Latin American communities, youth was barely experienced because most of the population married at a young age and generally adulthood was marked by the start of marriage and labour responsibilities.

Worldwide, by contrast, the idea of adolescence has been taken as a given since its introduction by Stanley Hall (1905) as a notion that denotes a stage between childhood and adulthood. This notion, however, has been socially established not only in everyday life, but also re-shaped by academic accounts that have portrayed adolescents as unfinished or yet-to-develop adults by focusing on the 'risks' adolescents might run, be they drugs, crime or sex (Aggleton, Ball, & Mane, 2006; Vadeboncoeur, 2005). To make an analogy with colonial contexts, Vadeboncoeur (2005) affirms that the words used to speak about young people result in restrictive discourses about alternative identities. In such narrow discourses, the relationships between young people and adults acquire the colonial features of the dichotomy between the naïve subject and the figure of authority (Vadeboncoeur, 2005: 5).

Several indigenous languages in Mexico do not have words to denote 'adolescent' or 'young'. Instead, they distinguish between married and unmarried people, suggesting that adulthood was marked by marriage, which in turn was associated with the start of sexual activity and a more active status in the community (Feixa Pampols & González Cangas, 2005, 2006). Hence, until recently, social scientists agreed that among indigenous Mexican populations adolescence and/or youth was simply non-existent (Feixa Pampols & González Cangas, 2005). This position clearly echoes Margaret Mead's argument that the concepts of adolescence and youth as understood in academic circles is a Western social product not applicable to non-Western contexts (Samoa, in her case, 1928). However, if adolescence is understood as restricted to

the Western expectations of a period of turmoil and problematic *passage* to adulthood, it is hardly surprising that social scientists have failed to identify this stage among indigenous populations. Given that there is almost no time between parental home and married life, which marks adulthood, adolescence in the Western sense has been scarcely acknowledged. If the focus is rather on the age range between 10 and 19 years, as the WHO has characterised adolescents¹², then it is possible to acknowledge that this period is experienced in many different, multifaceted forms around the world, a point that has been acknowledged by international health researchers (e.g. Aggleton & Campbell, 2000). Along with recent social changes attributed to socioeconomic processes such as migration, increasing number of years of schooling and delay in age at first marriage, it is this emphasis on age range that enables the recognition of indigenous *youth* as a research focus.

The gap in social research among indigenous children and youth is slowly starting to be bridged by anthropologists and sociologists in Mexico and Latin America (e.g. Bonfil Sánchez, 2002; Pérez Ruiz, 2008b) and cultural and academic circles are increasingly recognising *adolescence* in indigenous groups. The focus of this research seems to be more on the age group than on the stage between dependence on parents and independent adulthood. However, it is also recognised that ‘youth’, in the Western sense of a *transition* to adulthood, is *emerging* in rural, peasant and indigenous communities in Latin America, due precisely to the socioeconomic conditions previously mentioned. For instance, Pérez Ruiz argues that:

The youth sector among indigenous peoples exists because its existence is internally and externally acknowledged, because it is spoken about and there are people who feel they belong to it, and because there are new values and signifiers being added to the traditional sense of being young (2008c: 21, my translation, emphases added).

As the quote above points out, research on indigenous *youth* has parallels with research on indigenous *health* insofar as adolescence, in the Western sense, is understood as the “new”, as opposed to “traditional” ways of experiencing youth, in the same way that health is dichotomised (§1.1.2.). Research on indigenous youth goes beyond research on indigenous health, however, because it does not aim to identify oppositions but rather show the ways in which the “new” is *added* to the “traditional”.

¹² The WHO (1989, in WHO, 2006) defines adolescents as individuals in the 10 to 19-year age group and youth as individuals in the 15 to 24-year age group. These two overlapping age groups are combined in the group ‘young people’, covering the age range 10 to 24 years.

This recent and scant research is also starting to pay attention to social change among *urban* indigenous youth in a variety of directions (e.g. Romer, 2009). Scholars generally highlight the tensions and contradictions reportedly experienced by young people, who are confronted with lifestyle possibilities different from those of their (formerly rural) parents. These possibilities include, for example, deciding when (but not necessarily if) to marry, enjoying urban leisure activities and pop culture consumption. There seems to be an agreement that these latent changes need to be carefully manoeuvred and negotiated with their parents, the primary link with their original communities (Pérez Ruiz, 2004). However, although all these tensions and possible lifestyles suggest potential for shaping sexual and reproductive health, this issue remains unexplored among urban *and* rural youth.

Before moving to the next section, I would like to highlight the main points that link the three topics of this section. In terms of general indigenous health, the reviewed anthropological research that suggests a modernity/tradition dichotomy (§1.1.2.) sheds limited light onto the precarious health conditions of indigenous peoples undergoing a slow change, as evidenced by national and international statistical data (§1.1.1.). I contend that the idea of a linear movement towards more “non-indigenous” ways of approaching health offers restricted insight into these transformations. In a similar vein, when it comes to *indigenous adolescents* specifically, the few studies available point to the “appropriation” of non-indigenous mores by indigenous urban youth (§1.1.3.). However, little is known about how indigenous youth, in urban *and* rural settings, experience sexual and reproductive health. More importantly, the reviewed research on health and youth among indigenous peoples comes mainly from anthropology and history. *Social psychological* approaches to the ways in which indigenous adolescents understand and enact sexual and reproductive health are lacking.

The urgency of research on health and indigenous peoples—and indigenous adolescents specifically—is not only related to the evident disparities between indigenous and non-indigenous populations. Equally crucial is research that acknowledges the logic of thinking, motivations and living conditions of indigenous peoples, instead of comparing them with their non-indigenous counterparts, as if they are to gradually ‘catch up’ at some point in their linear progression towards non-indigenous conditions. Jovchelovitch has noted this issue in relation to the psychology of knowledge: “[r]ather than treating difference in knowledges through a progressive and hierarchical scale, there is a need to elaborate the possibilities and dangers embedded in processes of

communication *between* different forms of knowing” (2007: 181, my emphasis). To stretch her argument further, I suggest that, in the case of indigenous peoples, there is also a need to expand on the communicative possibilities *within* indigenous knowledge systems. Documenting the diversity *within* indigenous adolescents and their ways of communicating, stabilising and innovating knowledge should contribute to the much-needed recognition that indigenous groups *are not* static, backwards and homogeneous.

Whereas sexual and reproductive health among indigenous Mexican adolescents remains underexplored, sexual health, sexuality and reproduction among youth *in general* (i.e. not specifically indigenous) in Mexico and internationally attract ever-expanding attention. This work needs to be borne in mind when asking questions about sexual and reproductive health. In the next section I move on to examine the main findings and underlying theoretical assumptions of these studies. In doing so, I explore their suitability (or lack thereof) for a sociopsychological perspective and for the goals of this thesis. At the same time, I seek to delineate an approach that can tackle the identified empirical gap in the research literature.

1.2. Adolescent sexual health: a modern view?

Globally, around 1.2 billion people are between 10 and 19 years old, constituting the largest population of adolescents in history (UNFPA, 2003). According to the last census, in Mexico there are 20.7 million adolescents who account for 21.3 per cent of the population (INEGI, 2008). Within the social sciences in general and social psychology in particular, there is an on-going debate regarding the theoretical and methodological approaches with which adolescents’ sexual health should be investigated. Having examined this literature I suggest that there are three research programmes, which I have classified according to distinct levels of analysis: descriptive, inferential and contextual. In this section, I show that a growing body of literature is increasingly pointing to the need to study adolescent sexual and reproductive health in context, with frameworks that aim at understanding adolescents’ meanings and possibilities for alternative views and positive influence in the community. However, I suggest, the proportion of studies based on quantitative data at the level of descriptions or statistical inference has dominated the debates, usually pointing towards the problems that are believed to plague youth, rather than showing youths’ potential for developing alternative ways of experiencing this stage.

Each of the next three subsections presents one research programme. While I concentrate mainly on the research conducted in Mexico, I contextualise it first within an international framework.

1.2.1. Describing the trends of sexual health among adolescents

The descriptive-level research approach to sexual health includes surveys or quantitative techniques implemented to describe statistically certain sexual health-related behaviours. This perspective promotes the importance of measuring incidence (number of cases) and prevalence (the proportion of cases within the overall population) in order to identify trends and recognise at-risk populations. Although research is moving away from this approach, it still has a presence in the recent literature, and even more so in Mexico, as discussed below.

Globally, most people initiate sexual activity during adolescence, with 12 to 44 per cent of Latin American women having premarital intercourse by the age of 16 (Singh et al., 2000), and age at first intercourse declining over time (Ali & Cleland, 2005). Evidence suggests that adolescent pregnancy rates in developed countries have decreased over the past 25 years (Singh & Darroch, 2000; Finer & Henshaw, 2006). In the USA, abortion rates decreased by 39 per cent among 15 to 17 year olds between 1994 and 2000 (Jones, Darroch, & Henshaw, 2002), and 48 per cent of new cases of sexually transmitted diseases (STDs) that occurred in 2000 were among persons aged 15 to 24 (Weinstock, Berman, & Cates, 2004). In developing countries, evidence suggests that age at marriage and the proportion of youth engaging in premarital sex are increasing (Hindin & Fatusi, 2009). In addition, it is estimated that current use of contraceptives is higher among sexually active, unmarried adolescents than among married youth (Blanc et al., 2009). Inconsistencies in data across surveys and questionnaires estimating sexual behaviour have been attributed to the limitations of the instruments (Santelli et al., 2000) and to irregularity in young peoples' self-reporting (Eggleston, Leitch, & Jackwon, 2000).

In Mexico, the most important source of data on health and health-related behaviours is the ENSA (ENSA, 2000), whereas the topic of reproductive health has been investigated by the Mexican National Survey of Reproductive Health (ENSAr, 2003). In addition, other national and local surveys and scales have been used by social scientists to report sexual health-related trends (e.g. ENADID, 1999, 2006; IMJ, 2002).

There is an on-going debate regarding whether or not the mean age of first intercourse has changed in Mexico. Arguments that support a slight increase in the mean age at coitarche (Welti, 2005; Palma, 2008) are challenged by analyses that report a decrease in the mean age at first intercourse (Gayet & Solís, 2007; Mojarro-Dávila & Mendoza-Victorino, 2007; Muñoz Aguirre, 2006; Zúñiga, 2008). Previous studies reported a mean age ranging from 15.3 to 19.1 years among female adolescents and from 15.2 to 18.7 years for male adolescents (Mojarro-Dávila & Mendoza-Victorino, 2007; Palma, 2008; Zúñiga, 2008). The ENSA (González-Garza et al., 2005) estimates that the percentage of females and males that have had sexual intercourse within the 15 to 17 years cohort is 16.6 per cent and 16.7 per cent respectively. For the 18 to 19-year age group, however, these rates increase considerably: around three times for men (47.0%) and more than double for women (39.3%).

González-Garza et al. (2005) have reported that within the adolescent group 67.6 per cent of males and 70.6 per cent of females confirmed their awareness of at least one contraceptive method. However, 50.9 per cent of male and only 22.9 per cent of female adolescents reported having used a condom during their first intercourse. Previous studies have reported a consistent decrease in the number of adolescent pregnancies (González-Garza et al., 2005; Menkes & Suárez, 2003). Specifically for sexually active adolescents, however, the rate of pregnancies rose from 6.8 per cent in 1999 to 9.3 per cent in 2002 (Palma, 2008). ENSA asked whether the adolescent surveyed had had an STI during the previous 12 months. It has been acknowledged that responses to this question are underreported and therefore the prevalence is underestimated (Santos-Preciado et al., 2003), so that results available for the adult population show a prevalence of 1.1 per cent (INSP, 2003).

The main strength of the descriptive-level research programme is that its methods allow for highlighting trends and “problematic points” to be targeted by further research efforts. However, as important as surveys are, there are limitations to relying solely on them to understand sexual health among adolescents. They are only accurate if those taking part understand the questions, have accurate recall and are willing to report truthfully (Obeymeyer, 2005, in Ali & Cleland, 2006). Although these instruments are used to monitor important trends, on their own the descriptions they offer just “tell the tale of who does what to whom how often” (Plummer, 2004: 42). Actually, as Ali and Cleland have suggested, “[b]aseline survey data on the nature and magnitude of sexual and reproductive health *problems* should be viewed with some scepticism, assessed against all

other available evidence and augmented by qualitative evidence” (2006: 24, emphasis added).

By narrowly focusing on behaviours and trends, this body of research emphasises the identification of tendencies that deviate either from international patterns or from a “trouble-free” sexual health. That is, by focusing on incidence and prevalence of STIs, pregnancies and age at first intercourse, just to name a few, the descriptive approach focuses on adolescents’ problems, thereby implying that those whose sexuality is not affected by these difficulties are indeed enjoying a healthy sexuality, which might not be necessarily the case. This approach offers little evidence regarding: first, adolescents’ life aspects that foster a productive attainment of health and second, whether the situations seen as problematic by researchers entail alternative constructive perceptions by adolescents or the societies in which they live. Furthermore, placing an emphasis on individual factors restricts our understanding of sexual health among young people to their personal circumstances and practices, as if they exist in a vacuum, in a fixed self-contained state waiting for interventions to “improve” those indicators.

1.2.2. Statistical inference: from social cognition to social context?

A second research approach to adolescent sexual and reproductive health is concerned with quantitative methods that encompass a set of factors or variables associated with a specific behaviour or outcome. This perspective was developed as an attempt to predict individual factors leading to problems identified by the descriptive approach and unfolded in health psychology with social cognition models as its foundational constructs. Statistical models have been extended so that they currently aim to identify not only risk factors but also protective variables. Internationally, these models are currently aimed at including more “social” variables at the level of, for example, peers, partners, family and community. However, in developing countries the majority of the explanatory variables continue to be at the individual level (Mmari & Blum, 2009).

Internationally, family-related variables such as family structure, parental monitoring and parental communication seem to be significantly associated with age at first intercourse (Upchurch et al., 1999; Lammers et al., 2000), condom use (Whitaker et al., 1999; DiClemente et al., 2001), frequency of intercourse (Miller, Forehand, & Kotchick, 1999) and teenage pregnancy (Guijarro et al., 1999). Religiosity-related variables have been reported to be related to the use of condoms at first intercourse (Nonnemaker, McNeely, & Blum, 2003) and the delay of sexual debut (Bearman &

Bruckner, 2001; Whitaker, Miller, & Clark, 2000). Poverty-related factors seem to be consistently associated with teenage pregnancy in developing countries (Rani & Lule, 2004) and the USA (Harding, 2003). Finally, coercion and force in sex initiation are reported to increase the likelihood of adolescent pregnancy (Jewkes et al., 2001) and of STDs (Cáceres, Marin, & Hudes, 2000).

The evidence from these models highlights the importance of relational and context-related variables. Yet, the proposed determinants of sexual health-related behaviours and outcomes are often found to be relatively poor predictors and to have inconsistent effects across different studies. For example, in a recent review of literature in developing countries concerned with protective and risk factors affecting sexual behaviours, Blum and Mmari (2007) tried to identify commonalities on significant factors across countries. Although some consistencies are identified across studies, as I have just discussed in the previous paragraph, the statistical significance of a multiplicity of factors varies depending on the context.

In Mexico, studies of the knowledge, attitudes and practices (KAP) type stand for this second research programme on sexual health among adolescents. This programme has been approached mainly with social cognition models of decision making and self-efficacy (e.g. Caballero & Villaseñor, 2003; Gallegos et al., 2008; Villaseñor et al., 2003). In these studies, variables include self-esteem, decision making, self-efficacy, knowledge (equated to information) and attitudes towards the use of condoms, among others. In addition, sociodemographic variables have been analysed statistically in relation to condom use (Givaudan et al., 2005; Gayet et al., 2003) and sexual experiences in general (Huerta-Franco & Malacara, 1999). Results from all these studies have shown that male adolescents consistently use condoms in a greater proportion than their female counterparts (which in itself does not seem surprising, given that the condom needs to be worn by males) and that socioeconomic factors also influence condom use among adolescents. Thus, “typically, adolescents who used condoms during the first sexual intercourse were male, older, resided in urban areas, non-speakers of an indigenous language, and with higher schooling” (Gayet et al., 2003: S632). However, as it shall become apparent in this research, decisions with regards to condom use are far more complicated than the combination of variables. Results from studies within this research programme lead researchers to conclude, for instance, that there is a “need for *clarifying erroneous beliefs* and providing detailed, practical knowledge concerning sexuality,

pregnancy, use of and access to contraceptives" (Pick de Weiss et al., 1991: 74, emphasis added).

Mexican studies within the inferential research programme have hardly ever incorporated contextual variables beyond demographics (e.g. education, place of residence). Rather, statistical inferences have been performed by adding personal variables such as "attitudes towards" and "intention to engage in" a multiplicity of sexual behaviours. Here, social cognition models are used to examine the predictors and precursors of health behaviours and share the assumption that behaviour results from a rational weighing up of the potential costs and benefits of that behaviour (Ogden, 2000: 23). These models provide a perspective that "involves an acceptance that man's [sic] ability to evaluate, interpret and define the meaning of his world and the world of others, will be influential in the course of action that is followed" (Morgan, Calnan, & Manning, 1985: 90–91). Although this is the individual "rationality" researchers expect, I agree with Ingham (2004: 240) in that, in fact, there are many other "rationalities" that influence young people's sexual and reproductive health.

One of the key lessons learnt from the literature on the inferential approach is that, when including contextual-level variables such as community support and networks, "evidence suggests that the contexts in which adolescents live influence their sexual risk taking behaviours" (Mmari & Blum, 2009: 362). However, even if contextual variables are included, this approach entails a number of assumptions that disqualify it from addressing the research objectives of this project. First, although these studies investigate a variety of social and psychological characteristics associated with determined behaviours or outcomes, it is supposed that these are characteristics "warehoused" by the individual. In this sense, this approach is still indifferent to the social exchanges in which social elements contextually interact; it echoes social cognition models, albeit with greater statistical sophistication and aggregated social/contextual variables. Second, adolescents' responses are restricted to the options provided by the measuring instruments. By gathering data via Likert scales and statistical methods, researchers prevent the participant from stepping out of the fixed answers set by the study, which maximises the number of participants but provides a superficial insight into the research topic. Further, and perhaps more importantly, the theoretical constructs of these models, by still focusing on practices and outcomes, fail to account for an in-depth understanding of the relevance and meanings adolescents attribute to different social actors and contextual conditions.

In addition to the aforementioned limitations, this research programme shares with the descriptive approach two important philosophical assumptions rooted in what Marková (1982) calls the Cartesian paradigm. The first assumption is related to how the human being is regarded as an existing entity: that is, its ontology. In the Cartesian paradigm, these programmes have as their object (or subject) of study a finished self-bound individual, her cognitions and behaviours. The second assumption is epistemological, concerned with the ways in which it is supposed human beings apprehend reality. In this regard, the human mind is assumed to be static and passive in the attainment of knowledge. Knowledge, in turn, is supposed to be externally acquired through algorithms (Marková, 1982: 8).

Intimately linked to these assumptions are the methodological commitments within the paradigm, related to the way it is assumed the researcher is able to grasp scientific knowledge on human beings. In this regard, these programmes are part of a Cartesian or positivist tradition that seeks to control the variables related to cognitions and behaviours and, if possible, to predict outcomes within the groups—understood as an aggregate of individuals—studied. Even when aligned to social psychology, these approaches preserve the historical scars of psychology in search for its status as a natural discipline: objectivity is associated with the term ‘variable’ just as in psychological research on intelligence, personality and attitude change (cf. Danziger, 1997a). At the high cost of treating relationships between individuals and situations as additive, expected to vary only quantitatively, behavioural patterns may be anticipated from factors on an aggregated level (Danziger, 1997a). The psychological language of variables is pregnant with a sense of conceptual and instrumental control that does not necessarily entail theoretical understanding (Danziger, 1997a).

1.2.3. Contextualising sexual health

A third trend in research comes from a contextual way of understanding sexual health, in which quantitative and/or qualitative methods are used to capture the complexity of sexual behaviours within a broader notion of sexuality. Although it can be alleged that these studies advance the significance attributed to context evidenced by the inferential approach, the contextual perspective usually pursues different objectives. These are typically focused on the multifaceted interplay between individual-level characteristics such as knowledge and symbolism, partner-relationship dynamics, community support and expectations and, increasingly, structural determinants such as national policies. Within this programme, for example, Ingham (2006) explains that in the majority of countries, young people with poorer sexual health are those who are out of school and

unemployed. Consequently, it is important to acknowledge and monitor poverty-related indicators, which are usually available via international agencies. However, he suggests, the influence of poverty and other factors deterring sexual health is filtered through several processes, and therefore a more detailed emphasis on contexts most directly related to sexual health is justified.

Internationally, within the contextualising research programme, contextual factors are reported to interact at three levels: societal, communal or proximal and individual¹³. At a social or structural level, a double standard for sexuality of teenage girls and boys is consistently reported (Ahlberg, Jylkas, & Krantz, 2001; MacPhail & Campbell, 2001; Marston & King, 2006; Roberts et al., 2005; Varga, 2003). Socioeconomic resources are also reported to mediate the adolescents' vulnerability to sexual risk (Eaton, Flisher, & Aaro, 2003; MacPhail & Campbell, 2001; Salazar et al., 2005; Shoveller et al., 2004). At the community or proximal level, family, peer group and partners are reported to influence the way that sexuality is experienced (Flórez, 2005; MacPhail & Campbell, 2001; Marston & King, 2006; Roberts et al., 2005; Shoveller et al., 2004; Tarr & Aggleton, 1999). Finally, individual level factors include lack of perceived risk of diseases (MacPhail & Campbell, 2001; Marston & King, 2006; Marston, King, & Ingham, 2006; Remez, 2000) and willingness to take risks in order to get material or symbolic benefits (Silberschmidt & Rasch, 2001).

In Mexico, the contextual research programme has been developed by a growing body of studies mainly within the social constructionist tradition, where two main topics dominate the debates. The first is related to the context of wider Mexican society, characterised by conservative values and norms, and how these influence sexual health decisions. Wood and Aggleton explain that, "in Mexico, sexual activity has been normatively considered to be a privilege for heterosexual married adults" (2004: 28), and "sexuality that is not linked to reproduction, including non-marital sexual activity, sex for pleasure and non-heterosexuality, is highly stigmatised" (2004: 30). This overarching perspective of conservative Mexican society is corroborated by a number of studies in which the influence of Catholic values is highlighted and sexuality is seen as taboo (Amuchástegui, 2001b; Tuñón & Ayús, 2003).

The second topic is related to the pervasive presence of gendered stereotypes. Research focused on female adolescents and, more recently, on males, reports the ways in

¹³ The interaction of contextual factors at three levels has also been acknowledged, *inter alia*, in research on condom use in South Africa (MacPhail & Campbell, 2001) and in HIV-prevention programmes (Malcom & Aggleton, 2004).

which expected behaviours of what constitutes to be a man or a woman play a key role in sexual health. Gender inequalities in Mexico have been consistently documented in research on adolescents and young people (Marston, 2004, 2005a, 2005b; Villaseñor, 2008). Implicit in these inequalities is the idea that men are in control and women are passive subjects whose sexuality is frequently controlled (Castañeda, Brindis, & Castañeda Camey, 2001; Castro, 2001; Castro-Vázquez, 2000), although different ways in which these 'hegemonic' views are experienced are also recognised (Stern et al., 2003; Marston, 2004; 2005b).

In Mexico, very few studies acknowledge these inequalities as a more complex phenomenon than social reproduction. While different ways of experiencing masculinity and femininity are increasingly recognised, adolescents are rarely considered *resourceful* actors who are potentially able to negotiate sexual choices frequently restricted by their socioeconomic circumstances. Moreover, even fewer studies document sexual health-related determinants at an individual level while explicitly connecting them to both the structural and proximal context in which they take place (for counterexamples see Juárez & Gayet, 2005; Marston, Juárez, & Izazola, 2004).

The research programme presented above responds to the need for research on sexual health taking context into account, broadening the narrow view that surveys and questionnaires, at a descriptive or inferential level, had offered. This approach has also stretched the scope of risk behaviours and undesirable outcomes to that of the processes involved in experiencing sexuality vis-à-vis the particular context adolescents inhabit. In doing so, social scientists have moved away from the deficit model that characterised earlier psychological studies on adolescent sexual health, in which adolescents are considered to lack biomedical knowledge and information. Furthermore, in highlighting the context-specific interactions that shape adolescent sexual health, this programme has brought to the fore the need to include the voices of adolescents in research so as to allow examination of *their own assessments* of their realities. Contextualising adolescents' sexual health from their own point of view offers the opportunity to identify existing symbolic and material resources that an agenda restricted to statistical variables frequently overlooks. For these reasons, the contextual research agenda to adolescent sexual health offers the underpinnings that allow for the exploration of the research objectives of this project.

A point of contention within the contextualist research programme, however, is related to its epistemological and ontological assumptions. Ingham (2004) and Aggleton

and Campbell (2000) stress that one of the key issues within this ample research perspective is the extent to which young people are seen as either victims or agents substantially constrained and/or enabled by their circumstances. That is, although researchers ask questions about the mutual influence between the individual and society, they regard these two elements as ontologically separate¹⁴. In this way, it is difficult to explain the *interdependence* between adolescents and their context. Within the contextualist research programme there is, nonetheless, some research that understands the adolescent as an unfinished being in constant grasping of her world in and through dialogue with others. Distinguishing such research within the social constructionist approaches is difficult due precisely to the wide variety within this theoretical perspective (Danziger, 1997b). In general terms, it could be said that, in contrast to the descriptive and inferential research programmes, which *explicitly* make theoretical assumptions corresponding to a monological or individualistic epistemology (§1.2.2.), the contextualist approach focuses on the interaction between the social individuals (other-orientedness) and emphasises contextual relationships.

A further debatable issue within the contextualist approach is that *data-driven* theoretical constructs are still under development. Although the majority of studies can be aligned to a form of social constructionism (including social constructivism and postmodernism), it is frequently the case that these studies are so focused on empirical analysis that the induction of theoretical constructs is overlooked. They privilege closeness to the data and detailed description over interpretation that leads to theorisation of the phenomenon studied. As Chamberlain suggests for qualitative health research, “themes become dangerously like variables, discourses can be identified but never connected to their function, narrative typologies can be differentiated but without consideration of the work they are doing” (2000: 292). This is echoed to a great extent in the Mexican context, where empirical data is frequently obtained through demanding standards but with limited theoretical or discipline-specific foundations (e.g. Stern, 2005). In addition, as noted above, a number of the limited amount of locally produced reports offer a rich descriptive insight into contextual data but fall short of analytical accounts of the social processes encompassing adolescents and their context that in turn shape sexual health (e.g. Atkin, Ehrenfeld, & Pick, 1996; Gutmann, 2005; Román Pérez, Valdez, & Cubillas Rodríguez, 2004). The advancement of this approach in the Mexican context requires appraisal within a discipline-specific focus. It is to this body of research that, *within social psychology*, the present project aligns itself and to which I seek to contribute.

¹⁴ See Marková (2000b) for the understanding of the relationship between the individual and society among theories driven by the ‘constructivist turn’.

1.3. Concluding remarks

In this chapter I have shown that indigenous adolescents and their contemporary ways of experiencing sexual and reproductive health remain ignored by research. The issue of the consistently poor health indicators among indigenous peoples in Mexico and internationally is a recognised factual problem. However, when research has gone beyond the mere acknowledgement of problematic conditions, it has done so from a narrow perspective that focuses on the traditional or modern elements that are supposed to condition health indicators. I have argued that this approach focuses on static dichotomies that suppose a progression from indigenusness to non-indigenusness. Hence, it sheds limited light onto the processes through which health and illness ideas, values and practices are negotiated among indigenous peoples in the contemporary world. Furthermore, although research on indigenous youth's identities is promising because it addresses the complexities of contemporary lifestyles for indigenous adolescents, the ways in which these lifestyles might shape sexual and reproductive health remain unexplored.

Given the scarcity of research on sexual health among indigenous peoples in general and indigenous adolescents in particular, I have examined the approaches to adolescent sexual health in mainstream psychology and the social sciences. I have contended that there is a parallel between the monological positivist perspective to adolescent sexual and reproductive health research and the methods through which indigenous peoples have been studied by mainstream health approaches. As I have discussed and summarise in Figure 1.1 below, the focus has been mainly on the 'incompleteness' of indigenous peoples, on their factual problems, and on their slow linear movement towards non-indigenous modernisation. Adolescents, as studied by the descriptive and the inferential approaches, are examined in an analogous way by focusing on their limitations, the factors associated with their potential sexual risks and their movement towards adulthood:

Figure 1.1 Distinct research focus

Problematising over-sharp distinctions			
Incompleteness, progression	Indigenous peoples	Adolescents	Wholeness, complementarity
↓	↓ ↑	↓ ↑	↑ ↓
Focus on clear boundaries	Non-indigenous "modernity"	Adulthood	Focus on complex appropriations and transformation

It is this double 'blind spot' that this thesis addresses as its target population. Although the contextual approach offers theoretical tools to address the research aims of this study, there is a lack of discipline-specific focus within this perspective. Consequently, in the next chapter I examine the theory of social representations as a distinctive sociopsychological approach to sexual health.

II. THEORETICAL FRAMEWORK: KNOWLEDGE AND ITS COMMUNICATIVE TRANSFORMATION

In attempting to provide a sociopsychological approach to the realities of indigenous Mexican adolescents and their sexual health, this chapter pursues two objectives. First, it discusses key topics within social representations theory (SRT) (Moscovici, 1961/1976/2008) that are relevant for this project. Second, it uses a dialogical approach to sharpen Jovchelovitch's (2007) concept of knowledge encounters by proposing a possible typology of encounters and outcomes. I shall produce in this chapter a theoretical 'toolkit' that will underpin the analysis of data in the empirical section of the thesis.

In the first section of the chapter, three main points are discussed with regards to SRT: the dialogical nature of representations, their intimate relationship with the construction of identities as well as their production in and through communication, with especial attention to dialogue. The second section of this chapter examines the notion of cognitive polyphasia and the theoretical potential it offers for addressing the transformation of knowledges. The third section introduces the notion of knowledge encounters and examines their outcomes as stated by Jovchelovitch (2007). I take this further and propose that outcomes can be analysed in terms of the dialogical traits of perspectivity and means of influence. Combining these traits with the function of knowledge encounters allows me to suggest a typology of outcomes of knowledge encounters, which I discuss in the fourth section. I conclude with a summary of the key arguments of the chapter and its relation with the overall contribution of the thesis.

2.1. SRT: *present trends*

The overarching theoretical framework in which this thesis is ascribed is SRT. This theoretical approach, introduced by Moscovici (1961/2008), fundamentally assumes that social phenomena are constructed within the dynamic process of interaction and communication (Gaskell, 2001). More specifically, a social representation is:

...a system of values, ideas and practices with a twofold function: first to establish an order which will enable individuals to orientate themselves in their material and social world and to master it; and secondly to enable communication to take place among the members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual and group history. (Moscovici, 1973: xiii)

On the basis of the above definition, SRT is relevant to the study of sexual health among indigenous Mexican adolescents for three main reasons:

First, as per the definition above, the first and foremost role of social representations is to enable the unfamiliar to be familiarised. By ‘unfamiliar’ it is meant that a social object is considered strange or disturbing on a variety of grounds such as it being forbidden, obscure or with a surplus of importance. In this way, it is not only the novel or the original that is considered ‘unfamiliar’; rather, regardless of how thorough and pragmatic our knowledge of a certain object might be, if it has the characteristics mentioned, then it maintains its strangeness and social relevance (Moscovici, 1988). Following this idea, I suggest sexual and reproductive health among adolescents possesses a great degree of unfamiliarity characterised by it being taboo, unexpressed and, at the same time, a potential source of polemic in Mexican society (§1.2.3.).

Second, one of the key features of SRT is the concern with local knowledge (Jovchelovitch, 2007; Wagner, 1997). This is crucial for this project because, as discussed before (§1.1.2.), the debate in social sciences between the “traditional” and the “modern”, between what is local and what is global and, arguably, increasingly homogenised, is a recurrent topic in the understanding of indigenous peoples’ health. SRT “specifically aims at capturing local knowledge of *modern societies*. It conceives of local knowledge of social groups as *rational* in its own right and as *correct* by the standards of the groups’ everyday practice” (Wagner, 1997: 59, emphasis in original). If it is assumed that indigenous peoples are part of those contemporary societies—or “modern” to use Wagner’s adjective—then SRT seems apposite to the study of this local knowledge about a subject that, far from being in a “modern” or “traditional” fixation, is assumed to be undergoing transformation, such as sexual and reproductive health in Mexico.

Third, SRT, being concerned with symbolic construction and sense making, offers theoretical tools to address how ideas circulate in the social fabric as well as by what means and why some ideas characterise specific groups, indigenous adolescents in this case. In this way, the communicative processes through which these adolescents make sense and negotiate their knowledge of sexual and reproductive health can be explored. Rather than limiting the focus to the “problematic” outcomes of their sexual practices, what can be heeded is the local logic that incorporates those practices as part of representations. This particular logic, the functions it fulfils and the possibilities it offers for transformation, is in line with the objectives of this thesis.

Having established the basic relevance of SRT for this project, I shall proceed to discuss three key concepts in the theory that are important to the empirical exploration of the object of study. These are the dialogical nature of social representations, the importance of connecting social representational systems with the person who produces them (identity) and the means through which people produce and transform representations (communication through dialogue).

2.1.1. *Social representations: the dialogical turn*

Marková (1982) specifies that monological and dialogical views of social reality belong to different epistemological traditions. Monologism is rooted in the Cartesian approach to the scientific method, whereas dialogism is based on an alternative view personified by Hegel's philosophy. Dialogism is increasingly gaining momentum not only in the social sciences, but also in language sciences and humanities (e.g. Hermans & Kempen, 1993; Linell, 2009; Marková, 2003a; Heen Wold, 1992). In the case of the theory of social representations, it has been advanced in a number of productive ways such as the genetic perspective (Doise, 1990) and the structural approach (Abric, 1994, 2001)¹⁵. Another important development is what I shall term the 'dialogical turn'. This approach to social representations, whose main exponent is Marková, focuses on dialogicality—"the fundamental capacity of the human mind to conceive, create and communicate about social realities in terms of the *Alter*" (Marková, 2003a: 85)—drawing on a variety of sources, with especial emphasis on Hegel and Bakhtin, among others (e.g. Marková, 2003a, 2000a)¹⁶.

The prominence of the dialogical turn to SRT has been recently acknowledged by characterising its object of study as 'dialogical representations' (Gustavsson & Selander, 2010), to distinguish them from Moscovici's social representations. It is with this stream of the theory that the present research is aligned and, as such, in this section I discuss the relevance of this approach to this particular project. However, I contend that social representations should in themselves be conceived as dialogical relationships, rather than the dialogically oriented approach being qualified as a special kind of social representations. The reason behind this argument has to do with the way in which Moscovici and theorists who followed him have portrayed the processes of knowledge production and transformation: as a mediated *interdependent* relationship that

¹⁵ See Jodelet (2008) for a comprehensive review of developments in the history of SRT and Jovchelovitch (2007: 184) for a succinct outline of different approaches to the theory.

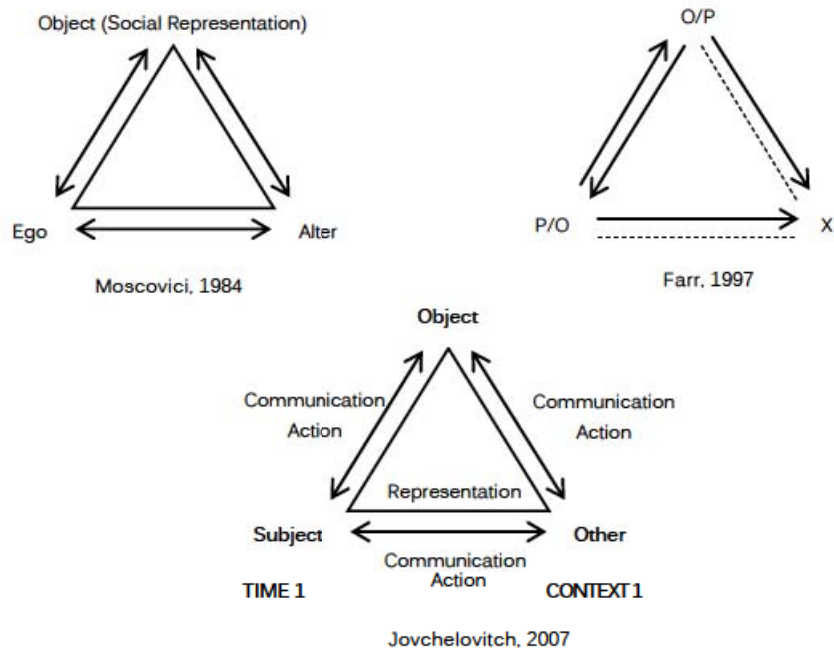
¹⁶ Dialogism is understood here as an epistemology, whereas dialogicality refers to the essential characteristics of human cognition and communication (Linell, 1998).

encompasses Ego–Alter (other)–Object of knowledge, a fundamental assumption of theories that operate under dialogical epistemological and ontological principles (Linell, 2001, 2009; Marková, 2000a, 2003a; Rommetveit, 1992). The emphasis on interaction and contextual interdependence on the other is in direct contrast to monologically oriented theories, which conceive human beings either as finished self-bound entities that think, decide and explore the world in an independent manner or, alternatively, understand social knowledge as part of the rationalisation commanded by society only, thereby nullifying the individual. SRT, as with other dialogically oriented theories, takes into account our incompleteness and interdependence on *alterity*¹⁷ in order to make sense of and apprehend the world: the *knower* constructing the object of knowledge is the *Ego–Alter* (Marková, 2003a: 147).

In Figure 2.1 below I bring together three of the triangles through which social representations theorists have schematised the triadic semiotic mediation whereby humans are understood to construct the world: Moscovici (1984, in Marková, 2003a) on the top left, depicts the tension through which Ego and Alter represent a social object; Farr (1997) on the top right, drawing on Heider, highlights the interface in which self and other can be studied in relation to each other; Jovchelovitch (2007) at the bottom, by adding context and time, extends the original triangle as a slice of Bauer and Gaskell’s (1999) ‘Toblerone model’ while accounting for Habermas’s (1991) concept of communicative action and for Mead’s (1934) notion of perspective. In accordance with these representational triangles, social representations can be understood as processes *and* social phenomena that are other-oriented and occur through both interaction in a given context and semiotic mediation (communicative construction), an understanding which is compatible with dialogically oriented theories and with the conceptual history of the notion of dialogue (Linell, 2009). In the dialogical perspective, knowledge construction occurs in the “minimum unit of knowing” *Ego–Alter–Object* (Marková, 2007c: 22).

¹⁷ I use this term to denote a specific notion of the Alter referred to in Latin languages as ‘alteridad’ and ‘alteridade’. Although its equivalent in English is the word otherness, it does not fully convey the meaning of one in relation to the other as defined by this relationship.

Figure 2.1 Representational triads



Dialogicality, as an inherent capacity of human beings, enables the concrete encounters of Ego and Alter where, through communicative exchanges, we come to represent social objects. In this regard, the implication of understanding social representations as inherently dialogical social phenomena foregrounds at least three main points. First, the need of recognising social actors—indigenous adolescents in this case—as unfinished beings in constant and mutually dependent negotiations with others. Second, the requirement to acknowledge social actors’ relational asymmetries and irregularities when accessing, expressing and negotiating representations: the self assumes different positions with respect to distinct ‘others’. Third, the necessity to pay attention to the different communicational practices through which representations are produced, expressed, maintained and transformed. The first implication entails the ‘dialogical principle’: “the idea of the co-authorship between ‘I’ and ‘you’ in communication” (Marková, 2008b: 481) and assumed through this thesis. The next two implications, in turn, are expanded in the following two subsections.

2.1.2. The ‘who’ of social representations: identity

Within SRT, the process of identity construction is a function of social representations in which social agents or groups grasp a sense of who they are through the recognition of their position within the symbolic space of their social world (Duveen, 2001b). On the one hand, social representations call for individuals to assume particular identities, such as

in the case of gender identities. On the other hand, the influence of social representations is exerted through a contractual obligation rather than an authoritative one, so that subjects might be able to join social groups and agree to take part on a particular identity (Duveen, 2001b).

Understanding identities from a SRT perspective allows for considering the dynamic and never finished construction of the process of recognition that identity involves. For this project, the notion of social identities is crucial for showing how different perspectives or expressed positions (§2.3.2.) are associated with different practices or “recipes for living” (Campbell, 2003: 47). From the individualist perspective of mainstream psychology, sexual and reproductive health has been conceived as the result of individual rational decision-making processes. By contrast, from the point of view of dialogicality how sexual health is lived and understood is interlinked with social identities conceived as interdependent Ego–Alter relations characterised by commitment and responsibility (Marková, 2003a). This is relevant for this thesis because, as shown in the literature review in the previous chapter, the family and the peer group are reported to be of great importance in the negotiations of adolescents’ sexual health. These two groups, and indeed all significant groups with which adolescents interact in the community, play an important role in the ongoing construction of identity. By identifying themselves with certain groups and distinguishing themselves from others, they position themselves and are positioned by others. Hence, it is in this struggle for recognition in Ego–Alter relations that it is possible to find the resources for the production and transformation of social representations.

I contend that the extent to which the influence of certain social representations is authoritatively exerted on identities is in interdependent opposition to the degree to which these representations are challenged. The ability to challenge representations depends on the means that social agents have for empowering their identities and constructing new ones. The potential change of identities, however, is restricted to the scope available for change and empowerment found in the particular context: “there are limits to how far we can opt in and out of identities” (Howarth, 2002: 158). As Campbell (2003) explains, in economically developed countries, identity theorists have stressed the fluid and changeable nature of identity construction in late modern societies. However, the author asserts, “there is still much to be learned about the possibilities and limitations...in contexts where poverty and gender inequalities limit the potential for the reconstruction of alternative social identities by deprived groups” (2003: 49).

In research involving indigenous peoples, their identities are frequently presented as homogeneous. By focusing on the knowledge of indigenous adolescents positioned in two different social contexts that bestow them with access to different resources, this thesis intends to go beyond previous studies and to explore whether homogeneity in terms of identification and contestation of identities in relation to sexual health is in fact the current case in the Mexican context. In this regard, I argue that there is always the *potential* to subtly contest identities sustained in wider representations. My aim is thus to identify the strategies and symbolic resources that might be used in this contestation and expressed in dialogue. For example, in Mexico there has been an overwhelming acknowledgement of the influence of the Roman Catholic Church and wider conservative social values in the construction of sexual health. I contend, however, that this influence is far more complex than just a form of social control because social agents are symbolically resourceful to challenge these influences. An example of these symbolic resources has been identified by Hirsch (2008), who conducted research among Mexican women who identify themselves as Catholic and yet use contraceptive methods banned by Catholic doctrine. Prompted by a process which Hirsch designates as “cultural creativity” (2008: 101), young women justified contraceptive use within a framework of Catholic values: “To counter the Church’s attempts to regulate their reproductive lives, the women invoked their children’s moral, emotional, and economic needs, the demands of modern motherhood...” (2008: 99). In my view, this example illustrates how what could be identified as a dominant social representation within the identification with a religious group, could be discreetly challenged by means of cognitive symbolic resources within the same representation. These resources, of course, are not the product of individual thinking but the result of exchanges and negotiations regarding a significant social practice (in this case, contraception in the context of religious beliefs).

In light of the problematic perspective of both indigenous groups and adolescents from which mainstream psychology and social sciences in general have approached these groups, it is paramount to identify the ways in which people develop “strategies of protecting their identities” (Howarth, Foster, & Dorrer, 2004: 238) and the circumstances in which negative identities are sustained. In the words of Joffe: “[t]he goal is to observe the transformations that occur when knowledge circulates between the environment of the individual and the individual’s mind, and to discover how meanings of health issues link to particular identities” (2002: 570). I would argue that the goal should go slightly further: to observe and map out the ‘*hot points*’ in which certain meanings of health issues within the social fabric are related to specific identities, be these positive, negative, ambivalent or,

indeed, hybrid. In this way, it will be possible to understand the resources needed to foster *alternative* identities within social representations of sexual health. In this thesis, the objective is both to make an analysis of existent identities and to explore the possibilities for change through dialogue. This diagnosis might be achieved through the identification of resources just as the “cultural creativity” in the example from Hirsch’s research.

To date, some of the strategies or resources to challenge health-related representations have been identified as resistance (Howarth, Foster, & Dorrer, 2004) and as competition for symbolic resources such as respectability and recognition (Campbell et al., 2005). In the case of Mexican society, research on adolescent sexuality has stressed the pervasive influence of gendered stereotypes. However, some studies (e.g. Marston, 2005b) have shed light on the fact that masculinity and femininity are experienced in very different ways by adolescents. Consequently, it seems important to avoid stereotypes and seek to establish the many different ways in which social norms complicate people’s “recipes for living” sexual and reproductive health. Furthermore, because identity is a relational construct in continuous negotiation, it is crucial to identify the strategies by which representations are perpetuated and the symbolic gains social agents obtain by sustaining them when engaged in communication. I would thus contribute to the understanding of sexual health by identifying strategies or resources for both perpetuating and challenging identities linked to wider social representations of sexual health as manifested in dialogue.

2.1.3. The ‘how’ of social representations: communication, the case of dialogue

Our understandings of who we are and of the standards according to which to conduct ourselves are constructed through communicative interactions. In this regard, Marková (2000a, 2003a) refers to SRT as the “theory of social representations and communication”. This is hardly surprising because, as indicated by the definition of social representations initially provided, central to SRT is the issue of how human beings communicate and thereby make sense of reality. Furthermore, social representations are considered “shared” by groups insofar as their constituting “elements have been fashioned through communication and are related through communication” (Moscovici, 1998: 243). Hence, “[t]he relation between communication and representation is *indissoluble*, and communication is a process of transformation of these representations, in which we mingle our own representations with those of other groups” (Arruda, 2003: 341–2, my emphasis). Yet, although Moscovici has invariably stressed the importance of





communicative construction, transmission and maintenance, very few SRT-grounded studies have in fact addressed how representations are actually constructed or noticeably reconstructed in concrete communicative practices (Linell, 1998: 53; Orfali & Marková, 2002: 263; for a counter-example, see Castro & Batel, 2008). In this subsection I address this issue by concentrating on the conceptual potential of dialogue as a form of communication and its anticipated significance in the study of health-related issues.

Social communication has been studied in both the broad and the narrow sense, from exchanges between cells to communicative practices among humans, passing through communicative interaction between machines and animals. In this thesis I will define social communication as that which takes place among human beings. In this regard, Luckmann (1990) discusses four main functions of social communication that show the human aspects of communicative processes: 1) *sociality*, or the regulation of communicative practices through a code; 2) *reciprocity*, related to systematic interdependence through which one organism presupposes the responses and feedback of others and adjusts its actions accordingly; 3) *abstraction*, which is the ability to refer to the actual components of the situation as well as to elements that transcend this situation in time, space or both; 4) *intentionality*, which refers to an organism's awareness of the communicative possibility of its species and its ability to selectively use them with a purpose. Indeed, if the four functions of social communication presented by Luckmann are juxtaposed to the characteristics of a dialogical understanding of social representations I presented previously it is possible to discern great similarities, mainly in terms of reciprocity or Ego-Alter interdependence. In addition, social representations are communicated through language (sociality), refer to social objects that are not necessarily physically present (abstraction) and are circulated in society through a variety of communicative means with differing degrees of intentionality.

I previously tackled the *dialogical* nature of social representations. Now, by contrast, I will refer to *dialogue* as fundamental in the production and transmission of representations departing from the assumption that, out of all forms of human communication, dialogue is the elementary form (Luckmann, 1990: 52). As Marková, following Bakhtin, maintains, “[a]ll symbolic activity of humans is founded on ‘dialogue’ between different minds expressing multitudes of multivoiced meanings” (2003a: 83). Dialogue, Marková (2007a) explains, can include a variety of forms accounting for the Ego and Alter in interdependent interaction at different levels. First, dialogue can be understood as the symbolic interaction between two or more people who are mutually co-

present (sociodialogue, Linell, 2009). Second, social actors and groups carry internal dialogues with themselves and with absent individuals. Third, in an abstract sense, it is possible to consider a dialogue among ideas as they circulate in society. Finally, in an even more abstract way, it is possible to speak of dialogue between cultural traditions. Dialogue forms are illustrated in Table 2.1.

Table 2.1 Dialogue forms (after Marková, 2007a)

A		B	(self/persons)
A – A		B – B	(within and across)
Ideas		Ideas	(within and across)
Cultures		Cultures	(within and across)

The idea of dialogues in which the self is involved at different levels, as theorised by Marková (2007a), has been advanced by the ‘dialogical self’ theoretical approach (e.g. Hermans & Kempen, 1993; Hermans, 2001). This theory has been regarded as comprehensive by dialogical theorists (e.g. Linell, 2009), and it fundamentally understands

...the self as a dynamic multiplicity of different I-positions in the landscape of the mind. This perspective assumes selfhood as a highly dynamic process, since the I is always in a process of positioning and repositioning towards actual or potential audiences. Throughout that process, the I is able to move from one position to a different one, depending on the exchanges that take place in internal and/or external dialogues...each I-position has its own story to tell, each one functioning as interacting characters in a story, establishing specific relationships...(Salgado & Hermans, 2005: 9).

Taken to an extreme, social constructivist views on selfhood that draw on similar arguments have, however, placed great importance on the multiplicity of selves. Gergen (1991), for example, talks about “social saturation” of selves in the current globalised world, who shift between multiples senses of the self. As I argued in relation to social identity (§2.1.2.), intimately related to the issues of selfhood, there is a limit to which the self is required and prompted by the social world to move in a multiplicity of fluid contexts. In situations of poverty, social exclusion and marginalisation, such as those lived by many Latin Americans, I would suggest that the agency of the subject and its resourcefulness for continuity and stability are as important as her ability to adapt to the changing exigencies and constraints of the social world. In addition, the extent to which people have access to, or are even required by, the social fabric to position as “multiple selves” is questionable because structural and concrete material conditions might powerfully limit the spheres in which the self interacts. A related argument has been put forward to highlight the limitations of recent developments within the ‘dialogical self’

theory (e.g. Hermans, 2002). Linell (2009: 112–3) warns that the interaction with others gets “far too backgrounded”, so that the theory might be reconstructing the individual as a self-contained system which has assimilated different voices. This has consequences for the understanding of ‘dialogue’, which runs the risk of being turned into interactions between internal I-positions and ‘inner audiences’ in the mind. Instead, “we could talk about one dialogical self, contextually interdependent with others and with contexts, moving between different positionings but still part of continuities” (Linell, 2009: 113).

SRT, in turn, in fact considers the notion of the self and scope for her multiple engagements in dialogue with *alterity* at the intra- and intersubjective levels. It takes full account of Vygotsky’s general law of cultural development, which suggests that the development of thinking follows a two-dimensional direction: “[f]irst, the social, then the psychological, first between people as an intermental category, then within the child as an intramental category” (1997: 106). The theory places the importance of these exchanges precisely in the middle of these communicative engagements when constructing the social world. Furthermore, while SRT rejects the “lonely paradigm” of the individual thinker in psychology, it also offers tools to address the limitations of stripping the self of its ontological constitutions and focusing solely on the constraints and demands of the context in the form of discourse (Jovchelovitch, 1994), be it internal or external. In this way, the theoretical tool derived from dialogicality in relation to *dialogue* for this thesis is the notion of the dialogically constituted self who is able to engage in dialogue at different levels. Furthermore, what seems key is to explore how ‘third parties’, ‘virtual others’ or ‘quoted voices’, in the form of social actors and salient ideas, are brought into inner dialogue (Marková, 2006) and externalised in sociodialogue¹⁸.

Mainstream health communication has usually assumed that top-down interventions are necessary to “fill-in” adolescents with information that would help them to make informed decisions, ignoring how the “transmitted” meanings are negotiated before deciding. In this thesis, by contrast, communication in the form of *dialogue* is anticipated to be a crucial notion for the circulation of the elements or aspects of social representations about sexual health between adolescents and other groups (e.g. parents, teachers) and within groups of adolescents. This dialogical understanding of communication acknowledges that adolescents belong to different groups, that they are committed to specific collective positions and that they favour, sometimes simultaneously, different elements of socially shared knowledge (Marková, 2006: 129). In addition,

¹⁸ Although internal dialogues might not always be externalised (Marková, 2006), the methodological constraints the examination of inner dialogues would pose are beyond the scope of this thesis.

communication in the form of dialogue is expected to be important for the understanding of sexual health because sexual protective and risk taking practices more often than not go beyond individual decisions and are situated in the couple's dialogue as the 'unit of knowing'.

In the previous subsections I have introduced what I termed the 'dialogical turn' in SRT and argued for the intrinsic dialogical nature of social representations. I have further discussed the importance of understanding 'who' is engaged in social representing through the notion of social identities, which in their dialogical form are seen as Ego–Alter relations characterised by commitment and responsibility. It is in these dialogical exchanges that people, within the interplay between their social constraints and resources, come to contest dominant identities. Then, I moved on to discuss why communication between Ego and Alter is paramount for the production and transmission of social representations. I have also discussed the importance of dialogue, whose traits shall be considered later in this chapter (§2.3.2. and §2.3.3.), for this thesis. These three notions: dialogicality, social identities and communication as dialogue shall serve as the foundations for the next part of the chapter, which comprises three sections. Next, I introduce the concept of cognitive polyphasia to move later to discussing knowledge encounters and their outcomes.

2.2. Cognitive polyphasia and social representations

In the book that first introduced SRT, Moscovici delineated a concept that considers the possibility of the coexistence of different modalities of knowledge in the same individual or collective. He presented this idea as follows:

...the same group and, mutatis mutandis, the same individual are capable of employing different logical registers in the domains which they approach with different perspectives, information and values...[T]he dynamic coexistence—interference or specialization—of the distinct modalities of knowledge, corresponding to definite relations between man and his environment, determines a state of cognitive polyphasia (1961/2008: 190, emphasis in original, underlining added).

Thus, for a person or community that holds different systems of thinking, cognitive polyphasia supposes the use of a particular knowledge in a specific situation¹⁹. Different and contradictory knowledges can coexist in this way because each one serves to give

¹⁹ Some SRT scholars such as de-Graft Aikins (2005) and Provencher (2007, 2011) contend that cognitive polyphasia can be interpreted as the reliance on more than one way or function of reasoning, not as the coexistence of different knowledge systems or representational repertoires. I shall address the relationship between this perspective and the theoretical developments of this thesis in Chapter VIII (§8.4.1.).

meaning to different situations depending on the context. Although Moscovici treated cognitive polyphasia as a hypothesis, his own seminal work on the representations of psychoanalysis cogently demonstrated its existence. He examines the transformation of psychoanalysis in France by focusing on communicative practices as displayed by different groups (propagation, propaganda and diffusion) (Marková, 2008b).

More recently within the field of *health*, four studies stand out as further evidence corroborating cognitive polyphasia. First, in a study exploring biomedical and ethnomedical representations of diabetes in Ghana, de-Graft Aikins (2002) uses the concept as an analytical tool to examine consensus and conflict within and between professional groups' narratives. Second, Gervais and Jovchelovitch (1998a, 1998b, Jovchelovitch & Gervais, 1999) use cognitive polyphasia to explain how traditional representations of health and illness can be held at the same time as more de-traditionalised ways of thinking at subjective and intersubjective levels. Third, Provencher (2007) shows how mothers of young children relay on different types of knowledge to make sense of the MMR vaccine. Fourth, and of particular interest to the present project, Renedo's (Renedo, 2008; Renedo & Jovchelovitch, 2007) research offers evidence that cognitively polyphasic systems and the idea of a polyphonic self who draws on multiple voices to construct the world, are two sides of the same coin. Accordingly, she shows how cognitive polyphasia becomes a resource to shift between different institutional discourses depending on the needs and demands of a specific situation.

Taking into account this evidence, and combining it with a growing academic interest in the concept (Arthi, Provencher, & Wagner, forthcoming), it is possible to suggest that the actual issue is not to 'test' the hypothesis of cognitive polyphasia empirically (Marková, 2008b): the concept is a *fait accompli*. Hence, what is needed to sharpen our understanding of it is, first, to start from the presupposition that cognitive polyphasia does exist in representational systems; that is, "one must *assume* that individuals share the same capacity to possess many ways of thinking and representing" (Moscovici, 1998: 246, my emphasis), and, second, to address the potential communicative regularities or irregularities within this phenomenon. Proceeding in this two-step process would address Moscovici's suggestion for an avenue for research on cognitive polyphasia. This avenue "will proceed to the analysis of *transformations*—equilibrium and evolution—of these modalities of knowledge, of the *relations* which are established between them and their adaptation" (Moscovici, 1961/2008: 191, my emphases).

In this regard, as useful as the notion of cognitive polyphasia has been as an analytical instrument and as a theoretical concept, its resourcefulness for analysing how representations are transformed has received little attention. One study stands out as the single approach attempting to develop a similar argument: Wagner et al.'s (1999, 2000), which focuses on "patterns of communication in which new forms of social representations are taking shape" (1999: 417). By analysing contemporary urban North Indian social representations of madness, the study explores the extent to which traditional ideas rooted in the tantric cult and the medical system of *ayurveda* have absorbed Western ideas based on medical and psychiatric knowledge. The authors also seek to identify whether "such 'modern' ideas simply displace more traditional Indian beliefs, or do Indian lay representations reconstruct these 'modern' ideas in ways which allow them to coexist with more traditional patterns of thought" (1999: 413–4). The results provide evidence to corroborate cognitive polyphasia effectively as in the studies discussed above. However, the researchers fail to convey a sense of transformation of representations in their conclusions and are unsuccessful in supporting the modernisation of tradition that they claim to focus on. Thus, Wagner et al. acknowledge:

...the representations both of modern psychiatry and of traditional healing may co-exist to a considerable degree, and while most [of] our interviewees have a sense of the contradictions between them, these contradictions are not generally experienced as logically exclusive, as a simple 'either/or'. Rather, any resolution of the conflicting claims of tradition and modernity has to recognize the wider practical context of institutions and relations. It is this context which determines how our respondents would deal with a case of mental illness in their own family (1999: 440).

Although Wagner et al. provide an early attempt to advance the concept of cognitive polyphasia, the issue of the identification of communicative patterns in polyphasic systems as they undergo transformation has not been fully addressed. In fact, Jodelet (2008) notes that the *juxtaposition* of different items pertaining to different layers of knowledge is an issue within cognitive polyphasia that deserves further elaboration. The emphasis, then, should be on the interjection contained in the definition of cognitive polyphasia: "coexistence—interference or specialization—" (Moscovici, 1961/2008: 190). The examination of cognitive polyphasia should be performed by looking not only for coexistence of knowledges, but also for knowledges that interfere or feed each other, thereby specialising or developing further.

Methodologically, cognitive polyphasia "alerts us to the probability of finding different elements within the representations of a social group, and to exploring the character of the structure through which they are held together within a system" (Duveen,

2007: 554). The empirical concern of the present research project offers possibilities for identifying these different elements, which are grounded in the history, customs and interests of the groups in which the self interacts, and examining not only how they are held together but also, I would argue, how they might communicate. Indeed, one might propose that they are held together precisely by communicative practices. First, as discussed in the previous chapter, there is evidence that the nature of sexual health is multilayered and that its construction is shaped by forces at three identified levels: societal, communal or proximal, and individual (§1.2.3.). Second, although little is known about representations of sexual health among indigenous adolescents, the particularities of their socioethnic context within wider Mexican society add a key sociocultural marker that might shape further elements or layers within the same representations. Third, in the Mexican case, the important influence of a conservative society is well documented, as are the prevailing gendered sexual norms (§1.2.3.), which provide indication of strong social demands for permanence in the position that knowledges occupy in the “side-by-sideness” that characterises cognitive polyphasia. At the same time, this study offers possibilities to explore the undergoing transformation of sexual health as communicated by indigenous adolescents, given the factual indicators of changes in the sexual and reproductive health of indigenous Mexican groups.

If the concept of cognitive polyphasia is to be sharpened in the direction of communication between knowledges, in addition to the methodological possibilities for identifying different elements in representations, the researcher should heed the potential meeting points in polyphasic systems. To produce social change, one must presuppose oppositions in tensions rather than the sheer co-presence of different social groups, of asymmetric relations, of dominance and power (Marková, 2000b: 112). Consequently, to account for this tension within the notion of cognitive polyphasia, it is necessary to explore how it is that, from the coexistence of different groups, knowledges come to be opposed and engaged in meeting points in the community, the group or the individual, which is analysed in the next section.

2.3. Knowledge encounters and transformation of representations

In addressing the problems of communication between different groups and communities, Jovchelovitch puts forward the model of *knowledge encounters* and their possible outcomes. The author defines a knowledge encounter as “the meeting between two or more representational systems, expressing different subjective, intersubjective and objective

worlds” (2007: 129). This idea clearly resonates with the notion of cognitive polyphasia in the sense that different knowledge systems can be compared to the “distinct modalities of knowledge” to which Moscovici refers (1961/2008: 190). Consequently, the knowledge encounters model *presupposes* the existence of a dynamic coexistence of distinct modalities of knowledge in thinking, just as any dialogue must assume heteroglossia or multivoicedness (Marková, 2003b). This assumption, Jovchelovitch notes, offers the potential to illuminate the empirical study of encounters between knowledge systems in the contemporary world (2008: 432–3).

The “representational repertoires” that cognitive polyphasia provides (Wagner, 1998) would forcefully need room to reflect and re-construct reality and change. The notion of knowledge encounters, I suggest, accounts for such space: where “[c]ognitions are in tension, they clash, judge and evaluate one another” (Marková, 2003b: 33). In other words, different modalities of knowledge meet at a particular time and in a physical or virtual stage.

If it is assumed that in the social fabric different groups and individuals with different identities and competing interests not only coexist, but feed into each other in interdependent communicative practices, we can speak of dialogical relations in tension as having potential for conflict. Thus, in this context:

What makes relations problematic, and also exchanges between individuals and groups, is the circulation of representations which nevertheless co-exist in the same public space...[representations] are formed through reciprocal influences, through implicit negotiations in the course of conversations in which people are oriented towards particular symbolic models, images, and shared values (Moscovici, 1998: 242–3, my emphases).

The notion of knowledge encounters, in my view, conceptually captures the *point* (in terms of time and physical or imaginary space) where representational systems, which interdependently circulate and influence each other, meet and engage in communicative activity in order to cope with, and make sense of, the discrepancies in their representations. In this sense, in the same way that concrete encounters of the Ego–Alter are instantiations of the Ego–Alter ontology (Marková, 2003b: 37), any knowledge encounter would be an instantiation of the communication in cognitive polyphasic systems. While at some points representations can be schematised as a jigsaw puzzle (e.g. living side by side), at other points they can look like the reverse side of a patchwork quilt; fissures and gaps are filled in by dynamic exchanges between representations.

Knowledge encounters as a model is relevant to this thesis because it can be argued that, in contemporary societies, knowledge encounters between and within groups are the norm rather than the exception, given the multiplicity of sources from which ideas are constructed. When it comes to indigenous peoples, although the social sciences have frequently assumed that they fight to preserve their traditions, and that modernity exerts a homogenising process whereby their traditions are undermined, social psychology has remained silent in this debate. Although the ideas of “modernity” and “tradition” might be useful in abstract terms, a concrete understanding of ‘who’ the sources of knowledge are, regardless of whether they are identified as “modern” or “traditional”, remains underexplored. In this way, the negotiation of these knowledges and how they meet is considered to an even more limited extent in the literature. Within SRT, by contrast, the plurality of knowledge and representations in *modernising* (that is, not traditional but not yet modern) societies is recognised and the importance of identifying multilayered segments in representations is emphasised (e.g. Wagner, 1998). In fact, Raudsepp (2005) points out that “socially *relevant* research questions” that the theory might address are related to the issue of how, in the current world, different or opposing social representations of the same object can be managed intra-individually, within and between groups. By implementing the notion of knowledge encounters, I contend, one gains a theoretical tool for sociopsychologically apprehending such organisation of the diversity of knowledges characteristic of cognitive polyphasia which is potentially identifiable in the target population of this study.

For example, an instance of knowledge encounters in the research of SRT can be identified in Jodelet’s (1991) work in a community where mentally ill patients stayed in residential care with foster families. The custom of having lodgers was used as a collective technique to maintain a stable, consensual and conformed identity. However, when faced with the possibility of increasing the number of lodgers hosted by foster families, the community contested and debated the practice of placement. This is an ideal example of how, within the public arena, different groups have different access to the co-construction of social reality (Jovchelovitch, 1997): two distinct positions encountered, were exposed and evaluated. In the end, the number of lodgers remained unchanged in order to produce a façade through which the reputation of the community could be protected from the stigma of profit-making from insanity imposed on them by people from the region outside the community (Jodelet, 1991). Thus, the previous perspective (or representation) is challenged by a new one, which is finally rejected in order to preserve a positive social identity.

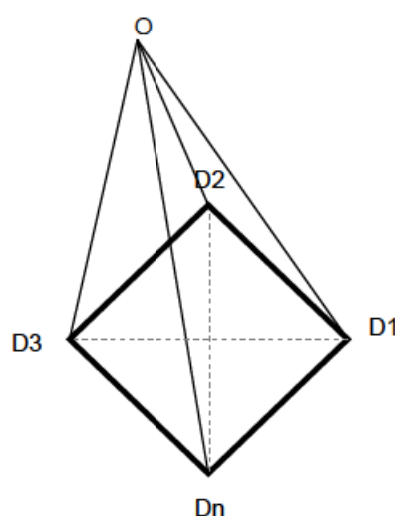
More specifically, the knowledge encounters model based on the book-length argument developed by Jovchelovitch (2007) offers theoretical and empirical possibilities to put it into use for analysing cognitive polyphasic systems at different levels. The encounters between knowledge systems that Jovchelovitch proposes can be understood at the macro level between groups, but also at the micro level: within groups and within the (dialogical) self. In the former sense, encounters occur between people who “differ from each other not only in their representations of the world but also in their manner of thinking, their methods of argumentation and even their vocabularies” (Farr & Marková, 1995: 97). Examples include encounters between health professionals and lay health-services users, or between colonising invaders and colonised natives. Within groups, it is necessary to consider the self as knowledge system and to witness encounters between social individuals in the same group (for example, members of the same environmental group or political party) who nevertheless have access to different stocks of knowledge. Face-to-face or synchronic knowledge encounters within groups are plausible because even if a group is cohesive or strong (in the sense of Bauer & Gaskell, 1999), its representations are always dynamic and in tension between stability and change (c.f. emancipated representations in Moscovici, 1988). Furthermore, the idea of knowledge encounters can be stretched. Provided the self is considered dialogical and capable of reflecting upon others’ knowledge systems, it is possible to contemplate knowledge encounters within the self (e.g. Provencher, 2007; Renedo, 2008). In this thesis, given the empirical interest in a single target population (i.e. indigenous adolescents), the focus will be on micro levels of Ego–Alter relationships. Hence, when speaking of knowledge encounters, I refer to sociodialogue which, in this context, entails conversation between indigenous adolescents and their dialogue with others such as fellow participants and the researcher. Furthermore, knowledge encounters with absent ‘third parties’ is contemplated as expressed in these externalised dialogues.

In a different—yet related—view, Bauer and Gaskell have accounted for the intergroup negotiation of meanings through the recent introduction of the ‘wind rose’ model (2008). In this model, the petals of the ‘wind rose’ account for social milieus, schematised as triangles of representational mediation nested around an object or common reference point. I suggest that in order for the interaction to take place between social milieus in the community—or between social individuals from the same group—there should be spaces or *meeting points* for the different triangles nested in the ‘wind rose’ to undertake dynamic contact. Knowledge encounters, in my view, account for such spaces. In Figure 2.2 I propose the possible schematisation of knowledge encounters as a

quadrangular pyramid, in which each corner of the square locates the knowledge of each of the 'dialoguers'²⁰ representing the object. In this pyramid, dialoguer 1 (D1), dialoguer 2 (D2), dialoguer 3 (D3) and dialoguer n (Dn), from different *positions* or angles that provide them with different perspectives, symbolically construct a social object (O).

According to this pyramid, all subjects or dialoguers, at some point, are able to form representational triangles and to share their knowledge regarding the same object. More corners would need to be added to the base figure according to the number of different knowledges or participants (pentagon, hexagon etc., hence 'n' in Dn). For every triangle formed by two subjects and the object, it is possible to add the dimension of time, as in the 'Toblerone pack model' (Bauer & Gaskell, 1999); the figure will be a three-dimensional intersection of different representational projects. Of course, the exchanges in representational triangles will forcefully have constraints afforded by the different angles or positions from which dialoguers construct the same object. Furthermore, each angle can be connected with a number of other pyramids to account for the different knowledge encounters in which a dialoguer takes part.

Figure 2.2 Proposed schematisation of knowledge encounters



The base of the pyramid and its projection in constructing the social object would stand for the space with communicative potential. This space would pack a multiparty "potential space" (Winnicott, 1971) that facilitates sensemaking and symbolic coping between Ego and Alter. It can be understood to be the public space, the space between two interlocutors, or indeed the virtual space between the self and the evocation of the voices of different representational sources. These different arenas would share the

²⁰ In this thesis, the noun 'dialoguer' is used to indicate a dialogue participant or interlocutor.

common characteristic of the viability of communication to take place: communicative processes take place in the overlap of potential spaces that transcend the fundamental boundary between the “me” and the “not-me” (Jovchelovitch, 1995: 65).

Furthermore, Figure 2.2 accounts for knowledge encounters at a variety of levels: within the group that shares a social representation, so that individuals speak from different positions on the same object; within the same individual, who is aware of the different dimensions other people in the group share on a representation of a social object (expressed in the guise of a dialogue with an imaginary interlocutor); and within different groups of actors or stakeholders that communicate about the same issue, such as nurses, medical doctors, social workers and international agencies working on a single epidemiological problem.

2.3.1. Outcomes of knowledge encounters

When knowledges meet, a diversity of resulting interactions may take place: these are the outcomes of knowledge encounters. It is with the proposition of possible outcomes that I believe it is possible to address “the problem of continuity and discontinuity between different systems of knowing” (Jovchelovitch, 2008: 432) inherent in the communicative practices that sustain cognitive polyphasic systems. Once it is accepted that knowledges meet and that, in these encounters they clash, judge and evaluate one another at the subjective, intersubjective and objective levels, then it follows to explore what is the outcome the encounter renders. How does this meeting shape the knowledges or dialoguers who participate in the encounter? Does the state of coexistence of knowledges forcefully dissolve to give place to other states? What are the issues at stake for the encounter to result in one state or another? Jovchelovitch (2007) has already offered an insight into answers to these questions. After theorising perspective-taking, recognition and knowledge hierarchies, she develops a framework that accounts for the possible outcomes of knowledge encounters. The author distinguishes between ‘dialogical’ and ‘non-dialogical’ encounters depending on “recognition or denial of the diversity of knowledge” (2007: 143). In her view, only dialogical encounters take into account and legitimise the perspective of the other. Non-dialogical encounters, in turn, entail “lack of mutual recognition and the domination it makes possible” (2007: 146).

Jovchelovitch’s (2007: 147) typology of outcomes of knowledge encounters, moreover, goes beyond dialogical and non-dialogical encounters. In addition, she systematises some of the outcomes they make possible by suggesting ideal analytical

distinctions. Dialogical encounters, she proposes, involve coexistence and inclusion, with the possibility of eventual hybridisation. Non-dialogical encounters would generate displacement (exclusion) with prospective segregation/destruction. Her model is summarised in the table below:

Table 2.2 Types of knowledge encounters and outcomes (Jovchelovitch, 2007)

Dialogical encounters	Non-dialogical encounters
Coexistence (inclusion) ↓ Hybridisation (cognitive polyphasia)	Displacement (exclusion) ↓ Segregation/destruction (monological cognition)

Although the framework above accounts for outcomes that in themselves can be used as guidance to explore knowledge encounters, there arise three conceptual points to be clarified. First, having established earlier that the knowledge encounters model presupposes the existence of a dynamic coexistence of distinct modalities of knowledge, the distinction between coexistence and exclusion as processes generative of different outcomes is problematic. A difficulty with understanding monological knowledge encounters in terms of exclusion, as in the previous description, is that this assumption is in direct conflict with the presupposition of coexistence of knowledges. In the model above, “[i]ncluding the perspective of others allows for the coexistence of different knowledge systems, which tend to change towards hybridisation and states of cognitive polyphasia” (Jovchelovitch, 2007: 147). However, if coexistence is the condition for the encounter, then it follows that any proposed outcome should derive from that simultaneity. Coexistence, then, *is not* contingent on the attempt of dialoguers to deny it. Rather, attempts at exclusion would constitute a monological trait within encounters between knowledges originally coexisting (§2.3.2.). Furthermore, the model above, as I understand it, considers inclusion and exclusion of coexistence as the processes that, over time, generate outcomes such as hybridisation and segregation/destruction. However, if it is established that knowledge coexistence is necessary for a knowledge encounter to take place, then coexistence should be understood as the precondition, rather than the process, to produce any of those outcomes (dialogical or non-dialogical). Outcomes, in turn, can be understood as ‘temporary communicative states’ that might or might not have the quality of recognition of perspectives.

Second, dialogical theorists, drawing on Bakhtin, seem to agree that all communication—in this case, within knowledge encounters—can be understood as

ontologically dialogical. “Dialogic relations are thus much broader than dialogic speech in the narrow sense of the word. And dialogic relations are always present, even among profoundly monologic speech works” (Bakhtin, 1986b: 125). Linell (2009), reviewing the work of Morson and Emerson (1990), points out that all forms of communication, including monologic practices, are dialogical insofar as they entail three common characteristics: *responsivity* (communicative acts are selectively responsive to contextual conditions); *addressivity* (every act is addressed to somebody); and *genre-belongingness* (communicative acts are situated in history and rely on languages and customary communicative genres). At the same time, however, *in practice* communication through dialogue can be classified as dialogical and monological or non-dialogical (Morson & Emerson, 1990: 131), a point to which I return below. If this consideration about communication is granted, then it is necessary to consider that, up to a point, all knowledge encounters would be dialogical. Jovchelovitch’s (2007) distinction of recognition (and lack thereof), however, should serve as the key to identify monological qualities that, in practice, characterise some outcomes of ontologically dialogical knowledge encounters. Moreover, the identification of monological traits in knowledge encounters would retrieve back the discussion on cognitive polyphasia because this state “can, but does not necessarily, lead to self-reflection” (Gillespie, 2007: 682).

Third, in this regard, the model offers the potential for being sharpened by exploration of knowledge encounters at the micro-level (within the same group or individual) by adding different ‘shades’ of dialogicality and functions of dialogue to the typology. For example, as conceptually powerful as the notion of knowledge destruction is, it would account mainly for “extreme” social situations, such as totalitarian regimes for attempts at knowledge extinction through “wooden language” (Marková, 2003a). It would be difficult to imagine segregation or destruction of knowledge within the same group or person. In the same way, it seems to me that coexistence of knowledges can also be of a monological kind when knowledges hermetically co-occur side by side, expressing themselves in parallel ways, with limited impact on one another. Thus, “without responding to the other, their dialogue will appear as two parallel monologues without contact” (Linell, 2009: 169). This idea, however, would need to be tested in macro-level situations because it seems practically unfeasible that two sources of knowledge are maintained in this way in the same person or group. Consequently, in order to expand the model it would be needed to establish the bases on which one would be able to identify outcomes of micro-level knowledge encounters. In the case of the ideal analytical distinctions in the original model, Jovchelovitch postulates that coexistence tends towards

hybridisation and that displacement has the potential for segregation, whereby both trends imply taking place longitudinally. In this way, but invariably departing from coexistence, the modified model would require adjustment for sociodialogue at one point in time.

In order to guide the furthering of Jovchelovitch's (2007) model of knowledge encounters and their outcomes, I shall use the aforementioned outcomes as guidance. In addition, I employ three questions to conduct further systematisation of possible outcomes: first, assuming that knowledge encounters (of either dialogical or monological kind) presuppose the coexistence of knowledges entailed in cognitive polyphasia, what kind of plausible identifiable global states can dialoguers produce out of knowledge encounters? Second, what functions would characterise those interdependent states? Third, what could be considered the 'analytical features' or 'dimensions' these resulting states would have?

In order to answer the third question, it is necessary to establish the conditions for dialogue and the instances that would indicate monological traits. Once these criteria have been discussed, I shall answer the first two questions (§2.4.). Yet, the division between monologue and dialogue, as Marková (1990) and others (O'Connor & Michaels, 2007) have indicated, is a very difficult one to draw. Indeed, some commentators of Bakhtin's dialogical approach (Fogel, 1989; Gurevitch, 2000; Hirschkop, 1985) have criticised his work by arguing that it oversimplifies monologising characteristics in dialogue. Morson and Emerson (1989; Morson, 1985), in turn, suggest that, although Bakhtin did not fully address the problem of coercive and unequal dialogues, he did not entirely overlook it. In this way, in the dialogical theory based on Bakhtin's works it is possible to distinguish a 'second sense' of dialogue whereby monologue complements it as its opposite (Morson, 1985; Morson & Emerson, 1990). That is, although in *ontological* terms all dialogue is dialogical, *in practice* it is possible to speak of a continuum where different monological instances or qualities can be identified so that some dialogues can be more 'dialogical' than others.

A number of authors have developed categories in order to classify dialogical relations (e.g. Valsiner, 2002, Anward, 2002, in Linell, 2009; Yakubinsky, 1923/1997). In this thesis, to address the different 'shades' of dialogicality I shall employ two conditions that, according to Linell (2009), capture the variation from monologue to dialogue and, hence, address dialogue in the 'second sense': *perspectivity or voicedness* and *imposition of response (coerciveness)*. Although Linell (2009) draws on the work of Morson and Emerson (1990) to delineate these two conditions, in the following I will discuss and develop them

as the analytical categories relevant to the analysis of knowledge encounters as approached in this thesis. In doing so, I make use of the work of a number of dialogical theorists in order to relate *perspectivity* and *coerciveness* to Jovchelovitch's criterion for identifying dialogical and non-dialogical encounters: recognition of diversity of knowledges²¹.

2.3.2. *Perspectivity in knowledge encounters*

In dialogue, the *expression* of one or more voices would distinguish perspectivity as monological (one-voiced) or dialogical (multi-voiced) (Linell, 2009: 168). Similarly, in the schematisation of knowledge encounters I am proposing, the *positions* or angles of different actors or 'dialoguers' in the pyramid, just as in the representational triad, are substantiated by their different representations or by unequally shared aspects of representations that are voiced by dialoguers. Although 'positions' has been used for the model, in this section I will succinctly relate this concept to that of perspectivity by showing that positions are part of perspectivity insofar as manifestation of positions constitute perspective setting. Perspectivity in knowledge encounters, I will discuss following Graumann (1990), goes beyond perspective setting and includes also perspective taking intrinsically based on recognition.

The idea of *positions* stems from two different, yet related, concepts within dialogically informed theories. First, within the dialogical self theory (Hermans & Kempen, 1993), the idea of I-positions conceptualises the self "in terms of a dynamic multiplicity of relatively autonomous I-positions in an imaginal landscape" (Hermans, Kempen, & van Loon, 1992: 28). Within this perspective, the self is understood as multivoiced narratives of multiple positions that enable multiple dialogical relationships. The positions of the self, however, are constrained by the different layers of social power in interactions within and between groups (Hermans, 2001). Second, according to positioning theory, human beings are positioned with respect to privileges and responsibilities to act within evolving narratives, and on the basis of claims about relevant personal attributes (Harré et al., 2009: 5). A situated discursive production of the self that can be used to analyse natural conversations is assumed (e.g. Davies & Harré, 1990). Social positionings are related to social representations insofar as they allow the manifestation of different identities, cultures and social history, because groups do not homogenise social representations but rather display a multiplicity of expressions of them through specific social positionings (Elejabarrieta, 1994: 250).

²¹ The link between Morson and Emerson's (1990) theorisations and Jovchelovitch's (2007) criterion for knowledge encounters has been already identified by Linell (2009: 168–171). In the next section, however, I incorporate these notions and adapt them to my modified model of outcomes of knowledge encounters.

Positions, according to both the dialogical self theory and social positioning theory, convey the realisation of 'seeing', apprehending (Rommetveit, 1992) or representing the world from a contextually given locus. The notion of positions, moreover, relates to Morson and Emerson's perspectivity or voicedness because they account for the *expression* of perspectives, voices or utterances: perspectivity "is the necessary *result* of a subject's positioning. We cannot help to see things from a certain standpoint *and* in relation to a given horizon" (Foppa, 2002: 17, italics in original). The idea of perspectivity, furthermore, focuses on the assumption that knowledge is position related and denotes a form of representation where parts or aspects of a given social object are constructed from a point of view (Graumann, 2002; Graumann & Kruse, 2001). In this way, when knowledges meet, each dialoguer 'sees' or represents the object from a particular position or perspective that, once expressed, is set. *Perspective setting*, in my view, is important for SRT if we are to identify the angle from which a dialoguer engages in representational efforts in the representational triad and/or in a given knowledge encounter. In setting perspectives, previously coexisting knowledges express their identity—who carry the knowledge and put it into use (Jovchelovitch, 2007)—, concerns and interests in the encounter and provide a "where from" to see the object in question.

Perspective setting in human conversation is crucial for the adjustment of human subjectivity into temporary states of intersubjectivity: of convergence of attention onto relevant aspects of the object or state of affairs discussed (Rommetveit, 1990: 97). Yet, perspectivity comprises a second element that follows perspective setting: *perspective taking* (Graumann, 1990; Mead, 1934). As Morson and Emerson claim, multiplicity of perspectives alone is necessary but not sufficient for dialogue. Instead, dialogue needs that "languages be viewed from each other's perspectives" (1990: 314). Here, Jovchelovitch's (2007) criterion of recognition becomes instrumental: in the encounter with the other, when a dialoguer sets her perspective, she offers it as a prospective perspective for others. Even if the other does not embrace the perspective she sets, in order to reject it the other dialoguer must have *recognised* it as a potential view (Graumann, 1990). The ability of dialoguers to de-centre from their own self and acknowledge the perspectives that others have set in their own right constitutes in itself an effort towards dialogue. Failing to do so, on the contrary, would constitute a monological quality.

When perspective setting and taking are extrapolated into the field of health communication, their analytical power becomes clearer. In this way, the researcher is able to ask, with regards to interactions on the ground, 'who is doing the talking?', 'whose

perspectives are manifested in the institutional discourse?', 'whose voices or perspectives remain silent and why?' In the same way, even if a multiplicity of perspectives powerfully grounded in very different identities are expressed in the field, it is equally important to identify who listens to those perspectives, accomplishes perspective taking and reacts to them, even if in contestation or active confrontation.

2.3.3. *Coerciveness or means of influence in knowledge encounters*

Drawing on Morson and Emerson (1990), Linell (2009) specifies that a discourse can be monological or authoritarian if it tries to impose a perspective and a way of responding on the interlocutor. By contrast, an utterance is dialogical if it is non-imposing. Although Linell (2009) identifies this trait as *coerciveness*, in my view it would be better captured by the term '*means of influence*', so that, in the analysis of dialogue, it is possible to distinguish between the exertion of *coerciveness* or the lack thereof.

Identifying the '*means of influence*' employed in dialogue would be related to Bakhtin's warnings about the dangers of communicating in terms of rhetoric rather than dialogue: the dialogical sphere "is very fragile and easily destroyed (the slightest violence is sufficient, references to authority, and so forth)" (1986a: 150). For Bakhtin, imposition of response on co-dialoguers is related to the authoritative enforced discourse, which "demands that we acknowledge it, that we make it our own" (1981: 342), and "does not allow us to play with it, integrate it, or merge it with other voices that persuade us" (Morson & Emerson, 1990: 219). In dialogic opposition there is internally persuasive discourse, which is open and, above all, engages in struggles with other internally persuasive discourses. Drawing on his distinction, I discuss here the way in which, during dialogue, two means of influence can be identified: a) authoritative discourse, which is deployed through *coerciveness* and imposition, and b) dialogically persuasive discourse, which draws on the 'other side' of recognition of other dialoguers' and effectively manages asymmetries.

When dialoguers use authoritative discourse they are not 'open' to others' perspectives and the imposition of a single, firmly confident knowledge is sought. Although knowledge encounters are possible due to a diversity of perspectives, authoritative discourse tries to reduce this diversity to a single perspective and it is employed by dialoguers through the force of its assumed authority, thereby failing to recognise the grounds on which to address its co-dialoguers, who are presumed to adhere passively. Coercion might thus be exerted through threats or actual violence in extreme

situations; although in sociodialogue it seems more probable that they are marked by pressure, insistence on one's own perspective and consistent disregard of that of others. Persuasive discourse, by contrast, is firmly grounded in assuring the other of one's own case and of the suitability of one's perspectives. It should be noted, however, that persuasion does not necessarily implement 'soft' methods: indeed, dialoguers persuade "both through silences and verbalizations, such as rhetoric and authentic statements, as well as through deception and secrecy, and by expressing direct and indirect meanings" (Marková, 2008a: 45). Nonetheless, in order to persuade, dialoguers need to make the effort of *recognising* the grounds on which to address the co-dialoguer. Rather than holding encapsulated perspectives relevant only to the self and arbitrarily imposing them onto those of the other, dialoguers who use persuasive discourse work hard to find the means to convey meaning in terms relevant to the co-dialoguer. Whereas perspective taking corresponds to the first side of recognition in knowledge encounters, the interdependent struggle involved in engaging in persuasive discourse indicates the other side of recognition in knowledge encounters.

During knowledge encounters at the micro-level it is anticipated that dialoguers will be endowed with unequal prerogatives to express themselves, which are rooted in the history of the group to which they belong and the social status and social identity of the self within the same group. This is the case because dialogues, understood as social encounters (Farr, 1991), have asymmetries as an essential component. In this regard, studies of asymmetries in dialogue have shed light onto how asymmetries are managed during a variety of social encounters (e.g. Marková & Foppa, 1991) and by what means dialoguers jointly construct meaning even in highly asymmetrical situations (e.g. Linell & Jonsson, 1991). Asymmetries (of social status, responsibility and so on) between dialoguers are not just introduced and preserved in the encounter: although they might be exacerbated or managed, other asymmetries (of discursive contributions to the dialogue floor, for example) might also arise within the encounter. It is in managing asymmetries between the self and the other that dialoguers come to 'test' the other side of recognition. For example, during dialogues between experts and novices, it is clear that dominance is on the side of the expert: she holds the expertise and regulates the process of knowledge transformation, which the novice, in turn, is supposed to actively follow (Wintermantel, 1991). Recognition of the needs of the novice is the crucial element for the expert into managing the asymmetry and reducing it through problem-solving (persuasively discursive) strategies that allow temporary states of symmetry. If, on the contrary, the

expert attempts to handle the asymmetry coercively and to enforce her own knowledge on the novice, the asymmetry is likely to remain.

The identification of instances where authoritative enforced discourse rather than persuasive discursive means are employed is of interest for this thesis given its object of study. According to the WHO (2002: 5), sexual health should entail “sexual experiences, free of coercion, discrimination and violence”. Hence, it is crucial to map out the way in which certain institutional discourses or actors’ perspectives might, intentionally or unintentionally, monologically impact on indigenous adolescents’ sexual health as they narrate their ideas and experiences in dialogue. Furthermore, to advance and contribute to this definition, it is necessary to pay attention to the ways in which these enforced discourses might be interdependently contested and also to the ways in which non-authoritative (i.e. persuasive) discourse is used in other dialogues.

Taking into account perspectivity and means of influence, the model for outcomes of knowledge encounters would follow a sequence similar to Graumann’s (2002) intersubjective perspectivity. Being confronted with different perspectives (a knowledge encounter that presumes cognitive polyphasia) seems to be a necessary, although not sufficient, condition for: a) becoming aware of one’s hitherto implicit viewpoint (*perspective setting*), b) trying to take the other person’s perspective (*perspective taking*), and c) trying to negotiate a common perspective that might be required for a common goal (*means of influence*: through the use of either authoritative enforced discourse or persuasive discursive means). It is these analytical categories (a, b, c) that will be explored so as to discriminate between possible outcomes of knowledge encounters and their functions.

2.4. Modelling outcomes of knowledge encounters

I have established earlier that for knowledge encounters of any kind to take place, a dynamic coexistence of knowledges is assumed. In addition, in accordance to the issues discussed in the foregoing sections, rather than differentiating between monological and dialogical knowledge encounters, it is possible to distinguish different ‘shades’ of the indicators of dialogically driven dialogues: *perspectivity* (perspective setting and taking) and *means of influence*. In this regard, in this section I propose possible outcomes of knowledge encounters, understood as ‘communicative states’, which should advance both our understanding of coexistence of knowledges entailed in cognitive polyphasia and the knowledge encounters that are produced in ‘meeting points’ of the communicative structure that holds those knowledges together.

Following a “method by invention” (Marková, 2007b; 2008b) whereby the researcher aims to discern how one idea leads to another through heuristic and iterative procedures, the proposed typology of outcomes or communicative states has been identified through a preliminary constant comparison process that started with Jovchelovitch’s (2007) model of knowledge encounters. The following typology builds on her model and expands it by attempting to identify the different functions of encounters in sociodialogue²² through the discrimination of the analytical categories of *perspectivity* and *means of influence*. Each state is summarised in Table 2.3 below.

Table 2.3 Resulting states in knowledge encounters

KNOWLEDGE ENCOUNTERS IN DIALOGUE

TRANSFORMING KNOWLEDGE SYSTEMS			
<i>Analytical categories</i> <i>Possible outcomes</i>	Function	Perspectivity	Means of influence
Coercive supplantation	Dominating dialoguer intends displacement. Dominated dialoguer aims at enduring coercion.	Dominating dialoguer sets her perspective. Limited perspective setting by the dominated dialoguer, if at all. Extremely limited possibilities for perspective taking.	Dominating dialoguer implements authoritative enforced discourse on the dominated dialoguer.
Resistance	Dominating dialoguer intends displacement. Dominated dialoguer aims at defence and resilience.	Both the dominating and the dominated dialoguer exercise perspective setting. Perspective taking is exercised by the dominated dialoguer.	Dominating dialoguer implements authoritative enforced discourse on the dominated dialoguer. Dominated dialoguer confronts coercion.
Dynamic coexistence	Maintenance of tension between knowledges.	Each dialoguer exercises perspective setting and taking.	Dialoguers engage in persuasive discourse.
Accommodation	Relocation of knowledge.	Each dialoguer exercises perspective setting and taking.	Dialoguers engage in persuasive discourse.
Hybridity	Production of new knowledge through mixture.	Each dialoguer exercises perspective setting and taking.	Dialoguers engage in persuasive discourse.

²² This preliminary analysis was performed for the process of upgrading to full PhD status in November 2009.

The framework I am proposing attempts to systematise some of the several possible communicative states visible during the transformation of knowledge, which is in itself multi-layered and fluid. Hence, the proposed outcomes of knowledge encounters should be regarded as working constructs. I consider this framework perfectible, but I believe it is, nonetheless, analytically feasible. By discussing the proposed outcomes, their functions and their qualities with regards to perspectivity and means of influence, in the following subsections I shall fully address the questions outlined in Section 2.3.1.

2.4.1. *Coercive supplantation*

In the social psychology of representations, cognitive polyphasia accounts for coexistence rather than invalidation or displacement of knowledge systems (Jovchelovitch, 2008). However, even if knowledge encounters rely on the condition of cognitive polyphasia, when these systems of knowledge meet the encounter might in fact produce attempts at using one system of knowledge as ‘reservoir’ or depository of another knowledge system. That is, the objective of one dialoguer is to *displace* the knowledge held by her co-dialoguer and supplant it with her own perspective. In the words of Freire (2010), this amounts to “extension” of one dialoguer’s knowledge to another dialoguer: the monological understanding of coercive supplantation is that of transmission. This is the case, I suggest, because the multifaceted ways of thinking in cognitive polyphasia may be “‘out-of-phase’ with one another, in opposition and conflict and striving for *dominance*” (Marková, 2003a: 111, my emphasis).

Although in ‘extreme’ monological activities the “one and only” perspective is set, during coercive supplantation, in order for the dominating dialoguer to try to impose her knowledge it might be necessary first to set the perspective of the yet-to-be-dominated dialoguer. This would occur, I suggest, in a very limited manner. Perspective taking is effectively limited. Crucially, during the encounter asymmetries are not managed in a way that allows a mutually supporting exchange. The one and only perspective of a dialoguer, which I term the ‘dominating dialoguer’, is set through discursively coercive means exerted on one or more dialoguers in the encounter, which I call the ‘dominated dialoguer’. In this way, although it is usually assumed that knowledges coexist side by side, to map out the process that I term coercive supplantation would contribute the understanding of “the dynamics of imposing one’s own representations over others and silencing oppositional representations [that have] yet to receive meaningful attention within the field” (Howarth, 2006: 75) of SRT (although see e.g. Batel & Castro, 2009, for the contrast between monological and dialogical forms of communication).

An instance where one system of knowledge has attempted to impose its knowing rationale over that of others has been related to the field of health. In mainstream public health promotion the interest has usually been focused on health beliefs (§1.2.2.) in order to collect baseline data about the knowledge that a given population “lacks” and about “cultural barriers” to health programmes associated with noncompliance (Nitcher, 2008). This practice privileges biomedical knowledge insofar as the objective is to “fill in” the gaps that are identified as perceived ignorance in lay populations. In this way, local practical knowledge is undermined and an attempt to override it is explicitly made. The understanding underlying this interaction is that of the hierarchy of knowledges (Jovchelovitch, 2007: 146) where one form of knowing, deemed as superior, attempts to displace the views, practices and values within the system of knowledge of the other.

The work of Paulo Freire (1970/1993, 2010) with illiterate and economically disadvantaged populations in Latin America gives a lucid account of the way in which educational and training programmes for peasants have regularly attempted at working *on* them rather than working *with* them. This attempt at supplantation is performed by educators through obstinately imposing one authoritative way of learning of little relevance to students. Freire cogently documents the ways in which agronomists frequently dismiss peasants’ knowledge by not allowing them to set their perspectives with the pretext of this being a waste of time. It is in this context that, for example, “modern” ways of seeing agricultural methods are imposed onto people, who are expected to uncritically adopt them without relating to their own “old” perspectives. The dominant dialoguer here attempts to be *the* agent of change, while the dominated dialoguer, after consistently being denied her say, frequently experiences an adverse impact on her identity by internalising her supposed ignorance. Unsurprisingly, it is anticipated that educational and development programmes grounded in this conception of communication will fail.

In the words of Jovchelovitch, “[p]rocesses of knowledge displacement have a tremendous destructive *potential*, as they tend to undermine and at times erase the accumulated know-hows and cultural traditions of specific groups and communities” (2007: 146, my emphasis). That is, when knowledge encounters result in coercive supplantation, this state has the *potential* to ultimately extinguish the knowledge of others. In my view, the importance of acknowledging that final destruction is only a possibility in a knowledge encounter that produces attempts at supplantation resides in understanding all dialogue as *interdependent*: there is always the possibility of the dominated dialoguer reacting against the dominating other. The notion of an outcome that attempts

supplantation is useful in itself, however, because it accounts for encounters in which authoritative enforced discourse is exerted up to the point of not allowing the dominated dialoguer to react in a way that challenges this force, as in the examples I provided above. That is, it captures an outcome where the interdependent responses by the dominated dialoguer are intimidated and limited or suppressed. Nevertheless, precisely because dialogue is interdependent, there is also the possibility that, however disempowered, the dominated dialoguer will use creative ways of exerting their agency and in a discreet way limit the coerciveness of the encounter. This is the outcome proposed below.

2.4.2. *Resistance: accounting for agency*

Freire explains that when one form of thought is superimposed on another, this imposition stimulates a 'natural' reaction: "a *defensive* reaction in face of the 'invader' who threatens its internal equilibrium" (2010: 95, my emphasis). In a related way, I suggest that monological traits (limited perspectivity and effective exertion of coerciveness as the means of influence) in knowledge encounters might trigger resistance to the impositions attempted by another dialoguer. In the words of Duveen, resistance is:

...the point where an identity refuses to accept what is proposed by a communicative act, that is, it refuses to accept an attempt at influence. Points, or moments of resistance, can remain limited within the immediate contexts in which they occur. Or they can also develop into a broader social response... (2001b: 269).

I propose that it is possible to map out these 'points or moments of resistance' in sociodialogue. Thus, where the aim of the dominating dialoguer might be to usurp the knowledge of the dominated dialoguer by exerting her dominance, the dominated dialoguer, even if disempowered, might draw on creative resources to resist this domination. The concept of resistance, as presented above, would account for this agency-driven contestation. The key element that differentiates resistance from the previous outcome, coercive supplantation, is that the attempts at coercion enacted by the dominating dialoguer are resisted and challenged by the dominated co-dialoguer. This is the case because: "mere hostility to authoritative discourse may leave its status as absolutely authoritative unchallenged, much as some rebels remain the most passionately servile believers. To take on responsibility with respect to a discourse, or to any kind of authority, it is necessary not to dislike it, but to enter into dialogue with it" (Morson & Emerson, 1990: 220).

Similar processes of creative resistance to dominance, as stated before, have been acknowledged to a certain extent in the theory of social representations. For example, the “understanding of interaction between the media and lay thinkers has the potential to provide a sense of both the power of the media and the *creativity* of its audience” (Rose et al., 1995: 5, emphasis added). Thus communication, however strategic, does not necessarily lead to authoritative enforcement of a perspective and passive reception by the masses. Furthermore, there is no such thing as a passive ‘receiver’ in communicative circulation of social representations. Rather, a variety of communicative engagements takes place among different audiences, as cogently demonstrated by Moscovici’s seminal study (1976/2008). In this regard, resistance as a creative strategy has the function of preserving identities and senses of belonging in groups when others fail to recognise their perspectives as legitimate and enforce certain representations through authoritative discourses or images. As the work of Howarth (2001) has shown, representations coming from certain dominant groups such as the Church, the media and state institutions are endowed with power to express and impose representations which are grounded in their own interests and perspective of the world. Although dialoguers on the other side of the representational triangle might lack the power these groups have to “make meaning stick” (Thomson, 1990, in Howarth, 2001: 232), they have the agency to subtly contest the representations imposed and thereby generate resources for resilience of their own identity.

Examples of resistance to dominant representations can be found in the SRT literature on health (Marková & Farr, 1995) and identity (Howarth, 2002; Philogène, 2001). The study of Joffe (1999) on AIDS is particularly relevant to my argument because she reveals how dominant representations can be challenged at practical and discursive levels. Initially, dominant representations linked AIDS to the gay community, thereby stigmatising it and damaging its identity. Certain groups such as the gay community in England had power to contest these representations in an organised and consistent way through community mobilisation of resources. For others, such as Black Britons specifically, the discursive means for questioning dominant representations took the form of conspiracy theories in which AIDS was seen as distant from their own group, thereby responding, even if subtly, to the dominant absent other with an alternative representation. Although the perspective of the dominating dialoguer in this encounter was set in an authoritative way, the dominated dialoguer not only set her own perspective, but took the perspective of the other in order to challenge it and generate resilience.

Up to this point I have discussed two of the outcomes of knowledge encounters that would entail certain monological or non-dialogical traits. The following three outcomes, discussed below and according to Table 2.3, are assumed to have fairly similar dialogical traits (mutual perspective setting and taking, as well as mutual engagement in persuasive discourse). These three outcomes, however, are proposed to have distinct functions: maintenance of tension (knowledge coexistence), relocation of perspectives (accommodation) and production of new knowledge (hybridity).

2.4.3. *Dynamic knowledge coexistence*

The identification of knowledge coexistence as an outcome of knowledge encounters would respond to Moscovici's call for analysing "transformations—*equilibrium* and evolution—of these modalities of knowledge" insofar as it accounts for the maintenance of *stability in tension* of polyphasic systems. In other words, although the coexistence of knowledges entailed by the state of cognitive polyphasia is required for a knowledge encounter, it might remain after knowledges have met. I am not suggesting, however, that the dialoguers' knowledges remain statically in balance or that the cause is the same as the effect. Rather, I am proposing an outcome coming from knowledge encounters characterised by mutual perspective setting, perspective taking and persuasive discursive means, which are in themselves dynamic states and effort-driven dimensions of self-other relations. Coexistence in knowledge encounters occurs when, although dialoguers work hard to set and take perspectives and to manage their asymmetries through persuasive discourse, engaged knowledges are preserved in interdependent relation. The meeting of knowledges, in this way, constitutes a transformation *per se*, insofar as the exercise of engagement and struggle with *alterity* in itself enriches each other's perspectives through dialogue. However, despite the mutual recognition knowledges devote to the encounter, the persuasive discourse exchanged does not guarantee relocation of perspectives, which remains prospective for a future encounter.

Coexistence in knowledge encounters might serve to explain why when very different people meet, despite their best intentions and efforts to communicate and to foster "successful" dialogue, their perspectives do not find points of connection through the persuasion they instigate in one another. In these meetings, coexistence entails permeable positions that are expressed and it is a struggle to understand the perspective of the other (responding explicitly to it, expanding on her views to express a point of disagreement). However, a common perspective might not be straightforwardly reachable due to either the incompatibility of perspectives or, indeed, their complementarity.

Illustrative examples where indigenous influence coexists and interdependently communicates with the non-indigenous establishment include, but are not limited to, the incorporation of “traditional” practitioners in the established Mexican health system in some specific cases (Parra, 1993) and the integration of indigenous languages that are taught alongside Spanish in intercultural bilingual education in some parts of Mexico (Schmelkes, 2004). In these schemes, health and education service users do not ‘mix’ these knowledges, nor do they privilege one over the other. Rather, health and education institutions serve as the meeting points where these distinct ways of approaching the world come to encounter each other and raise awareness regarding the perspective of others, without losing their distinctive features or moving in favour of the other.

In the field of sexuality, another example of dialogical knowledge coexistence comes from the work of Amuchástegui (1996, 1998a, 1998b, 1998c, 2001b), whose research purportedly explores the notion of cultural hybridity (§2.4.5.). Her study of virginity has shown how the meanings of sexuality of young people are socially constructed drawing on diverse, competing and often conflicting discourses. The main aim of her research is to provide evidence of the heterogeneity in contemporary Mexican culture. Thus, Amuchástegui argues that “elements of ancient indigenous traditions *coexist* with Catholic rituals and beliefs, in a particular mixture nourished by the process of globalisation of culture by formal education, mass media and migration fluxes” (1998b: 132–3, my translation, emphasis added). However, she provides insufficient evidence to demonstrate how different knowledge systems are hybridising. Rather, she presents a dynamic coexistence of knowledges: there is not only interdependence between them, but also response in a nurtured environment in the process of globalising. The coexistence that Amuchástegui describes can be exemplified by the picture below, which was taken during my first visit to the rural community where I worked for the empirical part of this thesis (§3.3.). The locals brought an image of the Virgin of Guadalupe to the waiting room of the main clinic. Next to this religious image is a sexual health campaign advertisement bearing the slogan “wear a condom”. Incompatible as they might be, they are held together.

Image 2.1 Dialogical knowledge coexistence



Author's photograph, 2011.

2.4.4. Accommodation

Piaget has, before the inception of SRT, inspired Moscovici's work (Jovchelovitch, 2007; Moscovici & Marková, 2000). The two theorists share a common concern with the transformation of knowledge as the product of the relation between different moments of a structure (Duveen, 2001a: 170). However, although Piaget identified the movement characterised by a specific direction, for Moscovici transformation takes place by reflecting the needs of the social context that produces knowledge through communication. In Piaget, nonetheless, it is possible to find the notion of transformation that accounts for one of the possible outcomes of knowledge encounters: the assimilation/accommodation dialectical relationship.

Assimilation/accommodation as a process has been used with similar meanings in the study of the transformation of social representations (Breakwell, 2001; Purkhardt, 1993). In this thesis, instead of being considered a dual process indispensable to progressing towards logical thinking, the Piagetian process of assimilation/accommodation serves as the inspiration for a temporary state that I call *accommodation*. As an outcome of knowledge encounters, accommodation would account for the state whereby, in knowledge encounters, a dialoguer A, standing from a specific position informed by a dimension or element within the representation of a social object, offers a perspective that elicits the explicit movement or *relocation* from the initial dimension of the representation of a dialoguer B towards a perspective closer to that of A. For instance, if the encounter takes place at the level of interpersonal relations and actual face-to-face dialogue, accommodation would account for the perspective setting and taking of both A and B, as

well as mutual persuasive discourse. In this case, however, the discourse of one of the dialoguers, precisely because it is persuasive, possesses the means for making her case and assuring her co-dialoguers of the appropriateness of her perspective. This would generate the relocation of perspectives of at least one of the co-dialoguers in a state that could be termed 'conversion' or 'perspective adoption'. These latter terms, however, have the disadvantage of a unidirectional connotation in which one of the dialoguers 'achieves' the adoption of her perspective on the side of her co-dialoguers. The notion of accommodation is more appropriate here because in engaging in dialogue all co-dialoguers are transformed: it is the very execution of persuasive discourse, accompanied by perspective setting and taking, that ensures epistemic gain by both co-dialoguers. By offering alternative perspectives, dialoguers question their own knowledge and scrutinise the grounds on which to appeal to the perspective of co-dialoguers, who might relocate their perspective, as in the case of accommodation.

In short, when operating in knowledge encounters accommodation would allow the judgement about the viability of one or more *alterities*. These alters, in turn, would hold positioned perspectives grounded on different representations or opposite dimensions of the same representation. The relevance of a form of knowledge over the other, I would suggest, does not necessarily rest on the 'logic' of the claims of each position, but rather on the specific *contextual logic* highlighted by persuasive means in dialogue. In this regard, accommodation might take place in a context where emotion plays a powerful part in the judgement of the viability of perspectives, in the same way that belief or experience might be relevant instead of emotion, depending on the context and the object being represented. In other words, precisely because no knowledge is value-free, the evaluation of the appropriateness of perspectives offered lies in the appeal that these perspectives have to what is valued by co-dialoguers.

Let me now make explicit the link between accommodation and Latin America. In this context, research has attempted to address the appropriation of knowledge through regularly portraying incorporation of knowledge—be this identified as dominant, modern and so on—into another as either smooth integration or difficult resistance. This process is indeed akin to studies involving immigrants and populations in diasporic conditions, indigenous peoples included, where the idea of adjustment to a culture has been put forward by social scientists that identify "integration" as part of a process of linear merging that leads to resolution of conflict. The lack of integration is thus reported as resistance as

if these two were self-bound processes, independent of each other. In the words of Garcia Canclini for the Latin American context:

...Some authors who attempt to take into account modernizing changes acknowledge—in addition to external domination—the appropriation of their elements by the dominant culture, but they only consider those that the group accepts as being in “its own interest” or those to which a meaning of “resistance” can be given. That is why there are so few analyses of the processes in which an ethnic group—or most of the group—admits the remodelling that the dominators do with its culture: it voluntarily subordinates itself to Western forms of production, health-care systems, or religious movements (from Catholicism to Pentecostalism), and incorporates as its own project the modernizing changes and political integration into the national society (1995/2001: 177–8, emphases added).

I contend that the empirical concerns of this project offer a context for identifying the *voluntary* “remodelling” that Garcia Canclini outlines, even if asymmetries and dominance exist in the knowledge encounter, through the idea of accommodation. What the idea of accommodation in knowledge encounters accounts for, in the effort of one or more dialoguers to persuade others about their positions, is a process of persuasive discourse similar to *conscientisation* whereby people critically analyse different perspectives (Freire, 1972). That is, when people engage in dialogue, spaces for reflective consideration of ideas are fostered. Although one of the outcomes can be coexistence of ideas, another can be accommodation with the function of relocation of perspectives. Furthermore, it is possible that, especially after long coexistence, the *formation of new knowledge* occurs in knowledge encounters. This is the concern of the next outcome.

2.4.5. Hybridity

During the nineteenth century, hybridity was a concept mainly used in organic theories of identity and in discourses that advocated the scientific basis of racism (Papastergiadis, 1997). American anthropologists such as Boas (1896), Lowie (1921) and Kroeber (1923) used the concept of hybridisation²³ to describe how cultural development results from the interaction of a nation with adjoining people (Bartolomé, 2007: 166). More recently, hybridity has been used as a notion which:

... invariably acknowledges that identity is constructed through a negotiation of difference, and that the presence of fissures, gaps and contradictions is not necessarily a sign of failure. . .[It] also stresses that identity is not the combination, accumulation, fusion or synthesis of various components, but an energy field of different forces (Papastergiadis, 1997: 258).

²³ Hybridity theorists distinguish between hybridisation as a process and hybridity as a state. Because I understand outcomes of knowledge encounters as states, the possible outcome is termed ‘hybridity’, although I draw on hybridisation to explain its dynamics.

In Latin America, anthropologist Néstor García Canclini (1995/2001) presents hybridisation as “[the] sociocultural process in which discrete structures or practices, that used to exist in different forms, are combined to generate new structures, objects and practices” (1995/2001: xxv). In other words, as Bartolomé points out, cultural hybridisation is conceived as “the ways in which determined forms are being separated from existing practices in order to be recombined in new forms and new practices” (2007: 167, my translation). García Canclini (2004) explains how indigenous groups are now struggling to maintain an identity amid transformations caused by colonisation and modernisation. In consequence, some assumptions regarding these groups that in the past were taken for granted (e.g. “we are the corn people”; García Canclini, 2004: 47) are preserved with difficulty. Thus, under the circumstances of “migration, the consumption of industrialized goods and the voluntary adoption of ways of production that lessen their traditional differences” (García Canclini, 2004: 47, my translation), there is a complex interaction in which different forms of knowledges compete and clash, so that although some systems of knowledge could be dying out, others could be penetrated and combined.

The notion of hybridity is one of the possible outcomes of knowledge encounters because it includes exchanges and complex interactions in which innovative ways of thinking can be produced from the competing previously held knowledges (cognitive polyphasia needed for the knowledge encounter). This is not to say that representations are just combined in a “mixed” fashion, but that different knowledges can overlap and actually produce new knowledge. This is the case because in the encounter dialoguers exercise mutual perspective setting and taking, and also engage in shared persuasive discursive means. The function of this encounter is not to ‘coalesce’ or to uncomplicatedly resolve differences in perspectives, but rather to generate new ideas that draw on previously conflicting knowledges.

Let me illustrate hybridity with an example drawn from sexual initiation. In the USA there has been an emphasis on abstinence as a strategy to prevent STIs and pregnancies (Santelli et al., 2006). This emphasis has been reinforced by a movement that encourages adolescents to pledge to abstain from sex until marriage (Bruckner & Bearman, 2005). The focus has thus been on promoting virginity among youth as well as faithfulness within marriage. Counter to these efforts is the influential role that the beliefs of peers have on other members of their peer group regarding sexual initiation (Bearman & Bruckner, 1999). Thus, for the sake of argument, and in an attempt to simplify a relationship which is very complex per se, I suggest that adolescents are presented with two opposite and conflicting representations (previously held knowledges) of sex: one presented by their

peer group and one presented by their families or religious communities. There is, on the one hand, the view that sex involves feelings, emotions and sensations which should be lived here and now and as part of the process of self-discovery and pleasure seeking. On the other hand, there is the view of sex as a precious gift to be preserved and used only within the respectable union of marriage. A variety of outcomes are plausible from the encounter of these perspectives: adopting one representation of sex over the other, one group monologically trying to impose one on the other, *inter alia*. There is, however, the possibility of generating a new hybrid representation of what constitutes part of sex and then considering sex only as penile-vaginal intercourse. Oral and anal sex, as part of a repertoire of activities that are not linked to the representations of sex, allow American youth to believe, for example, that “oral sex is not sex” (Peterson & Muehlenhard, 2007). For instance, a recent study aimed at describing patterns of heterosexual oral sex concluded that “oral sex with an opposite-gender partner is an established component of youths’ initial sexual experiences, regardless of virginity status” (Brewster & Tillman, 2008: 73). These practices are the pragmatic manifestations of different representations: one might be, for example, the representation of sex and the other might be the representation of virginity. Thus, new hybrid concepts such as “technical virginity” (Uecker et al., 2007) emerge.

Hybridity can be understood as a creative process of social representations formation. In this way, when a new dimension of the same representation or a new representation emerges, it combines “heterogeneous elements into one whole and endows the new thing with a novel and even cohesive appearance” (Moscovici, 1988: 244).

2.5. *Concluding remarks*

In this chapter I have discussed the theoretical tools that, within SRT, would enable me to offer a sociopsychological approach to the research problem tackled by this thesis. I have discussed the dialogical features of social representations and their implications for considering indigenous adolescents as unfinished beings, in constant communicative negotiation of their positions in society in relation to the social object of sexual health. In this regard, I discussed two further points. First, the importance of heeding the manifold ways in which identities are expressed in the field and of identifying the ‘*hot points*’ whereby, through negotiation, symbolic resources enable the fostering of alternative identities. Second, the relevance of communication in general and dialogue in particular to this thesis, as well as the need to acknowledge the constraints in which the dialogically constituted self externalises her internal dialogues in sociodialogue.

The notion of cognitive polyphasia was presented and it was argued that this phenomenon should be assumed as a matter of fact in any representational system. This notion was linked to Jovchelovitch's (2007) model of knowledge encounters by arguing that knowledge encounters constitute instantiations of the communicational structures that hold polyphasic systems together. Next, I connected concepts derived from dialogical theory (perspectivity and means of influence), identity and communication through dialogue to the model of knowledge encounters in order to suggest a typology of possible outcomes of knowledge encounters. Through a heuristic method of constant comparison, five potential outcomes were proposed: coercive supplantation, resistance, knowledge coexistence, accommodation and hybridity.

While the theoretical tools discussed here equip me to frame the analysis of the results presented in Chapters IV, V, VI and VII, in the subsequent chapter I offer my methodological choices in relation to the theoretical and empirical issues discussed previously.

III. METHODOLOGY

...the dilemma of the researcher is the dilemma of the map-maker whose attempts to draw an exhaustive map of the world stumble on the need to include himself drawing himself drawing the map. Sandra Jovchelovitch (2007).

Following Goffman, research here is understood as a *social situation* because it entails “an environment of mutual monitoring possibilities, anywhere within which an individual [the researcher] will find himself [sic] accessible to the naked senses of all others who are ‘present’, and similarly find them accessible to him” (1964: 135). In this chapter, against this background of interdependence, I critically examine the methodological decisions made during the research. In six main sections I discuss how these decisions were informed by the theoretical framework and the general aim of data collection: to map representational systems in and through dialogue regarding knowledge, social relations and practices on sexual health.

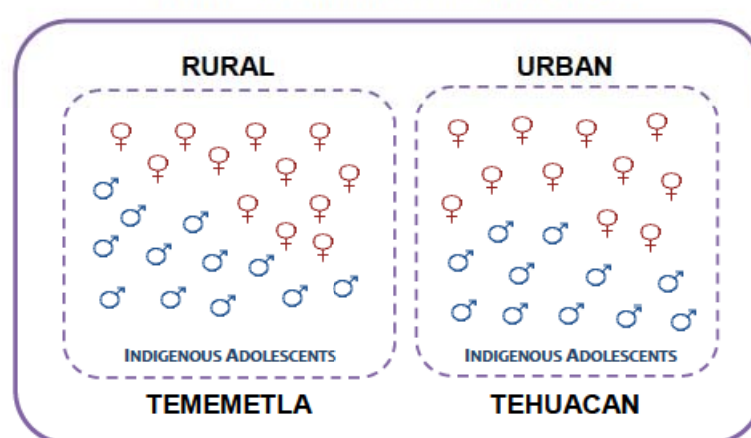
First, I introduce the research design used in the project: two-embedded case study (Yin, 2009). Next, I outline the preparations for data collection in terms of access, description of fieldwork settings, recruitment of participants, ethical considerations and subjectivity issues. I move then to present the conceptualisation of the research object. This is followed by the justification of the data elicitation techniques chosen (in-depth individual interviews, focus group discussions [FGDs] and unstructured observations) and an outline of how they were executed in the field. Analytical procedures are then discussed. I finish this chapter by discussing issues of quality assurance pursued in this project.

3.1. Research design

In line with the research objectives, a two-embedded case study design was used. According to Yin (2009), case studies are relevant when the researcher aims at answering the “how” and the “why” about some social phenomenon, here social representations regarding sexual and reproductive health, and when the research concerns require an extensive and “in-depth” description of that phenomenon.

The two-case type of case study (Yin, 2009) was chosen because contrasting results were initially expected in two social contexts (urban and rural) for anticipatable theoretical reasons (also known as theoretical replication). This prospect was informed by the increasing recognition of rural-urban migration of indigenous peoples in Mexico, which has been scarcely heeded in health research. In addition, acknowledging geographical mobility avoided stereotyping indigenous peoples as isolated, incommensurable and necessarily marginal (Paradies, 2006). In this way, the design addressed this study's aim of exploring the expected diversity *amongst* indigenous peoples through an empirical interest in contrasting the realities of indigenous youth in rural *and* urban settings.

Figure 3.1 Embedded case study design



The two social contexts contained two embedded units of analysis arranged by gender: male and female. This distinction drew on the existing literature which, as discussed in Chapter I (§1.2.3.), has consistently documented a double standard for sexuality of adolescent boys and girls in the Mexican context²⁴ and at a worldwide level. Much of the sexual and reproductive ill health affects females, and males tend to be seen only as the perpetrators leading to these conditions (Glasier et al., 2006). However, there is an increasing appreciation of male adolescents' perspective on sexual and reproductive health and its impact on their own health and that of their partners (Barker, 2000; Ricardo et al., 2006). Although the exclusive input of either females or males is valuable, complementing their perspectives by embedding both of them in the design allowed for the identification of potential differences in approaches to sexuality and reproduction.

The design was executed through a cross-sectional approach and, as such, it encompassed three major methodological choices. First, data were collected at one point

²⁴ I am aware that this treatment of 'gender' might be contentious for sexuality researchers who advocate the presence of more than two genders. The inclusion of alternative sexual identification and preferences in the design, however, is beyond the scope of this project.

in time (de Vaus, 2001). Second, it grouped participants on the basis of existing characteristics (social context and gender) rather than random allocation. Third, it relied on existing differences rather than change following intervention (de Vaus, 2001). This last point is in line with most research within SRT, which should ideally maintain a “disinterested research attitude” (Bauer & Gaskell, 1999) that aims at studying the world *as experienced* by participants rather than increasing the efficiency of an intervention programme²⁵.

The specific research settings or “cases” were chosen on the basis of three criteria. First, the number of inhabitants informed the condition of urbanity and rurality: according to the Mexican National Institute of Statistics and Computation (INEGI), regardless of infrastructure, any locality with less than 2500 inhabitants is considered ‘rural’, whereas localities with 2500 inhabitants or more are considered ‘urban’. Second, the levels of ‘indigeneness’ were mapped out according to official statistics so as to contrast a setting where indigenous inhabitants constituted a majority and another setting where these groups formed a minority. Third, the level of industrial development was considered in order to include contrasting (high and low) levels of industrialisation.

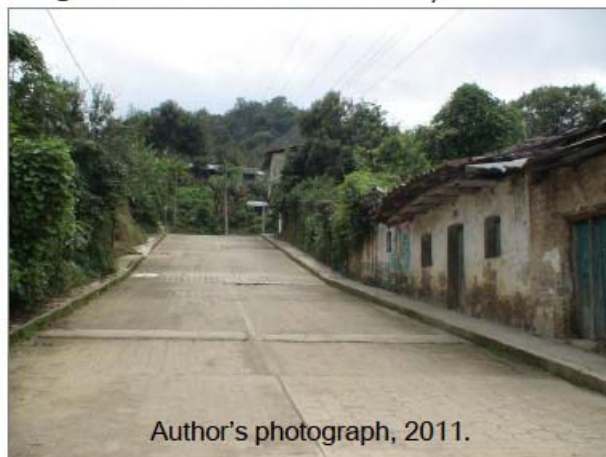
The first considered location, which will be known as Tememetla for the purposes of this study²⁶, is a community located in the municipality of the same name, in the highlands of the state of Puebla. The latter is considered an “indigenous municipality” (INEGI, 2008). 54.16% of the 1143 community inhabitants are indigenous (INEGI, 2008). Tememetla is regarded as one of the 50 poorest municipalities in Mexico (out of 2441) (Székely et al., 2007) with a high index of marginalisation²⁷ (INEGI, 2008). The occupation of the majority of the population is agriculture and the main source of income is harvesting seasonal crops such as coffee and chilli. On these grounds, Tememetla was selected as the rural case, with the majority of its inhabitants being indigenous and it having a low level of industrial development.

²⁵ Some social representations theorists (e.g. Howarth, Foster, & Dorrer, 2004) advocate a more ‘proactive’ approach in the form of intervention *while* researching. In my view, it would be more respectful for participants if an in-depth diagnosis of the existing social representations is performed *before* such interventions, rather than assuming the need to use a ‘hands-on’ approach to research. See Jodelier (2007b), for suggestions about the different ways in which documenting representations allows the researcher to deliver relevant interventions.

²⁶ The name of the rural setting has been changed for anonymity concerns (§3.2.4.).

²⁷ Index of marginalisation constructed by INEGI.

Image 3.1 Streets of the community of Tememetla



Author's photograph, 2011.

Tehuacán, an industrialised city in the municipality of Tehuacán within the state of Puebla, was selected as the contrasting location. This city has 238 229 inhabitants, of which 20.39% are indigenous (INEGI, 2005). Due to the work opportunities generated by *maquiladoras*²⁸, Tehuacán has been identified by researchers as an area attracting migrant indigenous people (Valencia Rojas, 2000). Maquiladoras, however, started to close down in 2000 as markets looked to Asia for cheaper workforces. Indigenous people and indeed all migrants from the 1990s were thus left with limited employment opportunities, a situation that remains today. On the basis of these characteristics, Tehuacán was chosen as the urban case for this study, with the minority of its population being indigenous and it having high levels of industrialisation.

Image 3.2 Streets of the city of Tehuacán



Author's photograph, 2011.

The common condition between Tememetla and Tehuacán is the presence of the Nahuatl indigenous group (as rural majority and urban minority), which was specifically

²⁸ A *maquiladora* or *maquila* is "a factory in Mexico run by a foreign company and exporting its products to that company's country of origin" ("Maquiladora", 2010).

targeted in this study²⁹. Formerly called Aztecs or Mexicas, among 62 indigenous groups in Mexico, Nahuas are ethnic groupings recognised on the basis of their speaking the Náhuatl language. Náhuatl-speaking indigenous peoples are relevant in the Mexican context given their significant population size (6 011 202 in 2005, according to INEGI [2006]) and their high levels of domestic migration.

3.2. Preparations for data collection

Data were collected from January to May 2009 (one pilot week plus eight weeks in the rural setting, followed by the same period in the urban setting). This section outlines the procedures I followed so as to access the selected settings and recruit participants, as well as the ethical and subjectivity issues I considered, before moving to the conceptualisation of the research construct and the actual data elicitation techniques.

3.2.1. Access to the field

Initial contact with the Mexican National Centre for the Development of the Indigenous Peoples (CDI) was established in January 2008. Upon my request, the branch of this institution in the State of Puebla expressed its willingness to support and connect me with active organisations related to my research interests. The CDI served as the link to contact the two organisations that hosted me during the period of data collection.

The first organisation, the Pueblan Association of Peasant and Indigenous Women³⁰ (Xasasti Yolistli), is a union of women that seek to enhance their socioeconomic resources through training and entrepreneurship. They were the host organisation in the rural setting. The second organisation, the Integral Communitarian Service of Youth Promotion³¹ (SEPICJ), is an association located in Tehuacán concerned with the procurement and generation of training, community development and entrepreneurial opportunities in indigenous and peasant communities.

These organisations decided to help me under a collaborative agreement that included mutual support. I capitalised on the networks these organisations possess for the initial stages of the recruitment of participants. In return, I was closely involved as a volunteer with the two organisations. With Xasasti Yolistli I volunteered in the production of didactic material for their six-monthly institutional meeting in February 2009 and in the inception of an eco-touristic project to be developed in Tememetla. SEPICJ agreed to

²⁹ Other indigenous groups in Tehuacán include Popolocas and Mazatecos.

³⁰ http://www.hegobitaldea.net/xasasti_yolistli/

³¹ <http://www.paginasprodigy.com/sepicj/>

host me as a volunteer in their “community development programme”, where I planned and delivered a six-session workshop on applied topics of organisational psychology to staff.

3.2.2. Brief description of the field settings

In what follows I briefly describe the fieldwork settings in relation to their geographical accessibility and main socioeconomic characteristics. It is pertinent here to clarify that both locations are at a relatively similar distance from Puebla City, the capital of the State of Puebla: around 160 km for Tememetla and around 120 km for Tehuacán.

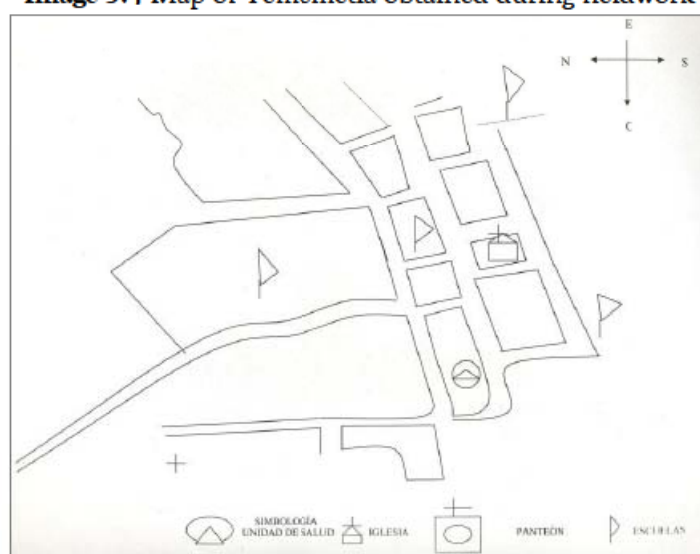
Image 3.3 Research area



METHODOLOGY

Reaching Tememetla is an intricate task. Although public transport is available, it lacks scheduled routes, and the roads to reach the village are constantly damaged due to weather conditions. However, although remote, the fact that the municipality's *cabecera* (head or capital) is set in the village makes it a point of connection with other little villages around, whose inhabitants 'come down' to the *cabecera* for trade, visiting the hospital or clinic or arranging bureaucratic matters in the town hall. Tememetla has two government-funded health centres: a hospital and a clinic. Water is accessible for the majority of the population, although it is not drinkable. Old-style ways of cooking and sanitation are maintained in the community. There are seven telephone numbers listed on the telephone guide and one public internet café with dial-up connection. No magazines or newspapers circulate in Tememetla, where postal services are limited to one delivery per week. Due to its location in the middle of the highlands, the community lacks signal coverage for mobile phone connection. Public television channels in Spanish and radio signals in Spanish and Náhuatl are accessible.

Image 3.4 Map of Tememetla obtained during fieldwork



Tehuacán is the second largest city in the state of Puebla and it serves as a point of connection between Central and Southern Mexico because it is close to various federal highways that make travel to and from Tehuacán fairly straightforward. The city is reachable within four hours from Mexico City or two hours from Puebla City through public transport. A variety of public and private health services are offered across the city. Tehuacán has its own newspaper, as well as postal services, public and private telephone, satellite television, radio in Spanish and three other indigenous languages, banks and commercial centres.

Image 3.5 Map of Tehuacán



3.2.3. Recruitment of participants

Acknowledging that “local ethnic identities and social networks produce qualitatively different responses to recruitment attempts in different communities” (Campbell & McLean, 2003: 41), two recruitment methods were employed: 1) institutional contacts through the local host organisations and 2) interpersonal contacts, referrals and snowballing.

Two main inclusion criteria were considered for the recruitment of participants: self-identification as indigenous and being an adolescent. First, for the purpose of this research, a person with a Nahua indigenous background was regarded as one who speaks the Náhuatl language or one whose head of household or ascendant declares to speak Náhuatl (in line with the criteria outlined by the CDI). However, I agree with Bartlett et al. (2007: 287) in that, although it is paramount that the researcher understands the indigenous people who participate in the investigation, it is the indigenous people themselves who should decide and define how they wish to be viewed and identified for research purposes. Thus, self-identification as Náhuatl-speaker, or as ascendant thereof, was used to fulfil this eligibility criterion. Second, adolescence was determined by age: between 15 and 19 years old. This age-range is designated by the WHO and UN partners as late adolescence (e.g. UNICEF, 2011), which allows for comparability with other studies. In addition, it is relevant for this context because the mean age of coitarche for Mexican populations is currently located within this age range (§1.2.1.).

Further, a stratified purposive selection strategy was adopted because it would enable me to build subgroups for comparison. This strategy was informed by the concept

of corpus construction and saturation (Bauer & Aarts, 2000). After each interview, I listened to its recording and took notes about topics I identified. This helped me to familiarise with the data, to spot those topics that needed further exploration, and to include strata accordingly. Indeed, these topics later became the structure of the analytical coding frame and I decided they were saturated when no further ideas were generated on each of them. Thus, the selection of participants was oriented towards sampling the heterogeneity and variability of perspectives in the field and towards allowing as much comparison as possible. Some topics, however, were challenging to saturate, since I avoided deliberate screening of participants on the basis of characteristics such as experience of penile–vaginal intercourse. To the extent that it is possible when working with natural groups, I ensured to construct the data corpus with a variety in strata and in functions up to the point that it reached saturation.

A total of 75 indigenous adolescents were finally recruited as participants in this study: 22 female and 21 male adolescents from Tememetla and 19 female and 13 male teenagers from Tehuacán. Seventy-two youth participated as individual interview informants. Thirty-three out of these 72 also took part in the focus group discussions. Three participants were involved in the focus groups only. Demographic characteristics of participants such as occupation, years of schooling, parity (number of children born) and marital status were gathered in order to inform any further differences between the four groups (see participants' characteristics in Appendix A).

3.2.4. *Ethical issues*

Methodological issues were considered taking into account the Code of ethics and conduct of the British Psychological Society (2009). The assessment of the suitability of procedures was made through the submission to the Ethics committee of the Institute of Social Psychology, LSE of a research protocol in October 2008. Ethical clearance was obtained and recommendations made by members of the Committee were taken into account. I followed these because, to the best of my knowledge, at present there are no legal regulations or published ethical codes regarding research with adolescents in Mexico³². More specifically, potential risks or harm to the participants were carefully contemplated and prevented in four main aspects: informed consent of participants, parental consent, anonymising of the rural setting and procedural considerations.

³² Repeated but unfruitful attempts were made to have the same protocol reviewed by an institutional academic research committee at a federal level in Mexico.

Because social value is the main target of this research, scientific integrity and respect for participants was sought. The first means to do so was the granting of voluntary verbal informed consent from each participant, ensuring that they were aware of their freedom to withdraw from the research at any time without facing any repercussions. Second, the measures to ensure confidentiality were explained to each participant and followed during data analysis and reporting of findings by changing the names of all informants.

In terms of parental consent, the first visit to the field in September 2008 allowed me to discuss its relevance with local expert researchers, key informants within the organisations and potential participants. I concluded that parental consent must be sought for participants under 18 years of age: the legal age of majority in Mexico. However, although parental consent was initially set as one of the requirements for the participants to be included in this research, the need of situating parental consent within the context of the topic and the communities under study was also acknowledged. Consequently, a localised, context-dependent strategy (Flicker & Guta, 2008) was adopted in this regard: when the circumstances of the participants allowed them to decide by themselves whether to participate or not in the study (for example, when participants did not receive any financial support from their parents/guardians or when they were head of their household) parental consent was omitted.

When studying intimate aspects of life in Latin American communities, social researchers have adopted the ethical measure of anonymising the places in which they conduct their studies (e.g. Scheper-Hughes, 1992). In this research, as discussed earlier, the population in the rural setting is small in number of inhabitants, and the distribution of youth is even more reduced, which makes participants and their stories readily identifiable. The urban setting, by contrast, has a relatively large number of inhabitants and numerous neighbourhoods. Taking demographics into account, the name of the rural setting has been changed to Tememetla, a word of Náhuatl origin used to vernacularly refer to *Echeveria gibbiflora*, a plant that grows in Central Mexico. I am aware that a reader with more than a keen interest in indigenous matters and sound geographical knowledge of the state of Puebla, Mexico, might be able to identify the municipality, given the facts I have offered. In spite of that, anonymising of the rural setting has been performed to protect the identity of participants. This was addressed to the extent that is possible when reporting factual information to give accountability to the research, such as the criteria for including the village in the sample.

At the procedural level, while eliciting the data I undertook three main measures that overlap with ethical considerations. First, the piloting of research instruments before data collection allowed me to identify any item that might generate discomfort and to adjust the instruments accordingly. Second, I made arrangements for debriefing insofar as I offered a comfortable, safe and private environment in which participants could receive debriefing in order to reduce any possibility of harm. Third, I also made arrangements for following up cases of distress: I prepared information regarding specialised agencies concerned with legal and psychological services so that, if required by participants, I was able to refer them to those institutions. The use of this information and referral of services, however, was not necessary since no participant requested it.

3.2.5. *Subjectivity issues*

Acknowledging that each person, inside or outside academia, speaks from a particular location within a variety of power structures, I position myself as a graduate studies-educated young, middle class Mexican social psychologist, non-speaker of an indigenous language, of olive skin (as distinct from brown and dark brown of participants), interested in the sexual health-related transformations occurring in contemporary Mexico. Although I firmly consider that the researcher must be able to distance herself from the issues studied, I also concede that my standing point might have had the *potential* to impact on the data gathered and the relationship with participants and the host communities. In light of this, and in line with Parker's (2005: 26) suggestions for specifying "a self-consciously and deliberately-assumed position" as a researcher, below I discuss five potential subjectivity issues in the contexts of gender, culture, class, education and age, and how I addressed them with reference to participants in the particular situation of data collection for this study.

- a. *Gender.* The two settings in which the fieldwork was undertaken have specific conduct codes and gendered expectations for men and women. As a young woman, it was to the initial consternation of many locals that I 'worked alone in the highlands'. One of the rural boys who refused to take part in the project, for example, enquired of me about 'my job' and asked whether my parents were concerned about the activities I was conducting. In the opinion of the locals, they explained, the fact that a young woman lives away from her family puts her at a number of risks such as being kidnapped, robbed or raped, a concern also reported by Hirsch (2003) when conducting ethnographic research on intimacy issues in rural Mexico. Despite the frequent suggestions by some local teachers and health staff

who joked that ‘boys would like to woo me’, the sheer condition of the researcher being ‘*solita*’ (lit. alone, diminutive meaning on her own) seemed to trigger an element of empathy needed for young men to disclose their views during data collection. Rather than ‘teaching’ a young female researcher about sex and boasting about their experiences or, alternatively, shying away before my eyes, my condition as a young woman interested in their lives for the purposes of my studies seemed to facilitate the environment for their accounts to flow³³. Many of them further revealed that their participation in the project was an expression of solidarity: for me to be able to complete my thesis and then, they suggested, return to my family.

- b. *Culture*. From the moment in which I greeted anyone during fieldwork it was obvious to locals that I was an outsider. My skin colour and my southern accent were the usual criteria for this judgement. This initial impression, however, was managed through my sustained engagement with participants and their households: the fact that I was residing locally in a ‘*casa de familia*’ (family house) served as a proof for them that I was willing to live their realities and understand their meanings. Furthermore, being an outsider became helpful when gathering accounts from participants because they frequently expressed that they were able to ‘open’ during data collection because they knew I would not be a permanent part of their daily lives.
- c. *Class*. The majority of the households I visited were of low socioeconomic class. My way of relating to potential participants and their relatives was to visit the majority of the homes in both rural and urban settings to ask for consent, a schedule or to conduct data collection. During these visits I was ‘tested’ in a variety of subtle ways in relation to my ‘fitness’ in their lives. Food consumption constituted one of these tests. I was frequently offered to share the meals that the family would normally eat, while at the same time mothers would warn ‘*but we understand if you don’t like it, since it’s humble*’. To their surprise, I was acquainted with and enjoyed the majority of the dishes they prepared, which commonly served to trigger empathy and understanding from participants and the households they shared. In addition, I offered my address and references at all times. The houses where I resided during fieldwork were local, albeit slightly better-off than the majority of the households I visited, located in the village in the rural setting and in a working class neighbourhood in the urban setting.

³³ Bellato (2007), by contrast, reports that when researching sexuality among Mazahua adults in Mexico, she encountered a consistent attempt to “conquer” her by potential male interviewees to the point that she refrained from conducting some of the interviews.

- d. *Education.* The economic hardships that characterised many of the families I visited, coupled with their ethnic background, have rendered them, they told me, a target of government aid. Although assistance for indigenous peoples is welcomed, one mother explained to me, there are also *'many tricky people out there who would like to fool you by getting your signature and then stealing your house'*. Being educated, as government officials frequently are, is often equated to being 'tricky' and able to misuse the trust of indigenous peoples who, until recently, were chiefly illiterate. This caution and suspicion towards educated outsiders, I suggest, is related to the abuse and discrimination that indigenous peoples have experienced from the mestizo in Mexico and Latin America in general. Unexpectedly, my education was precisely what allowed me to dispel this suspicion. The fact that I introduced myself as a *student* seemed to be instrumental in obtaining consent from parental guardians. They, who have little or no formal education themselves, expressed to me their desire that their children would do some kind of higher education in the future, *'to have a career'* just as I am doing. On these empathy grounds, they conceded *'if it's for your studies, then we'll help you, <mi chamaco va a hablar con usted>'* (my child will speak to you). Further, education was related to the researcher's age, the next issue.
- e. *Age.* When working with young people, another consideration is the age difference between researchers and participants (Heath et al., 2009; Hopkins, 2010). This difference might generate imbalance in terms of education and experience, which in turn has the potential to impact upon the research process. This was addressed in two main ways in this project. First, for the purpose of this study, participants were considered viable and competent social agents, just as adults are supposed to be (James et al., 1998, in Hopkins, 2010). Second, in this project, as stated previously with regards to gender, the sole researcher was a young woman herself (I was 26 years of age when conducting the fieldwork). Being educated made me 'of social standing' and yet, when this was coupled with my young age, placed me far from the condition of 'expert'. This was apparent, for example, with female participants who are mothers, whose accounts might be considered as instructions given to me on antenatal care and relationships. In addition, participants were specifically told when approached that the concern of the project was not to 'evaluate' what they know (as in the school environment), but that my interest was rather to get to know how they live in general terms and what they think about sexual and reproductive health, which is valuable per se.

3.3. *Conceptualisation of sexual and reproductive health*

In order to investigate social representations in this study it was necessary, first, to identify the object of study—sexual and reproductive health among indigenous Mexican adolescents—and, second, to consider how to approach it through the lenses of a SRT perspective. The issue of conceptualising the object of study in social representations research has drawn the attention of scholars since the very inception of the theory. Lagache, for example, explained how what Moscovici referred to as a researchable model of psychoanalysis for him seemed already a social representation of the “true psychoanalysis” (1976/2008: xxi).

The delimitation of the research object and its translation into a researchable construct posed a complex task, given the rather vague definition of reproductive health provided by the WHO (1994, in WHO, 2002). Although this definition includes sexual health within reproductive health, the importance of the former as a separate issue from reproductive health emerged mainly as a result of the HIV pandemic (Glasier et al., 2006). However, there is no international consensus on the concept of sexual health, and its use remains very much tied to political and national contexts. Depending on the context, “sexual health may be conceived as an ideal state of well-being or as the reduction of negative consequences of sexual activity” (Giami, 2002: 2). Furthermore, the definition of sexual health has changed over time and, given its contextual nature, is expected to continue evolving (Edwards & Coleman, 2004).

In light of the above, to tackle the conceptualisation of sexual *and* reproductive health I departed from the theoretical assumption that, by definition, “[s]exual health and reproductive health overlap and, in addition to supporting normal physiological functions such as pregnancy and childbirth, aim to reduce adverse outcomes of sexual activity and reproduction” (Glasier et al., 2006: 1596). In this regard, and according to the research objectives, it was important to target the meanings regarding *what* is ‘healthy’, ‘normal’ and ‘adverse’ for indigenous adolescents in relation to sexuality and reproduction and *why* it is so. Rather than imposing my own ideas on what was desired in a sexually ‘healthy’ teenager, I decided to explore localised knowledge on sexual health in the form of a) sexual experiences and b) sexual outcomes, and to add the dimension of c) protective/risk-taking practices as the connection between a) and b). The rationale for the inclusion of these three interrelated dimensions in my operational definition is offered below:

- a. *Sexual experiences.* Sexual “behaviour” (understood as penis–in–vagina intercourse) has been, until recently, considered “the” key indicator of adolescent sexual health (§1.2.1.), as shown by the focus on the timing and frequency of sexual activity. In an attempt to problematise this approach, sexual *inexperience* was incorporated to explore *why not* to engage in sexual practices. Non–coital experiences were included in order to consider sexuality beyond coital experience. In conformity with this, the ‘sexual experiences’ dimension included meanings on coital and non–coital experiences as well as inexperience.
- b. *Sexual outcomes.* This dimension was informed by the high levels of fertility among indigenous adult and adolescent populations in Mexico (§1.1.1.). It was central to this research to investigate the meanings of pregnancy for indigenous adolescents, whether they consider it ‘desirable’, ‘healthy’ or not. In addition, little is known about the understanding of sexually transmitted infections (STIs), whose potential negative effects are factual among indigenous groups. The ‘sexual outcomes’ dimension offered the opportunity to explore this issue and its (ir)relevance among indigenous adolescents. Thus, ideas on pregnancy and STIs were included in the ‘sexual outcomes’ dimension.
- c. *Protective and risk-taking practices.* This dimension was understood as the link between the two previous ones because sexual experiences have the potential to lead to outcomes. These, in turn, can be prevented by conscious intervention. Contraceptive measures were taken as the expression of this intervention. In addition to this, the non–employment of a contraceptive method was considered relevant: rather than simply contemplating the why of contraceptive measures, it was necessary to ask the *why not*. Consequently, ideas on the use and non–use of contraceptives were considered part of this dimension.

Although it was anticipated that other issues related to the above would be of relevance to indigenous youth (e.g. pleasure, intimacy, abortion), these three dimensions exclusively guided the research at an operational level in terms of the topic guides. However, the need to heed openness when exploring these dimensions so as to include other issues at an analytical level guided data elicitation, which is discussed next.

3.4. Data elicitation techniques: triangulation, justification and procedures

Following the research objectives, a qualitative (non–numerical) methodological approach was deemed as the most appropriate for this study because it is “well suited to delineate

how people think about their health or ill health *in their own terms*" (Gervais & Jovchelovitch, 1998b: 8, emphasis in original). Through the use of qualitative methods I acknowledged the significance of understanding the meanings that people, as social agents, have of the world, because it is these that drive the social interaction that creates the social world itself (Bauer, Gaskell, & Allum, 2000). The use of qualitative methods offered participants the opportunity of openness towards research issues in the analytical field of interactions in everyday life (Flick, 1994, 2000) and provided the potential to disentangle some of the complexities involved in all aspects of sexuality (Marston, King, & Ingham, 2006). Qualitative methods, in addition, have the potential to inform policy making by gathering evidence on the complexity of sexual health-related issues and providing possible solutions (Tolman, Hirschman, & Impett, 2005).

3.4.1. Triangulation

In order to document adequately the richness and diversity of meanings, three data elicitation strategies were used as part of the dialogue-driven fieldwork conducted during eight weeks in each social setting: in-depth individual interviews, focus group discussions and unstructured observation. Table 3.1 comprises the various aspects of the conceptualisation of the object of study together with the techniques used to explore those aspects:

Table 3.1 Conceptualisation of the object of study and data elicitation techniques

	SEXUAL HEALTH	RESEARCH STRATEGIES AND OBJECTIVES
CONCEPTUALISATION	1. Sexual experiences (coital and non-coital experiences; inexperience).	<ul style="list-style-type: none"> ▪ In-depth interviews: to gather subjective accounts of values, ideas and experiences on sexual health.
	2. Protective/risk taking practices (contraceptive measures).	<ul style="list-style-type: none"> ▪ Focus groups: to gather accounts of shared and disputed knowledge on sexual health. To foster dialogue and awareness. To trigger communication through discussion and interaction.
	3. Sexual outcomes (STIs and pregnancy).	<ul style="list-style-type: none"> ▪ Unstructured observation: to document non-sexual practices and communal discourses linked to sexual health. To foster rapport.

Triangulation of different qualitative methods, also known as 'between methods' triangulation (Denzin, 1989, in Flick, 2007), was sought. In-depth individual interviews and FGDs were considered strategies that would elicit distinct, complementary dimensions of participants' views. It was anticipated that observations would support the data collected through the two previous strategies. Triangulation was thus sought as an

alternative to validation, in the language of quantitative methods, rather than as a strategy to achieve it.

At a second level, research strategies generated different types of data in the form of text. Individual interviews provided personal meanings and positions in relation to ‘third parties’, while also shifting to narrative accounts of experiences. FGDs, in turn, provided consensus and disagreement, a variety of ideas on the same topic, and positions of participants in relation with other participants and ‘third parties’. Observations provided historical documents and archival data as well as accounts on social dynamics.

A diversity of perspectives was fostered through a third level of triangulation by considering groups of male and female participants from both urban and rural settings with an assortment of attributes in terms of education, parity and sexual experience (see Appendix A). In contrast to seeking data from other informants, stratification of the sample granted a multiplicity of perspectives *within* four groups of indigenous adolescents.

In addition to the rationale of seeking triangulation at different levels, the choice of data elicitation techniques was justified in relation to three main points: first, the relevance of each technique for the study of social representations; second, their applicability in sexual health research with adolescents; and third, their pertinence when involving indigenous peoples in Mexico.

3.4.2. *In-depth individual interviews*

Whereas for mainstream quantitative psychology an interview is structured and controlled, in qualitative research an interview is a conversation semi-structured according to a purpose set in advance by the researcher (Parker, 2005). This format is expected to generate a “fine-textured” understanding of beliefs, values and motivations in relation to people’s social practices in particular social contexts (Gaskell, 2000).

In the study of social representations it is central that researchers are careful not to impose their own representations on those of research participants (Farr, 1993). In-depth individual interviews afford such precaution while individually engaging participants in *dialogue* about specific points previously planned by the researcher (in this case, based on previous conceptualisation). Representations, even if examined at the level of the individual as in the case of in-depth individual interviews, are *social* because all knowledge is social and historical (Gervais, 1997). Furthermore, we “think through the mouth” (Marková, 2003a) and it is through communication that social representations are

produced and renegotiated in everyday life. Hence, insofar as in-depth individual interviews encourage (relatively) free communication about a topic such as sexual and reproductive health, they were chosen to study social representations in this project.

In-depth individual interviews, if carefully planned and executed, are effective in getting young people to talk about their sexual knowledge and experiences (Ingham, Vanwesenbeeck, & Kirkland, 1999), as confirmed by contemporary studies internationally (e.g. Holland et al., 1998/2004; Tolman, 2002). It is thus hardly surprising that studies on sexuality and youth in Mexico have favoured one-to-one interviews. Amuchástegui (2001b), for example, gathered 23 interviews with urban and rural young adults in relation to virginity and sexuality. Marston (2004, 2005b), in a similar way, used semi-structured interviews to elicit data from youngsters in a deprived neighbourhood in Mexico City. Accordingly, this technique was apposite to gather oral accounts on sexual health from the young people that participated in this study.

With regards to the appropriateness for investigating indigenous peoples, in-depth individual interviews were privileged for two main reasons. The first reason is related to the actual use that interviews have had when involving indigenous peoples in Mexico, which has been proven to offer an insight into their realities (e.g. Bellato, 2007; Romer, 2008). Consequently, insofar as I would heed the reflexive collaboration and sustained dialogue with indigenous communities involved and would consult potential participants on their voluntary partaking (Nicholls, 2009; Pyett, Waples-Crowe, & van der Sterren, 2008, 2009), the use of this technique with indigenous adolescents was deemed as appropriate for data collection in this particular project. The second reason is practical (this is a doctoral project with restrictions of time and resources), in terms of efficiency of data elicitation over a set period of time, which is maximised with in-depth individual interviews³⁴.

3.4.3. *Focus group discussions (FGDs)*

Focus groups are group discussions organised to explore people's views on a specific topic in mutually dependent communication with others' views. Through this technique, the researcher employs extended interactive context for data elicitation (Flick, 2007). The group is 'focused' insofar as the discussion involves some kind of collective activity, such as discussing a set of previously prepared questions (Kitzinger, 1994). Thus, when people

³⁴ Other researchers (e.g. Smith, 1999; Evans et al., 2009) have advocated a number of methodologies that incorporate indigenous practices and aim at intervention while researching. Techniques such as workshops, storytelling and testimonies are part of these allegedly 'emancipating' methodologies.

engage in FGDs, “[i]t is as if the ‘strange perspectives’ of others (Bakhtin, 1986/1993) stimulate discussants to mobilise their own potentials to construct new perceptions and connections” (Grossen, 2007b: 46). Furthermore, FGDs generate group interaction that *in itself* serves as data (Kitzinger, 1994).

Lunt and Livingstone (1996) have regarded social representations as an ideal field for the application of FGDs. Farr (1995) recommends the use of this strategy in order to contrast and complement the meanings produced in this environment with those produced during individual interviews. Focus groups, being intrinsically dialogical, provide participants with an opportunity for a relatively free communication of ideas with others (Marková, 2007b). FGDs bear resemblance with the “non-official meetings” that, according to Moscovici, serve for different thinking modes to be expressed and for social connections to be established through conversation (Kitzinger, Marková, & Kalampalikis, 2004). Furthermore, of special interest to SRT, FGDs allow the witnessing of meaning-generation from the subjective to the intersubjective, of the production of dialogue through the negotiation of signification, and of the plurality of voices in the public sphere to meet (Jovchelovitch, 2004). In light of these qualities, and because this project is framed within SRT, FGDs were selected as the second method for data elicitation.

FGDs constitute an appropriate data elicitation technique in the context of sexual and reproductive health research because they provide a comfortable environment where participants are encouraged to “talk about sex” (Frith, 2000). This does not necessarily mean that participants must be prompted to disclose their experiences but, rather, that the FGD environment can supportively facilitate dialogue around sensitive health topics (Farquhar & Das, 1999; Wellings, Branigan, & Mitchell, 2000) to which participants relate and on which they can take a position. In addition, as noted by Hyde et al. (2005), when using this method to study sexual health among adolescents a wide range of ideas might circulate, including “inaccurate” factual information. However, in this project, it was precisely the opportunity to discuss an array of perceptions—even if considered “inaccurate”—which would provide me, as a researcher, with the opportunity to grasp an insight into the *why* of those understandings, because disagreement between participants may prompt elaboration and argumentation.

With respect to the use of FGDs in non-Western contexts, Jovchelovitch (2004) observes that although this technique can be used with non-Western populations, the key is to treat group performance as expressions of the psychosocial aspects of the communities studied. In relation to non-Western adolescents specifically, FGDs have

been successfully used to map out evidence on the social and cultural living conditions that shape sexual health (e.g. Rassjo & Kiwanuka, 2010; Roberts et al., 2005). Moreover, the undertaking of FGDs involving socially disadvantaged groups, as in the case of this research, has been advocated on the grounds that the sheer meeting and listening to others' views on issues relevant to participants constitutes a dialogical opportunity to raise consciousness of alternative perspectives (Johnson, 1996; Kamberelis & Dimitriadis, 2005; Padilla, 1993; Wilkinson, 1999).

3.4.4. *Unstructured observations*

In positivistic approaches the researcher 'stands apart' and uses structured observation as a specific activity whose purpose is to record physical and verbal behaviour. Unstructured observation, by contrast, is framed within the social constructivist paradigm and constitutes a means to understand and interpret cultural practices (Mulhall, 2003: 306). Although 'unstructured', observations in this perspective are also organised: the researcher systematically uses unstructured methods such as informal conversations and notes to enter 'the field', where she adopts a number of flexible roles from complete participant to complete observer (Mulhall, 2003).

Literature on social representations shows the importance of rituals and gestures in communities (Gervais & Jovchelovitch, 1998a, 1998b) and how these might not be communicated by the informants, but are accessible to the researcher when she observes daily interactions (Jodelet, 1991). Observation constitutes an appropriate strategy for providing evidence of processes in social interaction (Mulhall, 2003) as well as for allowing the researcher to substantiate terms that participants express during the interviews (Kawulich, 2005). In addition, when the researcher is an "outsider", this data collection technique is effective in order to establish rapport with participants and increase opportunities for in-depth discussions (Bonner & Tolhurst, 2002). Of special importance among SRT, as Moscovici himself has asserted, "observation retains a privileged position in the study of the phenomena of thinking and communication...[...].observation stimulated by theory and armed with subtle analytical methods will still give us the means of understanding the genesis and structure of social representations *in situ*" (1988: 240–1).

Regarding the present research, one might argue that the observation of practices related to sexual health should be cautiously approached due to ethical reasons. However, I was concerned with conducting observations because, according to the research objectives, it is necessary to gather accounts regarding the different expressions of the

social representations of sexual health. Social practices such as religious rituals, communal gatherings and domestic routines, are part of such expressions. Hence, it was paramount for me to be in continuous contact with the adolescents in their everyday lives, to informally interact with them, from my position of young researcher. Furthermore, whereas my primary focus was on adolescents, I needed to trace how youth were placed within the wider community in terms of roles and expectations as social and sexual actors. Although parents, extended family, teachers, health staff and traditional healers were not formally included as participants, being part of these communities during the entire duration of the fieldwork provided several opportunities for informal verbal and non-verbal exchanges with these social actors. They provided insightful accounts of their positions in relation to the youth's sexual codes and practices.

Taking into account the aforementioned requirements, unstructured observation was considered a pertinent medium for fulfilling two research needs without intervening or altering the daily activities within the host organisations and the communities: a) to generate the proper rapport before asking the teenagers to participate in focus groups and interviews, and b) to map representational systems in practices related to the relations, processes and customs in the community.

3.4.5. Procedures

Observations were conducted through the fieldwork in parallel to interviews and FGDs, but with asynchrony between the last two. Individual interviews were conducted first, so as to get familiar with participants and to build a research relationship that lasted for as long as the fieldwork took place, for facilitating continuous observation. Acknowledging that "[t]rust is contingent on the evidence which one party provides the others of his true, concrete intentions" (Freire, 1970/1993: 72), FGDs were conducted at the very end of data collection in both settings. Then, the relationship with the researcher had been strengthened through informal visits and through the sustained corroboration of the confidentiality of the information they disclosed during interviews.

The distribution of the sample by gender and social context is presented in Table 3.2 (for a full description of sample's characteristics, see Appendix A):

Table 3.2 Distribution of participants

N=75 ^{a/}	RURAL		URBAN	
	Female	Male	Female	Male
Interviews	20	20	19	13
Focus groups ^{b/}	1 Homogeneous 1 Heterogeneous	1 Homogeneous 1 Heterogeneous	1 Homogeneous	1 Homogeneous

^{a/}Three participants took part in focus groups and were not individually interviewed.

^{b/}Homogeneity relates to schooling; homogeneous FGDs involved students only; heterogeneous FGDs involved in- and out-of-school participants.

a. Conducting the interviews

In-depth individual interviews were conducted through a guide developed around the notion of “blocks” (Ingham, Vanwesenbeeck, & Kirkland, 1999), corresponding to each of the dimensions of sexual and reproductive health identified in its conceptualisation (§3.3). For each of these dimensions, questions were selected from a WHO illustrative instrument for research on sexual health among young people (Cleland, Ingham, & Stone, 2001) and adapted so as to make them impersonal: no direct questions regarding sexual activity were posed. The pilot-phase guide of the interview³⁵ was tested with two adolescents (male and female) in each setting, according to initial fieldwork plans (these interviews were not included in the final sample). Minor changes were performed in the instrument, especially with regards to language, as I learned local expressions during the pilot tests of the interview schedule (see final interview schedule in Appendix C). A brief questionnaire regarding sociodemographic data was also administered as part of the pilot in order to further stratify the groups (see Appendix B).

As outlined before, I conducted 40 interviews in the rural setting and 32 interviews in the urban setting. I started by clarifying the objectives of the study and by emphasising my interest in their own ideas (as opposed to an ‘assessment’ of ‘correct’ knowledge). I followed the items in the introductory questionnaire in a conversational fashion, writing down what the participant replied. In the majority of cases, the administration of the questionnaire helped to produce on-site rapport and helped the participant to feel comfortable. Then, I proceeded to ask the questions according to the refined interview schedule. Participants were encouraged to express their views at length on any of the topics they were particularly

³⁵ All interviews and FGDs were conducted in Spanish.

opinionated on, interested in or experienced about. I aimed at following-up by nodding, confirming by uttering 'mm' and allowing pauses in the conversation. In addition, probing questions such as 'could you say something more about that?' or 'can you give me an example of this?' were employed to pursue answers and probe their content without stating what dimensions are to be taken into account (Kvale & Brinkmann, 2009). When referring to the views of a 'third party' (e.g. non-present people or references cited during discourse) in particular, participants were asked to clarify their own position in relation to that of these third parties. Furthermore, the comfort of participants was heeded through the interview by asking agreement on how far to ask for clarification. Qualifiers for the questions I just mentioned often included, for instance, 'would you feel comfortable if I ask you to tell me more about that?'

The majority of the interviews were conducted in the premises of the host organisations. Exceptions were made, in particular, with married/cohabiting girls whose partners would only allow them to be interviewed at home. The majority of the interviews lasted between 60 and 90 minutes. All interviews were tape recorded. After the interview, participants were invited to participate in the focus group. When they agreed, further details on logistics were provided.

b. Conducting the FGDs

Acknowledging the preferences of participants that I identified during fieldwork, single-sex groups were considered for the research so that participants would feel comfortable to open up about a topic they might not consider discussing with the opposite sex. On the basis of the three identified dimensions of the object of study, I designed the topic guide for conducting a pilot FGD with girls in the rural setting. Five girls (who are not counted as part of the actual sample) participated in the discussion, which was 75 minutes long. I took notes during the pilot test, with a focus on the interactions of participants, trying to identify the questions that triggered more debate, and on those episodes in which a stronger agreement was achieved. The FGD was tape recorded and transcribed. I read the transcription thoroughly, which allowed me to identify questions worth including and items with potential to be refined. For example, one item of the instrument that asked participants to engage with the statement "sexually, a boy gets from a girl only what she allows him to get" was indeed mentioned in the focus group before I prompted the participants with the statement (the statement was then adapted by using the

exact words participants mentioned, and changed to “sexually, a boy goes as far as a girl allows him to”, which is another version of this popular saying). This item was thus kept as part of the instrument (revised interview guide in Appendix D).

The topic guide comprised the three dimensions of sexual health as conceptualised for this study. Informed by Freire’s (1970/1993) ideas of “problem-posing education” and “critical thinking” (as opposed to naïve thinking), topics were presented to participants in the form of questions that invited them not only to provide information, but also to discuss and expand on their (potentially different) views on the same topic. The topic guide thus aimed at generating discussion and debate in the form of impersonal aspects (as opposed to their experiences) of sexual health.

A total of 36 indigenous Mexican adolescents participated in the six FGDs conducted for this study, with an average of six participants per group. Four single-sex focus groups were conducted in Tememetla: two single-sex focus groups were homogeneous (male and female students only), and two others were heterogeneous (in-school and out-of-school participants). In Tehuacán, however, the two single-sex FGDs conducted were homogeneous (all participants were students). Arrangements were put in place to conduct two heterogeneous groups, but the national-scale contingency due to the H1N1 virus prevented many of the participants from attending because official measures advised people to avoid meetings of all kinds. All FGDs except one were conducted in the premises of the host organisations. As requested by participants, one of the female FGDs in the rural setting was conducted in a farming field surrounded by trees. Discussions lasted between 60 and 95 minutes and were tape-recorded.

c. *Being an observer*

My daily interactions during the observations in the rural setting proved to be a successful strategy for rapport, as it can be inferred from the number of interviews and diversity of participants I gathered. The strategy of spending time living in the rural setting provided the opportunity to ‘map-out’ the zone in terms of customs, routine activities, household organisation, religious activities, availability of services and income-generating activities. Given that parents were asked to entrust me their children to participate in the study, I deemed it appropriate to approach them personally and to introduce myself. In the same way, for married girls it was often

the case that I was requested by them to ask permission from their partners before performing the interviews. Regardless of marital status, I aimed at visiting participants at home at least once before collecting any data from them, which I achieved in the majority of the cases. These visits offered the opportunity to closely interact with the families, observe home layout and spaces, and experience the material realities of their daily lives.

At an ethical level, inhabiting the village and the city where the study was conducted can be considered a gesture of levelling-up the researcher's-participants' ground insofar as not only adolescents, but also the hosting organisation staff and the communities in general had the opportunity to witness—and scrutinise—my comportment. In addition, the informal discussions I had with participants and their families allowed them to get to know me and to enquire about my personal background and views, which seemed to be as significant as my professional credentials for them (§3.2.5.). As will become apparent in the results chapters of this thesis, social scrutiny is a powerful means of social control in the fieldwork settings. For me to merit the views of locals on a sensitive subject such as sexuality and its relation with health, it was necessary to give in return my own code of conduct by exercising it. By being an inhabitant of the fieldwork settings I allowed the locals to perform, if wished, their own close analysis of my professional and personal practices.

Beyond note-taking and interactions with participants in both settings, key observational activities included informal interviews with parents, professional health staff and health-promotion workers, traditional midwives, educators and local academics in order to seek data on their perspectives on the place of indigenous adolescents in the social fabric. In addition, a blend of valuable contextual resources was gathered through this approach. I collected local archival data on general features of the field settings such as municipal records of community development, service system records from health and education (rural setting), as well as aerial and topographic maps and locally published past studies (urban setting).

Due to restrictions posed by the national-scale contingency caused by the H1N1 virus during data collection in the urban setting, it was not possible to interact with participants and produce notes as detailed as in the rural setting. Observations were

therefore not analysed on their own, but served to enhance and support the results data obtained through focus groups and interviews (see next section).

3.5. Analytical procedures

Recordings were transcribed in a verbatim fashion. The transcription performed by the researcher was considered part of the research process (Kvale & Brinkmann, 2009) for three main reasons: first, it allowed re-familiarisation with the data; second, it enabled the early identification of episodes of particular emotion, debate or tension, which were highlighted in the transcripts accordingly through the use of symbols (presented in Table 3.3); third, transcription contributed to the first round of memo-generation, which freely recorded potential ideas for analytical topics. Transcripts were systematised in a word processor and subsequently exported into NVivo 8.

Table 3.3 Transcription conventions³⁶

(.)	Denotes a micro-pause, a short untimed pause.
00:03	Denotes a silence pause in minutes and seconds.
emphasis	Bold marks words spoken with emphatic stress and/or in a loud volume.
[(left brackets) on two adjacent lines, the one placed right above the other(s), mark the approximate beginnings of simultaneous (overlapping) talk by two (or more) speakers.
[clarification]	Explains elements of original language which are difficult to translate. Words are added in English because they are not needed in Spanish due to grammar.
(clarification)	Includes elements that clarify the meaning of certain words due to the translation.
<word>	Word in original language which conveys especially nuanced meaning.
words	(asterisks) indicate laughter in the speaker's voice while pronouncing the words enclosed.
*****	(five asterisks) denotes general laughter.
(A: yeah)	Denotes the occurrence of a listener support item, i.e. something said (here: yeah) by a person (A) who does not hold the floor and whose utterance is not perceived as claiming and/or acquiring the floor; the parenthesised utterance is put approximately at the place in another speaker's (the current floor-holder's) speech where it occurs.
xxx	Denotes speech that cannot be deciphered.
(())	((material within double parentheses)) marks comments on how something is said or on what happens in the surrounding situation.
You	Indicates <i>usted</i> , a formal way to address corresponding to the second person singular pronoun in Spanish.

Data from FGDs and interviews were analysed using *interpretative thematic analysis*: a systematic process for organising and describing the data in detail (Braun & Clarke, 2006; Ezzy, 2002). This process bears similarity to Freire's (1970/1993) dialogical procedure for the identification of "generative themes" and "minimum thematic

³⁶ Adapted from Grossen (2007a) and Kryzanowski (2008).

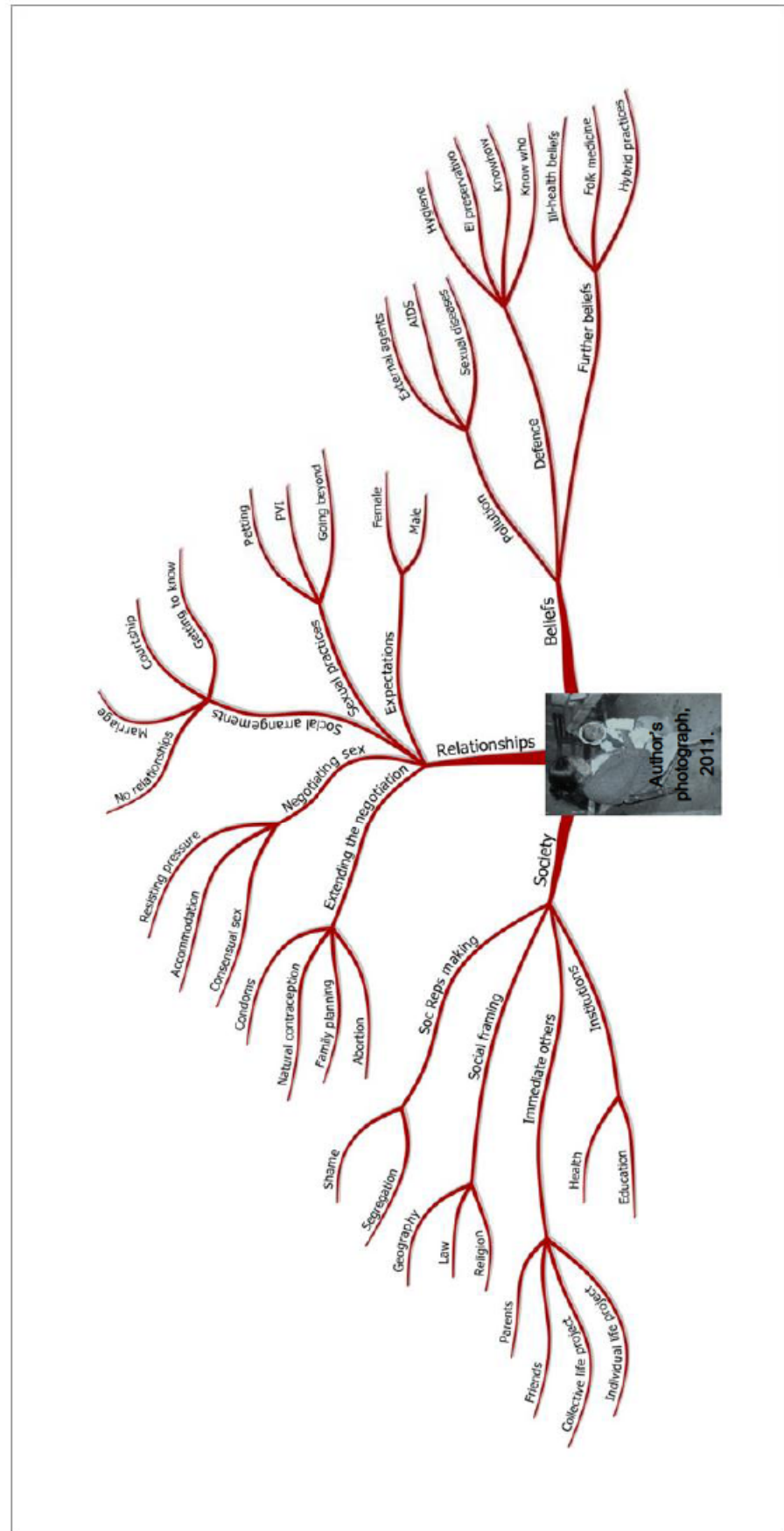
universe". The main reason for selecting this technique lies in its flexibility: it allows the development of coding frames by constant comparison across units of analysis. Furthermore, I agree with Wolcott (1994) that description, analysis and interpretation can interweave when reducing qualitative data. On the basis of this assumption, the adjective 'interpretative' is used here to distinguish my approach, which could be compared with discourse analysis-driven techniques, from a sheer generation of themes. The quotations were selected on the basis of their representativeness of the data for the corresponding group (e.g. rural females) and their clarity in illustrating the subject discussed.

Coding, understood as the categorisation of units of text by topic, was performed in a four-step process. First, all transcripts were read and categories were generated in a free-coding basis by identifying units with topical meaning at a descriptive level. Thus, *in vivo* codes (Strauss, 1987) that I derived directly from participants' utterances were labelled and raw codes called 'parents', 'petting' and 'love' were extracted by this phase. A second step included a second reading of the transcripts at an interpretative level, looking for meanings, feelings and actions. Examples of raw codes generated in this phase include 'researcher relationship', 'shame in interview context' and 'going beyond'. The third step consisted of an iterative search between and across codes in the transcripts in order to refine them. Special attention was paid to passages with simultaneous codes, so as to determine if one code had dominance over the other, which was noted accordingly. Finally, by comparing and contrasting the refined codes, I "induced" the subthemes. Once subthemes were identified I looked for relationships between them, aiming at recognising the properties they had in common, which guided the labelling of the main themes. This process was followed first on the transcripts of FGDs, where three main themes were generated. This provisional coding frame was then applied and refined, by following the same method across the individual interview transcripts.

During all the stages of data collection, transcription and coding I also developed an array of analytical memos (Saldaña, 2009) or project logs (Bazeley, 2007) in which I recorded reflexive thoughts, ideas for interpretation and connections with the proposed outcomes of knowledge encounters (§2.4.) when applicable. In addition, observation entries were integrated at this level by using them to confirm and raise questions regarding the analysis. The systematic analytical interpretation involved extremely close inspection of the data that allowed the identification of multi-layered and multi-faceted dialogue, as shall become apparent in Part II of the thesis.

The outline of the coding frame or thematic network produced through my analysis is presented in Figure 3.2 below, where the three main themes and their related subthemes and codes are synthetically connected. Each of the three main branches of the network corresponds with the discussion presented in Chapters IV, V and VI.

Figure 3.2 Outline of Coding Frame



An additional coding system was later devised for FGDs specifically. This second coding system focused on ‘dialogical interactions’ (Marková & Linell, 1996) aimed at showing “the moving picture as well as the snapshots” (Catterall & Maclaran, 1997) in FGDs. Because the results from this analysis are reported in Chapter VII, for the sake of argument continuity, this stage’s specific analytical procedures are discussed in §7.1.

On the use of NVivo. Among the different qualitative data analysis software available, NVivo was selected for managing and systematising all data collected. Used as a tool for *researcher-led* scrutiny of the data, NVivo provided three main features aimed at supporting an efficient and close examination of the data. First, it allowed the gathering of all elements of the research: transcripts to be analysed as well as observation entries, memos, annotations linked to highlighted parts of text and links between different transcripts; second, it aided the flexible building-up, organisation and reconstruction of codes and themes; third, it enabled the codification and retrieval of units of texts as well as the sorting of retrieved text according to attributes in the sample (e.g. parity, education).

3.6. Research quality assurance

In this project I sought rapport with participants and the host organisations by a prolonged engagement and persistent observation in the field (Lincoln & Guba, 1985, in Flick, 2007). In order to achieve public accountability of the methodological procedures, I followed the quality assessment criteria outlined by Gaskell and Bauer (2000) and discussed by Provencher (2007). Their perspective advocates the need to account for rigorous standards in qualitative research through the development of specific criteria for this approach rather than following those commonly associated with quantitative research such as reliability and validity. Quality assurance criteria for qualitative research would thus be guided by confidence and relevance. Confidence enables the reader to ensure the research reported is the result of an authentic empirical encounter that reflects “reality” of the field rather than the views of the researcher. Relevance refers to the extent to which the research is feasible in so far as it links to the theory (internally) or provides an element of surprise (externally). The criteria I considered are depicted in Figure 3.3 and discussed below.

Figure 3.3 Quality assurance criteria



- a. *Triangulation* (confidence indicator). I approached the research object from a variety of perspectives in terms of three aspects: first, 'between methods' of data elicitation; second, by sourcing data at the individual and collective level; third, by attaining variation of perspectives within the sample through stratification. Triangulation generates variations and overlaps of perspectives at the three levels. It is the juxtaposition of these perspectives, as reported in the results chapters, which should generate the 'whole picture' of the research horizon.
- b. *Reflexivity* (confidence indicator). Although the focus of each research should forcefully be on 'the researched' and not on the researcher, it is necessary to provide an account of the position of the researcher in relation to those researched, so as to make this position transparent. I have performed this exercise by discussing potential subjectivity issues.
- c. *Transparency and procedural clarity* (confidence and relevance indicator). This chapter is the reflection of my conscious attempt at giving a detailed description of my data elicitation choices and the actual procedures performed. In addition, in the foregoing sections I delineated analytical procedures in detail. These include the use of qualitative software and the systematic development of a coding scheme that can be used to track the structure of the analysis. By clearly documenting my methodological choices and measures I hope to have provided the reader with procedural evidence for the quality audit of the project.
- d. *Corpus construction* (confidence and relevance indicator). This technique informed the process of sampling for data collection. Through the consideration of strata in

the recruitment of participants, I aimed at maximising the variety of representations until reaching saturation.

- e. *Thick description* (confidence and relevance indicator). The findings reported in this thesis make extensive use of verbatim reporting of sources. Transcription conventions are also made transparent and, when relevant, the original words and expressions in Spanish are employed if no equivalent exists in English.
- f. *Communicative validation* (relevance indicator). 'Member checks' or communicative validation has been recently used as a quality indicator that increases the credibility of qualitative investigations because it is supposed to make research more dialogical (Flick, 2007). The performance of this technique within the present project, however, would have posed a number of ethical difficulties I chose to avoid. First, communicative validation supposes the participants are continuously available for the researcher to go into the field, interrupt their daily activities and invest time in reading a draft report or complete report of the findings. Second, participants are expected to reflect on the results reported by the researcher. When considering sensitive research issues such as those related to intimacy and sex, this might mean that participants need to face experiences difficult to confront on paper. Third, the interpretations derived go beyond what is explicitly stated. As such, confrontation with these interpretations might suppose participants encountering ideas they were unaware of and that might be considered negative, thereby originating conflict (Flick, 2007; Gaskell & Bauer, 2000).

As an alternative to communicative validation this project employed the technique of 'peer debriefing' (Lincoln & Guba, 1985, in Flick, 2007), which is a way of gathering second opinions, different views and diversity in perspectives on the data and the research process. Thus, at different stages in the project, drafts of the theory and results reported here were revised by the institutional thesis committee, the theoretical and empirical development were presented in a number of professional conferences and, finally, the project benefitted from close support by two different supervisors. Furthermore, because this quality indicator also intersects with the ethical concern of sharing the knowledge produced during the development of this thesis, informal talks for the publication of the translated, abridged version of this thesis were established with the former administration of the CDI in Puebla.

3.7. Concluding remarks

This chapter discussed the methodological choices I made in order to examine social representations of sexual and reproductive health. I have justified the need for having a research design including two social contexts (rural and urban) with two units of analysis by gender (female and male). Preparations for data collection were outlined and special attention was paid to subjectivity issues, given the sensitivity of the object of study and the population targeted. The object of study was conceptualised along three main dimensions—sexual experiences, sexual outcomes and protective and risk-taking practices—that were explored through individual interviews, FGDs and unstructured observations. This amalgamation of methods was assumed to offer triangulation. The procedures for the interpretative thematic analysis performed were outlined and research quality assurance measures were discussed in relation to the present study.

PART II

IV. SEXUAL HEALTH AND SOCIETY

...we can say that awareness of social rules, expressed first and foremost in practical consciousness, is the very core of that 'knowledgeability' which specifically characterises human agents. As social actors, all human beings are highly 'learned' in respect of knowledge which they possess, and apply, in the production and reproduction of day-to-day social encounters. Anthony Giddens (1984).

The first encompassing theme produced by the analysis is adolescents' engagement with their social environment, in abstract and concrete terms, within the context of sexual health. This chapter has a twofold objective. First, to present those elements of the social environment, in terms of ideas and social actors, that impact upon indigenous adolescents' understanding of sexuality, health and reproduction, according to their own views. Second, to identify key processes of latent or manifest transformation of these understandings as expressed in adolescents' dialogues.

The present chapter comprises five sections that examine adolescents' ideas and reported experiences from the structural to a more immediate social environment. In the first and second sections I discuss the abstract (experiences of shame and ethnic segregation) and concrete social structure (geographical constraints, law and religion), respectively, shaping indigenous adolescents' understandings and engagement with sexual and reproductive health, as observed in the field and communicated by participants. I suggest that this social structure concerted works to enforce in participants a certain code of sexual conduct that they subtly resist through a set of values that aid in identifying themselves as the 'current' generation of indigenous peoples. In the third section I concentrate the discussion around two key actors that engage with indigenous adolescents in institutional settings: health staff as part of health services and teachers in educational services. I show how health staff, as reported by participants, aim to supplant the knowledge of health service users, whereas teachers' knowledge is incorporated into adolescents' discourse. The fourth section is concerned with participants' immediate social environment and uses the process of accommodation as an explanatory tool to account for how adolescents evaluate the conflicting ideas of parents and friends in a collective life project that ties up with the social structure. This section closes with a discussion of how the collective life project is incorporated into distinct individual life projects. I conclude the chapter with a brief summary of key findings. Concluding remarks are offered in the fifth section of the chapter.

4.1. The making of social representations: dialogue with societal others

This section is concerned with two general and abstract ideas that surround and, at one and the same time, constrain and nourish the social representations linked to what scientists and practitioners know as sexual and reproductive health. This dyad of notions that frame indigenous youths' representations are, first, shame as the general approach to all things sexual, which is linked to the blending of the dichotomy old/new; and second, the marginalisation of indigenous peoples and its impact on the isolation of their ideas and customs. Although a sense of change was conveyed in the impact of both shame and marginalisation, the strong connection with the past shows that change in these areas is still ongoing.

4.1.1. The salience of shame: between the borders of past and present

Shame and embarrassment were displayed and communicated as a consistent trait in participants' interactions when involving any sexual content, from contraceptives to sexual practices. Embarrassment and discomfort, it was maintained, operate in a two-way direction between the teenagers and the people they have contact with, at the level of the family and community. This finding, expected to a certain extent, dovetails with literature exploring the cultural context of sexual health among youths, which has consistently pointed out the presence of embarrassment when considering sexual issues in different contexts (e. g. Carrillo, 2002; Roberts et al., 2005).

Shame was communicated in the utterances of participants across all the focus group discussions (FGDs). In these dialogues, participants in both contexts (urban and rural) used phrases such as *'well, I have been told that'* or *'I haven't made it yet, but'*, that I interpret as indicators aimed at preventing a potential embarrassing outcome. Furthermore, during individual interviews, several participants reported that although sexual health is a topic covered at school and other settings they *'don't pay much attention because don't need that information just yet'*. Through this assertion, I suggest, they implied, first, that they are sexually inexperienced³⁷, and second, that people who have sex require special engagement with knowledge on sexual matters (§6.2.3.).

During individual interviews and FGDs, participants in both contexts gave eloquent accounts of their awareness of the shame and embarrassment involved when engaged in

³⁷ In this text, unless otherwise stated, 'sexual experience' is used to indicate penis-in-vagina intercourse experience.

communicating subjects related to sex and reproduction. However, although participants themselves reported experiencing discomfort when speaking about sexual matters in their everyday life, this was perceived as undergoing a transformation linked to their being able to make a distinction between past and present. In both the rural and the urban contexts, participants communicated this transition by positioning themselves as youth in the “contemporary” world, which offers the *potential* for resisting unspeakable embarrassed accounts of sexual health. These latter accounts were in turn identified as belonging to the elders, be these community or older family members. Participants did not simply communicate an old/new opposition but a perceived significance of current times that offers the possibility for adolescents to be agents of transformation. Although the past is observed as old, the present is not perceived as “new” but as *potentially* new in terms of ease of speech and agency in experiences. The old past/potentially new present border-crossing notion is illustrated below:

...Now we explain more [sexual] things because one's forgetting things from the past. Because before people said that a girl, like a girl who hasn't had any children, who's single, that she shouldn't speak about those things and now we don't believe that. We are told now how to check-up those who give birth (meaning to know about reproduction and delivery)... (Soledad, rural female, individual interview).

...many people think that, if one asks, it [means] that they're telling you to have sexual relations. Once I asked my mum and she said 'that's not good, you like people telling you about that?' and I told her 'but if I don't ask, then I'll get to know by the time I've three children'. I'm not afraid because nowadays it's normal to be told about sexuality. It's not like before that sexuality and all that was embarrassing, it's normal that they tell you things that are currently happening... (Piedad, urban female, individual interview).

...I almost don't ask anything about that because I feel my mum is going to say 'you, uh, what do you know', she says that (.) that's how they were brought up before. So, sometimes I chat with the other guy who works with me. He's <más grande> [lit. bigger, meaning more senior] than I am...and he said 'so that's only if you are going to do it' and I said 'no, I'm just curious, I'm not doing it right now'... (Cuitláhuac, urban male, individual interview).

As can be seen in the excerpts above, participants opposed being shameful to the ability to engage in dialogue: to ‘ask’ and ‘hear’. This was the case because shame was reported to be characterised by silence and inaction (*‘that she shouldn't speak about those things’*; *‘people think that, if one asks’*; *‘I almost don't ask’*). The movement away from shame was thus communicated through a threefold undertaking. First, adolescents’ ability to speak out, followed by an ‘other’—possibly elder—who acknowledges this, ending up by this or another ‘other’ communicating knowledge to adolescents in the third part of the equation.

Participants across the sample referred to different instances indicating how power imbalance and social positioning conferred by social status dictates who can speak and enact sexual matters. For example, adults were frequently identified as telling children off, just as in the excerpts above, or offering half-truths to them when discussing sexual matters. In the same way, senior women such as grandmothers, mothers and sisters might provide girls with sexual and reproductive-related knowledge handed down in the form of hygienic practices and social codes, albeit never in the presence of males. Several topics ranging from body processes to sexual practices remain taboo, however. This, coupled with the utterances of embarrassment expressed during data collection, suggests that the potentially new exercise of the spoken word with regards to sexual matters is still partial and ongoing.

4.1.2. *Sexual health and ethnic segregation*

Although an alleged *mestizaje* or ethnic 'blending' has taken place in Latin America, segregation of indigenous peoples, in the sense that different 'mind-sets' were perceived to separate indigenous and non-indigenous peoples, was expressed in this study. The evidence of segregation as a topic came from my own observations in the rural setting and from individual interviews in the urban setting.

In the rural setting, my field notes provided an indicator of my own difference in ethnic terms in relation to participants. An entry recorded that I was called *Xinola* (lady, in Náhuatl) upon my arrival in the village. It was then explained to me that I was considered a lady '*de razón*' (of social standing). This qualifier, according to the literature on ethnic matters in Mexico, is opposed to indigenous peoples, who are believed to be '*de costumbre*' (those who practice custom)³⁸. Custom, in terms of beliefs and practices in numerous areas, comprising religious, kinship, family, and judicial, is supposed to set the boundaries between indigenous and non-indigenous (González Montes, 2007). The idea that, allegedly, two separated ways of seeing the world exist was not explicitly conveyed during FGDs or individual interviews in the rural setting. However, this field note passage and the appearance of the same topic in the urban setting (discussed below) prompted me to consider it evidence of the marginalisation that is not overtly expressed but nevertheless visible in the field.

Urban participants, as envisaged in the research design, have an indigenous background, in the sense that they had lived in the city for at least five years and the head

³⁸ The distinction between people '*de costumbre*' and people '*de razón*' is thoroughly examined by Bartolomé (2006).

of their household had to be a Náhuatl speaker (§3.2.3.). Thus, some of them were born in the city and some others migrated later on in their lives. The move to the city was triggered by a search for opportunities, mainly in the form of education and work, which an urban context was perceived to offer. During individual interviews exclusively, participants emphasised this ethnic separation by stressing that ‘we’, meaning they and their parents, come from ‘*el pueblo*’ (the village) or ‘*la sierra*’ (the highlands) to convey their perceived difference in relation to the majority of people in the city and me, the researcher. When presenting views that were not perceived as mainstream or shared by their peers at school or their colleagues at work, participants drew on their ethnic origin to explain the clash in perspectives:

...here in the city, because here it's different, there [in the village] people like (.) they respect you, not all of them, but they respect you more there (.) [and] yet you come here and there're people who mistreat you, who reject you because you're not from here, and I've experienced that...sometimes we're in a group and they'd speak about something I consider coarse and if I say so, let's say I disagree, because of my family or things like that, [then] they'd point at me and [say] 'what do you know?'...(Rina, urban female, individual interview).

Furthermore, in addition to reporting specific experiences of segregation as in the excerpt above, urban participants expressed what can be interpreted as distance from the researcher by using ‘apologetic’ phraseology in their discourse. In this way, they excused themselves for expressing certain opinions—presumably assuming that I expected them to be different. In these instances, rather than engaging in dialogue with their (virtual) non-indigenous colleagues as in the excerpt above, they were in a conversation with a different ‘ethnic other’—the researcher:

- | | |
|------------|---|
| Ofelia | <i>I think that (.) perhaps my mentality is not very open, but I think that to have sexual relations one needs to have a single partner, that doesn't mean that you have to get married [before having sex], whether you do it before or after matrimony is your business. [Yet] I disagree that you go [having sex] here and there</i> |
| Researcher | <i>Why?</i> |
| Ofelia | <i>Because (.) well, it might be because of the ideas I got since I was very little, we come from a small village, I don't say we're <serranos> [lit. from the highlands, pejorative word meaning unprogressive] or whatever people say (.) but we should hold values and respect...</i>
(urban female, individual interview). |

The impact that the division between indigenous and non-indigenous identity and ways of representing the world has on the health of adolescents was evidenced in the defence of their identity, of their sense of belonging to their people (in connection with

parents and their ethnic group), when confronted with ideas that were considered “progressive”, such as sexual health-related issues. There was a dynamic interplay between *‘people from the village who don’t know’* and people from the city who are supposed to know. As one urban girl narrated about a fellow patient giving birth in the same ward as her, she knew that *‘she’s also from a village, because she looked humble, didn’t answer and didn’t speak like other people’*. While there was a visible strife for respect and recognition struggling against ethnic segregation, an internalised ideology of undervalue and illegitimate knowledge was also expressed.

Research in the health field has pointed out that discrimination towards indigenous peoples is a taboo issue in the literature of Mexico and Latin America (González Montes, 2005; Terborgh et al., 1995; although see Bonfil & Martínez, 2003). In this research, ethnic segregation, in terms of expressing a specific set of ideas alleged to be characteristic of indigenous peoples, was expressed. In the rural setting the qualities of what was considered non-indigenous were made evident by pointing towards my own difference, I suggest, because the salience of the non-indigeness is limited in this context, as the majority of people are indigenous. In the urban context the same notion of having ideas that differentiate indigenous from non-indigenous—that in this context is denoted by mainstream ‘city’ ideas—was found. This notion draws a distinction between indigenous and non-indigenous foreigners such as health and educational staff. While it is possible to speculate that it has been informed by the sharp division of agendas of the coloniser and the colonised indigenous, the overt impression is that there are two incompatible perspectives to the social world and sexual activities. Furthermore, although the force of segregation was experienced, participants resisted it through discourses of respect for their values.

The two societal elements adolescents reported to be in dialogue with were thus shame and segregation. The common trait was that participants linked endorsement of these elements—that is, the unspoken treatment of sexual matters and the manifestation of a recognised ‘indigenous mentality’—to their past and their ancestors. However, although shame was acknowledged and resisted, its pervasive expression was still experienced and, paradoxically, manifested by participants themselves. In a similar way, although segregation was strongly experienced and contested, the division of indigenous and non-indigenous ideas was conveyed by participants. By acknowledging the ideas they challenged, they were confirming their current relevance at least partially. That is,

although participants seemed to be explicitly resisting these representations and asking them to change, there is still much to be done to change them completely.

Although this social structure in terms of shame and marginalisation concerted works to shape the sexual health of indigenous adolescents across the sample, another more tangible social structure also shapes these meanings, as discussed in the next section.

4.2. The social framing of social representations: geography, law and Church

This section is concerned with three elements that are part of these adolescents' concrete social structure: first, the geographical constraints that are perceived to prompt gossip, which in turn has a powerful effect on adolescents' lives; second, the legal restrictions directly affecting participants; and third, the prescriptive nature of religious beliefs.

4.2.1. Geographical constraints and gossip: from 'Pueblo Chico' to 'La Colonia'

As discussed in the previous chapter, the design of this research took into account the geographical characteristics of both locations in order to enable a comparative analysis between them. However, it was to my surprise that participants themselves highlighted many of these geographical features and linked them to their life experiences in terms of sexuality and health. Given that the differences (urban and rural characteristics) were purposively chosen so as to contrast the groups studied, geographic constraints in the two settings might not seem comparable. Yet, what was common in both social contexts was the concern of adolescents with the borders or delimitations (in material and figurative terms) that the place they inhabit—and the dialogue among its inhabitants—pose on them and that they are only limitedly able to contest.

Without much debate, rural participants explained during FGDs what living in a '*pueblo chico*' (small village) meant for them and how this relates to their position in the village, findings that were later confirmed during individual interviews. They referred to their remote community's expectations as linked to compulsory conducts and aspirations in relation not only to sexual outcomes but also to heterosexual socialisation, sexual practices and relationships. For the rural participants in the following examples, these are expectations they have made sense of but which they are beginning to question:

...Yes, You see, in little villages, like they say 'it's badly regarded that a girl <ande> [walks along or walks with] with her boyfriend' or 'it's badly regarded that they are

kissing' or 'even worse if they go somewhere', as they say 'somewhere', or they say 'it's badly regarded that you go and ask for pills or that they give you condoms'. It's not like in cities. In cities they take it as something normal, like something very normal. But in the village they take it as 'it's a sin' like something very ugly... (Manuela, rural female, individual interview).

...in this place, the village doesn't help, because if they see you with someone they say 'no, you've been with her'. Then they see you with another one or see that you greet a friend by kissing her and [they say] 'no, you already did this', they don't say you kissed her, but [instead] what it's vulgarly said <que tú estuviste caldeando con ella> [that you have been souping—meaning petting—her]... (Nemesio, rural male, FGD).

Rural participants repeatedly communicated, just as in the quotes above, a sense of restriction that is implemented by the geographical conditions of the village and the everyday activities the community engages in. For instance, without being prompted, they narrated how the entire village was involved in one recent situation in which a local teenage boy impregnated a girl whose child was finally stillborn, a case to which I will come back later in this chapter (§4.4.2.). I was recurrently reminded of how, given the small size of the village, the proximity of the houses and the communal activities such as harvesting, *'el chisme'* (gossip) was an integral part of the community's everyday life. With the Spanish popular saying *'pueblo chico, infierno grande'* (small village, big hell), rural participants referred to the open scrutiny members of the community perform on each other. Gossip was reported as effected by generalised others (community members denoted by the pronoun *'they'*) for evaluating and prescribing the demeanour of adolescents as inhabitants and social actors in the community. Although gossip was perceived by rural participants to be contingent upon the small size and geographical constraints of the village, gossip has been reported as a carrier of "social norms" in the sexual health literature in a variety of contexts (e.g. MacPhail & Campbell, 2001). Furthermore, these results dovetail with those of Haviland who, in his study of a Tzotzil indigenous community in Chiapas, Mexico, reported that courtship, marriage, illicit sexual relations and promiscuity belonged to the "most common gossip themes" in the community (1977: 74). More recently, gossip has been found to be a powerful "obstacle to participation" in community programmes and hence to women's empowerment in Mayan indigenous communities in Guatemala (Macleod, 2010).

Like their rural counterparts, during FGDs and individual interviews urban participants acknowledged that community members communicate desirable comportment mainly through everyday conversations. Unlike rural participants, a slight difference by gender emerged in these utterances: whereas urban female participants referred to a restrictive social environment at their *'colonias'* (neighbourhoods) and the

city, urban males reported this as a relatively permissive social atmosphere. In order to assess the levels of restriction or permissiveness, a reference to rurality was frequently made. In the following example, an urban female participant expresses the boundaries she perceives:

...another aspect that I feel affects a lot is the social one, because for example many people see you. If right now, if they see me with boys, some would think I'll end up pregnant, and all [of them] gossip around. For example, here in the <colonia>, [it] is like a <pueblito> [little village] within Tehuacán. So if they see a girl with 3 or 4 boys running around or playing football, they think bad things... (Alma, urban female, individual interview).

As it can be seen, the 'rural' sense associated to gossiping and restrictions was conveyed by female participants in the city. In the excerpt below, in slight contrast, an urban male participant compared the potentially permissive boundaries of the city with those of his former village:

...before, as I was telling You, because I grew up in the village, there girls don't even go out, they aren't allowed, just to school. There they're calmer. And, for some time now, [in the city] all has become [dancing] balls, <antros> [trendy bars], the vice of alcohol, it's very different...Up to now I haven't been to an antro, but they say that, and besides, here many men live alone, they have their rooms and they can take a girl there...here people know each other and they [girls] might ask if you go to bars. If you get involved with a girl from around here, she says 'no, you go to bars, perhaps you get into those [sex workers], this and that'... (Ramiro, urban male, individual interview).

For urban male participants, the reference to restrictions to heterosexual socialisation is also linked to the village, since 'girls don't even go out' there. The city, by contrast, is characterised by immigration due to work—which in turn yields 'men who live alone'—and gathering places such as *antros*. Unlike for urban females, this environment seemed to open up a sense of anonymity and discretion in which urban male adolescents might engage in a variety of social and sexual experiences. These characteristics are sophisticatedly manoeuvred as, even within the prospective urban privacy, 'people around here', in neighbourhoods, know each other and might monitor adolescents' social and sexual behaviour, as concluded in Ramiro's quote.

Restrictions provided by the boundaries of the geographical place that participants inhabit exhibited a slow reorganisation in the way they were constructed in dialogue. For rural male and female adolescents social and sexual limits were shaped by constant monitoring and inspection by the community. Urban participants also perceived this scrutiny and referred back to rural conditions. However, there was a nuanced movement

characterised by the opportunities for social and sexual encounters that become potentially available at the city, which are accessible mainly to urban male adolescents.

4.2.2. *The law: making sense of sexual and reproductive rights in Mexico*

The second concrete structural element framing adolescents' sexual experiences and health knowledge was communicated in the form of legal requirements and official procedures regarding healthcare, of which adolescents were aware and in dialogue with. During FGDs and individual interviews female and male participants in both contexts gave extensive account of how legal issues might restrict or support their sexual lives.

The first and most cited legal requirement was the execution of '*demandas*' (law suits), which are connected with the idea that a boy who impregnates a girl acquires a responsibility for her. This responsibility is usually addressed, as the girl and her family are expected to demand, by the boy supporting and cohabiting³⁹ with the girl he has '*affected*'. Although this practice was recognised mainly by males in both contexts, participants acknowledged that it is '*en la sierra*' (in the highlands, meaning in rural settings) that it is more prevalent. Accordingly, during individual interviews it was mainly rural males who acknowledged using their legal knowledge to inform their sexual experiences. This rationale is illustrated by male participants:

...if one has it (sex) once and one doesn't get her pregnant it's not forcefully that she'll be one's wife, but if one gets her pregnant then her parents sue you and they give her for you to support her... (Fidel, rural male, individual interview).

People there in the Sierra Negra say that if [the girl] got pregnant she has to marry her boyfriend, otherwise they'd report him. For example, I know of a case in which the [girl's] dad was very strict and the boy didn't want to be responsible for the baby he was going to have. Then [he] reported the boy. And the police went to fetch him and jailed him here in Tehuacán's prison... (Melquiades, urban male, FGD).

The second legal aspect that participants engaged in dialogue with is connected to the recently changed legislation on abortion. Without being specifically asked, female and male participants across the sample discussed the controversial transition that Mexico had just undergone less than two years before fieldwork, when the bill for the termination of pregnancies of up to twelve weeks was approved in Mexico City. In the State of Puebla, where participants reside, abortion is still criminalised in the majority of cases. Reflecting on the polemic that surrounded the country at that time and situating themselves in their historical and political context, they explained:

³⁹ The relation between marriage and cohabitation and its interchanged use will be explained in § 5.3.3.

...No, I wouldn't have done it (to have an abortion) (.) because to abort a child is a [legal] offense... (Romana, rural female, individual interview).

...Now that we're talking about that, about the Law of Population, that in other states abortion is no longer punished, [which] are the State of Mexico and the Federal District, as far as I know, and it's supposedly coming here as well. That [change] in my view, would be something that'd help to avoid unhappy couples... (Domingo, urban male, FGD).

The third way in which participants engaged with legal issues includes a diversity of legal opportunities and restrictions with which girls were concerned in both contexts. These ranged from women's rights to legal requirements of blood testing before civil marriage. For example, female participants mentioned different governmental institutions that 'offer [legal] protection to women' in relation to sexual abuse.

As these results indicate, participants were in dialogue with the legal requirements that are relevant to them so that, for example, it was males who spoke of their concern with '*demandas*', which are used against boys⁴⁰. Both males and females, in turn, reflected on the legality of abortion, which is a process perceived as pertinent to couples in relationships (§5.5.4.). This constitutes an unanticipated finding that deserves further exploration insofar as there seems to be a scarcity of literature that has considered the awareness of rights/duties in relation to sexual health among Mexican youth (although see Amuchástegui & Parrini, 2010, for a brief collection of nationwide case studies). Although efforts have been concentrated on tracking behaviours and their supposed motivational underpinnings, the engagement of adolescents with a structural determinant of sexual health such as legislation is a topic that remains unexplored. The participants of this study gave an account of their awareness of legal requirements and how these restrictions, in turn, inform and might shape their sexual and reproductive decisions.

4.2.3. *Relation with the Church*

The analysis revealed the significance of religious beliefs as the last structural element framing the context of sexual health for indigenous adolescents in this study. According to field notes, this dimension was first made explicitly important during the multiple

⁴⁰ In Puebla, the crime called *estupro* (rape in minors) consists of sexual intercourse with a person older than twelve and younger than eighteen, when his/her consent has been obtained by means of seduction and deceit. *Estupro* is not prosecuted as a matter of official obligation. Rather, prosecution occurs only in response to the filing of an official complaint by the victim, his/her parents or his/her legal representatives (Código de Defensa Social del Estado Libre y Soberano de Puebla, Art. 264 & 266). Repair for the damages caused due to *estupro*, rape (in the case of adults) or sexual kidnapping consists of payment to the female offended ("*la ofendida*", Art. 278) and her children, if there is any. In the case of sexual kidnapping, prosecution prescribes if the perpetrator marries the female offended (Art. 275). In addition, if a person deserts his/her children, spouse or mistress (concubine) and fails to provide for their subsistence, s/he is penalised with up to five years of imprisonment (Art. 347). On the subject of Mexican criminal law and sexuality, Szasz (2007) notes that there still prevails a biological and universalist vision of sexual practices and a gendered perspective that is discriminatory against women.

instances in which I was enquired about my religious beliefs, to know whether I was ‘a Catholic, a little sister (meaning Protestant) or something else’ as one of the participants’ mother asked. I dealt with this by explaining that I was raised as both a Catholic and an Evangelical, according to my parents’ background. Had I been associated to a single religion, my interaction with believers of other groups would have been jeopardised, as I realised when, because of my wearing a long skirt⁴¹, I was informed that a couple of parents suspected I would ‘evangelise’ their daughter rather than interview her.

Religious beliefs, as mentioned in the literature review (§1.2.3.), seem to impact upon sexual and reproductive knowledge and practices of the youth in Mexico. In this study, participants in both contexts were in dialogue with religious ideas with a prescriptive component in relation to sexual health. During FGDs and individual interviews religious beliefs were discussed in relation to a variety of practices ranging from having sex to contraception and abortion. Moreover, some of them overtly expressed the importance of female chastity from a Catholic and Protestant perspective, confirming the importance of virginity that Amuchástegui (1998c) and González López (2005) have previously documented for adults in Mexico and Mexican immigrants in the USA⁴².

In the same way that shame and ethnic marginalisation were connected with older people or the past (§4.1.1. and §4.1.2.), religious ideas were strongly attached to participants’ extended families, their parents or other community members. However, while positioning themselves in relation to religious propositions, not all participants were necessarily locating themselves within a current generation. In this case, there was variation by social context and gender, so that participants set their perspectives in dialogue with religious prescriptions in three ways.

First, there was a mostly unquestioned and willing understanding of sacred precepts endorsed by participants’ families, which characterised rural females exclusively:

...my position is [informed by] my religion and my family...[in relation] to fornicate, fornication, they have repeatedly spoken about that to us in the church, about that topic (.) So You see, for me, I myself reject it and say ‘no, that’s not good for you, that doesn’t take you in a good pathway’...The most important thing is to take care of my moral and spiritual life... (Justa, rural female, individual interview).

⁴¹ Wearing long skirts and no jewellery is associated with being Protestant because simple dressing code is commended in this religious group.

⁴² Virginity in the context of gendered expectations is discussed in §5.1.1.

Secondly, rural males and urban females displayed discrepancies whereby they took into account religious beliefs but questioned their relevance in their own lives. The relevance of the general religious understanding of 'sex as sin' was assessed in a process that entailed situating their current position in relation to those of their parents and families, who in turn were perceived to be aligned with religion. As shown in the excerpts below, participants reflected on the applicability of religious ideas, be it through dialogue with other adolescents or co-constructing this reflection with the researcher:

- Alma *...many grannies instil that, right? The [idea that] women are worth only once. You're always going to hear your grannies saying 'women are worth only once, not twice'*
- Researcher *And what do you make of that?*
- Alma *Well, no (.) in the current world you cannot think like 'cross yourself' and that. I wouldn't tell You that I regard sex like I'd do it and I don't care what happens, but I say that one has to see the reality of how things are now, you cannot hide anything behind morality...*
- (urban female, individual interview).

- Fidel *In the past, for them [our parents] it was like*
- Gonzalo *Like a sin*
- Fidel *Yes, like a sin, like if they sinned*
- Hernán *Yes, but that was before*
- Venustiano *But they were wrong, 'cos that's why there're persons who are, well, girls who have their children and are single mothers and that's it...*
- (rural males, FGD).

Urban males expressed the remnants of religious ideas but, in the few instances in which this occurred, the teachings of the Church were not expressed as relevant, which constituted the third way of relating to religion in the sample.

Religion, results indicate, continues to be pertinent in the lives of the majority of indigenous adolescents who participated in this study. However, this residue of colonial impositions onto indigenous peoples seems to be undergoing an interesting transition when it is related to sexual health and sexuality. This transformation goes from rural female participants who strongly acknowledged religious ideas, to urban males who engaged in dialogue with religion to a very limited extent. In the interstice of these ends are the reflective questioners: rural males and urban females. In addition, my results challenge the assumption that, in Mexico, while "in the past the [Catholic] Church regulated sexual behaviour and desire, modernity is now fostering individual autonomy and choice" (Amuchástegui, 1998c: 106). Rather, for the majority of indigenous adolescents in this study, religious beliefs—of Catholic or Protestant origin—are rooted in

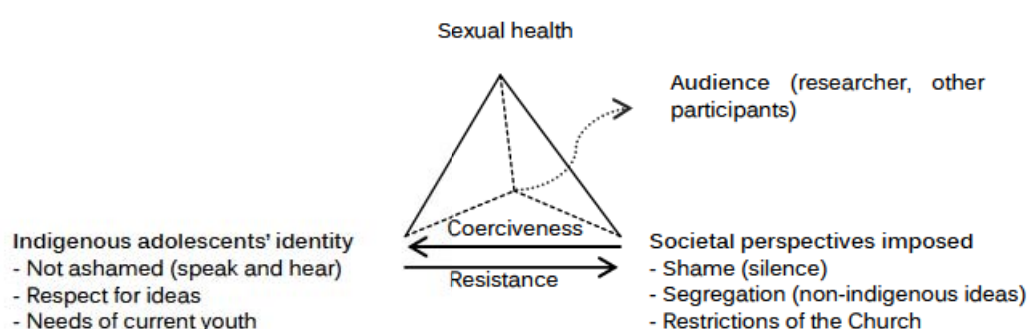
their families, in what they *'have learnt'*, and therefore a *'past'* that is still present and that they have experienced. Precisely because not modernity but rather a 'localised modernity' is experienced within social contexts, religious precepts are reflectively assessed and valued even if questioned. This is indicated by participants relating what they consider as the roots of religious beliefs (their families and ancestors) to their own *current* positioning, which varies in function of social context and gender. It can be argued that this assessment is not so much a by-product of "modernity" but rather of contextually bound material conditions, gendered expectations and opportunities for exchange. These conditions allow for the fact that, for example, rural female adolescents embraced the same religious ideas that their male counterparts questioned in the same village, thereby showing the variability of knowledge and social positioning within the same context.

It should be noted that in this research no questions were specifically formulated to gather ideas on the political and structural issues underpinning sexual health and intimacy, a framework that is increasingly used in sexuality studies (e.g. Aggleton & Parker, 2010; Padilla et al., 2007). However, the discussion of socially structural components in this section attempts to situate participants' meanings and experiences "in historically constituted political and economic systems" (Corrêa, Petchesky, & Parker, 2008: 143). Participants, in turn, were fully aware of the elements—community scrutiny, legal issues and religious commandments—of this structure and their prescriptive nature. The different ways in which participants were in dialogue with these elements, however, varied notably according to their gender and the social context they inhabit. First, participants reported that geography plays a role in how communities socially restrict adolescents. Permissiveness opens up slightly more in the urban setting and is more accessible to urban males than their female counterparts. Second, there is a difference in the legal issues participants are in dialogue with, which is related to the applicability of legal instructions for different cases (*'demandas'* for males, for example). Third, the conversation with religious ideas was chiefly linked to participants' families, indicating an ongoing movement within the sample that can be drawn from rural girls to urban boys, going through rural males and urban females in the middle.

Up to this point, results have pointed towards dialogue with generalised third parties (Linell, 2009: 103). Thus, societal others' voices have been brought into the conversation by explicitly documenting the strong way in which shame, segregation, geographical constraints, legal requirements and the teachings of the Church are imposed, resisted and, up to an extent, frame their engagement with sexuality. These generalised

third parties set particular perspectives of what constitutes sexual health. In these micro-level encounters, in order to be able to enunciate these voices, participants were taking the perspective of those generalised third parties which, in turn, were not presented as attuned to the perspectives of participants. Rather, societal forces were reported as powerfully prescribing behaviours denoted by the pervasiveness and insistence of these voices. In this sense, resistance, in order to protect a *potentially new* identity as the current generation, was discernible in the case of discourses of shame. Segregation, in turn, was resisted by highlighting the value of respect to diversity of ideas. When it comes to the Church, it was only rural males and urban females who also drew on the idea of the 'present' needs of their own identities to subtly resist the constraints imposed by the Church. With regards to rural girls, however, there was no multiplicity of perspectives to contest: they made explicit that there is consensus between them, their parents and the teachings of the Church. To summarise, the state of resistance (§2.4.2.) when indigenous adolescents encountered the knowledge of these generalised third parties in dialogue could be schematised as presented in Figure 4.1 below:

Figure 4.1 Resistance in the dialogue with generalised third parties



Geographical constraints and legal requirements, by contrast, were perceived to be socially 'enforced'. In order to be in dialogue with these societal others, participants sometimes criticised them but explicitly contested them to a limited extent only. The coercion or 'force' here might reside in that geography (and the gossip attributable to people) and legal requirements possess authority for conduct prescription that is recognised by participants and that they are materially unable to change at least in the short to medium term. Although it would be difficult to affirm that these 'others' effectively supplant (§2.4.1.) adolescents' knowledge, it is observable that they constrain

their practices (e.g. abortion) and that their existence prevents alternative forms of knowledge to be expressed through practices⁴³.

4.3. Dialogue with institutions: health and educational services

This section is concerned with health and educational services as the public institutional arenas in which participants seek knowledge and experience engagement with healthcare ideas. These arenas, in contrast to other institutions such as law or the Church, were consistently personified by two key actors: health staff and teachers.

4.3.1. The doctor: health services⁴⁴

As an institution, health services were expressed in participants' discourse. In this institutional context, relevant to adolescents involved in this study were policy arrangements with regards to the conditional cash transfer programme *Oportunidades*: a national-scale governmental scheme. Under this programme, cash transfers to households are conditional on school attendance and visits to the health centre for check-ups and talks^{45, 46}. The eligibility criteria for the scheme are mainly related to socioeconomic status. Since the majority of the participants were from working class backgrounds, the households of more than half of the total sample were registered and therefore participants enrolled in school were officially required to comply with the requirements of the programme. In the rural setting, according to participants' and to my own observations, informative talks and check-ups are carried out in a strictly compulsory fashion for the scheme holders. In the urban setting, although the measure in theory should be the same, in practice this is not the case: urban participants reported a variety of situations in which they were exempt.

Independently of whether they were enrolled in this programme or not, participants engaged with health services and staff in two different ways. The first is relevant to participants who had not had reproductive experience. A second way of engaging with health services concerns the reproductive and contraceptive experience of those

⁴³ Indeed, it could be argued that legal systems are 'monological' in nature if they lack relevance to the needs of the people they are aimed at, as can be the case of penalising abortion in contexts where people might approve this practice.

⁴⁴ Health services are constituted by governmentally run institutions such as clinics and hospitals. These institutions were structurally conditioned by health policies in the country during the time of fieldwork, since a major reform in the public health sector in Mexico during 2003 has resulted in the coverage of health services increasing significantly (Frenk & Gómez Dantés, 2008).

⁴⁵ See Molineux (2006) for a critique of the impact of this programme on the reproduction of gender roles and Smith-Oka (2009) for a critical assessment of the overall effect of the scheme in the context of reproductive health of indigenous women.

⁴⁶ Lamadrid-Figueroa et al. (2008) have concluded that the *Oportunidades* programme has had no discernible impact on contraceptive methods use in female adolescents aged 15 to 19 years.

participants who have children, which I examine later in this subsection. It should be noted, first, that health services were personified by health staff, which were frequently regarded as expert knowledge holders, ‘professionals’.

In the urban context, few reproductively inexperienced participants acknowledged the use of health services, and, when this use was reported, the limitations of management and care in these facilities was highlighted in both FGDs and individual interviews, as exemplified below:

...I was going to have a check-up just for a treatment that didn't require any physical examination, so it was only to get my prescription, and even then they asked whether I had a person responsible for me. I said I was eighteen, but just because of the simple fact that you are a <señorita> [lit. Miss, meaning single] they require you to go accompanied by an adult... (Ofelia, urban female, FGD).

...Once I went to the health centre to ask for condoms. It was for a [school] presentation about condoms. I went with my [male] friend, we got inside and gave the prescription to the person in charge, and he simply stared at us, as if we were going to use them and, to tell the truth, I felt bad because of that... (Diego, urban male, individual interview).

Health facilities were not perceived as youth friendly insofar as health staff might compromise confidentiality and were seen as disapproving. The experiences reported above suggest a top-to-bottom flow of communication in which professionals, at the top, were seen by adolescents as in a position to authoritatively direct youth service users who were in a lower social place in terms of knowledge and experience. These statements, informed by service user experience, offer evidence that, although the Mexican Ministry of Health explicitly have stated that adolescents have the right to receive “confidential, accessible, quality and respectful medical services” (2002: 58, my translation, emphasis added), in practice this might not be necessarily the case, a situation previously noted by some Mexican practitioners (Velarde–Jurado et al., 2002) and academics (Stern & Reartes, 1999, in Juárez & Gayet, 2005).

Rural participants without reproductive experience, in turn, were clear in their constant engagement with the local health centre, as they asserted their participation as attendees to “talks” organised by the responsible doctor. “The” doctor, head of health services in the clinic of the village, was a strong point of reference when referring to themselves as knowledgeable about health issues. Rural participants referred to this social actor on several occasions when they explained what they seemed to consider technical knowledge, such as suitability of contraceptive use and likelihood of pregnancy complications. The apparent closer social participation of rural participants in the local

health centre, however, did not necessarily entail ensuing confidentiality. In addition, although these talks provide comprehensively accurate information and raise awareness, according to participants' accounts they might also be the place for health staff to provide guidance in romantic relationships and offer examples based on their clinical experience and expectations. In the following quotes, the informative character participants attributed to the health talks can be appreciated:

...perhaps it's not bad if girls get pregnant, but we are minors (.) we are talking about girls who, by the age of 14, have already had their babies. Like the other day the doctor was giving us an example. He told us 'a girl from [nearby village] is pregnant again and her baby is still little'. And we know her, but what can we do?... (Candelaria, rural female, individual interview).

...the doctor said that, supposedly, it's related to machismo, of machos, to say that a woman is not a virgin because she didn't bleed during her first sexual relation... (Marcos, rural male, individual interview).

It can be noted how the ideas communicated by health staff are in dialogue with the speech of participants. These ideas were rarely questioned, but rather used to support (informed) descriptive arguments that convey the expert knowledge and acknowledged authority of this actor. In addition, it can be seen how, precisely because of the size of the village, confidentiality can also be compromised in the rural setting, which is exacerbated if health staff use examples from their own practice (*'He told us 'a girl...is pregnant again'...and we know her'*) to encourage adolescents to avoid sexual risks.

The second way of participants' engagement with health services was reported exclusively during individual interviews by female participants with reproductive experience in both contexts. In general terms, they explained their economic and logistic difficulties to procure themselves antenatal care: *'how'*, a rural girl asked, *'can one devote an entire day queuing at the hospital? One would better be in the fields, working with one's husband rather than losing a days' work pay'*. However, when I questioned them about contraceptive measures, then health services and the counselling power of health staff came invariably to the fore. Female participants referred to the emphatic contraceptive advice they had received, particularly since their children were born. In both contexts, these girls narrated how doctors and nurses *'told them off'* by citing several reasons: participants were *'too young'* when they gave birth and their womb was *'not ready'*, *'it's not healthy to have children too soon, the mother might die'* or, to put it simply, they (doctors) did not want them to have more children in the short term. That is, participants reported becoming knowledgeable of these ideas through their (power-imbalanced) contact with

health staff. Moreover, girls in both contexts explained how they were explicitly encouraged, even coerced, by health personnel to adopt a contraceptive method:

Sabina *...when the boy was born, I had it [IUD] in. They told me to get it in or, if not, they would make a [surgical] operation for me not to have children*
 Researcher *Who told you so?*
 Sabina *There, in [nearby City], a nurse told me*
 Researcher *Did she ask you if you wished to?*
 Sabina *Yes, she said 'what do you prefer, the [intrauterine] device or a surgery? And I said 'no, [I prefer] the device', but I thought I didn't have it, because they didn't tell me in the end whether they put it in or not. Then I came to check-up myself here [at the local health centre] and they told me I had got it in...*
 (rural female, individual interview).

Miguelina *The [intrauterine] device, when I was in the hospital, they put it in*
 Researcher *Why?*
 Miguelina *Because the doctor said that he didn't want to see me there in a year's time, and that he didn't want me to have children often*
 ...
 Researcher *Did they ask your permission to put the IUD in?*
 Miguelina *No. I had my baby girl in a normal way and it [their asking permission] was when I was <aliviándome> [lit. recovering, meaning giving birth], and I said no, but then when I went out they gave me a sheet saying I should go to check the device in a month's time*
 Researcher *How did you feel?*
 Miguelina *Well, at the same time I felt anger because I didn't want to, but at the same time I said 'they already put it in, I can do nothing'...*

(urban female, individual interview).

According to Sabina's account, for health staff contraceptive "choice" was not necessarily about indigenous adolescents having a method or not, but rather about what method to have, as long-lasting contraception seemed compulsory. The assumption in the reported dialogues above, it can be surmised, is one of distrust from health staff towards participants: they were seen as unable to decide by themselves and should be not only advised but coerced about their contraceptive and reproductive decisions. Health staff, as illiterate Sabina reported, failed to confirm they indeed followed the procedure she "chose". In the case of Miguelina, she went on to describe how, after learning about her IUD through a hospital-discharge note, she attended checked-ups every month and how she herself asked for another IUD when the first one provoked her discomfort.

In this study, while a number of participants with reproductive experience reported voluntarily choosing and asking for a specific contraceptive method, the majority of them

were clear on how insistent this counselling was. Although this counselling was reported as extensive and appreciated, coercive IUD insertion was perceived to be the norm rather than the exception. These findings are aligned with recent research with Nahua (González Montes, 2007; Smith–Oka, 2009) and Mexican adult women in general (Castro & Erviti, 2003), in which coercion has been reported to occur when health professionals fail to explain the treatments they provide, when they sterilise women and/or insert IUDs without the women's prior knowledge and consent. Moreover, all methods suggested by health staff, as reported by these participants, were women-centred: none of them reported being offered condoms or vasectomy for their partners, which is consistent with recent findings on the counselling offered by Mexican physicians (Erviti, Sosa Sánchez, & Castro, 2010)⁴⁷.

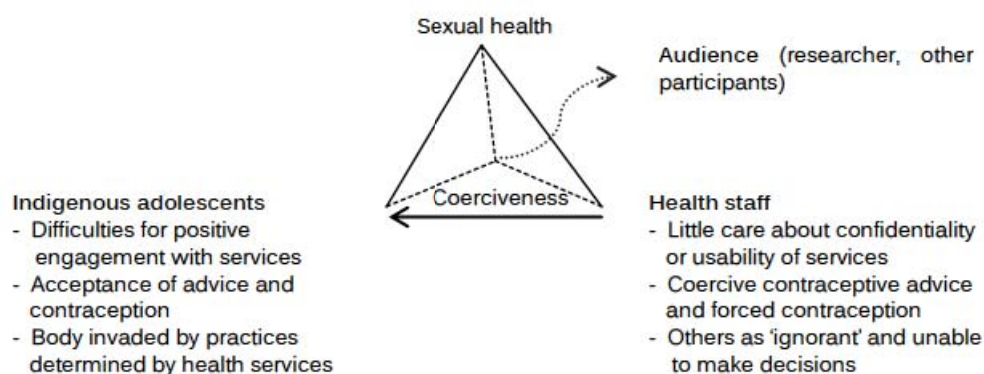
Participants' accounts of their encounters with health staff as representatives of health services was thus reported in two main ways. First, for those participants without reproductive experience, although services were accessible, the right to confidentiality in both settings seemed to be compromised. A second way of engagement with health services was reported by female participants in both contexts who have received antenatal, childbirth and post-obstetric attention. In this case, the coercive birth control counselling that purportedly violated freedom about reproductive decisions of participants was highlighted.

Engagement in dialogue with the voices attributed to health staff was thus characterised by monological traits that point towards what I call coercive supplantation of knowledge (§2.4.1.). This was the only example of this outcome in the encounters performed by the self with absent others virtually brought into conversation. In these dialogues, the perspectives of indigenous adolescents were rarely set against that of health staff. Instead, doctors and nurses set their own perspective (be this in lack of respect through compromising privacy or through consistent attempts at enforcing a contraceptive measure) and regarded it as the one legitimate and worth of authoritative discourse towards service users. As the evidence indicates, this treatment had not only a negative impact on the identity and sense of autonomy in relation to indigenous adolescents' sexuality, but it also pointed to the disadvantaged positioning of participants who, according to the dialogues with health staff, had little opportunity to challenge

⁴⁷ Nationwide reproductive health policies might be related to the treatment that participants with reproductive experience reportedly received from health staff. In this regard, according to Gurmman, "every clinic and hospital in Mexico has been assigned specific numbers of women they must try to convince to accept one or another method of birth control. The targets are method-specific, with the highest priority given to the IUD and female sterilization" (2007: 120).

impositions. Figure 4.2 illustrates supplantation as the outcome of the knowledge encounter with health staff.

Figure 4.2 Coercive supplantation in the dialogue with health staff



4.3.2. The teacher: educational services

In the same way that participants reported interacting with health services, another institutional setting in their proximate environment is constituted by educational services. These services were relevant to participants because although some were illiterate and 44 per cent were out-of-school, all reported having attended school at some point. This institution was frequently referred to as the context where ideas on biology and 'natural sciences' lessons carried the first notions of body development, sexuality and reproduction. As a concrete arena where videos, books and display materials might be available, the school was frequently, albeit briefly, mentioned during FGDs and individual interviews mainly to refer to places where information is gathered and where knowledge can be accessed. In these succinct instances participants highlighted the importance of detail and accuracy in the knowledge they gained at school.

The school, more significantly, was also the scene where another key actor appeared in participants' speeches: the teacher. Educational staff were mentioned and quoted almost exclusively during individual interviews, where participants from both contexts discussed teachers' lessons in great detail. Teachers, personifying the school as institution, conveyed the knowledge or, as participants referred to, '*the information*' with regards to protective practices. As in the case of health staff, teachers were often said to be providing advice as well as their own moral ideas with regards to sexual practices. Contrary to health staff, however, their impact upon participants was mainly at a discursive level, without directly compromising their rights to privacy or choice. In the following excerpts, participants gave voice to their teachers' lessons:

Once a [female] teacher told us that it [masturbation] could be bad for men because, as the teacher said 'not all the time you'll be able to have children, by masturbating you wear out your reproductive systems'. Well, that's how it's called, right? That is, they wear out their (.) not all their life they'll be able to have children, they can become sterile. (Pilar, rural female, individual interview).

In fact, once we worked on Biology at school, and there's this about biology, about women and men, that we have to take care of ourselves and don't allow men to grope us, that's what I've been told. For example, teacher Lupita has told us about that (.) that we should be careful with men. Yes, because many girls get pregnant, thus that's what we are told: 'take care, right?' ...For example, we as women <nos tenemos que dar a respetar> [lit. must make oneself respected, meaning to make themselves respectable]. The teacher says 'you have to make yourselves respected', that is to be educated, since you're little, we have to educate ourselves, if not, you get a belly... (Isidra, urban female, individual interview).

...when [a girl] hasn't had [sexual] relations one can notice because (.) because in the vagina when they have had [sex], they have like a, I was told by a teacher at school, that it is (.) how to tell You, like a type of little fabric, and then if it's the first time that breaks and the girl bleeds and that's how one notices... (Ramiro, urban male, individual interview).

The examples above are typical of how participants seemed to advantageously use teachers' discourses to inform their individual arguments and present themselves as knowledgeable in the context of the dialogue triggered in the research. Both doctors and teachers, who are figures with education and experience, are rarely questioned. However, the way participants give voice to educators contrasts with that of health staff in that they use the teachers' as their 'own' (underlined sentences in excerpts), appropriated knowledge: participants not only use their teachers' accounts as explanatory devices, they also use and intermingle their own assertions when communicating those parts of the dialogue that they attribute to their teachers.

On close inspection it is possible to discern that participants warranted their own beliefs and internalised codes of conduct by backing them with their teachers' lessons. Their perspective, then, was not set against, but rather with the other, in consensual discourse. The interaction with teachers, precisely because it combines legitimacy and ideas that participants express as their own, is in some ways consensual and does not conform with the typology of knowledge encounters previously presented (although see §7.3.).

4.4. Dialogue with immediate others: parents, friends and life projects

Dialogue with immediate others is the fourth theme in this chapter and includes parents, friends, and collective and individual life projects. Comprising actors and concepts, these four analytical codes are woven together in the discourse of participants and are therefore

interrelated, but presented separately for the sake of the argument. It will be shown how parental expectations and teachings are of fundamental importance in guiding participants' views. This prominence does not come directly as 'transmission' but after careful assessment of and in comparison with friends' perspectives. These two dialoguers are voiced by participants to offer an assessment of discourses in their private sphere. Through the notion of what I call collective life project, participants assess these two co-dialoguers. Parental teachings become thus of great importance in order to protect the private sphere from public scrutiny. Finally, it will be discussed how the collective life project is internalised and translated into individual life projects.

4.4.1. *Parents as dialoguers: the need to exceed in life*

Studies looking at Latin America have stressed the role of the family in teaching and strengthening gender roles (Barker, 2000, Vasconcelos et al., 1997, in Ricardo et al., 2006). In this study, findings revealed that teenagers in both settings were well aware of the thoughts, moral codes and (gendered) expectations of their parents, which are transmitted within the household environment. Out of these, the expectations of not having premarital sex were the more pervasive. Parental expectations seemed to be slightly more explicitly displayed towards girls than towards boys. That is, within the constraint of silence, veiled knowledge and half-truths, girls are told these expectations more overtly, whereas boys are advised in a short straight way or through silence:

Alba	<i>My dad has that idea that men don't lose anything [with sex]</i>
Manuela	<i>Yes, men don't lose anything. That's machismo, above all</i>
Alba	<i>Yeah (.) to say that men don't lose anything</i>
Manuela	<i>My mum also has that thing of machismo, right? For example, she gives freedoms to my brothers, why? Because 'what do men lose? Nothing happens to boys, girls [in contrast] get a belly'...</i>

(rural females, FGD).

Felipe	<i>In my house they don't really say much about sexuality or how I should prevent or take care</i>
Researcher	<i>What about your dad?</i>
Felipe	<i>Well, yes, sometimes, but he only tells me that if I've got a girlfriend, that I should think twice before anything I do</i>

(urban male, individual interview).

These quotes are exemplars of the first part of the complex dialogue with parental teachings. As can be seen, parents set their perspectives, in the form of expectations, with regards to sexual codes and conducts, which might be related to the current and perhaps still "traditional" modes of family education in Mexico. Participants, especially girls,

skilfully questioned gender stereotypes and expectations. In this sense, participants conveyed a need and conscious desire of 'exceeding' or doing better than their parents, an idea strongly related to the sense of 'current generation' in their identities discussed before (§ 4.1.). However, going beyond their parents also entailed, paradoxically, obeying them and observing the expectations that their perspectives conveyed. In this sense, participants explicitly expressed their desire to 'exceed' in this second way: by bettering themselves through studies and delaying sexual and/or reproductive experiences as much as possible:

- Rina *...I might not be a virgin when I marry but, while I can, I'll avoid it (sex)*
- Researcher *Why?*
- Rina *It's a form of security because I personally want to continue studying, progressing, because my parents didn't have that opportunity. My mum wanted to study, but she didn't have that chance because she had eleven siblings to take care of. My parents have told me 'if you get pregnant then you forget about everything (meaning their support)'. Because they're giving me a chance and I want to get advantage of it, to study medicine and progress, that's why I think I'm not ready for those [sexual] things...*
- (urban female, individual interview).

...Going beyond where [our parents] are (.) perhaps they had that drive of bettering themselves but the economic conditions and the environment in which they developed (.) they didn't have enough resources, as [we have] nowadays...[...]...We shouldn't repeat the mistakes of our parents. That's what society thinks. Our parents, let's say my dad, that he had his first child, that he got his wife pregnant by [the age of] 17 years (.) the son must exceed him, that's why he (father) is giving him studies, the knowledge... (Marcos, rural male, FGD).

Across the sample, when introducing parents' voices to the dialogues, as the excerpts above indicate, 'exceeding' the living conditions of the previous generation entailed a thorough, yet emotional, assessment of parental expectations. There was, however, a consistent difference between females and males: whereas girls repeatedly insisted on avoiding sex and pregnancy, the concern for males is not to impregnate a girl, regardless of their sexual experimentation. Furthermore, as important as parents are as dialoguers, the relevance of their teachings becomes more prominent when contrasted with dialogues with friends, who are the social actors introduced next.

4.4.2. Friends as dialoguers

As discussed previously, participants seemed to aim to position themselves as a current generation. They saw themselves as part of the contemporary cohort alongside their friends, another influential figure in their private sphere. In this respect, the literature on health stresses the impact of the peer group on the way that sexuality is experienced

(Flórez, 2005; MacPhail & Campbell, 2001; Roberts et al., 2005; Shoveller et al., 2004; Tarr & Aggleton, 1999). However, although 'peers' as other adolescents of the same age or the same social status might be important, participants were specific about the key element of friendship in the peer group. Precisely because sexual matters are still discussed in private, they explained, only friends conferred the trust and intimacy to discuss these matters in some depth.

Dialogues with friends were brought into the conversation of FGDs and individual interviews in both rural and urban contexts. Friends' voices conveyed discourses of pressure or questioning with regards to the sexual experiences of participants. Rather than being just an "influence", through the discourse of participants, their friends were present in the interview and communicating their experiences, doubts and knowledge:

...as I was telling you, I plan not to have sexual relations until I get married, but sometimes my friends say 'no, it [sex] isn't for when you're married, it's to know your partner and, above all to have more communication'...I think that you can have communication without having had sexual relations, it's not needed to have them to have a good communication... (Emilia, rural female, individual interview).

...with friends (.) we chat among us, right? But they aren't going to tell you 'take care', no, friends won't tell you that...what friends might say is 'if a girl gives you room for it, go for it', they won't tell you 'use this [contraception]' (.) no... (Marcelo, urban male, individual interview).

As the excerpts above suggest, friends' ideas were not only cited but qualified and evaluated. A difference in reported friends' ideas emerged by gender: whereas for girls the crux of the discussions was placed on the issue of having sex or not, for boys the discussions frequently included not only the debate around having sex, but about having unprotected sex. I will come back to this difference in a moment. Now I would like to draw attention to the process of evaluation of friends' knowledge. The rationale for this assessment was the success or failure of friends in attaining a healthy life in terms of prospects for the future. Participants, thus, drew on observed friends' experiences to justify the assessment of their ideas. In the rural setting, for example, one recurrent case mentioned during data collection was the experience of an adolescent couple who expected a baby who, in turn, was finally stillborn. Given the size of the village and the proximity of inhabitants, participants narrated with great similarity the same intense passage by emphasising the boy's unwillingness to be responsible for the pregnancy, the girl being physically abused and almost expelled from her house after their parents learnt about her pregnancy, and the couple's mourning the stillborn, whose death was often portrayed as a punishment. Participants, they stressed, were not narrating to me, the

researcher, the couple's experience in order to criticise their friends, but to make the point of what *'might happen'* if you engage in sex. This same process of drawing on friends' emotionally charged consequences of teenage pregnancy was found in the city, where participants cited a variety of sources to make the point of the importance of avoiding sex. Thus, for example, one urban girl explained how one of her friends, who in the past had the opportunity to *'eat well, buy shoes'* and have luxuries like going out, was now bound to work and to providing for her child as a single mother.

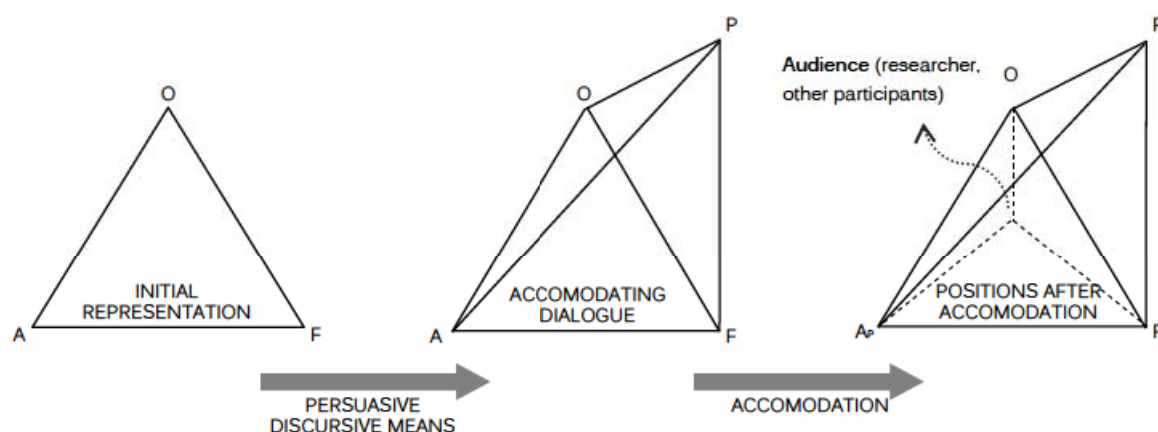
Interestingly, through the process of assessment mentioned above, participants not only acknowledged and evaluated their friends but *'put themselves in their place'* in a perspective-taking process. This assessment, of course, did not invariably lead to a rejection of friends' knowledge, but to an incorporation of this knowledge against that encountered when communicating with parents. Now I would like to refer back to the explicit finding that, in conversations with friends, participants face ideas for and against sex for girls and for and against (unprotected) sex for boys.

Drawing on the process of accommodation theoretically discussed before (§2.4.4.), it can be proposed that participants (A=adolescent) engage with an interlocutor (P=parent or F=friend) in different instances, by representing the same object (O=premarital sex). Now, when in dialogue about sex, girls encountered the following: $F \rightarrow O^{48}$ =Girls might have sex, in slight contrast to $P \rightarrow O$ =Girls should not have sex. Boys encounter the following ideas: $F \rightarrow O$ =Boys should have sex, even if unprotected; and $P \rightarrow O$ =Silence or O =It is acceptable if boys have sex, but with *'care'*. As can be seen, this *'chain'* of views on premarital sex goes in a continuum of permissiveness. At risk of oversimplifying this process, if ideas coming from parents and peers are polarised at two extremes of a continuum, it seems as if girls were more willing than boys to conform to the ideas of their parents and thus were more likely to challenge or question conflicting views such as those expressed by their peers. The prescriptive nature of parents' perspectives did not pose any enforcement in girls and did not need to be imposed: by accommodating their parents' perspectives and moving away from their friends' in this assessment, girls maintain the idea of *'exceeding'* and making a generational change. As attractive as their friends' perspectives might be, when put in terms of parents expectations (of progress, exceeding and excelling), friends' negative experiences help to appreciate the persuasive value of their parents' perspectives and *'to learn from others' mistakes'* as one urban girl asserted. Figure 4.3 illustrates the outcome of accommodation by female adolescents when encountering

⁴⁸ Where \rightarrow denotes *'represent object as'*.

their parents' perspectives and those of their friends. In the triangle on the left, female adolescents represent premarital sex from their position as the 'current' generation in cooperation with friends. The accommodating dialogue occurs when adolescents contrast parental perspectives with the experiences of their friends, so that the position of participants is relocated from A to A_p (their parents' perspectives) in the triangle on the right.

Figure 4.3 Accommodation in the dialogue with parents and friends



For boys, although the edges of the continuum correspond to different views regarding sex, it seems that both extremes are permissive and are thus not in great conflict. It can be suggested that this made it possible for boys to conform to their parents' expectations, while at the same time, to be part of the 'current' generation. However, as expressed in dialogues with parents and friends, the issue at stake for males was not whether or not to have sex, but whether or not they impregnate a girl through unprotected sex. Hence, the same accommodating dialogue as in Figure 4.3 can be sketched for male participants but when encountering the ideas for (friends') and against (parents') *unprotected* premarital sex.

4.4.3. Acknowledging societal expectations: collective life project

It is possible to speculate that the process I have just outlined, whereby parents' perspectives were contrasted with those of friends, might in fact contain the perspectives of health or teaching professionals or another societal 'other' in the discourse, which would contrast with those of friends. However, the notion of what I have called the 'collective life project' should reinforce the idea of progress or 'exceeding' and the importance this had for participants and their parents vis-à-vis other societal forces. In this way, the significance of parents' perspectives for participants should become clearer

not only in terms of their relationship, but of that relationship in relation to the wider social structure.

The notion of a 'collective life project' was common and very similar in both settings during FGDs and individual interviews. At the core of this notion is the understanding that the life trajectory of each teenager is not only regarded as her or his individual achievements or failures—and indeed some sexual experiences are referred to as failures—but that they are also used to assess their parents and entire family's performance within the communities or neighbourhoods. Thus, this symbolic notion links back to the social structure and societal others in an inextricable connection: when participants assess parental and friends' views, they do so against the backdrop of community scrutiny, notions of shame and, ultimately, an idea of a potentially new future. The following quotes express the collective life project:

...That happens a lot here (.) that they [people] see a pregnant girl and say 'like mother like daughter'... (Alba, rural female, FGD).

...if anyone knows you're pregnant then they say 'uh, and her father was so proud of her'... (Martina, urban female, FGD).

...contraceptives are important because they avoid a tragedy for parents, because if their girl or boy brings up a <domingo siete> [lit. 'Sunday the seventh', meaning an unpleasant surprise], that's why they are important, to avoid a problem for you and your family... (Lugardo, rural male, individual interview).

...Because if we look close, the society, at least here in Tehuacán, I don't know about the [rural] communities, they just gossip around the women who(.) around the family that is experiencing that [pregnancy]. (Domingo, urban male, FGD).

As expressed in the excerpts above, the idea of the 'collective life project' is that what happens to the individual young girl or boy, including the possible outcomes of their sexual experiences, happens also to their families in a shared relationship that has a project over time in common. Moreover, while participants acknowledged the importance of this notion from the point of view of the community, they themselves reported experiencing the collective life project through their own experiences:

...when I got pregnant someone told my mother, she already knew. I thought they would hit me, but they didn't. The one who felt embarrassed was my mother-in-law; she said she didn't know what her son was doing... (Mitzi, rural female, individual interview).

...so, my father told me 'your sisters already did it to me, they got pregnant while studying'. And I know I am his hope, I am the only of his daughters [who's] still studying... (Leticia, urban female, individual interview).

The collective life project clearly shows that parental perspectives *integrate* community and social expectations. Unlike societal others' perspectives, however, when societal expectations are personified by their parents, these views acquired a different dimension, possibly emotional, that allowed participants to align with the perspectives of their parents when contrasting them with other available perspectives (that of friends, the other 'immediate other'). This was, as discussed before, more conflicting for girls than for boys.

4.4.4. *Constrained expectations: individual life project*

To conclude this chapter I shall discuss how all the expectations previously discussed were internalised in different ways by participants and how what were seen as "social" expectations became personal projects, thereby narrowing down the understanding of sexual and reproductive health as an intimate issue. This last analytical code should bridge the "social" and "contextual" nature of this chapter and the more intimate (albeit socially arranged) sense conveyed by the next one, devoted to romantic relationships.

Individual life plans were a common feature across the sample, although slightly more stressed by urban participants than their rural counterparts. Through life planning, sexual and reproductive experiences are *contextualised* in the life of adolescents and understood as an ongoing project. Although the distinction between in and out-of-school participants was not one of the primary interests of this study, the diversity of the sample allows for identifying current enrolment in school as the key difference across the sample in this pervasive topic. For the majority of participants, sexual and reproductive experiences (which were sometimes seen as interchangeable) were characterised by emphasising a "break" in the lifecycle of the adolescent involved. The difference, however, is how this break was understood: whereas in-school participants saw it as a threat to their future, out-of school participants accepted it as a challenging, yet potentially rewarding prospect.

For in-school participants (42 students, 56% of the total sample) sex entailed the threat of changing life forever as a result of unintended outcomes so that, in order to protect their identities as social actors with a potential future, indigenous adolescents reported feeling compelled to remain sexually inexperienced. Furthermore, as the quotes below depict, the defence of the life project against the first sexual intercourse was saturated with a notion that I have termed 'inevitability of reproduction', whereby

participants communicated sex not only as an act to potentially conceive, but as an act that *unavoidably* leads to impregnation:

...I still want to enjoy my life, like I don't want <meter la pata> [lit. to put the foot into it, meaning to screw things up or to commit a blunder], like people say. What I base myself on is pregnancy, because I say that sexual relations have many consequences and, as they say 'a horny moment' and then you get many things, like pregnancy... (Manuela, rural female, individual interview).

...after having relations one stops having a life, I don't know, a healthy one or, like life as it was before, like when one was young. Like, for example, if a girl has sexual relations, as I was telling You, by the age of 14 or 15, then it's not the same because, as far as I've heard, it's not the same because they're not the same persons as before, they change, the person who has relations changes. Many things might happen, like she can get pregnant or other things. In my school, for example, there're 16 year-old girls who are pregnant and then it's when I say that things, things change a lot... (Emiliano, urban male, individual interview).

The life project of participants quoted above entailed an idea of "youth" that offers the potential to be enjoyed and the opportunities for further personal development. In this sense, for in-school participants the healthy state is that of inexperience and avoidance of risks. Does this mean that adolescents who do not have these material prospects do not have a life project? On the contrary, individual life project was reported to be important also for participants who are out-of-school in the context of marriage and/or work. In the case of out-of-school participants from both contexts, sexual and reproductive health was placed in the life project with the main concern of having a family which, just as the in-school participants described, indeed '*changes one's life*'. However, for out-of-school participants the future was seen as to be changed by sex and having children in an optimistic, yet challenging way that opens up prospects for a potentially rewarding future in terms of emotional and economic support rather than personal development and enjoyment. The following quotes illustrate this:

...my children are my hope, I want to see them grown up for them to accompany me (.) Now it's different, we (her current family) now eat meat once a week, eggs, milk, fish, we eat all that and they'll (children) be strong. At my mother's they don't eat anything of that, no meat... (Sabina, rural female, individual interview).

...when I was younger I thought about having relations by the age of 18, but it wasn't like that...I feel very happy because of my baby girl. She's my greatest joy, my daughter, because I always wanted to have someone to rely on, or to chat with her when she's grown up. At least, if my husband abandons me, now I've got someone to rely on...now what I want is to give all to my daughter for her not to need anything, she's gonna be the only one until she's grown-up, that's why I'm [family] planning... (Miguelina, urban female, individual interview).

...I'd like to have a child now because in that way, when I'm thirty-five he'll be a grow-up already. In that way, if something happens to me, if I'm ill, they'd take care of me... (Lauro, rural male, individual interview).

...another reason to have a son now was that I wanted to change. Like before, when I was wooing her (cohabiting partner, former girlfriend), I used to go out in the night, sometimes, with my friends. They invited me to drink and I used to drink. But now that I've got my son I said to myself 'now I have to pay attention to them'. Because it's very different, having my son and my wife has changed my life. Yes, without thinking, in a blink, I'm very different... (Santos, urban male, individual interview).

Researchers on sexual health in Mexico have recently pointed to “transformations in social meanings” (Amuchástegui, 2007: 8) in which notions of sexuality, relationships and courtship are changing, predominantly in rural areas. It has been suggested that a “youth culture” seems to be developing in rural communities (Rodríguez & De Keijzer, 2002, in Amuchástegui, 2007). This youth culture, it is expected, would enable ideas such as enjoying one's youth and would become important for youths' sense of authorisation concerning sexual practices. In the present study, the notion of ‘individual life project’ coincided with this suggestion in both the urban and the rural settings. The results at hand, however, indicate that this notion is constrained by concrete life opportunities such as being in-school. Out-of-school participants display an individual life project more oriented towards immediate family life, whereas in-school participants employ studies as their priority to indicate their life projects.

For in-school participants it is possible to speculate that the notion of an individual life project with prospects for the future is in opposition to the expected identity of indigenous people until recent times. Before, it was assumed that “indigenous [people] celebrate marriage at an early age; men and women have the unavoidable duty of making up a new family destined to procreate” (Aguirre Beltrán, 1955/1994: 112, my translation). Among *current* indigenous youth what seems to be praised is progress through education. For example, in different instances in this thesis, *knowledge* (of protective practices in §6.2.3., of contraceptive measures such as withdrawal in §5.5.2.) and the notion of ‘exceeding’ participants' parents are commended. Hence, sexual and reproductive decisions must be contextualised in the individual life project so as not to threaten the attainment of this goal. Thus, I suggest that, at least for in-school participants, the avoidance of sexual activity in order to protect their individual life project is an instrumental resource with a twofold function: first, to produce new positive identities, those of more (financially) resourceful adults; second, to re-produce conservative values

such as virginity (§4.2.3., §5.1.1.) and abstinence instead of the enjoyment of (protected) sexual activity.

In-school participants used the ideas of sex and first pregnancy interchangeably as if one automatically led to the other or as if they were the same. This finding substantiates recent research with adolescents from low-income settlements in Peru (Bayer, Tsui, & Hindin, 2010). In this study, the majority of participants perceived “sexual intercourse, and in many cases even having a partner, as directly correlated to pregnancy” (Bayer, Tsui, & Hindin, 2010: 776). As in the present research, several participants detailed the belief that contraceptive methods have high failure rates (§5.5.). The present study adds the perspective of out-of-school participants who acknowledged that sex, cohabitation and having children (not necessarily in this order) indeed constitute a break in adolescents’ life. This break was, more often than not, understood in ways that challenge their self-concepts and urge them to search for orientating their life projects towards a family life as a way of enjoying one’s youth.

4.5 Concluding remarks

This chapter has been concerned with the impact of society on shaping participants’ understanding of sexual health through dialogue. The discussion was presented along four main dimensions, going from the structural to the immediate social environment. In relation to the main concerns of the thesis, this chapter contributes in three main ways to the understanding of social representations of sexual health among Mexican indigenous adolescents:

First, I have introduced the different societal voices or perspectives that populated the internal dialogues of adolescents (externalised in sociodialogue with the researcher), such as law-related and religious knowledge, and discussed how they constitute different ‘phases’ of the cognitive polyphasic systems in each group and participant. When participants narrated encounters with these knowledges, furthermore, they took a specific position in relation to each ‘other’, their perspectives and the authoritative or persuasive means through which these perspectives were offered to participants. I have shown how three outcomes of knowledge encounters can be used as theoretical tools for explaining how participants, in dialogue, engaged with these perspectives: coercive supplantation (health staff), resistance in relation to their community (shame and segregation ideas and the Church) and accommodation (relocation of perspectives that favour parental teachings in view of friends’ experiences, more conflicting for female participants). Although it is

difficult to affirm that the law and community scrutiny “supplant” adolescents’ knowledge, they effectively restrict their options for sexual health decisions. Teachers’ discourses, in turn, are used to warrant participants’ beliefs. At this micro-level, I suggest, it can be seen how representations of sexual and reproductive health among Mexican indigenous adolescents do not remain static within the same individual or group. Rather, perspectives with regards to their constituent elements push and strive for dominance within the self in interdependence with the social fabric.

Second, this chapter provided detailed evidence of how, although participants might not have the opportunity or the power status to challenge dominant representations of healthy sexual experiences, the context of dialogue in itself brings a certain degree of empowerment and agency for challenging absent co-dialoguers, contesting authoritative discourse and thereby fostering an identity as the *current* generation of indigenous peoples. In this regard, I have discussed how expectations at different social levels complicate the “recipes for living” sexual experiences and knowledge of adolescents. Distancing themselves from *the past* and from their elders while, at the same time, heeding their teachings in order to exceed them, constitutes a symbolic resource for securing and nurturing an indigenous identity that responds to the constraints of the *present* world, regardless of its reputed modern or traditional quality. In this regard, the analysis revealed the ongoing and incomplete transformation of ideas regarding shame, ethnic segregation and religion. Furthermore, the notion of individual life project was identified as another resource for internalising sexual and reproductive health-related ideas and expectations and for contextualising them within the broader life of adolescents and their actual experiences. However, I have also acknowledged that participants’ dialogues show limited opportunities for contestation of community scrutiny and legal restrictions, which might be related to the restricted opportunities for change these ‘societal others’ offer.

Third, bearing in mind the research design, this chapter provided evidence of variability of content within and across groups. Consistency across the sample was found in relation to shame, marginalisation and engagements with teachers’ perspectives. By contrast, social context was important in the opening-up to permissiveness from the rural to the urban context, with accessibility mainly to urban males. Dialogues with the law, in turn, were connected to applicability of legal instructions for different cases (*‘demandas’* are mainly relevant for males, for example). Engagement with religious teachings also presented some dynamism: from rural girls, who embraced them, to urban boys, for whom they were of little relevance. In the middle were the reflective questioners: rural males and

urban females. Finally, gender conditioned the expectations from parents and friends, which are more permissive for males than for females.

Although the research anticipated differences by social context and gender, the richness of the data and the stratification considered allowed for identifying fine-grained nuances that are best captured by other characteristics of participants. In this regard, health staff allegedly enforced their discourse in different ways for females with reproductive experience (contraception) than for the rest of participants (confidentiality). In addition, material conditions and opportunities such as being in-school were related to the individual life project. In-school participants displayed expectations of progress through the socially valued realms of education, which they opposed to sex and pregnancy. Their out-of-school counterparts, in turn, seemed to respond to this expectation of progress, which might challenge their self-concept, by emphasising the importance of family life.

V. BEING A COUPLE: SEXUAL HEALTH IN RELATIONSHIPS

If we are a metaphor of the universe, the human couple is the metaphor par excellence, the point of intersection of all forces and the seed of all forms. The couple is time recaptured, the return to the time before time. Octavio Paz (1996).

Whereas only introductory questions in the topic guide included the notion of relationships, their importance for situating sexual practices and contraception was emphasised by participants time and time again and, accordingly, appeared in the thematic analysis in a prominent manner. Hence, this chapter is concerned with heterosexual romantic relationships as reported by participants in this study⁴⁹. It has the objective of establishing the prominent role of relationships in shaping the sexual and reproductive decisions of Mexican indigenous adolescents.

The previous chapter presented the social actors and institutions of relevance to indigenous adolescents who participated in this study. It was shown how participants brought the different perspectives of these actors into knowledge encounters in the context of their discourses. This chapter continues with knowledge encounters insofar as it addresses the relationships between participants and their past and present partners and how the perspectives of all of these actors come to clash, being resisted and redefined. Unlike the previous chapter, however, here the reference to third parties is mainly concentrated on partners. In this regard, before discussing the encounters between partners in the romantic couple, the first three sections examine the expectations, sexual practices and relationships as socially arranged realms. The fourth and fifth sections examine the encounters whereby sex and contraception are negotiated. In these encounters, which take place within romantic couples, participants draw on their ideas of what a healthy relationship is for negotiating their sexual and reproductive decisions.

5.1. The context of relationships: gendered expectations

This section comprises two main analytical codes that need to be taken into consideration before moving on to the dynamics of romantic relationships in which sexual health is negotiated. It comprises the female and male characteristics that participants regarded as important to consider when having a relationship that would potentially lead to sexual,

⁴⁹ Homosexual relationships as a topic were practically absent in participants' discourse.

contraceptive and reproductive experiences. In the sexual health literature much has been written about the “hegemonic” gender identities (e.g. Holland et al., 1998/2004) and the double standard in gender stereotypes (e.g. Marston & King, 2006) that impact on the negotiation of sexual encounters and contraception. In the present research, participants acknowledged that boys and girls had the potential to engage in complex ways with the opposite sex. They explained a variety of expectations for females whereby female identity is placed within a continuum that goes from passive virgins to ‘other kinds of girls’. As for males, although assertiveness as a defining trait was consistently acknowledged, alternative identities of responsibility were also connected to ‘being a man’. Whereas expectations for females varied depending on the specific social context, male expectations were consistent throughout the sample.

5.1.1. Female expectations or between virgins and ‘others’

This finding is related to the expectations assigned to the female identity in general and for engaging in romantic (and potentially sexual) relationships in particular. It has to do with the idea that, for a healthy relationship and lifestyle, women must withhold their first sexual intercourse until experiencing it with their definitive partner. This view, articulated by some as virginity, was extensively expressed across the sample. Many participants described the importance of females physically preserving ‘a little fabric’ as an expression of love for the partner with whom they expect to spend their lives. However, the most common way in which participants made sense of virginity was in terms of the *requirement* of sexual exclusiveness for attaining a long-lasting relationship. In this sense, virginity carries expectations of passivity and restraint attached to the female identity. Opposed to these expectations was that of “other kind of girls” which, in general terms, indicated promiscuity.

Differences were found by social context because rural participants, contrary to their urban counterparts, hardly ever questioned virginity as *the* trait in the female identity:

If I do it (premarital sex) nobody would want me...women, we are worth only once. One can do it, but then when she gets with her <verdadero señor> [definitive husband], she won't be able to live well with him, he'll hit her every now and then...So I say, [why] to sleep with one and then another, no. I think to myself 'don't they (girls who have premarital sex) feel ashamed?'... (Juana, rural female, individual interview).

...there's a difference between a woman that's already had relations and one that hasn't, because let's say that no one has taken her, like here, well, one knows, because when a woman hasn't been taken by a man, it's like she's worth four stars...you can be with her and live well with her, and you can have her forever and

she's going to be only yours... (Cuauhtémoc, rural male, individual interview).

Rural participants, just as Juana and Cuauhtémoc, when dialoguing with ideas of female virginity, used adjectives and adverbs such as *'definitive'* and *'forever'* to qualify the state of the relationship. The expected stability of unions demands, in their view, female sexual inexperience in order for the woman to be valued as a worthy partner. As soon as a girl fails to *'make herself respectable'*, that is, when she starts to have (premarital) sex and therefore makes an assertive decision, she enters the other side of the spectrum and is not worth *'living well with her'*. A sense of control of female sexuality was conspicuously displayed in these discourses not only because of the sexual restriction and passivity virginity supposes, but also because of the expected quality of *'complete belonging'* (*'she's going to be only yours'*) to a male partner if virginity is *'given'* to him.

In terms of dialogue, it can be surmised that, in commending virginity, participants were displaying the traces of dialogues with others that have been internalised in dialogue with the self. As discussed before, virginity is a trait associated with religion (§ 4.2.3.), which in turn was linked to forebears. However, as can be seen in the excerpts above, participants *'think to themselves'*, as Juana asserted, in dialogue with these ideas, which were displayed in the context of the interview. In addition, virginity was not appreciated in isolation or because of what parents or religion dictate; rather, its importance became prominent in the female identity when bargaining a stable relationship, as indicated above.

Urban participants maintained the link between female virginity and a healthy, stable relationship. However, rather than restricting the worth and sexual self-respect of women to the virgin identity, they complicated the picture by including the possibility of sexually experienced girls forming healthy relationships:

Margarita	<i>My mum used to tell me 'I never had [sexual] relations before getting together with your dad, I gave myself to him only (.) you must do the same, wait for the one who's going to be your husband, that's the one you will <meter> [lit. get into, meaning have sex with]'</i>
Researcher	<i>What do you make of that?</i>
Margarita	<i>Well, when you have a boyfriend he asks you for it (sex) and you think that you'll get together with him and you give it (virginity, sex) to him and then, no, each of you goes with someone else and that one has to understand, you speak the truth and that's it...</i>

(urban female, individual interview).

...I feel like if a Miss is a virgin, it's nice that one is the first one and she'll be yours, definitely yours. But well, who knows, it would be nice if I find a girl to be my wife and she's a virgin...if I like her because she's a good girl, if I'm in love and she's not [a virgin], what can I do? I'd just accept it... (Felipe, urban male, individual interview).

In the excerpts above it can be seen how, again, passivity (*'wait for the one...'*) and female sexual restraint were valued and linked to long-lasting relationships. However, urban participants also gave accounts of alternative ways of manoeuvring this passivity: girls might in fact make sexual decisions (in the case of Margarita, for example, if in the context of long-term relationships) and not necessarily lose their worth to be a *'wife'*, as stated by Felipe. It could be surmised, then, that although in the urban context female identities are connected to virginity, they are not reduced to it. In this way, promiscuity is not linked to all non-virgins who, in the case of rural participants, might even be hit by their husbands. This was the case because, as Margarita's quote suggests, having sex in (believed to be) durable relationships was seen as partially acceptable.

In Mexico, much has been discussed regarding the importance of female virginity (e.g. Amuchástegui, 1998a, 1998b, 1998c, 2001b) and, when it is a prerequisite for marriage, it has been speculated that it constitutes a "capital femenino" (feminine capital) (González-López, 2005), in the sense that it entails a social exchange value that women arrange for extending life conditions and broadening opportunities. The importance of virginity for the construction of the female identity among Mexican indigenous adolescents was evident since this topic emerged spontaneously and was discussed widely during both individual interviews and focus group discussions (FGDs). Of interest for the analysis in this research are the nuanced differences obtained by social context: whereas rural participants failed to question virginity as a value and as the resource that would grant women a *'good future'* (in terms of companionship, worth and respect from their male partners), urban youth seemed to include this idea but, at the same time, to offer alternative perspectives. The view of rural youth, who prized virginity undisputedly, was the one that preserves the idea of continuity, of durable, stable relationships that are expected to be everlasting. Although this is valued by urban participants, they also display the potential for accepting alternative identities for girls who decide to have premarital sex. That is, non-virgins are not necessarily seen as worthless insofar as sex might take place in the context of lasting (albeit possibly not definitive) relationships.

5.1.2. Male expectations: being a man is to be responsible

Gendered expectations also operate for men. During fieldwork I recorded multiple instances in which female and male adolescents, their mothers and other key actors to whom I spoke, told me the same: *'nowadays boys don't care, they just want to play with girls'*. Do they, really? I asked to a small group of rural girls in the village square, while sharing sweets. *'The thing is that a girl is easy to convince. Men try to picture everything nicely for her to be caught [in their trap?]'*, Justa explained later during her individual interview. Although I had spoken to a number of boys who stressed their willingness not to take advantage of girls and to avoid deception, it seemed that the heterosexual interplay between women who are passive and resist, complemented by men who are assertive and sex-seeking, was widespread across the sample. Assertions such as the ones below were frequently expressed:

...I have seen it. There are boys who only want girls to play with them, like, only to have [sexual] relations. (Manuela, rural female, FGD).

...because not always, but, honestly, the man is the one who seeks sexual relations with a woman, and the woman is the one who decides, yes or no... (Diego, urban male, individual interview).

As can be seen in the excerpts above, men were in fact seen as the initiators of sexual relations, the leading member of the couple who *'seeks'* sex. This male identity, however, was not as direct as the stereotype that I recorded elsewhere. In this regard, Diego continued his reflection above and, immediately after, emphasised:

...and that is why the man should be responsible, because he's the one searching for it. Men, if they want to be responsible, they have to take care of the woman (meaning using contraception). But there are many men who [say] 'no, I won't do it (sex) with a condom'... (Diego, urban male, individual interview).

The last part of Diego's statement, similar to those of several participants in the sample, posed a twist to the solid idea that men are the 'active' gender. On the one hand, men were indeed seen as active and, according to the evidence collected, they behave accordingly (§ 5.4.). On the other hand, male identity was complemented by another latent attribute: responsibility. Precisely because the boy was supposed to be the 'initiator', responsibility was demanded on his side. The emphasis on this opposition is important for this analysis because, contrary to what can be expected, being aggressive and assertive was not contrasted with being 'resisting' or passive. Rather, an active way of behaving might be accompanied, participants explained, by responsibility (*'if they want to be responsible'*). In

this way, whereas men were constantly seen as actively searching for sex, responsibility was presented as a potential trait in alternative male identities:

...I got together with him because he works hard and I wanted to be with someone who's responsible. There are other [guys] who are lazy or who get you pregnant and just leave you there... (Concepción, rural female, individual interview).

Ofelia *And a responsible boy is well seen and even admired, it's surprising (Alma: yes)*

Rosa *Because not all of them are like that*
(urban females, FGD).

...for me, to be a man is to be responsible about the consequences of our acts. Like if I get a girl pregnant then I have to take charge of it. To be a man is to be responsible of our acts and not to blame others...there are men who resort to machismo because they believe they are very manly and they want to dictate orders and not to be responsible... (Pedro, rural male, individual interview).

...A girl doesn't need to carry condoms. It's the man who, because the necessity is his, it's his responsibility, if he wants [sex], he needs to bring [the condom]... (Indalesio, urban male, individual interview).

Male and female participants in both contexts acknowledged that boys might display a variety of behaviours and attitudes towards girls and relationships. Unexpectedly, this diversity included both, the pervasive idea that men are assertive, active and sex-seeking, as well as the perception that male identities can range from 'machistas', 'lazy' and commitment-avoidant, to boys who are 'responsible'. Responsibility, hence, was a trait associated with a potentially positive male identity compatible with the pervasive idea of sexual assertiveness.

These findings are consistent with Carrillo, who stressed that participants in his study "often were critical of what they perceived to be the ideas and practices of previous generations of Mexicans, which they associated with stereotypical views of Mexican machismo" (2007: 77). These results also complicate the conclusions offered by Castañeda, Brindis and Castañeda Camey (2001), who found that Mexican male rural youth reproduce local gender norms that "establish" that the man be the initiator, be active and be the educator. In this study, even if males were in fact seen as the active member of the couple, responsibility was also "established" as a valued trait of alternative male identities with implications for relationships' dynamics.

5.2. Sexual practices

This section is concerned with sexual practices, which were communicated with a sense of hierarchy in which petting precedes penile-vaginal intercourse. In this hierarchy, oral and

anal sex are also acknowledged, but the meanings surrounding these practices seem to be complexly elaborated and generally rejected, as discussed in the second part of this section. Sexual practices are part of the global theme 'relationships' because, as it will become apparent in the next section (§ 5.3.), they were presented as part of a couple's interactions.

5.2.1. Petting

Participants in both rural and urban contexts recognised a range of practices including kisses, hugs and caresses as the first physical ways of engaging with their sexuality within a couple. These sexual practices vary in intensity, might be practised with stable and casual partners, and have degrees of intimacy associated with different parts of the body.

The verbal expressions for referring to this practice are contingent on the context. Specifically, rural participants referred to the reflexive verb '*caldearse*' (to soup) a girl or to a female figure who provides '*caldo*' (soup) to a boy. Their urban counterparts, by contrast, uttered the word '*faje*' (to belt). '*Faje*' has been reported in sexuality research when delineating the parts of the body (from the belt up) involved in kisses and caresses (Hirsch, 2003). However, results from both the individual and group interviews in the sample point to a perception of petting that includes not only Hirsch's proposition but also involves the understanding that petting can lead to practices (penetrative sex, presumably) further up in the hierarchy for exercising sexuality. This distinction is significant because it points to the perceived *potential* peril of petting: it opens up (sexual) possibilities over which participants expressed mixed perceived control. Thus, petting is also expressed as a potentially unstoppable practice in terms of intensity, as scholars have recently pointed out for Mexican youth (Villaseñor, 2008) but supported with limited evidence. The following excerpts are typical of how petting was reported by participants:

...If the woman starts allowing (.) how should I tell you? Well, the famous <faje> that opens the door for her to be groped and the man will continue to check up to where he can reach... (Ofelia, urban female, FGD).

...[my friends] used to tell me that I should [have] <caldo>, as they call it, but I never thought about <caldear> or something like that, which is common, all (.) my two friends told me that they have <caldeado> with their girls... (Cruz, rural male, individual interview).

...if I'm with a girl, like boys outside would say, she's my girlfriend or, let's say she's not, but we're like one little kiss after another, let's say that, in other words, like they'd say outside, we get excited, and with that excitement one tries to go to intimate parts [of the body]... (Venustiano, rural male, FGD).

As the excerpts above show, petting was consistently seen as the beginning of a variety of practices that follow a continuous scale. Participants usually referred to third parties such as generic couples like *'the woman'* and *'the man'* as presented by Ofelia, and friends and peers (*'the boys outside'*) as uttered by Cruz and Venustiano, to position themselves in the conflicts of this practice. In voicing what can be considered the predominant views linked to gendered expectations (§ 5.1.), petting occasions were alleged to be a 'concession' that needs to be carefully manoeuvred by the girl since boys are expected to seek the movement towards more intense practices in the sexual hierarchy, which are discussed next.

5.2.2. Penile–vaginal intercourse (PVI)

Frequently referred to as *'it'* or as *'normal sex'* by participants in both settings, it was reported that the occurrence of PVI was afforded by a variety of reasons including lust, pleasure seeking and curiosity. However, for female participants sex was recurrently justified and legitimated only where it took place together with a series of conditions that included love, commitment, agreement and expectancy for a future with the partner:

...I have already got to know [sex]. It was half a year ago that I did, I mean, that I did sexual relations with a person that I love and I'm still with him... (Leticia, urban female, individual interview).

Male participants in both contexts, by contrast, were divided between the suitability or not of opportunistic sexual encounters:

...I long for being with women or to have someone close to me, some woman, but I haven't been able, I tell You, I speak to them but they just don't respond to me, that's why I haven't been able...there're people, other guys like me or younger and they already have a woman, or they don't but they've known love with a woman...I feel I'd like to be close to a woman... (Lauro, rural male, individual interview).

Interestingly, the 20 female participants who reported PVI experience during individual interviews all asserted having done so within a couple or a fairly stable relationship. Four out of their six sexually experienced male counterparts explicitly shared this characteristic. That is, although in FGDs and individual interviews male participants seemed open to the possibilities of casual PVI, in the actual reported experience of both male and female indigenous adolescents, *commitment* was found to be an important condition. Thus, as shall become clear as this chapter progresses, PVI was the sexual practice primarily linked to romantic love and relationships (although see § 5.3.4.).

Once the first PVI has taken place, its potential to create a (bad) habit was a characteristic identified across the sample during FGDs and, to a lesser extent, during individual interviews. Participants claimed that once a person experiences coitarche, sex becomes 'something one cannot leave'. Thus, it is inferred that intercourse was conceived as a latent body need that, after activated by the first experience, would increase in terms of frequency and intensity. The following excerpts illustrate how PVI is referred as 'it', and how the body needs 'it' constantly:

...After the first time one does it perhaps it won't be only once and that's it, no(.) probably not, because if I did it now, perhaps I will do it now, and then in a month, and then in two weeks, and then after one week and so on... (Candelaria, rural female, individual interview).

...And it also goes as far as to become an addiction, because it's bad, and then they say 'today, I have to do it'... (Rina, urban female, FGD).

...Because once people like it they cannot leave it. It's like [alcoholic] drinks and cigarettes and all that: who consumes it cannot leave it, it's like a vice. (Fidel, rural male, FGD).

The quotes above convey, in different ways, the same consensual idea through which participants represented the process of engaging in sexuality as a progressive variety of sexual expressions: once one tastes it, it is craved for and impossible to quit. Understood in this way, after adolescents start engaging in activities such as petting, they must maintain a balance between what is healthy, as the required amount of food to live (in the form of "light" sexualised social expressions such as kisses) and what might cause harm, such as tobacco and alcohol (in the form of "hard" ways of petting and PVI). Any failure to maintain this balance leads them to advance to further steps. Participants across the sample, like Candelaria and Fidel, explicitly employed discursive devices such as distinctions and analogies as means to make sense of sex and, in doing so, express an evaluative argument with regards to it. Thus, they expressed that sex is *not* something to be tried out 'only once and that's it' (distinction, contrast, opposite) and that 'it is like a vice' (analogy). By using analogies and distinctions in dialogue participants might point to a dimension present in the social representation (Linell, 2007a). The warrants for these arguments, in turn, might express underlying assumptions. In this case, for example, one generative assumption could be religious: from a Christian perspective, vice would correspond to the corruption by abuse, non-use or overuse of the body.

In the excerpts presented previously, participants expressed how PVI generates an increase in frequency. Sex, as similar or analogical to vice or addiction, follows the logic of

augmenting also the *intensity* of the sensations. Thus, in the same way that petting was perceived as opening the prospects to PVI, the latter in turn was seen as the “step” before sexual expressions that go beyond: oral and anal sex.

5.2.3. *Going beyond: oral and anal sex*

The idea of practicing oral and/or anal sex was communicated as the ultimate expression of sexual intimacy and the search for pleasure. This idea seemed to aim to express the same meaning: it is transgression of boundaries, going beyond what is considered normal or allowed. However, this meaning was expressed in three diverse, interrelated ways, which were scattered across the sample.

The core of the first dimension is the contravention of healthy boundaries which seemed to draw on dialogues with societal values. This dimension was expressed mainly by rural males, like in the excerpts below:

- | | |
|-----------|--|
| Marcos | <i>...That's what I was saying: that you grope, squeeze, and that's all. I say that it's up to penetration, it can't go beyond that. I would say that's to fail to respect women's morality, because here we respect</i> |
| Nemesio | <i>But what about if the woman wishes to?</i> |
| Marcos | <i>Well (.) yes</i> |
| Rigoberto | <i>Well there should be one [woman] who would like to</i> |
| Genaro | <i>Well, it depends on the type of woman with whom you get into (meaning get involved with). If you go to the bar, as long as men pay, the woman allows up to where the money pays for. Here it's like they give you a gift, and you do it with love</i> |

(rural males, FGD).

As can be seen in the dialogue above in the FGD, Marcos stated the limit that sexual practices have (*'up to penetration'*), and he further clarified that this frontier has to do with the values in the village (*'to respect women's morality', 'here we respect'*). After Nemesio and Rigoberto introduced the possibility that women might like to engage in that practice, Genaro qualified the *'type of woman'* and of relationship that would allow the transgression of boundaries (*'as long as men pay'*). The FGD interaction quote is typical of how the idea of transgression of boundaries was communicated by rural males: oral sex knowledge was admitted, but its practice was confined to the realms of what is socially undervalued, such as commercial sex. To engage in that practice is to transgress the territory of morality, which is in turn delimited by respect to the desires they attribute to women.

The second way in which participants communicated transgression was identified among female participants in both contexts. Girls in the sample appealed to the 'sickness' and 'disgust' with which they related oral sex. The following excerpts are exemplars of this:

- | | |
|------------|---|
| Researcher | <i>What you were telling me about is in relation to penetration, right?</i> |
| Pilar | <i>Yeah</i> |
| Researcher | <i>Do you know about any other type of sexual practices?</i> |
| Pilar | <i>*No* Well, I've heard some things, but I don't even know</i> |
| Researcher | <i>[what have you heard?</i> |
| Pilar | <i>About oral sex, right? At school I heard that there are three types, but I don't remember now</i> |
| Researcher | <i>What have you heard about that?</i> |
| Pilar | <i>Well, I don't know, it seems disgusting to me</i> |
| Researcher | <i>Why?</i> |
| Pilar | <i>Because [they] say that women have to do I don't know what to men. And well, I would be sick if I do that. Well, I for one, I wouldn't do that, just hearing it makes me sick. Well, that's what I was told...</i> |
- (rural female, individual interview).

*About other practices, well, for me another practice would be (.) well, once, it wasn't on purpose, but I (.) in a book, I swear by God I didn't know that existed, it didn't even occur to me, but I saw it there...and I asked my teachers and they explained what it is, and I felt *sick to know* I think the mouth is used to eat (.) but I think that if that (oral sex) exists is for a reason, but I think that I would never go as far as doing that, no... (Alma, urban female, individual interview).*

In the quotes above participants reluctantly present themselves as knowledgeable about oral sex, which was usual among girls when communicating about this topic. This knowledge, in turn, was customarily linked to books and instruction received at school. Pilar initially stated she lacked this knowledge, just to expand on it immediately after and to build up her argument with prompts from the researcher. Alma, in turn, devoted efforts to highlight her lack of knowledge and to justify her curiosity. These two dialogues are exemplary of how the idea of disgust was used by rural and urban girls in order to justify the avoidance of transgression of boundaries, of going 'as far as' having oral sex.

Contradiction and clashing of views in dialogue was the third way in which contravention was communicated when elaborating on oral sex. This was the way in which urban males expressed their views on this topic. During the FGDs and individual interviews, participants debated between what they reported as conflicting aspects of this practice. They were the only group that consistently and openly accepted the possibility of oral sex and that positioned themselves as plausibly partaking of this activity. The following excerpt is typical of this:

- Vicente *One only has it [oral sex] if the woman wants (Domingo: yeah)*
 Melquiades *No, it's if both agree. The woman (.) well, there're persons who say 'no, I feel that's disgusting' then it's only if both agree that they do it*
 (urban males, FGD).

In this excerpt, Vicente and Domingo, by stating that the practice is contingent upon the female partner's desire, were implicitly conveying the idea that males are expected to seek for this practice and that females are the 'gatekeepers' who decide whether to go beyond or not. This idea is similar to that expressed by rural males, who usually made the practice almost contingent upon females' preferences. In the case of urban males, however, there is a reflexive shift in which participants admit their necessary responsibility when engaging in this practice. This is exemplified by Melquiades who, in the excerpt above, clarified that mutual consent is required and, by doing so, implied that men would not invariably prefer this practice (*'there are persons who say 'no, I feel that's disgusting''*). Although brief, this is a movement from encapsulating the practice within the realms of women's desires and morality. This view was reinforced during individual interviews, as exemplified below:

- Rosendo *...when one does it, it feels, well, it comes something nice to your mind, your body is like melting and you feel like, how could I tell You?*
 ...
 Researcher *You said oral sex feels nice*
 Rosendo *Well, yes (.) there are persons who do it, but in truth it shouldn't be*
 Researcher *Why?*
 Rosendo *Because it looks bad, it feels nice, lovely, but it looks bad...*
 (urban male, individual interview).

Rosendo's account of oral sex is typical of the contradictions expressed by urban males. In contrast to other participants, oral sex was admitted as a pleasurable and sought after practice. However, this account still faced a negative evaluative component, probably voicing societal values (*'it feels nice, lovely, but it looks bad'*). Furthermore, rather than focusing on the woman who would 'allow' this practice, he spoke of the indefinite plural 'persons who do it', possibly referring to the couple as a unit and thus acknowledging mutual responsibility.

To sum up the findings around oral sex, the way in which this practice was made sense of varied in relation to the discourses the participants engaged in dialogue with. To undermine it, rural males evoked discourses in relation to moral and social values. They frequently portrayed women as responsible for stopping the couple from going beyond the

sexual limits. Female participants in both contexts, in turn, engaged in an understanding of this practice and presented themselves as knowledge seekers. Thus, to *explain* oral sex and their personal disapproval of it, they called upon knowledge gained at school, from which they induced their 'disgust'. Urban males, to subtly and conflictingly *justify* oral sex, suggested mutual consent and pleasure seeking.

The communicative switch found between groups, however, does not mean I am suggesting this is the way in which they engage in the practice of oral sex. Rather, these ways of communicating reveal, I argue, the ways in which participants responded to my questions. It is not that their responses are exclusive to these questions, but that they needed to express their views on a sexual practice that does not seem part of their everyday repertoire. It is not a happenstance that oral sex, the last practice in the scale, triggered more controversy, variety of views and elaboration in comparison with petting and PVI: whereas the latter are taken for granted, the former is known but, at the same time, alien.

Qualitative studies reporting results on oral sex among adolescents are scarce in Latin America. Findings from this study revealed that participants perceived oral sex as beyond typical sexual practices. Further, for males, findings pointed to a discreet shift from undervalue of oral sex in the rural setting, to the controversial possibility of justification only under conditions of mutual consent in the urban context. These results suggest a contrast with contexts such as the USA, where oral sex seems to be perceived as a socially accepted *initial* sexual practice regardless of PVI experience (Brewster & Tillman, 2008; Halpern–Felsher et al., 2005).

Despite its marginal presence during individual interviews and FGDs, anal sex was a topic that complemented the ultimate sense of 'going beyond' for the majority of participants, irrespective of social context. When present in discourse, participants usually rejected its practice through the following explanation: there is a "right" part of the [female] body where sex should take place; any other practice entails transgression and misuse of the body. Furthermore, during individual interviews limited information was gathered regarding this sexual practice: only one rural female informant acknowledged the desire of her partner to have anal sex as well as her reluctance to engage in it. These results mirror those reported by recent research with married adult population in rural Mexico, in which women were not willing to give information on the practice of anal sex (Hirsch et al., 2007).

5.3. *Relationships as the social setting of sexuality*

In the same way that sexual practices are organised in an implicit hierarchical disposition, the relationships within which they take place follow a similar “step-by-step”, almost ritualistic, flow. Relationships serve as the socially arranged territory that enables this movement across sexual practices. Participants recognised that although this continuing movement is not followed by many people, it *should* be followed for attaining healthy sexual relationships.

5.3.1. *Getting to know each other*

According to the aforementioned gradual transition in relationships, and almost exclusively emphasised by female participants, there was a need to get to know their partners as a means of trusting each other for sexual relationships. This aspect seemed to go hand in hand with the “screening” or ‘*knowing who*’ male participants viewed as needed in order to assess the suitability (cleanness) of a potential sexual partner (§ 6.2.4.). However, in this case the necessity to get closely involved precedes and goes beyond sexual intimacy, since what is ultimately looked for is a stable and lasting relationship.

Female participants in both rural and urban settings recognised the importance of time in order to first discuss the possibility of sexual intimacy, starting by kisses. Taking the time to know each other is important, girls asserted, because it provides the opportunity to evaluate the partner’s patterns of sexual and social behaviour. Thus, it seems that this need to get to know one’s partner afforded a sense of control for female participants. This notion was displayed during FGDs and individual interviews, as illustrated by the following quotes:

... It's not that you just bump into a man and he tells you 'I want this from you' and you go [and have sex] with him and he does things to you...because you have spent time with him, let's say that around three years with him, you get to know him and only then you get together with him... (Talita, rural female, FGD).

...And I feel that there are girls who don't take care of themselves, right? They get pregnant and that (boys leaving them) happens. Or, if not, they live together [during] two, three years, and then they abandon them, right? And I say 'why did that happen to her?' Because she never got to know the guy well, she never knew his family, never knew if the guy is hardworking or not, or little things like that. Mainly, I say, it's that you must know the guy... (Rosa, urban female, individual interview).

As illustrated by the quotes above, female participants reflected on the symbolic and material benefits that ‘*getting to know*’ one’s partner provides. At a symbolic level, they

gain control over the relationship and their foreseeable future in terms of love and sexual intimacy. At an anticipated material level, knowing what to expect goes beyond the current state of the relationship—each one living apart—and projects the couple into their future, assessing indicators of possible material success such as the partner being hardworking and (financially) supporting a pregnancy.

5.3.2. Courtship

The second step in relationships, as outlined by participants throughout the entire sample, is courtship, which is explained as the extension of ‘*getting to know*’ the partner. The transition towards this phase is not necessarily continuous, as many participants referred to courtship as a stage for mutual discovery: that is, it is possible that the couple have not ‘*got to know*’ each other but that they use courtship for this purpose. This period, in which both members are expected to be committed and exclusive, was acknowledged by participants in all FGDs and virtually all interviews. Common to the sample was the need of having their partners’ recognition of them as a couple by calling them girlfriend or boyfriend and, equally important, by the guy asking the girl to *andar* (lit. walk along) with him or, more explicitly, ‘*to be his girlfriend*’. The main difference with regards to how courtship is socially experienced was related to the settings studied. In the rural area, courtship is the occasion for a boy’s interests in a girl to be legitimated by her family and, ideally, it is expected that parents know of and approve the process, which is characterised by the boy visiting the girlfriend’s home. For indigenous adolescents in the urban area, courtship entails the opportunity to go out, date and share social activities regardless of parental consent.

In relation to sexual practices, during courtship partners might have progressed to a greater degree of sexual intimacy, but the only sexual expression that seemed socially acceptable for the majority of participants was petting in its lightest form: they stressed their preference for ‘*respect*’ during courtship, which entailed restriction of physical contact and tended to contrast it with marriage, where sex is expected. This was made explicit during FGDs and individual interviews alike, as exemplified below:

...my boyfriend respects me...[he] thinks the same, like, having sexual relations is only after marriage, and he knows I’m not one of those easy to convince about that... (Trinidad, urban female, individual interview).

...I begged her a lot for her to be my girlfriend, and I achieved it. And then we started chatting and, well, she was my first love...and then she told me to split-up (.) well, I tell my friends that nothing happened between us. My understanding was

that, if I loved her, I must respect her, well, I must respect her and, like, not to think bad things about her... (Cruz, rural male, individual interview).

Interestingly, exclusively in the individual interview environment, 18 participants in the sample reported having had sexual intercourse during courtship. Among these participants, a sharp difference was found by social context. In the rural setting, there was a manifested expectation that sexual intercourse would allow the progression towards the next social arrangement: marriage. In this context, stability and continuity of the couple's relationship were explicitly linked to intercourse. In the urban context, by contrast, sex was slightly more accepted and seen as part of the courtship itself, with a tacit arrangement for commitment and continuity in the relationship. This contrast is shown in the excerpts below:

...he (former boyfriend) asked me to be his girlfriend and I said 'yes' and we were together for around six months, and then, well(.) he asked me to have relations and I agreed, right? And then he just threw me away and said 'you know what? Better to stop here, right?' And I started crying [because] I felt very bad. I said 'if I knew this was going to happen to us, I wouldn't have been (had sex) with you', I said 'because I had other understanding about that'. That is, I thought I was going to do it with the person I'd marry... (Pilar, rural female, individual interview).

...I already had sexual relations with my boyfriend and, in fact, it hasn't been a long time since, but yeah, I already had relations with him... (Citlali, urban female, individual interview).

Courtship as a social institution seemed to be paramount for all participants, as it entailed making decisions with regards to the future of the relationship in terms of its sustained sexual and social evolution. In the present study, the evidence indicated that for participants what seemed crucial was the negotiation of sexual and reproductive practices within steady relationships. In this regard, I would agree with Hirsch (2003) when she explains why, for the Mexican context, *courtship* is a term more appropriate than *dating* because the former implies rigidly controlled opportunities for interaction and a highly socially scripted process leading, it is expected, to marriage. Moreover, findings revealed that it was not only social control that organised the social and sexual practices in the context of courtship, but also the participants themselves who actively pointed out their preference for this kind of social arrangement. Through courtship, participants consensually reported to gain not only the intimacy—with or without sex—expected during the dating process, but also the social recognition as a couple afforded by the limits of the socially given structure of wooing. In this way, the organisation is not only produced, as Hirsch suggests, but also re-produced in ongoing and active participation of indigenous adolescents as social actors.

5.3.3. Marriage

Following the idea of a hierarchy in social organisation of relationships the next step is marriage during adolescence which, broadly, signified cohabitation or, in the words of the participants, '*juntarse*' (to get together). Interestingly, contrary to what might be expected in a context in which religious discourses continue playing an important role (Amuchástegui, 1998c; Tuñón & Ayús, 2003) (§ 4.2.3.), only one out of the fifteen participants cohabiting reported being married, all others were '*nada más juntados*' (just together). This subsection is entitled "marriage" because participants' expectations of faithfulness, support and economic commitment are the same for both married and cohabiting couples. Indeed, cohabiting participants referred to their partners as '*husband*' and '*wife*'.

In more "liberal" contexts cohabitation is understood as part of the life trajectory of adolescents but not a substitute for marriage (e.g. Manning, Longmore, & Giordano, 2007). Participants in this research, by contrast, anticipated that their cohabiting condition would merit stability and continuity, just as expected in marriage. A couple who inhabit the same household and '*viven bien*' (lit. they live well) without being married is not as well regarded as those who have been '*casados bien*' (lit. well married). However, in both the rural and the urban contexts eloping followed by cohabiting is socially accepted. This arrangement can be seen as an alternative to the economic spending that civil and/or religious marriage entails, as some participants explained and has been suggested for Mexican rural (Amuchástegui, 1998b) and indigenous (González Montes, 1999) contexts. Hence, the status of marriage recognised by the community was marked precisely by living together, regardless of marital status.

Marriage as an institution was recognised by the majority of the sample as the ideal means for legitimating sexual intercourse and intended reproduction. For the majority of participants, the *openly accepted* understanding of marriage suggested a preference for delaying sexual activity until certain social and economic requirements have been fulfilled:

I say that it's not good that you have it (sex). What if you are not together with him and he gets you pregnant and then gets another lady? No, better to have it when you are with him, live with him, and then you do it. Because (.) because you know that he'll support you and you'll live with him, whereas if a man lies to you and you allow him, he leaves you with a child... (Cipatli, rural female, individual interview).

...sexual relationships are normal in a couple like, like a formal couple, like husband and wife, and that's normal because they're already a couple and then that's why, to

have a family, to start a family... (Trinidad, urban female, individual interview).

...I'd never like to get pregnant someone who's not my wife...I say that right now it's not a good time for me [to cohabit or marry] because I'm still at school and to have a wife is a commitment that [entails] you never fail to work... (Fidel, rural male, individual interview).

...I'd say it (sex) wouldn't happen until I get married, it shouldn't be until one is ready...one should have sexual relations when one is joined in matrimony, because that's the person who you're going to share your life with... (Melquiades, urban male, individual interview).

Acknowledging the views presented above as the perceived *ideal* of marriage allowed me to concentrate on the more private understandings of participants who reported sexual experience and to disentangle how they enter—or not—the realms of marriage during their teenage years. In this case, differences emerged mainly by context and were revealed exclusively during individual interviews. In the rural setting, the limits between courtship and marriage for having sex might be fuzzy. Indeed, the first night the boyfriend 'takes' the girlfriend—to his or his parents' home or to his bed—serves as a demarcation between the realms of courtship and the realms of a somehow independent life together. When they elope together, partners employ the act of having sex for the first time as the mark for beginning this new stage. In addition, pregnancy might also be part of the blurred transition from courtship to marriage in the rural context. The following quotes depict these complex dynamics:

...we went to [small town nearby]...at first we said we're back at 1. And then at 1, I told him 'let's go back'. [And he replied] 'no, I'm not taking you back'. And I said 'I'm coming back'. And he said 'no', he said 'we'll go back tomorrow'. And I said 'no'. But since we loved [each other], I stayed there with him. And from that point on we were together (as a cohabiting couple). We decided it; he's not guilty of that and neither am I... (Xóchitl, rural female, individual interview).

*...as I loved him (husband, formerly boyfriend), I followed him...[because] I went with him in secret, *they were searching for me* [grandma] then learnt I was with him and she stayed calm... (Atzin, rural female, individual interview).*

In the urban setting, by contrast, premarital sex was slightly more accepted if it occurred within the realms of courtship and it was mainly the event of a pregnancy that triggered indigenous adolescents to cohabit or marry:

...I wanted to continue studying but I was already pregnant (.) [I thought] 'how am I going to tell my parents or what are they going to say?' My parents realised it when I was like five or six months pregnant and since then is that I came to live here (with husband)... (Ximena, urban female, individual interview).

...it has been around 2 months since I live with my wife, it was on my birthday, in February (when son was born). I got together with her because before I used to live with my mother, but she (wife, formerly girlfriend) got pregnant...I thought things well and said 'yes, the baby boy also needs me'... (Santos, urban male, individual interview).

How can this complex interaction between sexual experience, courtship—leading—to—marriage and pregnancy be explained? Findings are contingent on social context and suggest that the understanding of the institution of marriage is slowly undergoing variation *within* sexually active participants. That is, the relationship between these elements might be understood as a motion picture of which each participant has her or his own snapshot. This film would go from sexual intercourse to pregnancy, where in the rural setting both sexual intercourse and the girl being pregnant would prompt marriage/cohabitation. In the urban setting sex might be considered part of the courtship relationship (§5.2.2.) and it is only when it results in pregnancy that partners might consider getting together.

Contextualising marriage in relation to social setting and sexual experience status allows for capturing the juxtaposition and continuity of matching experiences and views. Considering the evidence at hand it can be surmised that, whereas in the rural setting both PVI and pregnancy call for discourses of shame on the girl involved and of irresponsibility on the boy, in the urban setting this is the case only for pregnancies. For example, some sexually experienced participants reported the ‘*anger*’ of their parents when they found out that they had fled—and had sex—with their partners and also how they hid pregnancies during the first stages. The way of socially making up for this and protect their reputation is to enter the realms of marriage. In addition, as noted before (§4.2.2., fn. 40), marriage constitutes a legal resource for “repairing damages” after having sex with a minor, which is expected to be more frequently resorted to in rural communities than in cities.

Going back to participants who reported sexual inexperience, it can be seen how linking sexual experience to marriage allowed participants not only to follow the social ‘ideal’ for marriage but also to avoid undesired sexual and reproductive outcomes such as pregnancies and infections. By conforming to what is socially accepted, sexually inexperienced participants contextualised marriage and delayed sexual intercourse for they are seen as parallel events pertaining to a broader life (§4.4.4.).

5.3.4. *No relationships, just sex*

The nuances obtained in the results of a handful of male participants in the rural setting should be discussed briefly. During individual interviews they confessed that, if it were not for the social scripts they acknowledge and the legal punishments (§4.2.2.) that might be inflicted upon them, they would consider having sex outside a relationship. Nonetheless, this view is not incompatible with that of courtship or marriage, as sex outside the realms of relationships might be practiced only with ‘*amigas con derecho*’ (lit. female friends with benefits) or through commercial sex. Only one rural male participant in the entire sample, however, reported having used the services of a female sex worker.

Before moving to the next section, attention should be paid to the blurred nature of the boundaries from one stage of the relationship to the next one in the findings presented here (§5.3.). These results suggest that, although courtship is seen as the core process for adolescents to get to know each other, the transition towards marriage is highly intertwined with sexual and reproductive experiences and dependent mainly upon social context. Marriage as an institution is recognised across the entire sample but the formal union in the case of indigenous adolescents takes the form of cohabitation, with its arrangements and expectations comparable to those of marriage. Although relationships are widely recognised by the sexual and reproductive health literature as shaping sexual behaviour, the present study sheds light onto indigenous adolescents’ preference for long-term relationships, as discussed above, and how sexual and reproductive decisions and practices take place within those relationships, as discussed in the following sections.

5.4. *Negotiating sex: from resistance to accommodation*

Up to now I have shown how for participants in this study sexual experiences were contextualised within romantic relationships and that both sexual practices and relationships were expressed as hierarchically organised. Certain conditions such as premarital sex are seen as catalysts for the evolution of the relationship, as discussed before. In this section, I further explore the dynamics within relationships by focusing on the couple and how the decision to engage in sexual intercourse is negotiated, bearing in mind the gendered expectations outlined previously (§ 5.1.).

5.4.1. *Resisting pressure: love is not enough*

The literature on youth sexual health indicates that both male and female youth might engage in coercing their partners into sex (Marston, 2005a, 2005b). In this study, however,

it was males who, according to participants' dialogues, pressured their partners to go beyond what they initially might have desired. In the entire sample, boys were perceived as skilled in "sweet-talking" or overtly pressuring girls in order to achieve their pursuits with the objective of engaging in sexual intercourse. Participants across the sample expressed how pressure operates within relationships:

...I told him (boyfriend) that I couldn't [have sex]. I couldn't and I explained why. And he supposedly understood it the first time. Then he told me about it again. And I said 'I already told you about this', [and he replied] 'no, but I love you and I really want to be with you'... (Justa, rural female, individual interview.

Ofelia	<i>I think there's also pressure, right? That the boyfriend obliges her</i>
Leticia	<i>It's when they say 'do you love me? Then</i>
Multiple voices	<i>[Then show it</i>
...	
Rina	<i>And for some, to demonstrate that we love them is to do that...</i>

(urban females, FGD).

*If you are prodding your girlfriend and she says 'no', you stop, but then you start saying other little tricks, and well, you *lie a bit* (.) and she'll slowly allow you... (Nemesio, rural male, FGD).*

Rosendo	<i>...you have to respect if she says 'don't touch me' (.) if you get there and say 'what's up? Can we do this?' and she says 'no, you know what? Not now' You can't force her, that would be not respecting her, when she says 'no', you mustn't insist</i>
Researcher	<i>Do boys insist?</i>
Rosendo	<i>There are some who do insist, insist, but that's not my way. I would tell her two or three times. At that point I'd get tired and give up...</i>

(urban male, individual interviews).

From the excerpts above it is possible to observe that there is a fine line that goes from pressure and coaxing to abuse. Through dialogue with the researcher or with other participants, the encounter that occurs between the two partners in the couple was described. Boys' voices were presented as insisting, almost imposing sexual intercourse while setting their perspective with regards to sex (love should be demonstrated by having sex). The perspectives of girls were also set in the encounters by merely stating their disagreement. Although males supposedly took this perspective into account, their perseverance was also voiced. Furthermore, in the encounters participants communicated the difficulty of fully determining to what extent males are aware of the point of transgression of those thin borders. Males were not expected to completely heed a girl's decision to stop sexual engagement: they would make an effort to go further and, only in the event of being sharply stopped, were they likely to cease their pursuits. When

discussing in groups, male participants gave further account of this idea without reaching specific conclusions regarding what distinguishes active encouragement from coaxing and even verbal abuse. In this regard, it could be suggested that male participants were unsuccessful in recognising resources that might allow them to prevent insistence and enforcement of their own perspectives in the first place.

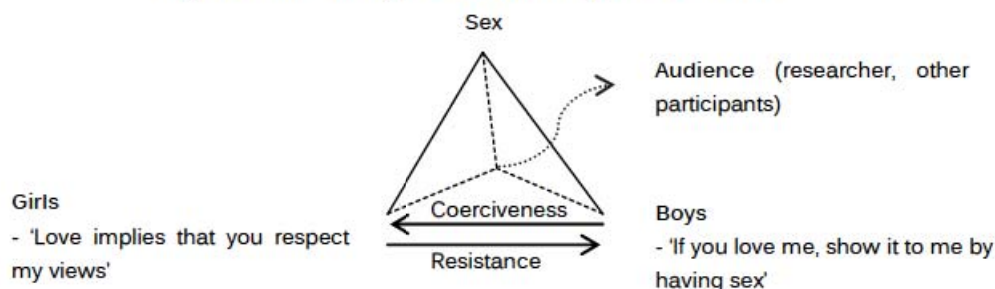
On the side of the girls, results point to an active resistance (§ 2.4.2.) towards boys' perspective of translating love into sex. Using the same notion of love as a conflict-solving discursive strategy also afforded agency to the majority of female participants in both contexts in order to question the demands of their male partners and refuse to compromise their perspectives. In both settings, employing another dimension of the notion of love, girls highlighted the importance of the male partner expressing his love through the acknowledgement of the female partner's ideas. This idea was openly discussed in FGDs and supported by individual interviews:

It's like the man, if he loves you, he's going to obey you, if not, he's going to say 'no, how is it that you say so, it's gonna be when I want it, not when you say'... (Xóchitl, rural female, FGD).

...there was one [boyfriend] who asked me that, to do it...And he told me that, and I felt like he was pressuring me because he used to say 'no, then perhaps you don't love me', or things like that. So I told him to break-up because I was not going to be with a person who pressured me...perhaps many girls would think that's silly, but I didn't like his asking me that. So I thought he didn't love me, that he only wanted that, to have [sexual] relations... (Itzel, urban female, individual interview).

The excerpts above are illustrative of female participants in both contexts who, being aware of male pressure to impose their perspectives, voiced their active resistance by resorting to their idea of what a loving and considerate relationship entails. This strategy constituted a symbolic resilience resource which female participants might draw on in order to challenge their expected identification as passively enduring rather than re-producing it. Girls in both contexts, thus, resorted to the same idea of love to which males appealed in order to have sex, to challenge it: love involves not only women conceding but also men respecting. Important to note, however, is that in the majority of these cases it was reported that relationships suffered a break either by termination on the female side or due to mutual (dis)agreement. Figure 5.1 illustrates the outcome of 'resistance' when the perspectives of males are purportedly enforced onto females, who actively resist them.

Figure 5.1 Resisting the coercive imposition of sex



5.4.2. Accommodation: (promising) a lasting relationship is enough

A further process of accommodation (§ 2.4.4.) was identified when negotiating sexual intercourse in the rural setting only. In this process, rather than appealing to love exclusively, males were presented as able to grasp the grounds on which to approach their partners in order to persuade them to have sex. As discussed before, invoking the existence of love was seen as indispensable, because it was expected to be part of a relationship, but it was not sufficient for engaging in sexual intercourse. However, a different outcome resulted from this encounter if boys recognised the emotional needs and social values of their partners, rather than enforcing their own reasons for having sex. The crucial movement to relocate the perspectives of females with regards to premarital sex seemed to be to acknowledge their needs through the use of persuasive discourse that resorted to the expected stability and continuity in relationships, which was highly valued especially in the rural context (§ 5.3.). When narrating these encounters, some female participants in the rural area reported accommodating to their partner's requests only after they assured them of a lasting relationship afterwards. Confessions such as the ones below were made only during individual interviews:

...and he came and said 'if you love me, <entrégate a mí> [lit. give yourself to me]. 'No' I said, 'I don't want to because I'm still studying, what if I get pregnant, if you leave me, you go and leave me here alone?'. He said 'no, if you get pregnant, I'll respond, I'll be in charge of it', he said. And he convinced me and I gave myself to him... (Esperanza, rural female, individual interview).

...yes, I loved him(.) the thing is that he (former boyfriend) told me he was going to talk to my father and that's why I went (had sex) with him...he said he was going to ask my father permission for me to live with him and he'd take me to his house... (Romana, rural female, individual interview).

The brief dialogues above are examples of the process of accommodation during the couple's encounters for the negotiation of sex in the rural setting. Girls positioned themselves as already loving their partners and enjoying a relationship. The decisive

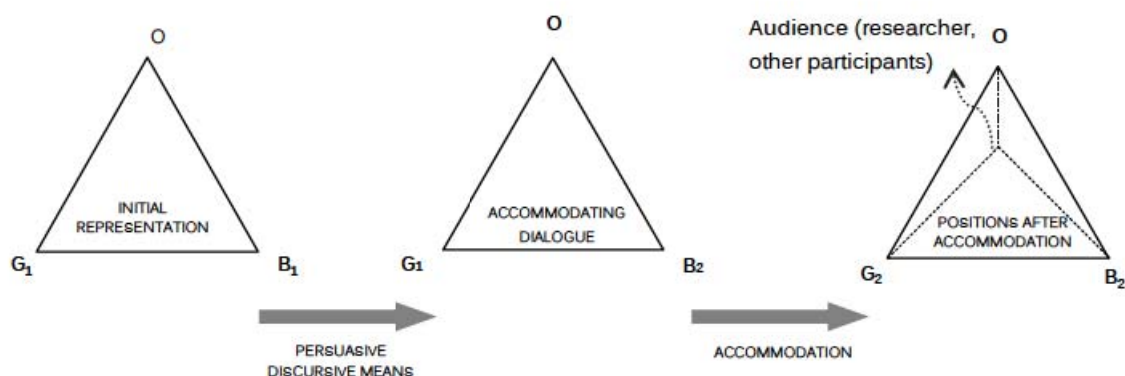
movement from their initial perspective (*'I don't want to'*) that assures them of the suitability of taking their partners' perspectives of having sex (*'give yourself to me'*) is that of continuing the relationship (*'I'll be in charge', 'for me to live with him'*). Although it might be argued that these rural girls might have been presenting themselves as "not guilty" of their sexual engagement within the dialogue with the female researcher, males' discursive means for achieving the relocation of their partners' perspectives were further confirmed in this way:

Cuauhtémoc	<i>And after some time, we had sex. In fact, she didn't want to, but I made her to, like [asking] once and again</i>
Researcher	<i>How did you</i>
Cuauhtémoc	<i>[She told me 'yes', like that, and I told her I'd take her here (home) with me, and then, she said 'yes', that was how</i>

(rural male, individual interview).

As it can be seen, it was not only girls who presented themselves as repositioning their perspectives. The narrative confirms the active participation of Cuauhtémoc in relocating the initial perspective of his girlfriend, who *'didn't want to'*, but was *'made to'* by offering to take her with him to his parents' house to cohabit (*'that was how'*).

Based on the dialogues above, the outcome of accommodation in this knowledge encounter can be appreciated in Figure 5.2 below. In the triangle on the left both members of the couple (girl [G] and boy [B]) start from their initial positions, through which interrelated perspectives were set with regards to the object (O) in question: premarital sex. Initially, girls voiced their doubts or unwillingness to have sex (G_1), whereas boys insisted in engaging in sex as an expression of love (B_1). The perspectives set were also taken simultaneously by both dialoguers and, rather than trying to forcefully impose sex as an expression of love at present, the boy employed persuasive means to reassure the girl of future commitment, so that in the triangle in the middle he adopted a different position (B_2) during the accommodating dialogue. The triangle on the right shows the relocated positions of both members of the couple (G_2 and B_2), who agreed on having sex as an expression of future commitment and continuity of the relationship.

Figure 5.2 Accommodation in the dialogue when negotiating sex

The evidence at hand indicates that promising continuity in relationships constituted a legitimate justification for premarital sex in the rural setting. As legal institutions (§ 4.2.2.) and gendered expectations for males dictate (§ 5.1.2.), it is expected that males would fulfil their promises in a ‘responsible’ way. However, I am acutely aware that persuasive discourse, as understood in the framework of this thesis, might in fact be considered coercion by other researchers. The consensual agreement between partners can be questionable under these circumstances. However, to my knowledge in the literature of sexual coercion and consent in Mexico (Marston, 2005a, 2005b) and the world (Bott, 2010; Heise, Moore, & Toubia, 1995; Powell, 2008) there are limited references to the interplay between promise and potential deception which seemed to be at stake in these encounters. In addition, it is my contention that, by disentangling the means through which potentially deceptive discourse enters dialogue (drawing on the expectations of continuity of lasting relationships in this case), resources for fostering alternative ways in which to experience ‘lasting’ relationships can be identified.

5.4.3. *Consensual sex*

A further distinction should be made for participants who reported engaging in sexual intercourse without the need of any further negotiation after setting their perspectives, when both partners converged in the need of having sex. This was the case of participants in the rural context who voluntarily went to live with their partners, for whom sex was part of their evolution as a cohabiting couple. Indeed, in the rural context, despite the stated collective expectations (§ 4.4.3.), marriage of girls at an early age is accepted if supported by parental consent. In the urban setting, all of the sexually experienced participants initiated sexual intercourse out of wedlock. Of those, the majority reported consensual sex

without expanding on the negotiation process (although see § 5.5. for negotiation of contraceptives).

In this section I have discussed the dynamics of negotiations for sexual intercourse against the background of relationships. The micro-dynamics found in these encounters, which go from resistance to coerced sex in both settings to accommodation to the perspectives of male partners in the rural setting, are extended in the next section to the negotiation of contraception within the couple.

5.5. Extending the negotiation: (non)options in fertility regulation

This section is concerned with the second part in the dynamics within courtship and marriage and goes hand in hand with negotiation of sexual intercourse. It deals specifically with the use of contraceptive methods and decisions on reproductive outcomes. First, I will discuss the evidence pointing towards condoms being hardly ever an option for reproductive planning within stable relationships. Then, I will move on to all other contraceptive methods and abortion.

5.5.1. Condoms: why not?

Condoms were mentioned as a contraceptive option during virtually all individual interviews and FGDs. *'The barrier method'*, as it was referred to by some participants, was enumerated alongside other *'(contraceptive) methods'* that I discuss later in this section. However, exclusively during individual interviews, there appeared instances in which participants dealt with the idea of whether or not to actually use a condom for contraceptive purposes. Discussing those results shades light onto why condoms, apart from being understood as a breakable means of defence against threats such as AIDS and diseases (§ 6.2.2.), are hardly ever understood as an appropriate contraceptive option by the majority of participants. Three main explanations are behind this. The first two are related to the type of relationship at stake whereas the last one is scattered across the sample.

First, condom use might be considered when sexual intercourse takes place within courtship under conditions of commitment, continuity and love. As explained before, in the rural setting, future marriage for wooing partners who have had sex was expected with or without pregnancy, whereas for urban youth sexual intercourse would be the means for voluntarily cohabiting (or marrying) if a pregnancy occurs. The common understanding in

both contexts was that, in the event of a pregnancy, the boy would put up and support the girl. Commitment and willingness to continue with the relationship was thus expressed as taking the risk of pregnancy. The few instances in which the condom was reportedly used within courtship included only urban participants who acknowledged the possibility of the relationship being terminable. Even in these cases, however, if a pregnancy occurs—since condoms are believed to be breakable and because condom use might be inconsistent—male support was reassured:

...we (she and cohabiting partner, formerly boyfriend) used to take care with the condom and I felt good with it...we had talked about having a baby, but we didn't think it very well and once <no nos cuidamos> [lit. 'we didn't take care of ourselves' meaning they did not use contraception] and that was when I got pregnant of my baby girl... (Miguelina, urban female, individual interviews).

... we have used condoms, except for the last time...if I get pregnant I'd expect him (boyfriend) to fulfil his obligations with me, to be in charge and responsible, that he wouldn't say 'no'... (Leticia, urban female, individual interview).

Second, within the realms of marriage in both contexts, condoms were seen as a foreign element, not pertaining to this type of committed relationships. Condoms were, participants reported, for 'lovers' or unstable relationships, neither of which they identify with. It is in this kind of unstable relationship, participants asserted, that men might be prone to sexual diseases (§ 6.1.3.) and that is also why condoms should be used. The redundancy of condoms in married couples is exemplified below:

Cipatli	<i>My husband told me that he used it (condom) when he was single, when he was going along with(.)<viejas> [Lit. old women, pejorative for females] *that's how I call those women, I call them viejas*</i>
Researcher	<i>*I understand*. And what about you? Has he used it with you?</i>
Cipatli	<i>No, not with me. As he says 'no, you're my wife, and with a lover isn't like that' he says 'there could be a disease and I get infected and pass it on to you, no, how would that look'</i>

(rural female, individual interview).

A third issue was related to the reported discomfort condoms offer to sexual partners in any type of committed relationship. Participants scattered across the sample referred to a variety of beliefs for disliking the condoms: from the idea that condoms 'make one feel tight' to the impression that condoms simply prevent intimacy and enjoyment. Giving priority to physical gratification results in a difficulty that is solved through further negotiation and that frequently results in the use of other type of contraceptive measures. See, for example, the quote below:

...[the condom] is something that **I dislike**, it's an ugly thing, I don't know, it's because, in my opinion, if there are other things, at least pills, that's better, because I hate the condom(.)... (Rosendo, urban male, individual interview).

Previous research in developing countries has suggested that condoms are understood as “intruders” in the realms of marriage but that, however, changes in attitudes towards condom use might be occurring outside marriage (Chimbiri, 2007). In this study, when considering relationship dynamics, the common understanding in the sample is that condoms are an option for *unstable* relationships. This finding complicates those from studies that relate variables to condom use among Mexican adolescents, as in the inferential research programme (§1.2.2., e.g. Gayet et al., 2003) and confirms the importance of *interactions* within relationships for making sense of sexual health-related issues. From the point in which partners acknowledged the possible finitude or discontinuity of the relationship—which, in a way, might be interpreted as a form of instability—the space opened up for the use of the condom as a contraceptive measure and a way to protect oneself against sexually transmitted infections. This possibility seemed inconceivable in the realms of marriage and, as stated before, potential for the use of condoms is plausible only by a handful of urban participants in the context of courtship.

5.5.2. *Taking care: understanding and using natural contraception*

The knowledge on natural contraception was communicated as sexual abstinence and as self-restraint during the puerperal period by a handful of rural participants. The main ‘natural’ ways of avoiding pregnancy, moreover, were reported to be withdrawal and calendar-based methods.

First, although for some participants withdrawal was perceived as a risky method, this contraceptive technique was reported to be widely used among indigenous youth as a stand-alone method, accompanied by other measures or alternating its use with other contraceptives. This method made sense in the context of the neglect of condoms: when indigenous adolescents have sex within a committed relationship, the risk of getting the girl pregnant is seen as an act of love and continuity of the relationship. Withdrawal allows this sense of risk-taking in males and, at the same time, it conveys the idea that he is taking care of contraception in some way. This was further elaborated by female participants in both contexts who expressed that their partners ‘take care’ of them (*él me cuida*; cf. Gilliam, Warden, & Tapia, 2004; Hirsch, 2003) or that they ‘take care of themselves’ when engaging in withdrawal. Female participants not only expressed their

comfort when relying on their partners to avoid pregnancy, but also gave account of how 'knowledgeable' their partners are because they know about this practice:

...about the condom(.) because he didn't use that, I mean, nothing like that, and it just happened, because he knew. He said 'I love you', he said 'I want you to be my woman, I'll take care of you' like that. I mean, he told me many things, like he knows how to take care, how to take care of me, 'I'll demonstrate you that I love you, cause I'll take care of you', he said 'I know how to take care of you', and he said that and really, it was like that, to tell the truth, he knew how to take care of himself and how to take care of a woman. He went out of me...I felt loved, like he was not just trying to play with me, and I believed in him little by little... (Soledad, rural female, individual interview).

...the first time, well, I said yes, because I didn't know that if he didn't put it (semen) inside me I wouldn't get pregnant. He told me 'if you want to, I'll use a condom, but anyway you won't get pregnant' but he didn't explain me why, so he used the condom. Next time we talked more and he explained it to me. So the second time I had already learnt... (Citlali, urban female, individual interview).

This contraceptive measure, although is understood as a form of showing love, commitment and trust, leaves the responsibility and control of contraception in the hands of the male, with limited control on the side of the female partner:

...I don't know how it's called, but the fact is that when one takes her she cannot get pregnant if one doesn't finish. If you don't take care, if you finish inside, then she gets pregnant. That's it, she has to give a part and the man gives his part to have a baby... (Cuauhtémoc, rural male, individual interview).

I have heard about the condom, but I have never used one...that's why I'm telling You that one has to think before having [sexual] relations, then you talk to the girl, because the girl tells you 'what if I get pregnant?' and you [say] 'I'll make myself responsible'...the thing is, when one ejaculates, how to tell You(.) when one is going to ejaculate one goes off her. The girl, how to tell You(.) she might alert you, but if you don't want to get off, then that's your responsibility. And that's a way of taking care of them, I reckon... (Ramiro, urban male, individual interview).

Withdrawal as a contraceptive measure in its own right has recently received new enthusiasm in research and it has been referred to as a "savvy risk-reduction practice" (Jones et al., 2009) when it comes to pregnancy prevention. In Mexico, 37.2 per cent of indigenous women of reproductive age recently reported using *coitus interruptus* as a contraceptive method (Chávez Galindo et al., 2007). In the present study, nearly one third of sexually experienced participants spontaneously reported the use of, and reliance on, withdrawal. These results dovetail with those recently obtained from youths in Western contexts in the sense that withdrawal is seen as promoting trust and caring within a stable relationship (Horner et al., 2009) and that it is a popular contraceptive technique, but views on its success are mixed (Whittaker, 2010). Withdrawal as a method to avoid pregnancy, the data suggest, might be of great importance for understanding specific

sexual practices that are enabling the decline of fertility among indigenous peoples just as it does for Western youth, as the mentioned research suggests.

The calendar method was also widely mentioned during individual interviews. Again, as with withdrawal, some participants were very suspicious of this measure and highlighted the difficulty of counting days, keeping records and, above all, the belief that young girls are very irregular in their menses. In practice, by contrast, almost two-thirds of sexually active participants in the rural context exclusively reported relying on their menstrual cycle to *'more or less take care'* as one girl put it. Calendar-based methods, contrary to withdrawal, are placed in the hands of the girl but in agreement with her partner:

Mitzi	<i>...we have to take care of ourselves, just like 10 days after that thing</i>
Researcher	<i>After your <regla> [lit. ruler, meaning menstrual period]?</i>
Mitzi	<i>Yes, with that nothing happens. I tell You because that's how I started</i>
Researcher	<i>You started?</i>
Mitzi	<i>*That's how I started* [to have sex], I got pregnant the third time but because we agreed to...</i>

(rural female, individual interview).

As can be seen in the excerpt above, Mitzi explained how her calendar-based measures were part of a mutual agreement. Although it is questionable to what extent she was protected against pregnancy by having sex on the tenth day of her menstrual cycle, a crucial difference was presented in comparison to withdrawal. Calendar-based measures imply that the male partner has to wait until the non-fertile days to have sex, in contrast to withdrawal, where he has the complete control of whether to apply the measure or not. This finding supports those of Hirsch (2003; Hirsch & Nathanson, 2001), who argues that, if mutual understanding and restraint is understood as "modern" and male sexual gratification as "traditional", then calendar-based contraceptive measures should indeed be regarded as more "modern" methods than withdrawal.

To sum up, participants across the sample gave a wide account of natural contraceptive methods, with especial emphasis on withdrawal and calendar-based methods. These measures, although overtly suspected, were reported during interviews to be relied on in the intimacy of relationships. Withdrawal and calendar-based methods were reported to be present during both courtship and marriage, and males and the couple, respectively, were seen as responsible for them. Calendar-based methods were reported to be used in the rural context only.

5.5.3. 'La planificación' or perspectives on family planning methods

During FGDs and individual interviews participants in both contexts displayed knowledge of what they recognised as 'family planning methods'. Hormone-based contraceptive methods such as the pill, the morning after pill and injections were classed under this notion, as well as the intrauterine device (IUD). These 'methods', however, were seen as part of a 'sexually active life' within an established couple and not as an immediate option for couples who do not live together or for the young:

- | | |
|--|--|
| Isabel | <i>Pills, that's regularly within a marriage, when people have active sex, sexually active life</i> |
| Manuela
(rural females, FGD). | <i>That's a family planning method, I think</i> |
| Miguelina | <i>For me to get that <planificación> [lit. planning, meaning IUD as a family planning method] I needed to have a baby girl because one then avoids having another one, just one</i> |
| Researcher | <i>What if you don't have a baby?</i> |
| Miguelina
(urban female, individual interview). | <i>No, because(.) let's say that one needs to have one baby and it is then that you start planning</i> |

When dealing with contraceptive methods, FGDs revolved around the outcome-preventive role and possible uses of contraceptive methods within a committed relationship. Findings from individual interviews further revealed that the first difference with regards to how adolescents perceived the use of hormonal contraceptives is contingent on gender. Male participants saw contraceptive methods mainly as a responsibility on the part of the female partner if the male refuses or neglects the use of a condom, with no need for further explanation:

...that's why women go to the clinic and get those devices, they put them, well, You know, and if the boy doesn't want to put it on (condom), then the woman gets pills, takes pills and then they have sexual relations... (Hernán, rural male, individual interview).

...those pills, eh, well, Posti(.) Postinol (Postinor-2, a form of emergency contraception), well(.) as far as I know that is used because one doesn't use a condom, then the girl needs to take that pill quickly, before 72 hours, for nothing to happen... (Emiliano, urban male, individual interview).

Female participants, in turn, not only confirmed this but also engaged at a deeper level with the potential logistics of using one of these methods. That is, when interviewed individually, only girls gave further account of how the decision to use or avoid a contraceptive method might actually occur. A further division appeared between rural and

urban female participants: whereas an asymmetrical dialogue in the couple was reported in the rural setting, urban females asserted their partners might converge with them in the need for contraception, but it is they themselves, ultimately, who assess the convenience of the method. This convenience was judged by considering ease of access to the clinic or service provider, perceived discomfort and alleged side-effects (§ 6.1.1.). Although inconclusive, these accounts offer some insight into the unequal positioning of these girls in relation to their intimate partners when negotiating contraceptive decisions.

In accordance with the notion that contraceptive methods other than the condom are family planning methods, these were reported to be used widely among married female participants only. Females seemed to be seen by males as responsible for the use of these methods. In the rural setting males reportedly got involved to the point of imposing their suggestions. In the urban setting, although girls might engage with their partner's perspective, it was they themselves who assess on their own, based on various reasons, the suitability of contraception:

...people say that pills and all that give diseases and I only once wanted an injection to control myself, for control for myself, and he (husband) didn't want to, [he said] 'don't control yourself, I'll control me'... (Concepción, rural female, individual interview).

...he (husband) was the one sending me [to the clinic] he also doesn't want to have another [baby]... (Evarista, rural female, individual interview).

...I asked for it (IUD) because that's for one not to get pregnant, if you have that you don't get pregnant. He (husband) tells me that's good because it's not nice to be having children every now and then... (Amparo, urban female, individual interview).

...Nowadays I'm taking care of myself with injections. Those are injections for every month. There are some for every two months as well, and there are contraceptive pills, too. Those are the same as injections, but less strong, because it's daily, every day, you cannot forget because after a day it doesn't work, you have to take it in a sequence and at the same time everyday... (Ximena, urban female, individual interview).

Other studies report that the status of women in the culture and in comparison to men constitutes a barrier to contraceptive use for family planning in developing countries (Campbell, Sahin-Hodoglugil, & Potts, 2006; Dudgeon & Inhorn, 2004). In this study, when coupled with the previously mentioned finding of the few reported instances of condom use within courtship in the urban setting, the difference by social context sheds light onto the limited authorisation over regulation of fertility that females experience in rural settings in comparison with their urban counterparts in Mexico. This limited

authorisation, however, should not be equated to failing to endorse contraceptive measures, as the main contraceptive resource reported by rural females was not a barrier or hormonal contraceptive, but the calendar method, as discussed before.

5.5.4. *Abortion: dealing with unintended pregnancies?*

Although abortion was not part of any of the topic guides, it appeared in the discourse of the majority of participants in the sample during both FGDs and individual interviews when discussing “unintended” pregnancies. Although the views on abortion were largely negative, the choices surrounding an unexpected pregnancy were expected to be considered within a relationship. In this case, the negotiation of these choices was explicitly outlined as a specific communicative *encounter* of the couple. However, it was acknowledged that it is the woman who ultimately faces the decision of whether to carry on with the pregnancy or not. This decision, in turn, was perceived to be dependent upon whether the boy was willing to support the pregnancy or not. Almost invariably, participants expressed that ‘*if the boy makes himself responsible*’ for the support, then the girl will agree in continuing with the pregnancy. The following quotes are examples of how the pregnancy/abortion decisions within the couple are understood by participants in both settings:

...it was like now, like this night that we did it (sex). We spoke that day and he said he would be responsible. I said that otherwise I'd lose it (pregnancy? foetus?) because I fear my family... (Luz, urban female, individual interview).

It's also that, in the case that the Miss trusts her boyfriend and tells him, but if he rejects her, this will be her fear: 'I am alone, what am I going to do with a child?'... (Marcos, rural male, FGD).

These views contrast with that of the only participant who reported having had an abortion, an urban female who narrated how she decided on her own about the termination of her pregnancy:

...I decided to have an abortion because I was studying, how would my life be then?...I never told him (husband, formerly boyfriend). Later on, when we were [living] together, it hasn't been long since I told him all that. And it was more ugly, like he says 'you didn't trust me to tell me 'you know what, I'm pregnant but I don't want to have it', or something like that'. But I decided that and I didn't want him to know... (Ximena, urban female, individual interview).

Of interest in the theme of relationships is to examine how, again, the understanding of a reproductive decision is placed within the context of relationships. That is, although some participants expressed doubts and regrets about an (un)intended

pregnancy, it was expected that in the light of the idea of boys' responsibility, in terms of emotional and economic support, girls would come to terms with the gestation. In addition, in the context of relationships as discussed in this work, it is problematic to class a pregnancy as an "unintended" or "unplanned" outcome of sex, as frequently understood in the sexual and reproductive health literature (e.g. Cheng et al., 2009; Finner & Henshaw, 2006; Santelli et al, 2003). To gather insight into intention, the explicit idea of *'making oneself responsible if a pregnancy occurs'* greatly complicates the accounts of what might be usually considered an 'unintended' pregnancy. The idea of understanding termination of pregnancy as dependent on the responses of male partners contributes to literature on 'ambivalent' pregnancy in adolescents (Higgins, Hirsch, & Trussell, 2008; Zabin, Astone, & Emerson, 1993). The extent to which the promise of responsibility entails intention or ambivalence for indigenous adolescents is a question that this thesis leaves open for further research.

5.6. *Concluding remarks*

This chapter has been concerned with the role of relationships and the dynamics behind them in shaping sexual and reproductive health-related ideas and reported practices. Results moved along five main themes that pointed towards differences by social context and gender. In addition, where relevant, further nuances were identified between sexually experienced and inexperienced participants.

Results discussed in this chapter contributed to the overall argument of the thesis by bringing to the fore the prominence of relationships for understanding the dynamics of sexual and reproductive health-related ideas, values and practices. For indigenous adolescents, long-term relationships seemed to be the key to understanding how the interactions in the couple allow or hinder sexual negotiation and fertility regulation. Furthermore, relationships seemed to be placed in the context of gendered identity expectations, linked to a distinction between virgins and others (non-virgins) for females, with nuances between the rural and the urban settings, and the understanding of males as mainly active and sex-seeking, with alternative potential for responsibility.

A logic of stability and continuity visible across the sample, especially amongst rural participants, was present in the interactions within different types of relationships. For example, this logic characterised the step-by-step flow expected in relationships (from getting to know, to courtship, to marriage) and sexual practices (from petting to PVI, and other practices for people who 'go beyond'). In addition, when dealing with sex out of

wedlock, the idea of the male 'making himself responsible' shaped the decisions on sex and contraceptive (dis)use, and complicated the idea of abortion due to "unintended" pregnancies. Male responsibility was also linked to the hope that the union would continue after the perceived "break" (in terms of change) that sex and pregnancy entail. It was only when this logic of stability and continuity was subtly challenged by an understanding of finitude in relationships that condoms were brought into sexual encounters and that gendered expectations such as virginity were questioned. This challenge occurred mainly in the urban setting and constituted one of the most important differences by social context.

With regards to differences by gender, I discussed how social identities were negotiated, challenged and re-produced within the interactions with the partner. Although male adolescents' pressurisation of their female partners was widely (although sometimes subtly) acknowledged, males seemed to lack the resources for identifying the transgression of the (blurred) boundaries between pressure, persuasion and abuse. It was only some female participants who seemed to have identified a possibility of resisting the coercive discourse enforced on them by resorting to their notion of love. Love as respect for female preferences, I suggested, constituted a symbolic agency resource for challenging the identity of women as passively resisting, rather than actively contesting, male advances. The outcomes of knowledge encounters proposed as resistance and accommodation were used as explanatory tools for understanding this negotiation. In addition, female adolescents gave a deeper account of the decision dynamics of family planning methods, highlighting the asymmetrical differences in negotiation with male partners in the rural setting.

With regards to the dichotomy modernity/tradition, the present chapter provided evidence difficult to classify either as "modern" or as "traditional", in the sense that these distinctions would need to be made in comparison to one specific point in time, with the assumptions attributed to a certain era or context (e.g. Western and non-Western). However, some conclusions can be drawn by linking the main results to historical texts and background information about indigenous peoples. First, it could be said that virginity as a trait of the female identity is consistent with ancient Nahua understandings of virginity, in which the intact hymen was equated to a jewel (López Austin, 1980: 345) and restraint and decency among young women were prized (Quezada, 1975a). However, as discussed previously, virginity is also a religious mandate and chastity among young females is a social expectation. Taking these sources into account it could be suggested that more "traditional" ways of portraying the female identity are commended in the rural

setting in comparison to the urban one. However, it seems that, at least at a conscious level, it was social and religious expectations, rather than ancient Nahua customs, which were echoed by participants. Second, a similar suggestion could be made with regards to the idea that sexual practices should be moderated through a hierarchical scale. I have suggested that this understanding could be responding to the religious notion of 'vice' or the secular idea of 'addiction'. In addition, it has also been documented that, in pre-Columbian times, Nahuas appreciated the 'golden mean' (López Austin, 1980: 351), whereby sex should be enjoyed, yet avoiding excess. On both religious and historical grounds, the hierarchical way of perceiving sexual practices as controllable experiences can also be understood as "traditional" in both the urban and the rural setting. In this case, however, it is difficult to assess the source of this understanding. Third, with regards to relationships as socially arranged realms, it is extremely difficult to class this flux of heterosocial engagements as "traditional" or "modern". A hierarchical system that goes from getting to know each other and courtship to marriage is in line with 'ritualistic' ways of mating behaviours that rely on stability, which could be considered "traditional" if compared with notions such as 'dating' in Western contexts. However, specific ceremonies attached to an indigenous identity such as paying for the bride or asking for her 'hand' through social events in which parents and community were involved, did not appear in the data. Rather, the emphasis was on the importance of sexual and reproductive experiences for eloping or living together. This challenges the aforementioned ceremonies and the "patriarchal authority" in the sense that the actions of the couple, rather than those of their parents or the community, mark the transition from one stage to the other (González Montes, 1999). In this sense, then, relationships as reported in this study can be considered "modern". Fourth, since rural participants reported to rely widely on calendar-based methods, it can be suggested that they use more "traditional" methods than their urban counterparts. However, as discussed before, calendar-based methods can be seen as more "modern", insofar as they entail mutual responsibility, in comparison to withdrawal (Hirsch & Nathanson, 2001).

Whereas in the themes presented here and in the previous chapter it was difficult to trace a specific "traditional" or "modern" trend in the sample, the third theme generated in the analysis, sexual and reproductive health beliefs, seemed apposite to discuss with reference to specific historical texts. This theme is discussed next in Chapter VI.

VI. SPECIFIC SEXUAL AND REPRODUCTIVE HEALTH BELIEFS

But what form of knowledge, after all, is sufficiently singular, esoteric or regional to be given only at a single point, in a unique formulation? What learning could be so well—or so badly—understood to be known only in a single time, in a uniform manner, in a single mode of apprehension? Michel Foucault (1961/2006).

This chapter is concerned with the third theme generated by the interpretive thematic analysis: sexual and reproductive health beliefs. It has a twofold objective. First, to discuss findings on beliefs of potential pollution and how to combat it; second, to link those beliefs of pollution with hygienic, prophylactic and therapeutic practices by mapping out references to possible deep-seated beliefs. Hence, in this chapter I explicitly link some historical texts to specific beliefs that seemed to resonate with ancient views on health in the Nahua cosmology and Mexican rurality. However, when discussing ideas and practices I understand them as *current* beliefs among the population of interest that bear some resemblance to similar beliefs other authors have termed as ‘rural’ or ‘ancient’ if present in historical texts. By contrast, beliefs around the condom, the protective properties attributed to knowledge and the screening of sexual partners, which are also believed to defend against pollution, were not linked to historical texts.

The first section is devoted to beliefs around pollution via three main means: external agents, AIDS and diseases. The idea of ‘nature’ is introduced here to interpret the purported effects of pollution. The second section is concerned with the means of defence against polluting agents: hygienic practices, the condom, knowhow and screening of sexual partners. Hygiene is specifically linked to the idea of ‘nature’, as are the beliefs around masturbation and folk medicine (comprising local, traditional and indigenous medicine) discussed in the third section, which uses the outcomes of knowledge encounters of coexistence and hybridity as explanatory tools to understand the dynamics of these beliefs vis-à-vis other knowledge systems.

6.1. Pollution: external agents, AIDS and diseases

Analysis revealed a first set of beliefs that circulated around the idea of the possibility of the body being contaminated by external entities that cause harm. The use of certain types of fertility regulation and sexual intercourse suggest a fear of being invaded by these

entities that are only partially known and that, especially by male participants, are perceived as hardly manageable. Taken together, these findings clearly resonate with Douglas's (1966/1994) study on cultural pollution. Here, potential pollution was also presented as "matter out of place" (Douglas, 1966/1994: 41): contraceptives disrupt the natural order of the body, while transgression of boundaries through promiscuity could also be understood a way of altering the social order.

6.1.1. External agents

The first element in the theme of pollution is related to contraceptives as foreign agents that are introduced into the body. There was a general belief among participants in both contexts that some forms of contraception might have side effects for the woman who employs them. The rationale behind this belief is that anything that does not belong to the body and that is inserted or administered to it, causes harm. Elements that are alien to the body are those that are not natural, that contain chemicals, like pills and injections, or are believed to obstruct the correct functioning of the body, such as the intrauterine device (IUD). This knowledge, participants asserted, is frequently handed down from mothers and mothers-in-law to adolescents. In addition, participants frequently emphasised the discomfort, disadvantages and perceived possibilities of failure of these methods which, according to participants, *'don't really work because they sometimes fail'*:

...[the IUD] gets stuck in the flesh and it stays there and that's why one gets cancer... (Mitzi, rural female, individual interview).

...the [intrauterine] device <te acaba rápido> [lit. it wears you out, meaning it makes you thin] your body very quickly... (Candelaria, rural female, individual interview).

Ximena	<i>...injections are harmful for the womb because they are very strong</i>
Researcher	<i>How do you mean, strong?</i>
Ximena	<i>That we bleed a lot, when one menstruates the bleeding is a lot, sometimes one bleeds like balls of blood, as if you were having an abortion, that's what makes that the womb <se va acabando> [lit. it goes wearing out, meaning it gets damaged] and over time one cannot have children</i>
...	
Ximena	<i>At the hospital, they wanted to put it (IUD) by force, but I didn't allow them because of the same reasons, that it's harmful and one feels pain and besides, sometimes it doesn't work, like my mother-in-law's sister, she got pregnant while having the IUD in and the baby was born with the thing in the head, and I didn't want to, it's very uncomfortable and causes many diseases, infections, above all</i>

(urban female, individual interview).

The condom [is preferable], well, I would say that yes, the condom, because if they use other substances, for example, pills and IUD, those which go inside the body and have an effect, it could be harmful... (Melquiades, urban male, FGD).

In the excerpts above it can be appreciated that the main concern was related to the ‘wearing out’ of the body. Whereas in general terms the idea was that alien substances and elements cause harm, the form of this harm was specifically conveyed as ‘damage’, ‘making you thin’ and ‘provoking heavy bleeding’. At an interpretative level, all these statements were related to ‘weakening’ the body of the woman who uses them. This idea of weakness, in complementary opposition to strength, will become more prominent as this chapter progresses since it seems to be a core belief around body care among participants. With respect to this finding it can be suggested that the notion of a person’s ‘nature’, a concept grounded in anthropological studies of medicine in rural Mexican contexts, was linked to the idea of weakness. ‘Nature’ can be understood as “*the set of characteristics or qualities that define a person physically and spiritually, which are perceivable in circumstances such as work, resistance to diseases and leadership*” (Mellado, Zolla, & Castañeda, 1989: 46, my translation, italics in original)⁵⁰. In this regard, contraceptives would contribute to weakening the ‘nature’ of the person; this weakness, it is believed, might result in permanent sterility, as Ximena suggested, or, alternatively, in infections or diseases such as cancer, as stated by Mitzi.

Similar beliefs have been recently considered by the literature as one of many barriers to adolescent contraceptive use in developing contexts (Williamson et al., 2009; Wood & Jewkes, 2006). This finding also corroborates results obtained in Mexico, where “rural communities manifest a strong rejection of modern contraceptive methods (oral, injectable, intrauterine devices and surgical techniques)...due to the fear of something unknown they can provoke...” (Zolla et al., 1994: 179, my translation). Zolla et al.’s results for rural communities were derived from different investigations, the majority from the 1980s. Hence, it can be surmised that these beliefs have been deep-seated for some time. Moreover, it might be expected that, when comparing adolescents from rural and urban contexts, the urban adolescents’ knowledge would be closer to that of the Western or scientific perspective. In this case, interestingly, participants from both contexts provided detailed accounts of their beliefs regarding the potential harmful effects of external agents.

⁵⁰ I am grateful to Dr Carlos Zolla for making me aware of this notion.

Although participants acknowledged the importance of contraception, contraceptive measures such as the condom were seen as safer than other methods because they are not perceived as invasive as in the case of pills, injections and the IUD. Just as with diseases, which are discussed next, exogenous elements were perceived to be threatening the body and its functions.

6.1.2. AIDS

Within the understanding of pollution, another disturbing topic was AIDS, understood as a “deadly, incurable disease”. Referring to AIDS in this way, as UNAIDS (2011) has remarked, produces fear and leads to increase stigmatisation. However, it was precisely this fear that seemed to characterise participants’ utterances about AIDS. AIDS was expressed as “the” sexual disease (see §6.1.3.): the epitome of contamination in a ‘*silent*’ way that manifests itself through weakness. Furthermore, it represented a threat to life and a ‘*death sentence*’ for the majority of participants, who recalled AIDS even when no other STI was mentioned. With the exception of three rural female participants, knowledge of the ways in which HIV is transmitted was clearly displayed in both focus group discussions (FGDs) and individual interviews with little variation across the sample:

...I’ve heard that, let’s suppose that a man has AIDS, and if I give myself to him, then he would infect me, that’s what I’ve heard... (Luz, urban female, individual interview).

AIDS is the most contagious because by kissing someone, if she has AIDS, then saliva gets combined and gets into him, infects the one who doesn’t have it, and also, it could be that, it’s not necessarily by having [sexual] relations, it’s also with syringes...it’s also [transmitted] through open wounds... (Genaro, rural male, individual interview).

In Mexico, 37.5 per cent of indigenous adult women declared not to know how AIDS is transmitted, in contrast to 18 per cent of their non-indigenous counterparts (IMSS, 1999, in García, et al., 2006). The finding that knowledge of the ways in which AIDS is transmitted is widespread in the sample suggests that the dichotomy ‘to know’/‘to not know’ might not be as important as qualifying the knowledge on AIDS among indigenous peoples. Rather than asking whether people know or not, asking what they know produces results such as Genaro’s excerpt above, in which he conveyed the general idea of transmission through body fluids which might be enhanced by clarifying that AIDS is not transmitted through kisses.

Further ideas were gathered with regards to people who were considered the most frequent carriers of the disease or risk groups: ‘*women who sell themselves*’ or ‘*cualquiera*’

(literally, whoever or an unknown person) as well as 'naughty' men, those who have sex with many people instead of with a single partner. In this way, AIDS was linked to promiscuity and socially undervalued activities such as commercial sex. Furthermore, there was also a general certainty of AIDS being a "foreign" disease, part of a geographical sphere different from the one inhabited by the participants. In this way, rural participants connected the disease to urban places such as Mexico City and urban participants to more industrialised areas such as the USA:

I know of a man, he was working over here, he's always been naughty. And he went to Mexico [City] and <se metió> [lit. got into, meaning had sex with] with girls from the bar, and those were the ones who transmitted it (AIDS) to him... (Flor, rural female, individual interview).

SRT research on AIDS, understood as a sexual risk, has shown how the syndrome is represented through a 'not me-others' phenomenon, in which people locate the threat of AIDS in 'the other' (Joffe, 1999). Results produced by this current study allow only to confirm this explanation but not to expand it further. As outlined in this section, AIDS constituted a source of anxiety and concern. This concern was, nevertheless, placed in 'other' people. This 'otherisation' was drawn based on the licentious behaviours, values and the geographical location associated with the carrier. Accordingly, although participants expressed the fear of contagion by emphasising the symptoms of the disease and the consequences of it, only one rural girl explicitly expressed perception of being at risk of contracting AIDS due to her having unprotected sex. More often than not, however, the participants focused on the difficulties posed by having AIDS:

...For example, if you get AIDS, how would you heal yourself? Your body will be all polluted and you won't be useful, like [saying] 'you know what? I'm going to play, to work'... (Santos, urban male, individual interview).

As Santos expressed, the fear about being infected with HIV and developing AIDS conveyed beliefs of not being able 'to play, to work', that is, of losing the vigour or strength to perform in everyday life. Although it might be argued that diseases are experienced in the body as a matter of fact, the focus on the energy lost due to AIDS (which was expressed as 'diarrhoea', 'getting pale' and 'getting very thin, until extinguishing') goes back to the idea of 'nature' and of the duality strength/weakness mentioned in the previous section. In addition, this focus on body experience, rather than on the stigma attached to the disease (e.g. 'people would reject me') might further suggest distancing from the groups associated with AIDS, which are already stigmatised. Furthermore, the powerful figure of AIDS served as a yardstick around which indigenous adolescents' understanding of sexual diseases is organised. This is outlined in the section below.

6.1.3. Sexual diseases

Apart from AIDS, before being prompted by the researcher, participants in both contexts constantly referred to the possibility of being sick, of contracting ‘a disease’ if engaging in sexual intercourse. For all diseases mentioned, as with AIDS, the distinction between infection (HIV) and its symptoms, which in turn constitute a disease, was rarely made explicit. AIDS was a constant reference when making sense of diseases. Accordingly, in the majority of cases the perceived risk groups of diseases were reported to be the same as of AIDS. However, a difference emerged by gender: whereas males were focused on comparing and almost equating sexual diseases to AIDS, female participants maintained this focus but complemented it with knowledge on ‘other’ or ‘mild’ diseases that were seen as manageable.

When making sense of sexual diseases, rural male participants expressed key concerns regarding scarcity of financial and material resources to treat diseases. They devoted a great deal of their dialogues to the possibility of a cure or not of ‘sexual diseases’ and measures such as to keep it secret ‘if you still hope for a cure’. This might reflect concrete conditions of living and a corresponding self-perception of being (financially) non-resourceful. In addition, it might also be related to the perceived close geographical boundaries and gossip (§ 4.2.1.) in the rural setting:

Venustiano Hernán	<i>There's no cure for AIDS, to begin with Yes, for other [diseases] there's a cure...but I would rather put an end to it, because why to go to the doctor? It's useless, wasted money</i>
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(rural males, FGD).

If I get an infection I have to be conscious that I haven't got the means to cure myself or give me a treatment, and that'd mark my life. If, for example, the disease is AIDS, then I'd be already on the other side (meaning dead). (Rigoberto, rural male, individual interview).

Information with regards to financial resources linked to fear of diseases was absent in data from urban males. However, the continuous reference to AIDS when making sense of diseases was maintained. In addition, a handful of sexually experienced males in both contexts explicitly focused on sexual diseases per se, without mandatory reference to AIDS:

...if one gets an infection one needs to go to the health centre quickly, otherwise, all they can do is to cut it (penis)...[friend] told me that his part (penis) was burning and that he couldn't stand it, so he went to the hospital and it turned out he had got gonorrhoea. There's also the papillo or something like that, I don't know how it's

called, but that's also a disease... (Cuauhtémoc, rural male, individual interview).

As can be seen in Cuauhtémoc's excerpt, one of the means through which sexually experienced male participants learnt about sexual diseases was through friends. As discussed before (§ 4.4.2.), friends constituted important actors in constant dialogue with participants. In the case of males, these dialogues were usually focused on having sex in general and on having unprotected sex in particular. In the specific case of sexually experienced participants, who were usually older (18 or 19 years) and out-of-school, these permissive conversations seemed to overspill to the management of diseases produced by unprotected sex. This could be related to the sexual experience of their probably older and sexually experienced friends, in contrast to the friends of sexually inexperienced participants.

Like male participants, their female counterparts made extensive reference to AIDS when making sense of diseases. Unlike male participants, however, specific sexually transmitted diseases such as syphilis or human papilloma virus (HPV) were brought into dialogue among female participants, possibly evoking medical and academic discourses. During individual interviews, a general concern with uterine cancer and HPV in particular was expressed, with greater presence and explicit consideration by urban female interviewees. In addition, females in both contexts made reference to the alleviation of 'vaginal infections' and some shared their experiences with what they described as mild infections such as 'flujo' (literally, flux) and how they had treated them:

I have had like (.) like vaginal infections...when a girl starts menstruating then that (flux) starts coming out and it means you can have children, and that's why it comes out. It's not that you got it through [sexual] relations... (Emilia, rural female, individual interview).

...what I know is that some women get diseases that it's not [meant] they'd die. It's like, she can get like vaginal infections and this thing of the papilloma... (Crecencia, urban female, individual interview).

Internationally, research suggests that, in comparison with boys, female adolescents are more likely to pay attention to health matters and to use health services (Barker, 2000, 2007). In this study, when analysing individual interviews, these differences by gender were confirmed. With the exception of some sexually experienced male participants, what seemed of concern for males in both contexts was to distinguish between 'mortal' and 'treatable' diseases precisely because AIDS, which was considered to be a 'death sentence', was used as the main point of reference with regards to any other sexual ailments. In the

case of female participants, while maintaining this reference to AIDS, they were also aware of a variety of ‘mild’ infections that might affect their bodies and that are perceived as treatable.

In the previous three subsections I have discussed how the body was perceived to be contaminated by external agents or sexual practices. Similar to other studies where pollution has been found to be a relevant analytical category (e.g. Jodelet, 1991), here impurity was understood as to be approached through measures that restore the contravened order. In this study, these measures constitute what I call ‘means of defence’, which are discussed in the next section.

6.2. Defence: ‘protection is like going to the war with armour on’

Just as in the subtitle of this section, a phrase uttered by Domingo, an urban male participant, ideas and potential practices that seemed to be responding to the threat of the body being polluted were expressed by participants. Four main means of defence were identified in the analysis within the context of specific sexual health beliefs. The first protective measure is related to hygiene and the second protective approach is objectified as condoms. The third idea concerns the need to be knowledgeable in order to make protective choices, while the deliberate screening of potential sexual partners accounts for the fourth practice deemed as protective.

6.2.1. Hygiene

Anticipatory measures to avoid pollution were expressed by participants by describing concrete prophylactic activities. During the analysis these activities were termed as hygiene, as uttered mainly by female participants. This notion was present to a very limited extent in FGDs but constantly present across the sample during individual interviews. Hygiene, as an array of practices, was important because it entailed a proactive approach to sexual health care, one that each person ‘*incorporates to their lives*’, as one participant expressed. Sexual health was thus not dissociated from a broader and holistic understanding of body care, but rather integrated into it. That is, although sexual diseases were seen as unmanageable up to a point, there was also a conscious and communicable sense of expedient care that was seen as part of daily life. The way in which participants communicated their understanding of hygiene in the form of practices was present to a limited extent among males from both contexts. This set of practices included general care of the body such as scrutinising it, cleaning and washing it on a daily basis, as well as more

specific sanitary activities when women are menstruating and when a person visits public toilets. For female participants, by contrast, the presence of hygienic and prophylactic measures was substantial and more articulated than among their male counterparts. Furthermore, the expression of hygiene for indigenous girls was focused on the performance of cleansing the body in general and, more specifically, genitalia. This practice, female participants acknowledged, constitutes a preventive measure against infections and diseases. The following excerpts from individual interviews exemplify this:

...to try to keep yourself clean, right? Because if you yourself don't clean yourself, if you don't shower, then you can get diseases... (Pilar, rural female, individual interview).

...for example, let's not say that's about having sexual relations but it's related to your hygiene, for example, what you've to take care of. For example, you've to shower well for you not to be scruffy and all that. And we've to wash ourselves well for us not to get infected. That is, I've to clean my body very well, I've to wash it well, shower, yeah... (Isidra, urban female, individual interview).

...diseases are not only for doing it with a person, like having sex, infection has to do with the care you take of your body, how a person showers, how (.) let's say how she washes it (genitalia), how she takes care of it, that's what one's got to take into account. Because if a woman, a Miss, doesn't get a shower, doesn't have hygiene, nothing of that, she gets diseases, perhaps they get an itch, rashes... (Leticia, urban female, individual interview).

As can be appreciated from the utterances above, hygiene seemed to demand a sense of urgency to keep the body in balance through not allowing it to develop diseases. This defence measure was preventive rather than palliative, and pointed towards healing from the realms of the private sphere, from the everyday life, rather than with external agents such as medical treatments or artefacts. In this respect, Jodelet (2007a) confirms that women usually share knowledge on female body hygiene, maintenance and monitoring in sorority. Her work cogently shows the social transmission of this knowledge across history and cultures, which was supported by the finding discussed here. In addition, some scholars working in the Mexican context specifically (González López, 1998; Lang, 2003) have claimed that there is the case of a symbolic “openness” in women⁵¹, marked by the anatomy of genital organs. This was acknowledged by a male participant who linked the female anatomy with the female disposition and need of cleansing:

...women can also have [diseases], but not (.) not that grave...I have been told that a woman can also get diseases if she cleans her vagina with a paper or, if she passes it behind and then by the vagina, she can get a disease. They say that women's bodies are more delicate, it can get ill just because of little things. It's like (.) women's genitals, they can get diseases... (Vicente, urban male, individual interview).

⁵¹ This notion was first outlined by Paz (1950/1961).

The ‘*delicacy*’ of the female body Vicente referred to can be linked to symbolic connotations such as the possibility of the female body to be penetrable and open to diseases or foreign bodies. As reported by interdisciplinary and anthropological studies on sexuality in the Andean region of Ecuador (Miles, 1998), in Brazil (Sanabria, 2011) and with Hispanics of Mexican origin in the USA (Alonso & Koreck, 1999), “the [female] body is susceptible to illness because it is a permeable body in which illness-causing entities can enter and then penetrate to affect the vital central organs” (Miles, 1998: 7). This symbolic idea might also be related to females’ awareness of ‘mild’ infections and to their disposition to manage them (§6.1.3.). Referring back to the idea of ‘nature’, procuring care to oneself through baths and cleansing can be a way of nurturing a ‘strong’ body capable of reproducing. Symbolic openness can be seen as a positive agency-driven resource that female participants might have been drawing on for their readiness to clean the body and thereby defend it from pollution.

However, there were limitations to the extent to which a proactive approach to sexual and reproductive health, in the form of hygienic practices, was performed by participants. As mentioned above, hygienic practices had the main point of protecting the body from pollution in the form of diseases. Hygienic and prophylactic practices in relation to other potential pollutants such as the IUD, among those participants who use them, were dependent on concrete conditions of living. See, for example, the following quote:

...they told me to go to check it (IUD) every month, but I haven't gone since they put it in because I just don't have time...Sometimes I feel fearful because I have heard that if that little thing gets stuck you cannot get pregnant... (Amparo, urban female, individual interview).

Cases such as that of Amparo, who worked long hours in a *maquila* and at the same time had to sort out childcare for her son while taking care of her home and husband, showed that, although participants might be interested in receiving the benefits of contraception and giving expedient care to their bodies, this care is sometimes materially difficult to secure.

6.2.2. ‘*El preservativo*’: condoms as breakable armours

Condoms were the prime and most frequently cited source of contraceptives. As a topic, this was one of the most contentious and ambivalent of the findings. Although I previously discussed the role of condoms in contraception (§5.5.1.), this subsection is concerned with the role participants assigned to condoms as “the” means of protection

against AIDS and diseases. Thus, within the context of SRT, the idea of defence was turned into the concrete image of a single object: the condom. The following quote is an example of how protection of the body through condoms was made sense of:

...I say that [a condom] works because it's like a bag. [The body] is like a bread roll that you'd put into a bag for the flies not to sit on it and don't pollute it... (Fidel, rural male, individual interview).

The use of condoms against the body being 'polluted', as Fidel stated, was not entirely dissociated from its irrelevance in stable relationships (§5.5.1.). According to participants, condoms were regarded as "the" means of defence against diseases precisely because they are understood as to be used with 'unknown' sexual partners or 'cualquiera', who were in turn seen as primary AIDS and diseases carriers, as outlined in the previous section. Hence, as examined previously, condoms seemed not to be perceived as part of a loving relationship but of single sexual acts driven mainly by lust. Furthermore, condoms were also seen as 'the contraceptive method for teenagers'; that is, for those who are too young or immature to engage in a stable relationship.

During FGDs, the principal finding in relation to condoms was its treatment as a delicate alien that should be placed in the body in order to avoid contact with the undesirable. Female and male participants in both contexts seemed to be in dialogue with medical discourses and stressed the twofold protection offered by the condom. Furthermore, participants acknowledged that condoms might be used in combination with other contraceptive aids such as rhythm (rural area) and spermicides (urban area). The protective potential of condoms is highlighted below:

...from the moment that you introduce the condom into you, there's no direct contact between the skin of the man and the skin of the woman. There's a layer that protects both man and woman... (Nemesio, rural male, FGD).

...the condom prevents, well, there's no direct contact with sexual liquids and that prevents the infection of the virus that one has, men or women. I say that's the most effective... (Melquiades, urban male, FGD).

By contrast, during the analysis of individual interviews it became evident that nuanced differences between and within groups were present in views on condoms: whereas nearly half of informants of individual interviews expressed no doubt about the effectiveness of condoms, in line with what was expressed in FGDs, the other half questioned their usefulness for a variety of reasons. Moving from the public to the private, condoms continued to be perceived as the main physical device acting as a barrier between the body and diseases, but instances of overt doubt were more prominently displayed.

Males from both contexts who participated in individual interviews were partially consistent with what was expressed during FGDs. Nevertheless, across the sample, practical situations such as checking expiry date were regularly regarded as paramount for the effectiveness of condoms, which might be otherwise compromised. Furthermore, the referred propensity of condoms to fail was understood as contingent on skilled use:

...the condom protects, yes, but it also can break, because when one is having [sexual] relations, if one doesn't use it well, it can break... (Genaro, rural male, individual interview).

Whereas rural female participants emphasised the perceived breakability of condoms, their urban counterparts highlighted the condom not being 'safe enough' to prevent diseases. Examples of views reflecting doubt during individual interviews with rural and urban female participants are offered below:

The condom is not that safe because due to all the struggle [during sex] it breaks and then all the liquid of the guy gets into you, you don't feel it because it's hot, but you take it out and it doesn't have anything because it's inside you... (Flor, rural female, individual interview).

...well, at the beginning it was good because it (condom) protected you a lot, but now they say that it doesn't anymore because there are other kinds of diseases that are much more smaller, that can trespass the condom, that the condom would be like a sieve where, I mean, I mean that nowadays, in the current time, the condom is not, it doesn't protect you 100 per cent... (Itzel, urban female, individual interview).

Both during FGDs and individual interviews, the only constant difference by gender was related to availability and quality of condoms. Female participants in both areas acknowledged the availability of condoms via health services or schools. Male participants in both areas corroborated this and yet manifested their concern about the quality of condoms. Condoms, male participants described, need to be treated with extreme care and their quality should be assured to maximise their performance:

Venustiano	<i>It's needed to pay close attention when one uses condoms,</i>
	<i>because sometimes they sell them there but they're</i>
Gonzalo	<i>[they're</i>
	<i>damaged...</i>
(rural males, FGD).	

Because then, there's a good type, I don't know the types of contraceptives, but there are some that are cheap and then those don't work, what's cheap ends up costing you a lot...the ones that are given away at the health centre, those also don't work... Cuitláhuac, urban male, individual interview.

Indeed, within a social constructivist framework, Ingham (2006) has noted that one of the key questions in the agenda of sexual health research is related to availability and affordability of contraceptive provision and advice. For male participants, the finding of condoms as a means of protection against diseases, however, seemed to be related not to the availability of condoms per se but to a concern with the quality of these devices, which are regarded as essential, yet delicate, for the defence of the body. Notwithstanding the perceived limited friendliness of health services previously discussed (§4.3.1.), participants such as Cuitláhuac acknowledged that condoms were available and '*given away*' from their local health centre. However, the significance of condoms for protection against diseases expressed in FGDs and in nearly half of individual interviews seems to be in contradiction with condoms being accessible at low or no cost (i.e. if the condom is that important then it makes sense to pay a high price for it).

I interpret the differences in results between the FGDs and individual interviews as part of the participants' desire to be regarded as knowledgeable on health care matters. That is, during FGDs participants seemed mainly interested in citing (informed) facts, such as percentage of effectiveness and distinguishing the double protective features of condoms against pregnancies and diseases. During individual interviews participants presented themselves with more complicated and personal expressions of scepticism and suspicion regarding condoms. For the majority of participants who expressed doubt with regards to the effectiveness of condoms, the dialogue process with the interviewer took the form of an initially positive remark (denoted by adjectives such as '*good*', '*technological advance*' or '*effective*') followed by a preposition ('*but*' or '*however*') or short phrase ('*to tell You the truth*', '*but I say that*') that would introduce the ensuing contradictory statement (e.g. '*it's not that safe*'). Socially accepted ideas, it could be surmised, were communicated even when original or local knowledge on the matter was also present behind the apparent or disclosable one. This might, in turn, suggest the participants' need to protect an informed, knowledgeable identity which was greater in FGDs than in individual interviews.

6.2.3. *Knowhow*

A third way of defence against perceived contaminating agents during sex was related to the importance of being informed, being knowledgeable about health (not precisely sexual) matters, and avoiding ignorance. The engagement with scientific or technical ideas to avoid contagion was displayed through the knowhow of "technical" subjects such as the use of contraceptives. In this way, knowledge was related, and in some cases equated, to

protection. This seemed to be an empowering strategy that allowed participants to achieve a feeling of control over what can be seen as unmanageable: AIDS and diseases. This is exemplified by the following statements:

...It's not only to use it (condom), they should know how to use it, know how to put it, 'cos the condom's something delicate. And I think that means that one's to seek for information... (Socorro, rural female, FGD).

...for me protection is to take the care of getting to know how to prevent diseases such as AIDS, HIV, well that's AIDS. Cancer and AIDS, above all... (Oralia, urban female, individual interview).

...we have been told by people who are professional (.) for example, the doctor has told us that one has to put condoms in a cigarettes' box for it not to get damaged...but there are some people who don't know they can get diseases or other things if they don't use that (condom), some people in the village don't go to school, and they don't know... (Xicoténcatl, rural male, individual interview).

Domingo	<i>...I started [having sex] when I was 17 and, because of so much knowledge I said 'better not to risk it'</i>
Researcher	<i>Any other form of protection that you know about?</i>
Domingo	<i>Information. Sexually, it's information. To know how it works, how to use it, that's another way of taking care of ourselves...knowing about, from how to take a shower to(.) for example, I read in a Sciences book that...</i>

(urban male, individual interview).

As can be seen in the excerpts above, 'knowing how' was conveyed in a diversity of ways that went from information seeking to the overt confidence that was provided by identifying oneself as knowledgeable. Participants who stressed the importance of knowing how emphasised their reliance on books and people who purportedly know best ('professionals' such as doctors and teachers). This process of knowledge seeking and attaining can be interpreted as emancipating in terms of the subtle empowerment that it seemed to give to participants' identities. The data at hand do not allow for further elaboration into the conscious fight against the historic discrimination indigenous people have received in Mexico, whereby indigenousness has been sometimes reduced to poverty and, perhaps more important for participants, ignorance (Martinez Novo, 2007). Yet, it is possible to speculate that this explicit desire for knowledge, information and education was related to the transformations participants perceive in relation to sexual health (§4.1.), so that knowledge was also viewed as part of intergenerational change. Notwithstanding this interpretation, the downside of the idea that knowledge compares to protection could be an uncritical reliance on one's knowledge. That is, participants communicated little difference between knowing and doing, and assumed that there was a direct link that would translate their knowledge into protective practices.

6.2.4. *Know who*

A fourth means of defence, understood as the distinction between “clean” and “dirty” potential partners, which has been stressed in the literature (Waldby, Kippax, & Crawford, 1993; Aggleton, Rivers, & Scott, 1999; Marston & King, 2006), was confirmed in this study in both FGDs and individual interviews. ‘Knowing who’ one has sex with was present almost exclusively among male participants, who uttered expressions such as ‘*paying close attention to*’ or ‘*looking carefully at*’ the possible sexual partner. This code was subtly separated from the ‘getting to know’ (§5.3.1.) and rather complemented it. “Clean” and “dirty” partners seemed to be thought of as explicitly potential sexual partners, people with whom participants would ‘*meterse*’ (literally, get into). These partners, however, might also be romantic partners, and that was the main trait to distinguish them. That is, women identified as possible romantic partners would also be attributed the quality of cleanliness, whereas unsuitable romantic partners would, in general terms, be connected with the idea of dirtiness. In this way, both “clean” and “dirty” girls were seen as potential sexual partners, but only clean girls were seen as potential romantic girlfriends:

...before doing it one has to check like how is that woman, I mean, if they are not doing, if she's not getting along with many or that she's got a disease to infect you...quickly, it's quickly noticeable whether a woman is a <loca> [lit. crazy, meaning floozy or tart] or not. <Locas>, one can hear how they laugh, how they speak. With any person, even if they don't know them, they have a laugh, that's how you know if she's a <loca>... (Fidel, rural male, individual interview).

...if one finds a girl and you tell her 'let's go' (have sex) and she says 'yes', then one should think twice, because probably she's got something (disease)...if she doesn't agree quickly, then it's different... (Ramiro, urban male participant, individual interview).

Melquiades *Each of us, well, I say that each person should be responsible for deciding, for seeing, for seeing who is the person he gets into with, if she's a healthy person, I don't know, a person who has a tranquil and normal life...*

...

Emiliano *But it's not possible to know, at the moment, whether the girl or the boy have diseases, both have to take care of themselves*

Melquiades *Although it's also that we should see who we get involved with. One cannot get into a prostitute because there you take more risks*

Domingo *Yes, there is where really, obviously I'd have to take care, because in fact*

Emiliano *In fact they are already xxxx*

(urban males, FGD).

As can be appreciated from the excerpts above, male participants explained how to make decisions before engaging in sexual activity with a specific person in order to defend

themselves from potential pollution. There was a belief that certain traits in the person might indicate her purported susceptibility to pollution through diseases. Thus, girls who ‘go here and there’, who are ‘locas and have a laugh with many guys’ and accept one night stands were seen as plausible candidates for dirtiness. By contrast, in line with gendered expectations for females (§5.1.1.), passivity and restraint were associated with cleanliness (‘if she doesn’t agree quickly’).

In this topic in particular it can be distinguished how, even if participants were conveying the same underlying meaning, the data collection techniques employed made a difference to how this meaning was expressed. Fidel and Ramiro, being individually interviewed, sharply and confidently expressed their knowledge on *knowing who* by explaining how to detect a ‘loca’ and a girl who ‘has something’. The qualitative technique of FGDs, by contrast, allowed participants to debate this idea and to come up with alternative views produced within the group, in a cooperative construction of knowledge. From the excerpts above, it is possible to discern that although some of the participants (Melquiades, for example) communicate in the group in the sense of “clean” and “dirty” partners, in fact what they might have been trying to communicate was that there are some people with *behaviours* (such as sex work) that may place them at higher risk of STIs exposure. This factually-based understanding would contrast with dirtiness associated to certain characteristics such as ‘laughing’ or ‘agreeing quickly’ which seem to stem from gendered expectations.

In a related point, it should be noted that male participants did not deny the fact that even persons who would be usually considered “clean” could be “dirty”, because ‘*no las andamos cuidando*’ (lit. we are not taking care of them, meaning they are unable to monitor all their sexual movements). However, in accordance with the ‘otherisation’ of AIDS and diseases, participants were not aware of the fact that, by having sex with them, a girl can become “dirty” (i.e. they *did not* see themselves as carriers of sexual diseases).

6.3. *More beliefs: from coexistence to hybridity*

Whereas the previous two sections can be seen as interdependent (means of defence responding to potential pollution), the present section shares the commonality of a wealth of beliefs across the sample. In addition, this section retrieves the notion of knowledge encounters as an explanatory tool for understanding how indigenous adolescents make sense of contradictory perspectives in their belief systems.

This section includes three main topics. The first one is related to masturbation, where coexistence as an outcome of knowledge encounters was visible but only among rural males. The second and third topics are connected to folk medicine in relation to knowledge and use of herbs and ancient practices. These are discussed in the context of knowledge encounters encompassing coexistence in both rural and urban contexts, and hybridity in the urban context only.

6.3.1. *Ill-health beliefs: masturbation or losing strength*

The analysis revealed a variety of perspectives across the sample with regards to the practice of masturbation and the explanations and/or justifications for performing it. Results revealed a trend whereby female participants in both settings and urban males expressed the benefits of masturbation by using what I identify as an ‘academic’ discourse. Rural male participants, by contrast, presented the coexistence of two opposed perspectives in their dialogues: one related to their beliefs, rooted in knowledge transmission from their forebears, and another one from scientific or academic discourses.

Masturbation as a sexual activity was classed as “particular” because it was the only one understood to be practiced on one’s own and not as part of the hierarchy of practices with romantic partners (§5.2.). Participants in the sample made sense of masturbation by citing a lack of penetrative sexual activity and a consequent need or desire that requested to be released. Although participants often qualified the practice as ‘normal’ and/or ‘bad if in excess’, a dichotomous distinction in its valorisation is not useful for the analysis: the coital deficit that purportedly triggers this practice was the main pervasive meaning conveyed. Masturbation by no means substituted penis-in-vagina intercourse but was considered an alternative that allows avoiding risks of unintended outcomes and delaying coitarche:

Alba	<i>Masturbation is normal, it happens to us all</i>
Socorro	<i>And that is something that, personally, I would say it's better masturbation than having sexual relationships at an early age, because masturbation is something, how do you say?</i>
Alba	<i>It's not a disease or something like that</i>
Isabel	<i>It doesn't have risks of catching an infection</i>
Socorro	<i>It's part of, I don't know</i>
Alba	<i>Of our development, after all</i>
(rural females, FGD).	

As can be appreciated from the excerpt above, masturbation was seen mainly as a protective health practice, regardless of the “positive” or “negative” connotations the researcher might interpret. Recent research (Yuxin & Ho Sik Ying, 2009) suggests that

young women position themselves in relation to a variety of social discourses to express their engagement with masturbatory activities, an idea which was corroborated in this study. For example, in the excerpt above, rural girls seem to be in dialogue with what I suggest are educational or academic discourses. This is shown especially by Socorro, who questioned her fellows about an adequate way of expressing masturbation (*'how do you say?'*), as if all members of the group knew what she was talking about. Expressions such as *'risks'*, *'an early age'* and *'development'* were thus incorporated into the discourse. In a representational effort these three girls cooperatively explained, against the silence of the other participants, what they considered to be the advantages of masturbating.

In the specific case of rural male participants, the discourses above seemed to clash with a set of beliefs around healthy body maintenance. Although the notion of coital deficit was maintained, the assurance of the benefits of masturbation was not so straightforward:

...you can do it (masturbation) to get rid of the <ganas> [close to the meaning of 'necessity'] and not necessarily going with women or other things...[Friend] was telling me that he did it in the morning, didn't eat, and his father realised it because he couldn't even work with the mattock, by noon, he couldn't continue, and his father told him. I think [if he were alive] my father would tell me the same: that you end up stupid, weak. But I told him (friend) 'the book says it's OK to do that so there's nothing about losing strength' and he said 'no, you do lose it' and I said 'I don't think books lie' and he said 'you have to prove it'. But anyway, who knows, the book says one thing and people here say another... (Pedro, rural male, individual interview).

The excerpt above is typical of the knowledge encounters between local beliefs and academic or scientific discourses among rural male participants, who also understood masturbation as an ill-substitute for sexual intercourse and avoiding its risks (*'not necessarily going with women'*). In this case, however, belief, as a distinct kind of knowledge, afforded a place for the "not-verified". Generally, the encounter of these two distinct discourses was prefaced by the explanation of why masturbation occurs in the first place: *'because the body needs 'it' (sex)'*. However, the retention of the *'necessity'* that strives to be released in sexual acts, paradoxically, seemed to be valued, because otherwise boys would *'end up stupid, weak'*. The beliefs expressed by rural males were based on an understanding of the body, its processes and needs in order to be healthy. The duality weakness/strength as a perspective expressing fear of semen misuse was contrasted with that of *'the books'*. In this juxtaposition of perspectives, participants displayed the local meanings or what *'people here say'*. While participants connected with the elders by voicing their parents' teachings, these discourses clashed with the persuasion coming from

what are perceived to be equally legitimate sources. The encounter in the dialogue resulted in a dynamic coexistence of knowledges (§2.4.3.) whereby the correctness of each perspective had yet to be proven. As Pedro suggested, '*who knows*', which might indicate that although the loss of strength is a deep-seated belief, scientific knowledge might serve to reduce anxiety or negative feelings when masturbation is in fact performed, since it addresses a '*necessity*' of the body.

Among rural males, local beliefs surrounding masturbation seemed to be responding to the necessity to gain control over the body. Thus, through the fear of not being able to work due to weakness, boys are told to refrain from sexual activities that lead them to ejaculate. The duality strength/weakness of 'nature', which I presented earlier (§6.1.1.) was noticeable again in this belief. In this regard, literature on masculinities and sexual health in Mexico reports the reference to semen but not the fear of loss and weakness (e.g. Gutmann, 2007) and historians confess to lack references with regards to tolerance towards masturbation (López Austin, 1980). However, historians also point out that one of the ways in which nobility of Nahua males was designated in pre-Columbian times was by preserving their 'vigour', which had to do with not letting the soul-*tonalli* go out of the body during sex (López Austin, 1982). This belief clearly resonates with the fear of weakness due to masturbation presented by rural male participants, which basically entails the same 'waste' or 'wearing out' of semen through ejaculation that purportedly provokes weakness. Similar beliefs have been found in non-Western countries such as China, Guinea, Zambia, Sri Lanka and India (Coast, 2007; Pelto, 2002).

Ingham (2005) has suggested that more evidence is needed about the benefits of pleasurable auto-stimulation in the attainment of sexual health of young people. Recently, in Mexico, researchers investigating sexuality have readily linked "modernity" to the condoning of masturbatory activities in males found among the participants in their studies (Carrillo, 2002, Hirsch, 2003, in Gutmann, 2007: 140). My results support these studies in the sense that the majority of participants who spoke about masturbation justified its practice. However, the common message was that masturbation is an alternative that allows the youth to avoid the risks of 'proper' sex, and was communicated through academic discourses by females in both settings and urban males and with a juxtaposition of beliefs by rural males. Yet, the qualitative techniques employed here allowed me to spot a different, albeit inconspicuous, understanding of masturbation scattered across the sample. This understanding referred to the potential of masturbation as auto-exploration, an idea which seemed to be opening-up a different perspective

acknowledging the practice of masturbation in its own right and challenging the persistent reference to penetrative intercourse:

...[masturbation] is something that, when, let's say, a person is alone and she feels like knowing herself, she starts touching her body...but I've never done it... (Emilia, rural female, individual interview).

The significance of masturbation as auto-exploration, even if only discreetly spread among participants, resides in the complexity it adds to the understanding of sexual experiences among indigenous adolescents: to argue for a monolithic perception of corporal exercises that lead only to concern with avoiding the risks of 'proper' sex would be not only difficult but inaccurate. Rather, what gave meaning to their interpretative repertoires seemed to be their relation to the body and how its health could be maintained.

6.3.2. Folk medicine⁵² as coexistence of health resources: herbs and hydrotherapy

The previous subsection has illustrated coexistence as an outcome of knowledge encounters among rural male participants when making sense of masturbation. This subsection focuses on folk medicine and uses the knowledge encounter outcome of coexistence to interpret the use of knowledge on herbs and therapeutic practices among females in both contexts. Although folk medicine knowledge in general was present among male participants, they displayed limited ideas with regards to sexual and reproductive health specifically. Hence, the analysis of this and the next subsection draws mainly on female participants' discourses.

A diversity of recipes for therapeutic remedies was outlined during FGDs and individual interviews across the sample. The healing resources identified by participants were menstrual cramps relievers, abortifacients, emmenagogues⁵³, childbirth facilitators and relievers for genital irritations. The role of herbs for fertility regulation has been documented in Mexico (Castañeda, Billings, & Blanco, 2003; Pick et al., 1999). Similar

⁵² I am calling this subsection 'folk medicine' because it encompasses three different medical knowledge systems (all definitions taken from Turnbull, 2009: 3): 1. traditional knowledge, which is considered a "cumulative body of knowledge and beliefs, evolving by adaptive processes and handed down through generations by cultural transmission"; 2. local knowledge, a generic term "referring to knowledge generated through observations of a particular environment or at a particular site and produced by a specific group of people with specific practices and tools"; 3. indigenous knowledge, which is supposed to be "local knowledge held by indigenous peoples, or local knowledge unique to a given culture or society based in particular relationships to the land or place, rather than in the special sense of descent from original or pre-conquest inhabitants". Due to space constraints and the scope of this research, I make no distinction in this typology and refer interchangeably to these knowledge systems. In addition, home or domestic medicine, which accounts for home remedies and techniques practised mainly by housewives (Zolla, 2004), is also considered under 'folk medicine'.

⁵³ "A substance that stimulates or increases menstrual flow" ("Emmenagogue", 2010).

use of plants has been reported in Latin America (Martinez, 2008) and other developing countries (Bhasin, 2004; Kamatenesi-Mugisha & Oryem-Origa, 2007). Nonetheless, some of the plants identified by participants are inherently local, such as the *cihuapatl*, which in Náhuatl literally means ‘women’s medicine’. It is “an Aztec medicinal plant” (Madsen, 1960: 232) that has been used since pre-colonial times in Mexico. Below is a picture taken in Tememetla showing the plant *cihuapatl*:

Image 6.1 *Cihuapatl* (*Montanoa tomentosa*)



Beliefs in relation to dualities such as hot/cold and strong/weak were expressed when communicating knowledge about herbs, resonating with previous research in Mexico (Castañeda, García, & Langer, 1996) and other non-Western contexts (Kim-Godwin, 2003) and echoing the idea of ‘nature’ presented before. Thus, when outlining the effects of menstrual cramps relievers or abortifacients, rural participants stressed that the remedies needed to be hot in order to be effective. Just as for pre-Hispanic Mesoamerican peoples, the qualities of hot and strong ‘nature’ were associated with fertility (Mellado, Zolla, & Castañeda; López Austin, 1982)⁵⁴. For rural female participants, this knowledge was orally and practically transmitted within the household:

Emilia	<i>The rue's a very strong medicine...it provokes that the baby feels bad and in the moment it feels bad</i>
Xóchitl	<i>That doesn't provoke an abortion, that provokes a <apuro de parto> [lit. rush of labour]. Abortion's when you take a herb called cihuapatl, those are some wide leaves like this ((showing size with her hands)). I know from my mother-in-law. It's served like this and very strong and tastes very bitter, and that makes the baby to come unstuck. Or if the sperm and the egg are getting together it doesn't allow them to work, and then it's disposed through the vagina</i>

⁵⁴ The symbolism of the duality hot/cold has been a subject of contentious debate in Mexico and Latin America, where some scholars (e.g. López Austin, 1980) consider it inherently indigenous and distinguish it from the European ‘humours theory’ with which some others (e.g. Foster, 1987) have associated it.

...

Emilia

Well, I've learnt it's not like that. The most effective's the rue. Because also my mum's told me that the cihuapatl is for when you feel the labour pains, then you drink it and you give birth, without waiting for a long time. And that medicine also helps for cramps that, well, I am of those that when [menstruation] comes down I'm crying, so the tea comes and warms up your stomach and then the cramps stop...

(rural females, FGD).

Knowledge about remedies was not only detailed, but also shared by participants in a flexible fashion when encountering the knowledge of others. Using the excerpt above as an example, at an individual level in the case of Xóchitl, her knowledge was expressed using not only academic or scientific notions such as 'egg' and 'sperm' and "traditional" ideas of body care such as the use of phytotherapy. Her knowledge carried, at the same time, lay understandings of body processes like a baby being 'unstuck' from the womb. She employed this amalgamation of notions to set her perspective taking into account that of Emilia, and thereby deploying persuasive discourse to make sense of a process: abortion. Furthermore, at the level of the collective, the evidence at hand corroborates a coexistence of knowledges. The excerpt presented above, for example, might indicate a certain ambiguity in the interviewees' knowledge of the local/traditional medicines. However, what seemed to be mere discrepancies in participants' views on and experiences with these herbs was part of the versatility of knowledge within a community or group. For instance, both *cihuapatl* (*Montanoa tomentosa*) and rue (*Ruta spp.*) are in fact reputed by botanists and anthropologists as abortifacients and childbirth facilitators because they act in different ways depending on whether the uterus is gravid or not (Gallegos, 1983; Landgren et al., 1979; Pollio et al., 2008; Zolla et al., 1994). As in the excerpt above, the multipurpose characteristics of these plants support the various representations of a significant social object (phytotherapy for reproductive purposes, in this case) that exist within a group. When these representations meet and are expressed, they cannot be reduced to one or the other, even if persuasive discursive means are employed, precisely because they complement each other, as different sides of the same coin.

The concept of fertility regulation and the means of achieving it are well known for this indigenous group in ways that do not necessarily comply with those of allopathic or institutionalised medicine⁵⁵. In this regard, the specific and detailed descriptions of the remedies among rural female participants was an unexpected finding because it contrasts with the results of recent anthropological research that has mapped out the current

⁵⁵ There is evidence of the safe (devoid of toxic complication or side effects) usability of the plants mentioned (Zolla et al., 1994; Southam et al., 1983).

changing pathways of knowledge about traditional medicine for reproductive purposes among Nahua women. It has been reported that although adult females are able to talk about certain plants, and can recognise them, they lack knowledge about their practical use, which is held by women of 40 years and above only (Smith–Oka, 2008: 611–2). In this study, female participants in the rural setting, as young as they are, provided elaborate accounts of medicinal resources. One possible explanation might be the fact that most of the situations in which these medicines are used are distinctively related to the female body (menstrual cramps, for example). Moreover, the specificity of this knowledge might respond to pragmatic necessities mainly experienced by females in the rural setting.

What is considered “traditional” medicine among indigenous peoples in Mesoamerica historically included not only the use of herbs but also the practice of ritualistic hydrotherapy (Aguirre Beltrán, 1955/1994). In this study, folk medicine was extended to the mainly applied (as distinct from ritualistic) use of a variety of practices ranging from hydrotherapy to massages for indigenous adolescents, mainly in relation to ‘female issues’ or ‘granny concerns’, as some participants expressed, such as menstruation, pregnancy and birth. One of the most illustrative resources was the *temazcal* or steam bath, whose therapeutic properties are well-documented elsewhere (Marmolejo Monsiváis & Mata Pinzón, 1999), employed regularly in the rural setting for muscle pain relief and when women give birth:

- | | |
|------------|---|
| Evarista | <i>Look, I got medicines from the place where I gave birth because I had a caesarean; they gave me medicines for the pain of where they cut me (healing scar). I didn't take any herbs because of those medicines, but I've learnt about it. When women have just given birth, they need to take a bath in the temazcal so that her bones (.) because our body is <tierno> [lit. tender, meaning young], it's like new. So the temazcal is for women to get fixed quickly and also to <agarrar fuerzas otra vez> [lit. regain the strength]</i> |
| Researcher | <i>Did you take baths in the temazcal?</i> |
| Evarista | <i>Yes, but not too many, just like six of them, but I didn't burn too much. I just got a herb called omequelite, which is for bathing women who have just given birth. Once it releases its flavour, its odour, then that should be spread onto the women for the bones to get fixed...</i> |
- (rural female, individual interview).

The coexistence of ancient health resources with allopathic medicine was present in the rural setting. As in the case of Evarista, rural participants frequently saw the functions of ‘medicines’ and herbs as different yet compatible, although none of these perspectives was presented as more legitimate than the other. Evarista explained that she did not take herbs because she was prescribed medicines after giving birth. For her, when encountering

the two perspectives in her dialogue, both herbs and medicines were seen as effective for pain relief and coexisting in a complementary manner. Furthermore, the idea of the *temazcal* being instrumental 'to regain strength' corroborated the concerns about having a weak 'nature' and further confirmed its plausibly deep-seated origin. Images 6.2 and 6.3 illustrate some of the resources mentioned by Evarista and rural female participants.

Image 6.2 *Temazcal* bath in Tememetla



Image 6.3 *Omequelite* (*Piper auritum*)



The case of urban participants with regards to ancient practices such as massages, birth attendance by traditional midwives and hydrotherapy also entailed coexistence when knowledges met in their dialogues:

Miguelina	<i>When I was pregnant I went to have check-ups every month, every month</i>
Researcher	<i>Did you do anything else?</i>
Miguelina	<i>Well (.) yes, I went with a lady in [nearby neighbourhood] so that she <me la acomodara> [lit. to accommodate or adapt, meaning to put the foetus in an appropriate position] because she (baby) was across [the womb]</i>
Researcher	<i>How did you know?</i>
Miguelina	<i>This lady, she said that her head had to be on this side ((pointing towards lower part of abdomen)) and the feet here, and (.) the head has to be down and the feet up</i>
Researcher	<i>How did you get to know about this lady?</i>
Miguelina	<i>My cousin recommended her to me because her mum went with her. This lady helps in normal (non-caesarean) deliveries</i>
Researcher	<i>Would you have gone with her?</i>
Miguelina	<i><¿A que me pasara mi parto?> [lit. to pass my delivery, meaning to give birth] No, because I don't trust <parteras> [traditional midwives], because there have been cases in which they don't know how to cut the belly button, whereas in the hospital they put a catheter to clean them, to get all the blood out, they cut their belly button with special scissors made for that</i>
Researcher	<i>Did you trust her to <acomodártela> [fix the baby]?</i>
Miguelina	<i>Yes, that's good with the partera</i>
<i>(urban female, individual interview).</i>	

...the difference between here and my village is that in the village people resort to parteras, not to doctors. What they most employ is parteras and, supposedly for them to have more milk, they get into something called temazcal. They use that there because if they don't they say they don't recover and don't have milk for the baby. But there are also people who get sick in the temazcal (.) it's really hot. So, they say 'no, I won't go there because it might make me sick, so I will use some injections instead'. I don't know how injections work, but it's the same... (Cipatli, urban female, individual interview).

Again, the coexistence of knowledges was present in the dialogue of urban participants, who, in the case of Miguelina, explicitly reported the legitimate use of both perspectives: the knowledge from the hospital and the parteras' knowledge. Although she explicitly stated that she did *'not trust parteras'*, the dialogue revealed that she relied on them albeit for certain purposes only, which qualifies the coexistence of knowledges resulting from this encounter. Cipatli, in turn, opposed the benefits of the *temazcal* to that of injections. The discourse used for and against each of them was persuasive: the use of injections or of *'something called temazcal'* was seen as parallel and alternative perspectives because both were regarded as legitimate (*'I will use some injections instead'*) to fulfil the function of recovering from birth-giving. However, the discursive means through which she referred to her village and its inhabitants was the noun *'they'*, so as to subtly distance herself: although coexistence of knowledges from the rural setting remained in urban participants, the identification with the customs of the village was discreetly fading away.

6.3.3. *Hybrid practices: when the old and the new blend*

I have already shown that there is a coexistence of perspectives from "scientific" discourses and those that are identified to belong to local people, such as the loss of strength during masturbation among rural males and the use of herbs and hydrotherapy among female participants. I have also shown how, although this coexistence was maintained in the urban setting, there was a detachment from the 'local', understood as the knowledge generated in villages. In this section I want to retrieve this detachment and show that among urban participants this coexistence is moving towards favouring "scientific" discourses over "local" or "traditional" ones at the discursive level. When it comes to reported practices, however, concrete conditions of living might underpin the blending of knowledges through hybrid new ideas or practices.

At the discursive level, drawing on scientific/medical discourses and on everyday experience, urban participants expressed their doubts regarding the effectiveness of folk medicine and discussed the possible side effects of these remedies. Discursively, participants employed a tacit pejorative way through the use of diminutives such as

'yerbitas' (little herbs) or nouns with a slight negative connotation, such as 'menjurje' (concoction). Thus, when discussing folk knowledge, the juxtaposition and weighting of different perspectives were performed. For example, although participants referred to the materials employed for remedies as '100 per cent safe because they are natural', they also expressed their concerns regarding the asymmetries between doctors' knowledge and their own. This is illustrated by the following quote:

I think that the most correct [action] would be to go to a gynaecologist, but it's not the easiest or cheapest. You have to resort to home remedies and you take the risk of it being something more serious. It may look slight to us, but you never know, right? Because we don't have specific knowledge on diseases... (Ofelia, urban female, FGD).

As the excerpt above shows, urban participants acknowledged the reliability of folk medicine but discreetly expressed their preference of allopathic medicine over traditional or home remedies. Whereas rural participants frequently pointed out that 'they have learnt' about local medicinal resources, urban adolescents did not seem to perceive themselves as ancient knowledge holders. It is possible to speculate, as concluded in the research of Gervais and Jovchelovitch (1998a, 1998b, Jovchelovitch & Gervais, 1999) with a non-Western ethnic minority, that identity is the function of social representations that is underlying the interaction in the dialogue. Thus, a symbolic notion of change, overcoming of poverty, and development is afforded by references to allopathic medicine. This symbolic notion goes hand in hand with the sense of progress in the life project (§4.4.4.) that participants expressed as desirable.

When moving from the knowledge discursively preferred to the actual practices reported, urban female participants reported to rely on first, folk medicine and second, folk *and* medical or institutional knowledge in a hybrid fashion due to specific conditions of living and material constraints. First, in terms of "traditional" knowledge adoption, it would be expected that urban females do not necessarily make use of plants and herbs because, their place of residence being a city, they can only access them through market herb vendors (Pick et al., 1999). However, as reported by a number of them, precisely because abortion is illegal (§4.2.2.) and because the city allows for more freedom of movement albeit with certain scrutiny (§ 4.2.1.), 'hot herbs', as they were identified, were seen as an accessible, affordable (the price varies as a function of the length of pregnancy) and natural way of provoking an abortion. In practice, the only participant who reported undertaking an abortion resorted to 'hot herbs' purchased from a market herb vendor. This use contrasts sharply with the rural setting where herbalist knowledge was handed-down, rather than 'bought' for practical reasons even if the origin of the plant is unknown. In

addition, this finding supported recent results in behavioural preferences in the field of sexual health in Mexico, where male adult patients preferred “alternative over medical treatments” due to fear of side effects (Wentzell & Salmerón, 2009: 1763). In this case, however, the main reason seemed to be related to concrete living and economic conditions.

Second, participants revealed a combination of knowledge that I regard as hybrid (§2.4.5.). Participants reported to resort to novel ways of engaging with folk medicine and knowledge by performing adaptations to old practices in order to benefit from them in view of economic hardships. However, it should be clarified that this is not to say that folk knowledge was seen as a ‘last resort’, since they could have engaged with alternative allopathic means (seek for cheaper “modern” treatments, for example). Rather, the dialogues documented in this section highlight how the creativity of participants can play a part in making sense of their own apparently contradictory understandings of a single phenomenon:

...I don't really believe in herbs and witchcraft some people rely on (.) but some things I've seen that do work (.) I was telling you about how strong cramps feel, and I kept buying pills. So that day I went to the pharmacy, I felt such strong pain because [my period] was about to start. And (.) the person there recommended camomile in drops for me, because pills are expensive and besides that day they didn't have any. It's a little bottle with concentrate of camomile, so I was told 'put three drops in a glass of water and [the pain] will fade away'. I came and did it, and it worked. And I thought 'if this is camomile, then camomile will do the same'. And from that time on, I have done my tea myself and I've tried other things...some the <yerbera> [herb vendor] recommended, like cinnamon and rue... (Herminia, urban female, individual interview).

...for example, with me, sometimes I had my <regla> [lit. ruler, meaning period] once and then after eight months and then seven or three. So, the doctor said that's not right because one develops a cyst and it forms like a ball and they would have to make a surgery to take it out...the doctor said that I had a swollen womb. In fact, they took an ultrasound. So he sent me a treatment of pills and I was like that for like two years...And one day my mum met doña Juanita (neighbour), who knows a lot about remedies...and she said 'you should have taken a temazcal bath, you have lots of blood accumulated there' but we didn't have a temazcal here. So they gave me a wormseed and rue tea and she said 'now you'll bleed a lot, this is for your stomach to be cleansed'...and so what one does is that one goes and buys with the herb vendors herbs for baths and then you put those to boil in a little tub. And then you take a blanket around and sit on the tub and stay there for it to warm your belly and heal your womb... (Isidra, urban female, individual interview).

In both Herminia's and Isidra's dialogues it is possible to verify the adaptation or combination of distinct knowledges for a single purpose: relief of cramps and treatment of menstrual irregularities. In the case of Herminia, she balanced the perspective of knowledge that relied on herbs with the perspective of (institutional) knowledge stated by

a pharmacy attendant. On the one hand, Herminia might have regarded the latter knowledge as more accurate. On the other hand, it was the way in which this apparent asymmetry of knowledges was managed, through the effective contact with herbs in the form of drops, which prompted her insight (*'and I thought, 'if this...'*) and her new practice (*'I have done my tea myself'*). In Herminia's dialogue perspectives were not enforced: she did not automatically resort to herbs because of an authoritative prescription. Rather, she was persuaded both by the recommendation (pharmacy perspective) offered and the fact that the remedy worked (herbs knowledge perspective). It is contradictory that Herminia declared that, at present, she does not *'really believe'* although at the end of the excerpt her new practice was reported as ongoing. This contradiction, however, seemed to enable her to come up with a hybrid practice that is part of *'believing in herbs'* because it includes teas, but at the same time is also related to institutional (pharmacy) knowledge because it was derived from the recommendation of camomile drops. In addition, her hybrid adaptation might tell more about a fact Herminia just mentioned in passing: contrary to teas, *'pills are expensive'*.

Isidra, in turn, did not seem to display any contradictions in her dialogue. By setting the perspective of the doctor and that of doña Juanita and her mother, the main objective was to highlight her ailment. After failing to achieve complete relief with pills, she took the perspective of the community and drank the tea she was offered alongside her pills. However, the possibilities of completely following doña Juanita's recommendations were beyond Isidra's means since no *temazcal* was available. She did not relocate her perspective from the doctor's pills to the use of the *temazcal* bath in a radical way. Rather, she (possibly aided by her social network) adapted the *temazcal* into a tub bath that incorporated doña Juanita's recommendations⁵⁶. The tub bath, however, was not used to clean the blood, as doña Juanita suggested, but to *'heal the womb'* the doctor said was swollen, in a hybrid combination of discourses. Isidra regarded that the improvement in her condition was due to both pills treatment and complementary measures in the form of teas and tub baths.

In the cases in which knowledges were adapted into hybrid or new practices, or in the case of abortion whereby one type of knowledge was preferred over another, knowledges expressed through practices seemed to respond to clear needs in the face of material restrictions. In addition, it can be seen how notions such as the hot 'nature' of

⁵⁶ I am not claiming that the tub bath is a 'hybrid' practice per se. The sit and tub baths have their own therapeutic purposes (Mellado, Zolla, & Castañeda, 1989) in the Mexican context. However, this practice became 'hybrid' in the case of Isidra because of the combination of discourses including recommendations from the community and the doctor's diagnosis.

certain things (herbs and baths) were believed to work for health conditions just as in other understandings about health outlined previously. In the latter cases, however, symbolism was displayed slightly less and rather intermingled with a wealth of notions from lay, institutional and medical knowledge that addressed the particular living conditions and resources of indigenous girls in cities.

6.4. Concluding remarks

This chapter has been concerned with specific beliefs about sexual and reproductive health. Results were discussed in the context of three main topics: first, pollution; second, the defence against polluting agents; and third, a further set of beliefs around masturbation and folk medicine. The chapter contributes in three main ways to the understanding of sexual and reproductive health among indigenous adolescents.

First, in terms of content, this chapter highlighted the presence of beliefs surrounding pollution of the body, which was believed to be potentially contaminated by external agents, AIDS and diseases. It was suggested that this pollution might be understood as 'weakening' the body and hence damaging its 'nature'. Next, four means of defence were discussed: first, hygienic practices, their potential and limitations; second, the contradictory understanding of condoms as breakable means of defence; third, the relevance of knowledge for participants and the belief that knowhow is intrinsically related to protection; fourth, the complexities of the belief in the protection provided by screening of "clean" and "dirty" partners. In addition, beliefs around masturbation were examined as well as a wealth of beliefs in relation to folk medicine, as communicated by participants. These beliefs, as well as hygienic practices, were also linked to the notion of 'nature' through the dualities hot/cold and weakness/strength.

Second, findings in this chapter can be related to identity processes and symbolic resources. By drawing on the Mexican rural notion of 'nature' I have suggested that participants' belief in the constant need of cleansing and monitoring the female body due to its anatomy and purported fragility might be a symbolic resource females might draw on in order to procure themselves preventive care. In the same way, the importance of "technical" knowledge as an empowering resource was acknowledged by participants. This can be related to their fostering of an identity as the *current* knowledgeable generation, supporting previous findings (Chapter IV). Furthermore, folk knowledge in the form of herbs and therapeutic practices was identified as a medicinal resource still present among participants in this study.

Third, with regards to the research design, beliefs were identified to be relatively consistent when moving from the rural to the urban setting. However, differences were identified by social context in the dynamics of folk knowledge in relation to other knowledge systems: whereas in the rural context coexistence seemed to be the norm, in the urban context coexistence was present alongside hybridity. These differences retrieved the importance of acknowledging participants' understanding of sexual health as cognitive polyphasic systems and connected the different 'phases' of these systems in encounters that resulted in coexistence and hybridity.

Key differences by gender were related to the way in which diseases were perceived: whereas females seemed more familiar with 'mild' infections, their male counterparts generally focused on comparing diseases with AIDS, thereby limiting their discourses on health-seeking knowledge. Accordingly, it was mainly females who displayed concrete beliefs related to the need of prophylactic care. In addition, females communicated folk knowledge in the form of herbal remedies and hydrotherapeutic practices. Males, in turn, were particular in their understanding of sexual screening. Rural males, specifically, displayed conflicting knowledges with regards to the practice of masturbation.

Furthermore, although this chapter continued with the 'funnelling' approach through which I have presented the results of the research, it is necessary to take into account the context from this and the two previous chapters in order to get the whole picture of how participants made sense of sexual and reproductive health. Whereas I have made the pertinent connections between the different elements in the three chapters, at this point I will pause in the discussion to make the transition into the application of the outcomes of knowledge encounters previously discussed to the analysis of sociodialogue in FGDs. While this is the concern of the next chapter, a further global discussion of results will be offered in the concluding chapter.

VII. DYNAMICS OF FOCUS GROUPS: ENCOUNTERING THE KNOWLEDGE OF OTHERS

In this chapter I put to use the typology of outcomes of knowledge encounters devised in Chapter II for the analysis of sociodialogue. Through an inductive approach to the data, the previous empirical chapters showed different outcomes of knowledge encounters: outcomes have been presented as reported by participants when recollecting their knowledge encounters with actors physically absent but brought into sociodialogue with the researcher and/or other research participants. By contrast, this chapter provides 'snapshots' of outcomes of knowledge encounters in the context of focus group discussions (FGDs), which are considered here as "temporarily established states of intersubjectivity" (Rommetveit, 1984: 344) with physically present actors. In addition, it draws on the constituent elements of the social representations of sexual and reproductive health as discussed in the three previous empirical chapters to make sense of the content of the dialogue. The data used in this chapter come from the six FGDs conducted in the rural and urban research settings. I anticipated that each discussion group would generate knowledge encounters and hence a variety of outcomes because, as Moscovici vehemently pointed out, "[i]n so far as groups or individuals are called upon to confront and resolve more and more complex problems, of a social as much as a natural order, the *variability* of mental tools adopted is an ineluctable consequence" (1961/2008: 191, my emphasis).

Conventionally, in adolescent sexual and reproductive health research it has been contended that one of the disadvantages of FGDs is that participants tend to conform to the perspectives of their peers rather than "*truthfully* discussing their *own* perspectives" (Robinson, 1999: 911, my emphases). Although Robinson is not alone in this view (e.g. Helitzer-Allen, Makhambra, & Wangel, 1994), this common assessment reflects a monological understanding of "the truth", as if it was held individually by participants and then just brought into the FGDs to be confronted by that of others. Against this position, I argue that even if participants follow the views of others in the FGDs, it is this dynamics that should be further analysed in order to tap into how representations are produced in and through communication. Agreement and disagreement among participants, to mention only two possible basic interactional features of FGDs, occur to fulfil a function and it is these functions that the analysis presented here aims to examine.

The objective of this chapter is thus to identify outcomes of knowledge encounters in the context of everyday communicative exchanges. In addition, it pursues the aim of showing the variation of outcomes in relation to the two social contexts studied. To fulfil these aims, the chapter is organised along five main sections. The first one discusses the analytical specificities for the examination of the data in this chapter. The second section provides a specific example for each of the five outcomes of knowledge encounters proposed in the typology in Chapter II. A third section presents evidence for an unanticipated outcome identified in the analysis: consensus. This is followed by the discussion of results in terms of changes to the typology and the main trends by FGD and social context vis-à-vis the outcomes identified in the analysis. I conclude with a fifth section highlighting the significance of this chapter in relation to the overall argument of the thesis.

7.1. Analytical specificities

The analytical work that led to the identification of different outcomes of knowledge encounters in FGDs was both theory and data driven. In terms of theory, I used my version of Jovchelovitch's (2007) typology of knowledge encounters (§2.4.) as well as an approach informed by dialogue and dialogicality (e.g. Marková & Foppa, 1990; Marková et al., 2007). By heeding "*the subtle transformation of knowledge which at times seems to be part and parcel of the very act of verbalization*" (Rommetveit, 1984: 352, italics in original), I followed an iterative process that sought to understand what kind of outcome resulted from knowledge encounters as they were displayed during communicative practices in the FGDs. Manageable dialogue units were separated in the transcripts and examined against the typology, so as to match them with the applicable outcome. However, the analysis was also data driven leading to the identification of an additional type of knowledge encounter which was not present before. This outcome was identified and added to the typology (§7.3.).

The delimitation of the minimum units for analysis of sociodialogue has been discussed widely by different theorists (Linell, 1998) with some authors preferring 'utterances' and others privileging 'turns' in dialogue analysis (Marková & Linell, 1996). Following Marková and Linell (1996), in order to construct a dialogically informed coding system, I attempted to identify interactions in terms of a) *co-construction of meanings* (meaning is coconstructed by participants in dialogue), and b) *sequentiality* (each contribution's meanings are partially related to its position in a sequence). However, although dialogically informed analysis should consider contributions in dialogue as both

initiatory and responsive (Linell & Marková, 1993), in practice I distinguished the *asking* initiatives of the researcher (in the forms of 16 planned questions from the topic guide) to draw the first boundaries between manageable dialogue units that I call episodes. I proceeded in this way because of the research need of identifying *encounters* that would encompass interactions with a main focus of attention. Dividing the transcript into alternative units such as those distinguished by the examination of 'topical' episodes (Linell, 2007a) was not suitable because this would potentially break the transcript down into the perspectives needed for the encounter to be identified and examined⁵⁷.

A second step was followed to complete the coding scheme and identify further 'spontaneous' episodes. This implied paying attention to asking initiatives in the form of questions posed by participants (that introduced a focus) as different from the ones outlined in the topic-guide questions. This occurred on a limited number of occasions and took place after general laughter, repetition of ideas or pauses that participants seemed to take advantage of in order to trigger discussion or pursue their knowledge interests. In addition, I also counted as episodes two instances in which I asked participants to expand on a point I considered interesting, as well as questions raised after the questions from the topic guide were exhausted. Hence, in agreement with the topic guide generated for data collection, each group generated at least 16 episodes demarcated by questions posed by the researcher plus an unequal number of spontaneous episodes.

Admittedly, episodes could have been coded with more than one outcome. For example, if the episode were divided into sequences of interactions, at the beginning of the encounter there could have been consensus between two dialoguers. However, setting the boundaries of the episode with my questions allowed me to examine entire sections of data and to code the outcomes according to coverage. In this way, the initial consensus could be 'nested' into a wider outcome such as accommodation if perspectives were relocated over the entire stretch of the episode and coded accordingly (as accommodation). Alternatively, if the entire episode included consensus, then it would be coded as such⁵⁸.

7.2. Analysis of proposed outcomes of knowledge encounters

This section is concerned with the five outcomes presented in the theoretical framework. It draws on the analytical categories of *perspectivity* (perspective setting and taking), *means*

⁵⁷ A codification by topics was performed for the analysis reported in the previous three chapters (§3.5.)

⁵⁸ Original Spanish transcripts can be found in Appendix F. Excerpts follow the transcription conventions presented in § 3.5.

of influence (use of either enforced authoritative discourse or persuasive discursive means) and *function* of the encounter discussed in sections 2.3. and 2.4.

7.2.1. (Attempts at) Coercive supplantation

This communicative state included those instances where one or more dialoguers attempted to 'transmit' and forcefully impose their own perspectives on others. Dialoguers who tried to supplant the knowledge of others and to substitute it with their own perspectives, as proposed in Chapter II, failed to take the perspectives of the others and used authoritative discursive devices. Dialoguers whose perspectives were exposed to this treatment, in turn, endured the coercion through minimal responses or laughter, among other reactions. This outcome was found only in discussions conducted among rural participants, specifically in groups that included a combination of in and out of school participants. Dissimilar access to knowledge, and hence a different ability to draw on varied experiences and social roles, might account for the dominance some participants attempted to exert over their co-dialoguers.

In attempts at coercive supplantation, more often than not, dialoguers initially set their perspectives (rather than only one perspective set and imposed), followed by another dialoguer who, in omitting taking others' perspectives, insistently neglected them. Instances of attempts at coercive supplantation were difficult to identify because participants of FGDs frequently endured authoritative discursive strategies by standing their ground when confronted by the participant who attempted to supplant their knowledge (i.e. they did not explicitly state they complied with the intended supplantation). However, it was precisely the interaction between dialoguers while there was an *attempt* at displacing the knowledge of others through authoritative discourse in the form of insistence and consistent disregard of the perspectives of others, which allowed the identification of this outcome.

The excerpt below shows how an attempt at coercive supplantation took place within a group of rural girls:

- | | |
|---------------|--|
| 1. Researcher | <i>What would a girl do if she finds out she has got a sexually transmitted infection?</i> |
| 2. Talita | <i>A disease about what?</i> |
| 3. Researcher | <i>A sexually transmitted infection</i> |
| 4. Emilia | <i>What would you do? ((directing herself to Talita))</i> |
| 5. Talita | <i>Me? Well, I saw in a book that, well, they gave it to me as a gift, that when a person has AIDS, that she cannot, she cannot cure it (.) that she's going to be like that all year long</i> |

- (.) *she won't be able to cure that disease of AIDS* (.) *well, me, in that case* (.) *I read that book and it said so*
6. Emilia *Well, I think that, at least, if I have got AIDS and my partner infected me, then the first person I'd speak to is my partner. I'd say 'listen, you gave me this' because then he'd also be infected*
7. Xóchitl *Well, that's what you say, but my point is, right? My point is* (.) *Emilia says that she'd speak to her partner, she says so. But, for example, right, if I have already rolled around with ten [guys] before or after him, then, who [of them] would I speak to? No, better to treat myself on my own, obviously*
8. Multiple voices *****
9. Xóchitl *Yes, it's obvious; it (treatment-seeking) would be on my own, not with my partner like she says, right? Because in this case there're two options, I'm just realising that: with one's partner and on one's own*
10. Multiple voices [*****]
11. Xóchitl *Yes, yes, yes, because, can you imagine that? I have, no (.) now gosh, I have (.) It's like 'I've got the little ball. Now, who can I throw it at?'*
12. Multiple voices *****
13. Xóchitl *Yes, yes*
14. Multiple voices *****
15. Juana *Can I say something from the telly?...*
(rural females, heterogeneous)

In terms of structure, the attempt at supplantation was coded from Contributions 1 to 15. The entire episode also includes cooperative contributions between Emilia and Talita (2–5), who started to make sense of my question about sexually transmitted infections (STIs) in terms of AIDS. Perspectives were initially set during Contributions 5 to 7: while Talita impersonally referred to a book and facts she had learnt about AIDS, Emilia took the position of the girl in the question I posed in the first contribution. As a hypothetical protagonist, she expressed her possible choice in the event of being infected with AIDS specifically and thereby set her perspective. This was followed by Xóchitl, who set her perspective by using joking expressions such as *'si yo ya me di unas revolquizas'* ('if I have already rolled around') and an exaggeration of possible multiplicity of partners ('ten guys') to indicate promiscuity. Admittedly, in setting her perspective, Xóchitl did not disregard the previous contributions altogether: in order to reject those contributions, she had to recognise them as a potential perspective. However, she only used *'what Emilia says'* as a steppingstone for engaging in coercive discourse. Hence, her exercise of perspective taking was limited. Xóchitl carried on to insist on her position and assumed authority by indicating that *'it is obvious'* that a girl should take the initiative and seek help or treatment in the event of AIDS, rather than waiting to hear from her partner. Her discourse is authoritative insofar as she insists on her perspective and tries to encapsulate the plurality of perspectives (*'there are two options'*) into what she confidently considers

'best'. The other dialoguers were not just observers of the situation, but tolerated Xóchitl's insistent interventions through reacting with general laughter (8, 10, 12, 14). The boundary of the topic was marked by Juana, who seemed to imply that there was nothing else to be said and enquired of the researcher about the pertinence of another idea. After seeking consent for introducing *'something from the telly'*, she initiated a considerable long description of a programme in which a woman had been infected with AIDS (not included in the above excerpt). After her intervention, the girls did not comment further on the topic and I introduced another question.

It should be noted that Xóchitl was the only mother of the group (she was accompanied by her baby during the FGD). It is possible to suggest that the power of this condition afforded her the prerogative of 'teaching' (Keppler & Luckmann, 1991; Linell, 2007b) or 'lecturing' the co-dialoguer girls on what she regards as accurate. She did not address her relatively submissive co-dialoguers in the terms previously set (AIDS in a girl with a single partner). Instead, she proceeded by imaginarily positioning herself as someone who could have sex with ten partners and thereby reducing the possibility of having AIDS to a single confident perspective that purports that STIs happen to promiscuous people. Even if hypothetically and joking, exaggerating sexual experience was something uncommon among the girls in this study. Xóchitl, who has had sexual and reproductive experience legitimated by her marriage, by contrast, could afford these types of expressions. In order to exert coercive discourse, she deployed her positions as a mother and married woman and drew on the widespread knowledge of AIDS as promiscuity posed in the other (she is *not* someone who would 'roll around', those who catch AIDS are). This does not mean, however, that she just "imported" these conditions into the encounter in the FGD. Rather, it is this space for discussion which provided the floor for her to negotiate her identity *in relation* to the other dialoguers, who endured her interventions through laughter as 'behavioural tokens' (Keppler & Luckmann, 1991). After Juana's intervention, Xóchitl's authority on the matter did not seem to hold, which left the floor open for Juana to narrate a different—yet related—event.

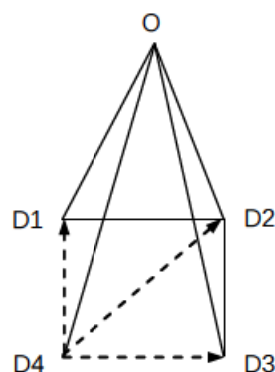
When it comes to content, the excerpt above contains rich instances of the knowledge available to make sense of STIs. In this interaction, it is possible to identify, in the background of the encounter enunciated by Talita in Contribution 5, the presence of knowledge in books, which could be indicative of a form of knowhow implicitly used to respond to pollution (§6.2.3.), of which AIDS and STIs are part. In addition, and more saliently, was the widespread and consolidated representation that constructs AIDS in

terms of promiscuity. The imaginary 'little ball' Xóchitl spoke about can be seen as the result of one's promiscuous acts, and rather than 'throwing it' to someone else, the carrier of the little ball is the one to blame and deal with it.

In Subsection 4.3.1., I discussed coercive supplantation in terms of the coercive, authoritative treatment health staff were reported to give adolescents in terms of disrupted confidentiality and of coercive female contraception/sterilisation. The interaction was associated with a sharp asymmetrical relationship that was not managed effectively: a dominant and confident representation of what sexual and reproductive health should be was coercively imposed on adolescents, for whom the dominant representation had little relevance. In this case, by contrast, it should be appreciated that the setting of perspectives included unequally shared aspects of representations: Xóchitl could not have drawn on widespread knowledge and condense AIDS as promiscuity in order to forcefully reduce others' perspectives to it, had this knowledge not been shared and acknowledged at least to some extent by her co-dialoguers. This condition reinforces the benefit of qualifying these outcomes as 'attempts' at supplantation and highlights the challenges of systematisation of knowledge encounters at the micro-level.

Figure 7.1 presents a schematisation of attempts at knowledge supplantation during knowledge encounters. Taking into account the illustrative excerpt, when dialoguers represent an object (O), a single dialoguer (D4) attempts to coercively impose her perspective in relation to the object onto those of the other dialoguers (D1, D2, D3) who are expected to adhere and relocate their perspectives.

Figure 7.1 Schematisation of (attempts at) supplantation as an outcome of knowledge encounters



7.2.2. Resistance: agency at work or the resilience of local beliefs

Knowledge encounters that resulted in a state of resistance included those instances where one or more dialoguers using monological resources to attempt to authoritatively impose their own perspectives on others were faced by a reaction in the form of resistance. Dialoguers who tried to supplant the knowledge of others and to substitute it with their own perspectives failed to fully take the perspective of the others and exerted their authority in the encounter. Interdependently, dialoguers who resisted these impositions tried to defend their perspectives and, in that effort, contested the reputed authority of the dominating dialoguer.

In these encounters, dialoguers set their perspectives so that the plurality of positions was discernible for all participants. In doing so, one or more dialoguers putatively endowed with authority (just as Xóchitl, in §7.2.1.) used authoritative discourse to enforce a perspective, which was however resisted by their co-dialoguers. These, to a certain extent dominated, co-dialoguers, rather than submitting and enduring the imposition, reacted by taking the perspective of the dominating dialoguer and challenging it.

Resistance was present among groups including in-school participants only. Where instances of resistance as outcome occurred, the interactions involved the researcher or a virtual speaker invested with authority. For example, during some instances when the researcher suggested a challenge to one of the participants' claims in order to play the devil's advocate and trigger further discussion, her interventions were respectfully acknowledged and apparently agreed with. However, after this concession, participants would continue with their point, which in fact remained unchallenged. Although this instance could be considered a case of 'politeness in conversation', there was intentional performance of the courtesy to avoid confrontation and yet remain in the same position. This strategy exemplified the subtle exertion of power by apparently agreeing with a perspective perceived to exercise authoritative discourse through insistence on an encapsulated perspective relevant mainly to the dominating dialoguer.

The excerpt below comes from male participants in the rural setting. After discussing that teenage pregnancy affects "girls' development", a topic spontaneously triggered by one of the participants, I aimed at expanding the debate and at focusing on the "development" of boys and initiated a new episode:

- | | |
|-----------------------------------|--|
| 1. Researcher | <i>And if a boy impregnates, would that affect his development?</i> |
| 2. Marcos | <i>Yes, it would (Nicandro: yeah)</i> |
| 3. Researcher | <i>Why?</i> |
| 4. Genaro | <i>'Cos he wouldn't grow up any more</i> |
| 5. Multiple voices | <i>*****</i> |
| 6. Researcher | <i>Wouldn't he?</i> |
| 7. Marcos | <i>No, because let's say that the semen that's going to be, how do you say that? (.) Ah, expelled</i> |
| 8. Cruz | <i>[I'd say that it doesn't affect you because if you remember the doc said that masturbation doesn't affect you at all, so I say that to get a woman pregnant wouldn't affect us. It's like masturbation</i> |
| 9. Genaro | <i>No, but masturbation does affect you</i> |
| 10. Multiple voices | <i>***** xxx</i> |
| 11. Researcher | <i>Why do you say so?</i> |
| 12. Nemesio | <i>'Cos here it's believed that the semen men hold at the moment we have sexual relationships obviously comes out and it goes to the (.) the vagina of the woman and it stays there. Here it's believed that the semen of men's like a kind of strength. And thus [after you ejaculate] you end up weak, you end up stupid, and that makes that, I don't know, your body doesn't fully develop. It's what it's believed here, that the semen is strength, that it's like vitamins for you to grow up</i> |
| 13. Researcher | <i>And is it?</i> |
| 14. Marcos | <i>Well, I think it is. It's what I was going to say, that it's believed that those are the forces of the male</i> |
| 15. Pedro | <i>[Power</i> |
| 16. Researcher | <i>What about women, do they have strength?</i> |
| 17. Multiple voices | <i>Yes</i> |
| 18. Researcher | <i>Does that strength release?</i> |
| 19. Genaro | <i>Only when they give birth</i> |
| <i>(rural males, homogeneous)</i> | |

Resistance was coded from Contributions 1 to 19. The structure of the interaction in this excerpt starts by exchanges between the researcher and participants (Contributions 1–6). The dialogue was oriented towards making sense of a body process entailed in impregnating: ejaculating. Contributions 2, 4, 5 and 7 served to set the perspective of the majority of dialoguers in the encounter. Against this perspective, in Contribution 8, Cruz quoted “the” doctor to confidently state that *‘masturbation doesn’t affect you at all’* and therefore *‘to get a woman pregnant doesn’t affect us’*. Although Cruz admittedly appealed to his co-dialoguers by outlining the relationship between masturbation and impregnating a woman, his discourse was perceived as imposed since, by quoting the doctor, he brought his putative authority into the conversation. His authority (just *‘because’* he said so) demanded that co-dialoguers adhere to his perspectives without requiring persistence.

As described in the theoretical framework, in resistance, the aim of a dominating dialoguer is to usurp the knowledge of the dominated dialoguer by exerting its dominance, while the dominated dialoguer, even if disempowered, might draw on resources to resist

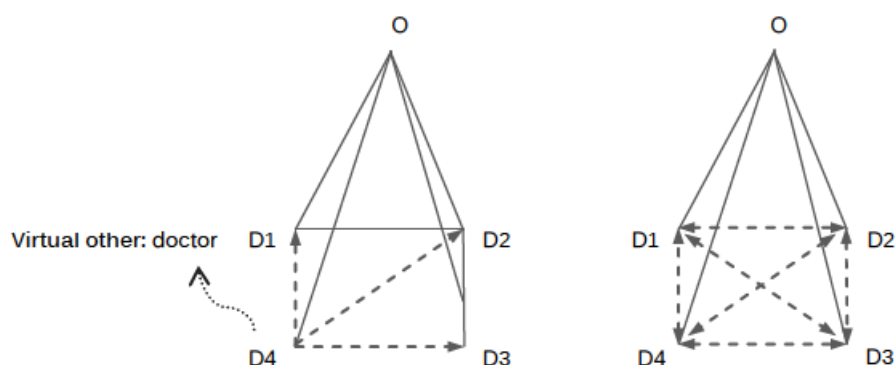
this domination. In this excerpt, when faced with the authority of the doctor, who is certainly invested with power and recognition, the agency and resilience of participants as *locals* became salient and challenged the perspectives attempted to be imposed (Contributions 9–15). The issue at stake was not that masturbation fails to produce negative effects, a claim with which at least Cruz seemed to be in agreement. Rather, co-dialoguers defended the local belief that the expelling of semen, which occurs in both masturbation and coitus, does have an impact on males' health and work performance. Through the employment of laughter, the episode reached a climax in which the participants, as locals, let me, in my position of an outsider student/researcher, know the *local* meanings. Although participants exercised perspective taking and acknowledged their awareness of the doctor's advice during the talks, they legitimated their beliefs by situating themselves within the community, as not necessarily opposed but certainly different from the position of the doctor, who is not a local. When these two positions met, the disguised agreement with the doctor became apparent and the defence of local meanings turned out to be explicit.

In terms of content, I would like to contrast the excerpt quoted above with the results presented in Subsection 6.3.1., where I suggested that among rural males there is a coexistence of two distinct bodies of knowledge: one pertaining to '*parents and elders*' (deep-seated beliefs of semen misuse) and another one pertaining to '*books*' (science). These encounters were narrated by quoting friends, parents and books, and all perspectives were correspondingly legitimated. I also reported that when these systems of knowledge meet, the encounter frequently results in the maintenance of this simultaneity leaving the accuracy of both perspectives open to verification. Then, why was it the case that in the excerpt above participants challenged the perspective of the authoritative virtual other brought into the conversation? To answer this question it is necessary to retrieve the results about health staff, who are perceived as figures with the entitlement of instructing people, coercively encouraging health measures and even deciding for service users (§4.3.1.). In view of this condition, it can be suggested that although in the encounter the doctor was absent, it is not that his authority was just "sourced", but rather that his power and expertise was called upon vis-à-vis participants. By quoting the doctor, Cruz was implying that his assertion must be accurate, without the need for critically verifying this perspective. In this sense, his discourse is *not* persuasive, but rather tries to impose a confident perspective that "demands that we acknowledge it, that we make it our own" (Bakhtin, 1981: 342).

Does this outcome of knowledge encounters contradict the results obtained in §6.3.1.? I would suggest that this is not the case. As I proposed in that section, each knowledge might have a contextual function. Although the loss of strength is a deep-seated belief, scientific knowledge might serve to reduce anxiety or negative feelings when masturbation is in fact performed because it is a '*necessity*' of the body: that is why, when the two knowledges meet, persuasive discourse is employed and coexistence is preserved. By contrast, the present encounter takes the shape of resistance precisely because of the 'threat' or force that authoritative discourse poses, just as in other instances where resistance was identified (§4.1., §4.2. and §5.4.1.). Furthermore, it can be surmised that this encounter tells more about *how* knowledge is presented during the encounter than about the knowledge per se. As discussed in the theoretical framework, it does not seem surprising that when knowledge is proposed (and tried to coercively be imposed) with the confidence of the only valid perspective through authoritative discourse, there is little impact on beliefs.

The figure below presents a schematisation of resistance. Each of the two pyramids presented denotes one of the two steps needed for this outcome. First, in the pyramid on the left, when dialoguers represent an object (O) a single dialoguer (D4) attempts at imposing her position (in the case of the excerpt, the virtual speech of the doctor voiced by Cruz) in relation to the object onto those of the other dialoguers (D1, D2, D3). Second, as indicated by the pyramid on the right, dialoguers (D1, D2, D3) react against the single dialoguer. They engage in dialogue to represent the object from a common ground that enables different positions than that previously expressed by (D4).

Figure 7.2 Schematisation of resistance as an outcome of knowledge encounters



7.2.3. *Dynamic knowledge coexistence*

Encounters that resulted in dynamic knowledge coexistence maintained the equilibrium in tension between two or more knowledges during the encounter. As anticipated theoretically, dialoguers set and took perspectives and engaged in the use of persuasive discourse rather than coercively imposing one perspective. Notwithstanding these dialogical efforts, a common perspective was not reached in these encounters, and perspectives were sustained although enriched by the communicative exchange.

Dynamic knowledge coexistence was identified across the sample and in the majority of encounters of urban participants. These encounters usually presented two knowledges that attempted to make sense of a given object, so that multi-dialoguer 'parties' were formed for each of them when setting their perspectives. The two sides of recognition were present through perspective taking and persuasive discursive means. However, although ideas on one and the other knowledge were usually expanded, dialoguers maintained the perspective they initially set. Let me illustrate dynamic coexistence as an outcome with the following excerpt:

- | | |
|---------------------|---|
| 1. Researcher | <i>To what extent do young people engage in sexual activities other than penetration?</i> |
| 2. Emiliano | <i>Masturbation</i> |
| 3. Melquiades | <i>Oral sex</i> |
| 4. Researcher | <i>Is it practiced?</i> |
| 5. Vicente | <i>One only has it (oral sex) if the woman wants (Domingo: yeah)</i> |
| 6. Melquiades | <i>No, it's if both agree. The woman (.) well, there're persons who say 'no, I feel that's disgusting' then it's only if both agree that they do it</i> |
| 7. Domingo | <i>Well, what happens is that not only sex gives satisfaction, not only with penetration satisfies</i> |
| 8. Emiliano | <i>Well, yeah(.) that (penetration?) can be around 70 or 80 per cent</i> |
| 9. Domingo | <i>Yes, because it's not like you get there and just start doing it (it meaning penetration)</i> |
| 10. Multiple voices | <i>*****</i> |
| 11. Vicente | <i>I'd say that [other practices apart from penetration] are done for the woman not to get pregnant</i> |
| 12. Domingo | <i>No, those could be the ingredients for what's to come next</i> |
| 13. Cuitláhuac | <i>I'd say that's different, apart from that (penetration)</i> |
| 14. Melquiades | <i>It would be an alternative, because if both don't want penetration then they would take that alternative for the girl not to get pregnant</i> |
| 15. Domingo | <i>Well, uhuh, that might be, but even in that case I don't think that gives satisfaction, that's why I say it's like ingredients</i> |
| 16. Emiliano | <i>Also masturbation</i> |
| 17. Domingo | <i>Yes</i> |
- (urban males, homogeneous)

Dynamic coexistence was coded for the entire episode (Contributions 1–17). Initial contributions tentatively set perspectives on the types of sexual activities apart from penetration (Contributions 2, 3). After I encouraged expansion on those ideas, Melquiades, disagreeing with Vicente, set the perspective of mutual responsibility for justifying sexual practices, especially oral sex (5–6). Against this perspective, Domingo set that of ‘*satisfaction*’ as a justification for doing ‘*not only sex*’ (7). Emiliano (8) cooperated in setting this perspective by alluding to my initial question (‘*to what extent...: 70 or 80%*’). After general laughter, Vicente then took the floor to set an apparently new perspective, that of strategically using sexual practices such as oral sex as a protective measure against pregnancies (11). The object (sexual activities other than penetration), presented in the dialogue in the form of the pronouns ‘that’, ‘those’ and ‘it’, was referred back and forwards in reciprocal perspective taking from that point on. It became clear that two interdependent parties clashed: one that viewed sexual non-coital practices as ‘*ingredients*’ or foreplay (Domingo and Emiliano), and another one which saw them as a strategy to avoid pregnancy (Vicente, Melquiades and Cuitláhuac). In addition, rather than confidently and authoritatively trying to impose a perspective, negotiation occurred through persuasive discursive means. When Melquiades contributed (14), for example, his discourse seemed to try to get the perspectives of the two parties closer by referring to an ‘*alternative*’ (not only as ‘*apart from that*’, as Cuitláhuac stated in Contribution 13) and linking back to the importance of mutual agreement he expressed in Contribution 6. Domingo, in turn, partially conceded the possibility without fully agreeing by qualifying the proposition of Melquiades and followed persuasion by expanding on his perspective (15). The episode concluded with Emiliano retrieving the idea of masturbation, just as when the episode started.

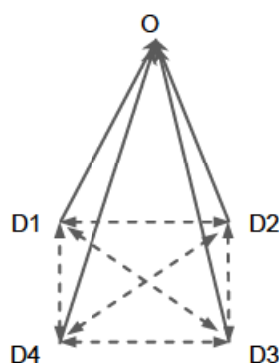
The content of the excerpt above is typical of the contradictory ideas that aided in justifying the practice of oral sex among urban male participants (§5.2.3.). Two representations were interrelated and maintained in the encounter. The first one refers to knowledge that makes sense of sexual practices that transgress boundaries (such as oral sex) in terms of mutual agreement and co-responsibility. The second one goes in the direction of pleasure, which puts sexual activities in the realm of ‘pure’ enjoyment. Although these representations could be integrated into one by understanding oral sex (for example, as mutual seeking of pleasure) in encountering the idea of pleasure, in this encounter, mutuality in agreement and responsibility was spontaneously linked to the protective practice of avoiding pregnancies. In this way, (avoidance of) reproduction and (seeking of) pleasure are interdependently opposed. According to participants in the FGD

above, one can therefore pursue one or the other, but not to accomplish both through oral sex because, 'in the case' of pregnancy avoidance, oral sex does not give (enough?) pleasure.

Other instances of dynamic coexistence, as proposed in the theoretical framework, have been reported in previous chapter (§6.3.1. & §6.3.2.). As in those cases, it can be surmised that, in the excerpt presented above, the relocation, recombination and cross-fertilisation of knowledges remains open for future encounters, as indicated by the partial concessions dialoguers made in relation to the knowledge of others (e.g. 'that might be').

The schematisation below depicts the outcome of dynamic coexistence of knowledges. As can be seen, each co-dialoguer (D1, D2, D3, D4) holds a particular position from which she represents the object (O). Co-dialoguers negotiate, struggle and feed into each other in dialogue while sharing the grounds that sustain their positions.

Figure 7.3 Schematisation of dynamic coexistence as an outcome of knowledge encounters



7.2.4. Accommodation

The next outcome identified in FGDs was accommodation which, as anticipated theoretically, entailed the relocation from one previous position to another one in the construction of the object under discussion:

- | | |
|---------------|---|
| 1. Researcher | <i>Guys, and what would you say is the best way of avoiding sexually transmitted infections?</i> |
| 2. Gonzalo | <i>The condom</i> |
| 3. Venustiano | <i>Knowing whom you are [involving yourself]</i> |
| 4. Hernán | <i>[Uhuh, because if you know that a</i> |
| 5. Venustiano | <i>It's like if we go to the city, there things change because there women can sleep with one and another, we cannot know if she cheats on us or if she is a virgin, because <no la andamos cuidando> [lit. we are not taking care of her, meaning they cannot monitor her due to the size of cities]</i> |
| (00:03) | |
| 6. Researcher | <i>Guys, about infections, what would that have to do with being</i> |

7. Hernán *a virgin?*
 8. Gonzalo *That she hasn't got diseases (Venustiano: yeah)*
I wouldn't think that if she's a virgin she wouldn't have
diseases, because diseases are also transmitted through the
blood
 (00:02)
 9. Researcher *So?*
 10. Hernán *Then it wouldn't be*
 11. Venustiano *Then we move away from that [idea]*
 (rural males, heterogeneous)

In this short excerpt the accommodation 'proper' would have been coded from Contributions 6 to 11, as perspectives were set, mutually taken and relocated in that space. However, the previous contributions are intimately related to the content in the encounter and, I would suggest, part of the widespread beliefs that are put forward by Hernán in Contribution 7. Perspectives were set from Contributions 2 to 5, whereby two means of defence, condoms and 'knowing who' were advocated. When I asked for clarification about virginity (6), Hernán admitted the assumption underlying his previous contribution. Gonzalo, who had set his perspective by saying '*the condom*', took the perspective of Venustiano and engaged in a brief, yet persuasive, discourse that acknowledged the grounds on which to approach his co-dialoguers and assured them of his perspective (8): rather than enforcing his discourse with authority (through quoting "the" doctor, for example), he relied on what he considered is also a shared understanding: factual data on infections. The silence that followed might have served as the opportunity for Gonzalo's discourse to be accommodated by Hernán and Venustiano. However, it was only until I prompted them (9) that they disclosed this (perhaps internal) accommodation and relocation of the perspectives they initially set (10, 11).

The encounter above contains rich assumptions of socially shared knowledge that should be acknowledged. They make use of the gendered expectations about women (5.1.1.) that exist in the rural setting, where the distinction is drawn between virgins and 'others'. At the same time, they include the explicit reliance on 'knowing who' as a means of defence. The distinction between "clean" and "dirty" girls, who can be spotted if they are properly monitored, was extrapolated into this excerpt by pointing out that virgins are "clean" of diseases. Against these meanings there was familiar data presented ('*diseases are also transmitted through the blood*') and persuasively offered in order to infer about (and accommodate): virgins might be infected through other means apart from sex. In my view,

this is a good example of how “scientific” ideas⁵⁹, rather than being imposed and resisted (§7.2.2.), can be slowly but effectively accommodated.

Let me now illustrate accommodation with a longer, more textured dialogue:

- | | |
|--------------------|--|
| 1. Researcher | <i>When young people like you have sex, should they be more concerned about avoiding a pregnancy or about avoiding a sexually transmitted infection?</i> |
| 2. Multiple voices | <i>Both xxxxx</i> |
| 3. Manuela | <i>Both are dangerous because</i> |
| 4. Alba | <i>[well, we cannot say that a pregnancy is dangerous, right?</i> |
| 5. Manuela | <i>Yes it is, because you run the risk of dying</i> |
| 6. Alba | <i>At an early age, because the body of a [female] adolescent, above all, it's not prepared, it hasn't developed and there's more risk of dying from an abortion that hasn't been provoked (spontaneous) because her body, well, it'd have a young womb and there it couldn't accept the baby and, well, if she dies, the baby also dies</i> |
| 7. Socorro | <i>But an infection, even more if we are talking about AIDS, it's a disease that doesn't have a cure. However, they say 'well, she got pregnant', that has a cure. That thing about affecting the adolescent, well, yes, but that's neither the first nor the last case, many girls get pregnant at an early age. That has a cure: it's just a matter of [them] taking care of themselves. The baby is born, they get married and that's it. A disease, however, affects in all senses</i> |
| 8. Pilar | <i>I would say both, because the disease can lead to death, right? But also the pregnancy, as Manuela was saying, she can die because she's still young and her body isn't prepared</i> |
| 9. Isabel | <i>I also say that both because (.) above all, I would prefer a pregnancy, because the disease I don't know if it's something incurable. Well, I would prefer [the pregnancy] rather than being sick of something like AIDS or cancer</i> |
| 10. Alba | <i>Well, yeah (.) let's suppose that, in steps, there are infections first, diseases, because if you get sick it could be HIV or cancer and that cannot be cured (.) because a pregnancy, to tell the truth, it does affect, but as they say, it can be fixed (.) they go from a life they had as youth to a life that needs to be more mature, to know how to take care of a baby</i> |
| 11. Isabel | <i>To make [herself] responsible, right?</i> |
| 12. Alba | <i>To make [herself] responsible and to forget about things like</i> |
| 13. Pilar | <i>Things she used to do</i> |
| 14. Alba | <i>Yes (.) some things change (.) yeah</i> |
- (rural females, homogeneous)

In the encounter above, initial perspective setting was performed in Contributions 2 to 7. These perspectives can be divided into two more or less specific kinds of knowledge. The first one implied that both STIs and pregnancies should be avoided, with an emphasis

⁵⁹ I am cautious about dichotomising between scientific and non-scientific ideas in this encounter because, in fact, the limited exposure to risk of STIs of a sexually inexperienced person conditions, at least partially, her likelihood of contracting an STI and, therefore, of altering her “cleanliness”. In this sense, this perspective is as ‘factually-based’ as the cited facts about transmission of STIs through the blood.

on the risks of adolescent pregnancy (set by Manuela and Alba in Contributions 2–6). The second one (Contribution 7), uttered by Socorro, takes the perspective of the first one by acknowledging it (*'about affecting the adolescent, well, yes...'*) and setting the perspective that STIs, rather than pregnancies, should be primarily avoided. Persuasive discursive means were employed insofar as others' perspectives were recognised and there was a struggle to find the means to convey the relevance of its perspective (contrasting, reformulating, etc.). Another dialoguer, Pilar, aligned then to the first perspective in Contribution 8. This was followed by Isabel (9), who was the first one to align herself to (and be persuaded by) the second perspective. Interestingly, she started by *'both'*, just to be followed by *'pregnancy'*. Next, Alba (10), who initially expressed her perspective in collaboration with Manuela and explicitly outlined the dangers of adolescent pregnancy in Contribution 6, relocates this perspective to that of Socorro (*'there are infections [to be avoided] first'*). From the second part of her contribution and the next four turns, participants continued to briefly elaborate on pregnancy in terms of *'changes'* and *'making themselves responsible'*, which is the *'cure'* for pregnancy Socorro proposed.

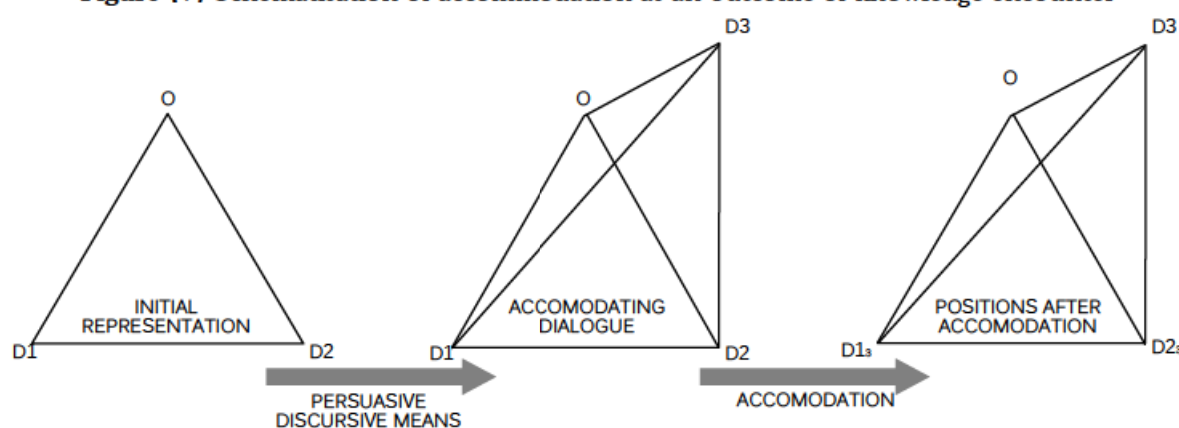
Now, in terms of content, the episode above links back to the importance of 'life projects' (§4.4.3. & §4.4.4.) and how these notions are so prevailing for participants in this research that they impregnated the entire episode. It can be surmised that the knowledges with which these girls are in dialogue are related to the potential damages that STIs and a pregnancy might cause in relation to the life project (in terms of personal accomplishment and social recognition). In addition, it is also relevant to this episode that, as discussed before, women are more acquainted with STIs (§6.1.3.), which allows for treatment seeking in the case of 'mild' infections. What triggered the relocation of knowledges in the episode above, I suggest, was precisely the focus on 'hard' infections (*'AIDS'*, *'cancer'*, *'HIV'*). It was indeed because of the symbolic content and potential stigma that these specific infections carry, that from *'both'*, Alba relocated to *'in steps, there are infections first'* in contrast to pregnancy, which would be more accepted at the community level (because a pregnancy would be *'neither the first nor the last case'*) if *'the baby is born, they get married and that's it'*.

If compared with other instances where accommodation was identified in the previous chapters (e.g. §5.4.2.), it becomes apparent that accommodation manifests itself differently in everyday communication from instances in which a perceived life-changing decision is faced such as having unprotected intercourse. In the case of changing perspectives to engage in intercourse, the potential consequences were greater and, as

reported by participants, the relocation of perspectives was accompanied by actual practices (engaging in sexual intercourse). In the two accommodation excerpts presented above, however, it would be extremely difficult to claim that these instances of accommodation were permanent or with any consequence for participants. Rather, outcomes and their functions, as identified here, are instantiations of outcomes of knowledge encounters proposed in the theoretical framework and they, as Jovchelovitch (2007) anticipated, would probably have to solidify over time. The functions of these outcomes (relocation of perspectives, maintenance of tension, etc.) have the potential of stability, but the verification of the realisation of this potential is beyond the objectives of this chapter.

As schematised in Figure 7.4 below, the first triangle relates to the dialoguers' (D1 and D2) first utterance, expressing a shared representation in relation to an object. The pyramid in the middle then includes another dialoguer, D3, who represents the object from another angle. The dialogue aims to relocate the positions of D1 and D2 to that of D3. Accommodation is produced as a result of the 'accommodating' dialogue and in the third pyramid D1 and D2 share the representation of D3 in the accommodated form of D1₃ and D2₃.

Figure 7.4 Schematisation of accommodation as an outcome of knowledge encounter



7.2.5. Hybridity

In this research, a communicative encounter such as a FGD was anticipated to provide the environment for representational exchanges *in the making*. Accordingly, the fifth outcome in the typology of knowledge encounters, which accounts for the modification of previously expressed positions within the dialogue into new ideas, was contrasted with the episodes drawn and identified when relevant. In the instances where it was identified, this outcome displayed the 'actualising potential' of representations: they are actually worked

and reworked by the dialoguers up to the point where the conclusions reached satisfy most of them. Typically, a simile or analogy in the form of “X is Y” was confronted with a distinction “X is not Y” leading to a new idea (for example “X is neither Y nor Z”). These new or reworked ideas, in turn, might not be as elaborated as the ones that previously triggered them, but they certainly called for a way forward. This is not to say, however, that these episodes invariably led to an agreed compromise, but rather, that disagreement opened the prospects for new, reworked or, as I would call them, hybrid ideas, to be produced.

The following excerpt, from the FGD with urban girls, is an illustration of hybridity. The episode started at the end of the discussion, when all other topics in the guide were covered:

- | | |
|---------------|--|
| 1. Researcher | <i>Something else to discuss? (.) Someone mentioned virginity. Is virginity important?</i> |
| 2. Ofelia | <i>For me</i> |
| 3. Rina | <i>[For me, for respect to myself</i> |
| 4. Ofelia | <i>For me, because of what I was instilled at home (.) I come from a village and there they are like it's cool if a girl is a virgin when she marries, or for me is something</i> |
| 5. Alma | <i>[Primordial, because for example in my family, the other day my aunts, who are more senior, they read a bible chapter and there it says that it's a sin to have sexual relations before matrimony</i> |
| 6. Rina | <i>[Outside matrimony</i> |
| 7. Alma | <i>And then, in my family, we said 'I didn't know [that]'</i> |
| 8. Leticia | <i>[I say that it [sex] is not a sin. No, it is not a sin (.) It's not to kill. I mean, to have sex is not to kill. It's more of a sin to kill than to do it.</i> |
| 9. Alma | <i>That depends on how your family see it, 'cos if you go to mine and you say that</i> |
| 10. Rina | <i>It's as she (Alma) [says], 'cos in my family we have a religion and that religion doesn't allow that. It's to be a Catholic and there that's a sin</i> |
| 11. Leticia | <i>Yes, but no</i> |
| 12. Rina | <i>[Many people see it as normal, like it's not a sin, as she (Leticia) says, but if your religion says so, it's like</i> |
| 13. Alma | <i>[It's not a mortal sin but it makes you think, right?</i> |
| 14. Ofelia | <i>Well, I am a Catholic but I don't believe everything I am told. For me neither it's a sin nor it's something not to trifle with.</i> |
- (urban females, homogeneous)

It can be seen that a main shared perspective was co-constructed by Rina, Ofelia and Alma (Contributions 2–7), with an emphasis that was slowly directed towards religion. Against this perspective, Leticia set hers in her contribution (8) by referring back

to the previous contributions (and taking their perspective) and drawing on a persuasive distinction which, rather than being enforced, was argued based on her interpretation of religious teachings. After Leticia offered her perspective to the others, the previous dialoguers assessed it in relation to their own concerns (Contributions 9, 10), at which point Leticia intervened to continue expanding on the relevance of her perspective (11), just to be interrupted by Rina and Alma again (12, 13), who partially conceded to Leticia's perspective. The combination of these perspectives came in a new idea creatively sourced by Ofelia (14). The episode finished with her last word.

In terms of content, the excerpt above is a clear example of how Church teachings are appropriated and reworked in communication. As discussed previously, the influence of the Church in Mexico was recognised on a number of grounds by participants (§4.2.3.). In the encounter above, urban girls were trying to make sense of sex out of wedlock, that is, in the stage they were (none of them were married). In order to do so, Church teachings came into the encounter in the form of wider representations important at a collective level, so that girls linked religious precepts to their families' expectations. In this sense, it is possible to appreciate how this compound Church–family–self is confronted with that of a more 'autonomous' representation introduced by Leticia. In contrast to the previous contributions, she clearly started her intervention with the pronoun "I", which was followed by her perspective on the matter. Her representation qualified Church teachings rather than taking them at face value (contrary to Alma and the bible chapter). It is the confrontation with this other knowledge that allows Rina and Alma to question and moderate their initially stated perspectives. Thus, if Church could be considered "traditional" and individualisation of sexual choices as "modern", hybridity that includes these two poles reaches its climax in the knowledge generated by Ofelia, who appropriated Catholicism but at the same time personalised Church teachings and adapted them to the context of being a teenager dealing with the possibility of engaging in sex, which is something *'not to trifle with'*. In other words, she combines elements of both, the compound Church–family–self and the 'autonomous' perspective to place herself in the middle.

This excerpt might also tell a lot about the identity processes at stake when negotiating meaning in a knowledge encounter (in the FGD in this case). As can be appreciated in the transcript, a perspective that can be considered "conservative" with respect to virginity was initially set (2–7) with the collaboration of three dialoguers. It was in the middle of the encounter, in Contribution 8, when Leticia inserted her short yet persuasive discourse. Why did she wait until this point to set her perspective? She did not

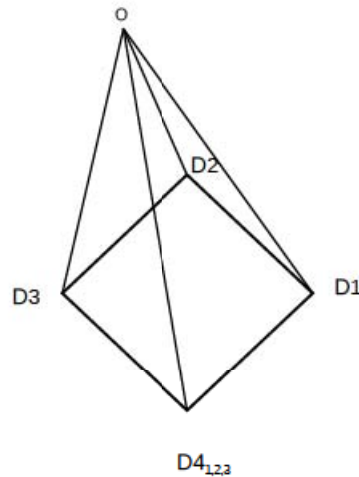
need to “test the boundaries” of the socially shared knowledge (Marková, 2007d) in relation to virginity, because they had been drawn already by her co-dialoguers. The answer might be related to sexual experience, as Leticia is the only participant from this homogeneous (students’) group who reported penis-in-vagina intercourse. By equating sex with sin, her co-dialoguers were unwittingly qualifying her as a sinner. Hence, it can be surmised that she set her perspective in interdependent opposition to that of her co-dialoguers not only because of the importance of the object (virginity) but because of the importance that the shared representation (Contributions 2–7) has for her as a knower. In addition, her position can be contrasted with that of Xóchitl presented previously (§7.2.1.): unlike her, Leticia is unmarried and is not a mother, and can therefore not draw on these conditions for enforcing authoritative discourse or being granted the ‘teacher-candidate’ status (Kepler & Luckmann, 1991). Moreover, the urban context, where participants were initially not acquainted with each other, might have encouraged certain level of politeness in order not to threaten one’s social recognition by others.

Given that this discussion is presented here as an instantiation of hybridity of meanings over time, it is possible to interpret the ‘hybrid understanding’ in alternative ways. For example, as Marková (2008a: 48) maintains in her theoretical analysis of persuasion, when discussing disagreements, dialoguers might identify an underlying agreement that connects the disagreeing views. Although this interpretation is plausible, my intention here is to show that it was possible to identify, in the analysis, instances in which different perspectives serve to reach a new idea or view. Even when accomplishing an underlying agreement, the realisation of this agreement is new for the dialoguers and a product of their concerted effort in making sense of the issue at hand in the episode. In this sense, rather than functioning as transmitters and receivers of communication, in a unidirectional fashion, ego and alters mutually recognise their perspectives and interdependently influence each other. In this case, for instance, it could be suggested that Ofelia in fact offered a “midway-through” representation since her second contribution (4). However, her knowledge becomes noticeably *hybrid* in Contribution 14, only when contextualised and uttered vis-à-vis the two perspectives previously set (5–13).

Based on the aforementioned discussion regarding what sex is in terms of religious beliefs, hybridity of knowledges within the group is schematised below in Figure 7.5 as a pyramid in which each corner of the square locates the position of each of the subjects representing the object as for Contributions 8 to 14. Thus, object (O)=sex, dialoguer 1 (D1)=sex is not a sin, dialoguer 2 (D2)=religion tells you that sex is a sin, dialoguer 3

(D3)=sex is a venial sin, dialoguer 4 (D4)=sex is not a sin but it's something serious. In this case, I would argue, knowledge in the form of $D4_{1,2,3}$, after the interactive exchange of her peers, acquired the shape of hybridised knowledge because it attempts to incorporate the views of her co-dialoguers (hence subscripts 1,2,3).

Figure 7.5 Schematisation of hybridity as an outcome of knowledge encounters



7.3. Consensus or the analytical surprise element

According to Gaskell and Bauer (2000), one of the ways in which research evidence can be surprising is in relation to common sense expectations or to some theoretical anticipation. In this research, according to the review of the literature on health and indigenous peoples (Chapter I), the influx of shifting ideas and practices pointed towards the presence of a number of perspectives in the sample. However, in the previous chapters I have documented evidence that although change occurs at different levels (rural in relation to urban, females in contrast to males), at some points the sample generated concurrence in results, albeit with different manifestations (e.g. external polluting agents in §6.1.1.). In a similar way, when performing the analysis of FGDs by episode and trying to match the typology of knowledge encounters, an unanticipated pattern that I initially coded as 'other' and later as *consensus*, started to appear. I called it consensus because, as it will be seen below, even if there is never total consensus in dialogue, in these cases participants coincided with each other and co-constructed similar perspectives that were enriched as the episode developed. The following excerpt exemplifies the episodes coded under this category:

- | | |
|---------------|--|
| 1. Researcher | <i>Uhuh. And how does a young boy react when he finds out he's got a girl pregnant?</i> |
| 2. Nemesio | <i>It depends on the values he's got at home. He could react in an aggressive way and also in an understanding way</i> |
| 3. Marcos | <i>Yes, that's true; it depends on the values from home</i> |

4. Genaro *But then at home they oblige you to be <machista> [sexist, chauvinist] and not to be responsible*
5. Marcos *Yes, dads go as far as*
6. Genaro *[When one's a child they tell us 'there's not only one woman, there're many women in the world'*
- 7 Marcos *Yes, it's that too. The other thing is , when one cries, when one is little, when they beat us, when they hit us or beat us, one usually wants to cry, and what do parents do? What they do is say 'what, are you a <vieja> [Lit. old woman, pejorative for female]? Why are you crying? Only <viejas> cry' and that's what you create in your mind and then one says 'well, and why am I gonna cry?'*
8. Rigoberto *That's why they react like that when they get a girl pregnant, in a violent way, not understanding*
9. Marcos *Yes, and that's what I said before, they go as far as saying 'is it (the baby) mine?'*
10. Xicoténcatl *Reproaching the partner as well, right?*
11. Marcos *Reproaching*
12. Nemesio *Or there's also the <machista> [one who says] 'stupid, why didn't you take care of yourself, what are we going to do now?'*
13. Xicoténcatl *Yes, and the only one who is told off is the woman*
14. Unidentifiable voice *The woman*
15. Marcos *We blame the woman, while it's both [who are responsible]*
16. Rigoberto *Many say that (.) 'why didn't you take care of yourself, it's your problem, so now go away, stay away from me'*
17. Nemesio *'Anyway, the pregnant one is you, not me'*
18. Marcos *Uhuh*
19. Nemesio *In that way, it's a guy who is quite <machista> who would say those kinds of things*
20. Researcher *Does that happen here?*
21. Nemesio *I say that it also depends on the values that your parents gave you*
22. Marcos *I'd say that it is possible to find two kinds: <machistas> and understanding. Because in this village, people in the outskirts are very keen on that culture, I mean, 'you're a man and shouldn't cry'. In the centre, the central part of the community, it's not like that, but they have a little bit more knowledge*
- (rural males, homogeneous)

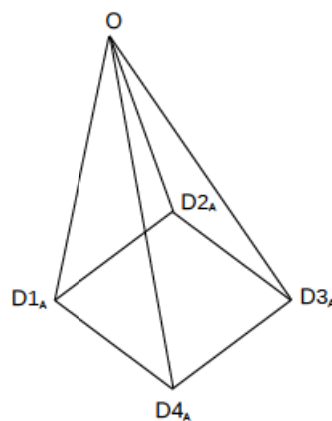
It should be clarified that the question was included in the instrument without implying that the boy impregnated a girl outside wedlock. The excerpt above shows that participants jointly interpreted the question as if the couple involved were unmarried and expressed their position accordingly. It can be said that the perspective set by Nemesio in his first contribution (2), which includes two possibilities as answer to my question, is the perspective taken by his co-dialoguers, set again in a re-elaborated way. After Nemesio's contribution, dialoguers focused on one side of his perspective by expanding on what

machista codes of conduct entail (Contributions 4–19). The entire episode is wrapped up by Marcos (22), who finally retrieved Nemesio's initial contribution by pointing to the other side of the perspective: understanding ways of dealing with a pregnancy.

As the episode developed, participants provided an experiential explanation of what would be the case for a boy in their village, given that, according to them, they are told to be *machistas*. By directly quoting speech from their fathers (virtual others), they further elaborated why a boy would react in an aggressive way. In the second half of the episode they went further and positioned themselves as the protagonists of the issue in question, and voiced their possible reactions accordingly (*'we blame the woman'*). Yet, explaining these extreme (machista) opposites, machista/understanding, laid the grounds for participants to explore the other extreme (*'while it's both'*). They displayed arguments that showed their awareness of alternative identities and practices. In the concluding intervention, Marcos linked the idea of being understanding with the identity of people who *'have more knowledge'*. Hence, at an interpretative level, it could be explained in relation to the finding that being well educated seemed extremely important for participants in order to better themselves (cf. Chapter IV). Thus, it could be surmised that, by connecting being understanding to having *'more knowledge'*, participants were summoning this identity within the machista/understanding opposites. In a similar way, it is possible that they constructed the machista views in relation to those of the past or their ancestors (what they usually learn from their fathers at home) and understand themselves as the contemporary generation with possibilities for alternative identities.

Figure 7.6 below illustrates how consensus appeared as an outcome of knowledge encounters when all co-dialoguers (D1, D2, D3, D4) shared a perspective A:

Figure 7.6 Schematisation of consensus as an outcome of knowledge encounters



Up to this point I have succinctly discussed the characteristics of consensus. In terms of the analytical categories, as presented in the previous excerpt, mutual perspective setting and taking was carried out throughout the episode. In addition, the several instances in which consensus appeared, alongside with the mentioned 'sharedness' of some representational components across the sample, made me induce the function of this outcome, which I determined as sharedness and preservation of knowledges. However, I noticed extremely limited attempts of participants to persuade each other (in the sense of influence). In the next subsection (§7.4.1.) I discuss how spotting this unexpected feature of consensus guided me in sharpening the typology originally proposed in the theoretical framework.

7.4. Discussion

This section comprises two parts. First, I discuss the implications of the results of this chapter, especially in view of the introduction of a new category for the possible outcomes of knowledge encounters, for the typology initially proposed. Second, I discuss the main trends of the identified outcomes in relation to social context.

7.4.1. Taking stock and iteratively modifying the typology

In this subsection I would like to draw attention to the process of iterative analysis and theorisation of the outcomes of knowledge encounters I have presented in the previous sections. Clarifying this process shall allow me to offer a modified version of the typology I originally presented in Chapter II.

As discussed in the previous section, the analysis of FGDs yielded one unexpected outcome that I have called *consensus*. In trying to come to grips with the characteristics of this outcome I realised that it was necessary to make adjustments to the initial analytical categories I presented for identifying outcomes of knowledge encounters. Retrieving these categories, I discussed perspectivity (perspective setting and taking), means of influence (distinguishing between authoritative enforced discourse and internally persuasive discourse) and function of the encounter (displacement, maintenance of tension, etc.). Nonetheless, when I identified consensus as an outcome, I noticed a difference in the category of means of influence. By asking whether the dialogue in the episode was authoritative or using persuasive discursive means, it became apparent to me that, in general terms, dialoguers were actually employing the latter (in the sense of perspectives not being enforced and allowing others to 'play' with it and other internally persuasive discourses). In specific terms, however, it seemed that consensus as an outcome, despite

having conspicuous dialogical characteristics, does not *fully* comply with the characteristics of ‘persuasion’ as presented in the other outcomes, especially in accommodation. As discussed above, dialoguers seemed to be more in a ‘conversation’ than intending to persuade (in the colloquial sense of the word) each other.

Is ‘persuasion’ in consensus a different kind of “internally persuasive discourse”? To answer this question, it should be considered first that, because every communicative act is intentional (§2.1.3.), “persuasion is by definition part of any communication” (Marková, 2008a: 45). However, when the (means of) influence *is not* enforced, it seems to yield internally persuasive discourse that takes a variety of *forms* that are not captured by the notion of persuasion only. More precisely, as Marková (2008a) proposes, we can distinguish between weak and strong forms of persuasion. By searching for an answer to account for the ‘type’ of internally persuasive discourse taking place in consensus, I concluded that a more nuanced treatment of internally persuasive discourse is related to the particular of *intentionality* (Marková, 2007c; 2008a) of the dialoguer who is employing persuasive discourse. Marková (2008a) relates intentionality to Graumann’s (1990, after Bühler, 1982) triple intentionality of discourse: 1) the dialoguer’s (not necessarily conscious) intention to utter his perspectives, 2) the dialoguer’s intention to communicate with others, 3) the dialoguer’s intentions to refer to specific things or events. One form of persuasion is driven by intentionality directed towards the other (co-dialoguer): its intention is to accomplish modifications in the other. A second form of persuasion is driven by intentionality towards the object of communication (Marková, 2007c; 2008a). Nevertheless, it should be noted, both forms of persuasion remain dialogical insofar as they strive for the recognition of the other even when focusing on the object. In direct contrast is the “authoritative enforced discourse”, which is characterised by non-recognition, as discussed in the theoretical framework.

Taking into account the first and second forms of persuasion and retrieving the outcomes initially proposed in the theoretical framework, it is possible to suggest four points along which to modify the typology of knowledge encounters. First, it should be noted that coerciveness is exerted through authoritative enforced discourse in both (attempts at) coercive supplantation and resistance. Authoritatively enforced discourse directs its intentionality towards the self and the other, trying to reduce their perspectives to a single one. Second, it can be suggested that accommodation requires an explicit form of persuasion in the first sense, which directs its goals towards the other in the co-construction of knowledge. Third, in a similar way, consensus as identified in this thesis

would entail persuasion in the second sense, or directing its intentionality towards the object. Fourth, dynamic coexistence of knowledge and hybridity might include both kinds of persuasion. In addition, it is necessary to acknowledge that intentionality is limited here to these possibilities for analytical purposes, although I acknowledge that different meanings of intentionality might occur simultaneously (cf. Marková, 2008a)⁶⁰. The adjustments performed in the typology presented in Chapter II are presented in Table 7.1.

Table 7.1 Modified typology of knowledge encounters and their outcomes

KNOWLEDGE ENCOUNTERS IN DIALOGUE

TRANSFORMING KNOWLEDGE SYSTEMS				
<div>Analytical categories</div> <div>Possible outcomes</div>	Function	Perspectivity	Means of influence	Intentionality
Coercive supplantation	Dominating dialoguer intends displacement. Dominated dialoguer aims at enduring coercion.	Dominating dialoguer sets its perspective. Limited perspective setting by the dominated dialoguer, if at all. Extremely limited possibilities for perspective taking.	Dominating dialoguer implements authoritative enforced discourse on the dominated dialoguer.	Dominating dialoguer directs it towards self and other subject.
Resistance	Dominating dialoguer intends displacement. Dominated dialoguer aims at defence and resilience.	Both the dominating and the dominated dialoguer exercise perspective setting. Perspective taking is exercised by the dominated dialoguer.	Dominating dialoguer implements authoritative enforced discourse on the dominated dialoguer. Dominated dialoguer confronts coercion.	Dominating dialoguer directs it towards self and other subject. Dominated dialoguer directs it towards the subject.
Dynamic coexistence	Maintenance of tension between knowledges.	Each dialoguer exercises perspective setting and taking.	Dialoguers engage in persuasive discursive means (first and second sense).	Employs intentionality towards the object and subject at different moments.
Accommodation	Relocation of knowledges	Each dialoguer exercises perspective setting and taking.	Dialoguers engage in persuasive discourse in the first sense.	Directed towards the subject.

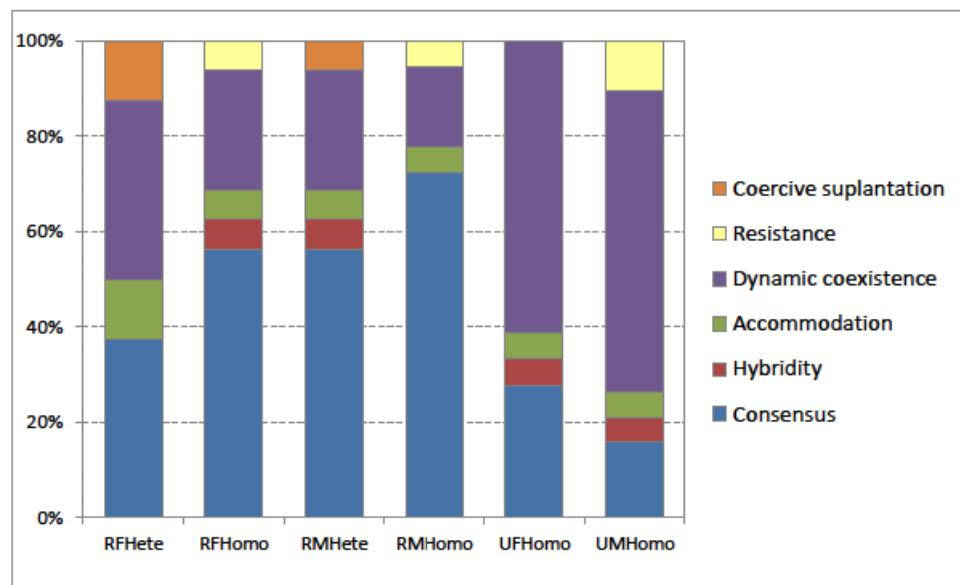
⁶⁰ The relationship between intentionality and persuasion opens up the prospects for further identifying the features of language and communicative activities (argumentation, transmission of knowledge, negotiation etc.) proper to each outcome. However, this endeavour is beyond the scope of this thesis.

Hybridity	Production of new knowledge through mixture.	Each dialoguer exercises perspective setting and taking.	Dialoguers engage in persuasive discursive means (first and second sense).	Employs intentionality towards the object and subject at different moments.
Consensus	Sharedness and preservation of knowledges.	Dialoguers jointly set shared perspectives. Perspective taking is strongly present.	Dialoguers engage in persuasive discourse in the second sense.	Directed towards the object.

7.4.2. *The way forward: each group tells a story*

Having discussed in the previous section each of the outcomes of knowledge encounters as identified in dialogue, I now turn towards a discussion of what the different outcomes tell us with regards to the main trends between FGDs. Since the typology of outcomes is a tentative proposition, one should be cautious when inferring conclusions from these results. Yet, my intention here is to show that the typology, however tentative, can be feasibly applied to FGD transcripts in a systematic fashion. In doing so, the researcher can identify trends across the FGDs, as presented below. Figure 7.7 summarises the outcomes of knowledge encounters in FGDs. It accounts for the number of episodes coded for each outcome in relation to the total number of episodes by group.

Figure 7.7 Overall results: outcomes of knowledge encounters in FGDs¹



¹ RF=Rural females; RM=Rural males; UF=Urban females; UM=Urban males.

In view of the discussion in the previous subsection, one consideration must be acknowledged. It is commonly admitted by dialogue and focus groups theorists that in FGDs participants infrequently engage in persuasion (in the first sense: with intentionality

directed towards the other) (Myers, 2004, in Linell, 2007b), which would differentiate them from proper decision-making meetings. Hence, it is possibly not surprising that the outcomes more frequently identified are consensus and coexistence. Notwithstanding this, the results at hand offer an insight into the main ways ideas circulate, with the potential to be transformed, differently, in each social context.

As shown in Figure 7.7, knowledge encounters presented a diversity of outcomes within and between FGDs. It is therefore challenging to characterise one group as more 'consensual' or another as more engaged in, say, accommodation: these outcomes are temporary states and their occurrence must be understood in the social context where they took place and in relation to the episode that originated them (for a full account of episodes and the outcomes obtained, see Appendix E).

Rural girls who participated in the heterogeneous FGD produced outcomes that varied, in their majority, between dynamic coexistence and consensus. To a lesser extent, they also included attempts at coercive supplantation and accommodation of perspectives. The homogeneous FGD that involved rural girls, in turn, presented a great diversity of outcomes. The majority of the episodes resulted in cooperative expression of knowledge through consensus, although some other encounters tended to produce dynamic coexistence. Instances of resistance, accommodation and hybridity were also present in this group.

As for rural males, both homogenous and heterogeneous FGDs had a majority of consensus while also having presence of dynamic coexistence and one instance of accommodation. However, it was only in the heterogeneous discussion that attempts at coercive supplantation and hybridity appeared, whereas resistance was present only in the homogeneous FGD.

In sum, for rural participants three important trends can be highlighted. First, there was a great presence of consensus. This could have been the case because participants share this knowledge and were making it explicit through their discussions. Furthermore, it has been documented that in rural communities interpersonal conflict is generally avoided, while preferring "to establish social order with the help of unanimous agreement, which is the most natural way to proceed" (Platteau & Abraham, 2002: 113), which might be related to this finding. Second, dynamic coexistence of knowledge was also significant, which might indicate that, in fact, even if the majority of perspectives are shared, there is also diversity within and between groups in the rural setting. Third, in terms of the other

outcomes identified, (attempts at) coercive supplantation stood out because this outcome only appeared in *heterogeneous* rural FGDs. It could be surmised that this was shaped by the divergent positions that in and out of school participants displayed, which were expressed through enforced discourse. Homogenous (only in-school participants) rural FGDs, by contrast, distinctively displayed instances of resistance.

With regards to urban participants, the FGD with urban girls presented a heavy concentration of dynamic coexistence, followed by consensus, with accommodation and hybridity displayed to a lesser extent. Their male counterparts displayed similar trends in their FGD: the majority of the episodes resulted in dynamic coexistence of knowledge, which was followed by consensus, accommodation and hybridity also appeared in this group. In contrast to urban females, however, two of the episodes of the FGD with urban males resulted in resistance.

The main trends of urban FGDs can be summed up in one main point: there was a high presence of dynamic coexistence, which was followed by consensus. This was the opposite to the two highest distributions of outcomes generated in knowledge encounters by their rural counterparts: consensus followed by dynamic coexistence. Hence, if urban FGDs are compared with the rural ones, overall, it could be suggested that more diversity of positions was expressed in outcomes in the urban setting. The FGDs in the rural setting, by contrast, presented more instances of 'sharedness' manifested through the high proportions of consensus. This difference might be indicative of the more fluid identities in urban contexts, as well as of people being confronted with a higher number of different ideas than in rural areas.

7.5. *Concluding remarks*

This chapter corroborated the outcomes of knowledge encounters proposed in Jovchelovitch's adapted typology. As suggested in Chapter II, Jovchelovitch's classification has been useful for identifying outcomes of knowledge encounters at the micro-level. In the previous three empirical chapters these outcomes were identified within (externalised) inner dialogue involving the self and virtual dialoguers. This chapter, by contrast, contributed to the understanding of knowledge encounters by testing the proposed typology in sociodialogue, where dialoguers engaged in face-to-face encounters in which they and absent virtual others participated.

This chapter furthered our understanding of outcomes of knowledge encounters through three points. First, it pursued the objective of offering a system for identifying the outcomes in sociodialogue on the basis of an adapted dialogical analysis of interrelated utterances. Second, drawing on actual dialogue, a tentative schematisation has been offered for each process, which has the potential to graphically explain these partially abstract processes. At the same time, results as discussed from excerpts were compared and contrasted with the outcomes as identified in the previous chapters in order to offer a fuller picture of each. Third, a specific contribution of this chapter to the typology of outcomes of knowledge encounters was the identification of consensus, which was an unanticipated outcome. In addition, the identification of this latter outcome led to the sharpening of the typology also in terms of analytical categories by distinguishing distinct types of intentionality for each outcome.

Regarding the relationship between outcomes of knowledge encounters and socio-representational concepts of relevance for this thesis, the discussion of outcomes showed, first, how issues of identity and the particular positioning of participants vis-à-vis other participants in the group contribute to the management of asymmetries in different ways (from the authorisation to enforcing perspectives on the other to different persuasive strategies). Second, with regards to cognitive polyphasia, through the identification of sociodialogues displaying different outcomes of the knowledge encounters executed, this chapter further corroborated the possibilities for capturing instances of the communicative relations through which knowledges are held together in the same group.

It should be taken into account that participants of FGDs held more or less similar (symmetrical) positions. These were negotiated in the context of the dialogues and sometimes generated outcomes with monological traits (e.g. limited perspective taking, exertion of coerciveness). In sociodialogue with dialoguers explicitly invested with authority (e.g. parents, health and teaching staff), however, monological traits would probably be more prominently displayed. This is the case because “[a]s interlocutors respond to one another, they change aims, perspectives, strategies and move from one kind of premises of intersubjectivity to others depending on whom they address, what kind of relationships they presuppose” (Marková, 2001: 232–3). Hence, this opens up possibilities for future research in which these outcomes can be tested in the interaction of different groups.

Finally I would like to draw attention to the concrete possibilities of change in the object of representations. The analysis presented here relies on manifested speech as

expressed during FGDs. In this regard, it is possible that other *internal* dialogues (Marková, 2006) were generated both in parallel to those externally expressed and after the actual sociodialogue has taken place (Marková, 2008a). Those dialogues would forcefully generate another chain of outcomes which were not explored here and that might lead to crystallisation or fragmentation of the instantiations of transformation examined in this thesis. It is in view of this that I have been cautious not to claim permanence in the outcomes reported here. However, because the future shape of the object, the common reference point, depends on the interaction between dialoguers (Bauer & Gaskell, 2008: 346) the interactions presented here certainly have the communicative *potential* for an evolution or transformation of the object. In addition, as after any concrete encounter of the Ego—Alter, dialoguers *do not* remain the same as they were before they entered the dialogue (Marková, 2003b). Rather, each component (Ego and Alter) preserve its uniqueness while, at the same time, continuously carries interdependent influences in different types dialogical relations.

VIII. CONCLUSIONS

This thesis has been concerned with the construction of social representations of sexual and reproductive health by indigenous Mexican adolescents and how this construction takes place in multilayered dialogues with different actors, institutions and ideas. Accordingly, this focus guided a threefold empirical objective: to understand how participants make sense of sexual health, to discern how they do so in dialogue and to identify any differences across the sample in terms of social context and gender. Hence, in order to establish the empirical contribution of the thesis, the first three sections of this concluding chapter present a discussion of the overall findings in terms of *content*, of the 'hot points' of identities while participants positioned themselves in communicative processes, as well as of *context*.

This thesis also had a theoretical objective to do with the sharpening of the model of knowledge encounters through the use of concepts from social representations theory (SRT) and elements from dialogical theory. The fourth section of this chapter addresses this objective by referring to the potential of the model as a theoretical tool with which to understand better the genesis, maintenance and transformation of social representations as described in Part II of the thesis. Practical implications of the findings and suggestions for further research are offered in the fifth section. Finally, I conclude with some reflections on my learning throughout this research.

8.1. Advancing sexual and reproductive health among indigenous Mexican youth: the content of representations

As discussed in the methodological section, sexual and reproductive health was conceptualised along three main dimensions: sexual experiences and inexperience, sexual outcomes and risk and protective practices. Based on the findings previously examined, in this section I present the constituent elements of representations of sexual and reproductive health with explicit reference to this conceptualisation. These constituent elements should not be regarded as fixed and independent entities but rather as interdependent and relational constructs that shape thinking, communication and practices in relation to sexual and reproductive health. In discussing these results, I

contribute to sexual health research in the Mexican context through uncovering evidence about indigenous Mexican adolescents: a population neglected by research.

8.1.1. Sexual experiences and inexperience

With regards to sexual experiences, four main practices were mentioned across the sample: petting, penis-in-vagina intercourse, oral sex and masturbation. Of these, petting was considered as the lightest and expected among the youth. Penis-in-vagina intercourse, in turn, was regarded as “the” sexual experience. Accordingly, it served as reference for other experiences. Having oral sex was understood as stepping out of what is morally accepted and healthy, that is, ‘going beyond’ penis-in-vagina intercourse, and the reasons for engaging in oral sex, if any, were linked to mutual agreement. This contrasts with contexts such as the USA where oral sex is seen as a ‘light’ form of sexual engagement and an initial practice among young people (Brewster & Tillman, 2008; Halpern-Felsher et al., 2005). Masturbation, in turn, was understood mainly as a substitute for penis-in-vagina intercourse that avoided its associated risks and, to a limited extent, as an activity for auto-exploration.

Previous contextual studies in Mexico (Marston, Juárez, & Izazola, 2004) and the world (Marston & King, 2006) have highlighted the importance of relationships for condom use and sexual behaviour in general, which was corroborated in this study. Moreover, this research offered an insight into how the dynamics of a contextually meaningful relationship shaped engagement in sexual activities and risk-taking practices (the latter discussed in §8.1.3.), which further qualifies the results from previous studies. In this regard, the engagement in sexual activities was strongly related to relationship status. It was expected that any wooing couple would engage in petting, albeit bearing in mind the risk of ‘progressing’ into penis-in-vagina intercourse. Courtship and marriage were the realms of penis-in-vagina intercourse. One of the main findings of this study was related to the ambiguity with regards to sexual consent among female participants: although it was expected that penis-in-vagina intercourse would take place under conditions of love and commitment, this commitment was sometimes expected to be sustained into the future of the relationship. Being part of the future, it could only be pledged by their partners, with the concomitant possibilities of deception. Other elements shaping the engagement in penis-in-vagina intercourse were related to marking the beginning of a new life as a cohabiting couple when eloping together, to heighten intimacy within courtship, to fulfil a ‘natural’ need in cohabiting/married couples, as well as for reproductive purposes.

With regards to sexual *inexperience*, a voluntary lack of experience with regards to petting was found to a limited extent. In the case of masturbation, one of the main reasons reported for not engaging in it was the belief in its adverse side-effects. Oral sex, in turn, was reported as hardly relevant for participants since it was mainly seen as transgressing the boundaries of healthy practices. Finally, the avoidance of engagement in penis-in-vagina intercourse was shaped by a variety of meanings: the value of virginity, lack of opportunities for sexual encounters due to geographical restrictions (§4.2.1.), not feeling ready for the commitment expected in a relationship that involves penis-in-vagina intercourse and, above all, the conviction that penis-in-vagina intercourse marks a break in the life that can lead to problematic consequences that were in turn attached to sexual outcomes.

8.1.2. Sexual outcomes: pregnancy, sexually transmitted infections and abortion

Much has been written about the prevalent desire to have children among indigenous groups as agricultural societies. In the case of Mexico, even an ‘anxiety of reproduction’ (Aguirre Beltrán, 1955/1994) has been identified among indigenous peoples. In this study, by contrast, findings around pregnancy indicated that it was not a consciously sought-after state with an open desire for reproduction during adolescence. Rather, the majority of participants were convinced that pregnancy should be delayed until certain resources had been secured. Accordingly, for participants who voluntarily cohabited (i.e. already attained the means to cohabit during adolescence), pregnancy seemed the ‘logical’ following step. Paradoxically, pregnancy was also found to trigger the beginning of a cohabiting life even if these resources had not been attained. However, in this study the idea of (un)intended pregnancies was greatly complicated by social understandings of what relationships entail and by the inconsistent use of contraceptive measures (§8.1.3.).

Although little is known about the understandings of sexually transmitted infections (STIs) among indigenous peoples, this study revealed substantial knowledge and beliefs around AIDS specifically, which were found to be used as a yardstick to make sense of other STIs. Although the ways of transmission of infections were identified, the focus of the discourse when making sense of STIs was on symptoms and on the groups identified as at risk. In keeping this focus, participants seemed to avoid considering themselves at risk of STIs even when exposed to the ways of transmission identified (i.e. unprotected sex). Notwithstanding this, STIs other than AIDS were found to be of relevance to some participants.

With regards to abortion, which was not contemplated as part of sexual outcomes but was expressed as such by participants, the main finding was related to: first, the negative attitudes participants displayed towards this practice; and second, to the possibilities, especially 'natural' means in the form of herbs, for performing an abortion, of which participants were knowledgeable. If required, this knowledge becomes instrumental given the illegality of abortion in most cases in the Mexican context.

8.1.3. Risk-taking and protective practices

Another key finding was related to the sexual risk-taking practices understood as an expression of love and commitment, which confirmed the importance of relationship dynamics for making sense of sexual and reproductive health among participants. The assurance by male partners of their willingness 'to be responsible' if a pregnancy occurred contributed to shaping the decision to engage in (unprotected) sex. However, it should be clarified that keeping a steady relationship due to pregnancy *was not* used as a conscious bargaining strategy or tool by either gender (i.e. to 'get' the partner). Rather, given that the risk of pregnancy has consequences for both partners (for a girl because she is visibly pregnant and for a boy because he is socially and legally expected 'to be responsible'), taking this risk was seen as a token of affection, ratification and disposition to give continuity to the relationship. It was mainly when relationships were seen as terminable that protective measures such as condoms were introduced. Even in these cases, however, 'responsibility' expected to be translated into liability was guaranteed.

A substantial part of adolescent sexual and reproductive health research focuses on condom use in relation to protection against HIV (e.g. MacPhail & Campbell, 2001; Villaseñor et al., 2003). In this research, use of condoms for both contraception and protection from STIs was related to the understanding of relationships. As a means of defence against diseases, condom use was also found to be related to beliefs. In terms of relationships, the fact that condoms were associated with unstable partners and a lack of commitment was in conflict with the majority of participants' views on their own relationships. In addition, a host of beliefs was found across the sample: condoms purportedly protected but protection was contingent on skilled use, they were believed to break and not to be safe enough for diseases and, lastly, there was a belief that condoms must be acquired from a reputable supplier for them to be effective.

In this research, contraceptives other than the condom were seen as 'family planning' methods and therefore suitable only for married females. Use of this type of

contraception was related to three main points: first, consistent and emphatic contraceptive counselling by health staff; second, negotiation among partners; and third, a set of beliefs that connected external agents with pollution which in turn was assumed to provoke diseases and infertility.

Natural fertility regulation in the form of withdrawal and calendar-based measures was found to be used despite some participants being suspicious of their effectiveness and reliability. This finding highlights the need to move beyond 'modern contraceptives' when researching adolescent sexual health since these 'natural' methods were relevant for several participants. Further, protection via withdrawal was found to be connected with the previously mentioned idea of commitment: it was seen as a way of protecting against pregnancy and, at the same time, as a willingness to run a risk if the measure was not aptly executed. In addition, participants outlined another natural means of protection against diseases in the form of hygienic practices.

In contrast to the protective practices when having sex, to avoid engaging in penis-in-vagina intercourse can be considered an effective way of protecting oneself against outcomes such as pregnancy and STIs. In this sense, the social expectations of delaying coitarche internalised by some participants can be considered conscious protective measures. In addition, refraining from (unprotected) sex was also shaped by legal restrictions in the form of '*demandas*': participants were found to be knowledgeable of these regulations and to inform their decisions accordingly. Although delaying coitarche constitutes a protective strategy recently identified in studies in Latin American contexts (Bayer, Tsui, & Hindin, 2010), the role of the law in shaping sexual health decisions from the point of view of youth constitutes a novel finding that shows the importance of contextual structure in interdependent relation with individuals.

8.2. 'Hot points' in representations: fostering alternative identities

In the theoretical framework of this thesis I suggested that SRT offers the tools for mapping out the 'hot points' (§2.1.2.) whereby certain meanings are linked to identities. In this study, the identification of these points was directed to the resources available (described below) for fostering *alternative* meanings that would contribute to the promotion of different "recipes for living" sexual and reproductive health among indigenous adolescents. In this regard, during the communicative process of dialoguing about their representations of sexual and reproductive health, participants referred to a

series of actors, institutions, widespread ideas and expectations in relation to which they positioned themselves. Taking this positioning into account, I have identified the resources participants might be drawing on for different identity positions vis-à-vis sexual and reproductive health decisions. Below I present a summary connecting the resources presented in different parts of the thesis:

- a. *Intergenerational change.* Participants were found to be continuously constructing an identity as the 'current' generation of indigenous peoples. By seeing themselves in this way, participants were enabled to subtly contest expectations of being embarrassed about sexual matters. In addition, being a new generation entailed knowledge seeking, which can be contrasted with the internalised segregation of indigenous peoples as those who 'do not know'. In this regard, being knowledgeable was important for participants up to the point of expecting knowledge to be a protective measure per se.
- b. *Individual life project.* Collective expectations were found to be captured by a life project aimed at progressing and exceeding current material conditions. The resource of having a planned life was found to be empowering insofar as it enabled participants to internalise these expectations and make them meaningful for their own lives. This was related to assertive decision-making about delaying sexual experiences in order to prioritise studies; this supported findings from other studies (Bayer, Tsui, & Hinding, 2010). Moreover, for those participants with no access to studies, the life project was found to be equally oriented towards the future but with a more prominent focus on immediate family life.
- c. *Love as respect for decisions.* Traits such as passivity and restraint were associated with the ideal of virgin females as opposed to the active and confident ways in which males were expected to behave. Accordingly, males were found to display these traits in the form of overt pressure while negotiating sex by imposing their desire of demonstrating love through sex. Some of their female counterparts, however, failed to passively endure these advances. On the contrary, these female participants drew on the same idea of love, twisted it and asserted that love can also be understood as respect for one's own decisions. Although it might be argued that, in doing so, females conformed to gender expectations in the sense that they kept their virginity, their resistance to pressure was active rather than passive, which in itself calls for an alternative way of seeing the female identity.
- d. *Responsibility.* In the same way that active resistance was identified in girls, a potential alternative identity placed in the trait of 'responsibility' was found in boys.

Responsibility as a “substantive area” of masculinity has been identified among young people in Mexico (Stern, 2003), but its role in shaping sexual and reproductive health decisions remains obscure. In this research, participants directed male responsibility towards being accountable for one’s (risky) sexual health-related actions. However, the notion of responsibility can feasibly be used for fostering protective practices in the form of contraception rather than focusing on remedial measures with regards to sexual outcomes.

- e. *Specific views on the female body.* This study confirmed the expectation that females pay more attention to health issues than males (Barker, 2000, 2007). Moreover, this was found to be the case for prophylactic (as opposed to palliative) measures in the form of hygienic practices. It was suggested that this disposition to cleansing and monitoring the female body might be related to its perceived fragility and susceptibility to diseases, which might in turn be linked to the female anatomy. Although perceiving the female body as ‘fragile’ and ‘open’ might be considered as disempowering, in practice this perspective seemed to be shaping preventive practices and awareness of a variety of ‘mild’ sexual infections.
- f. *Folk knowledge as a resource.* Rather than the researcher assuming that participants were connected with their natural surroundings and “traditional” knowledge for the sheer reason that they are indigenous, in this research participants themselves gave account of folk medicinal knowledge (comprising traditional, indigenous and local medicine) in the form of herbal and hydrotherapeutic resources. This folk knowledge, it was suggested, was linked to beliefs rooted in the qualities weakness/strength and hotness/coolness, which in turn define the notion of ‘nature’, a Mexican rural way of defining a person’s material and spiritual characteristics. Participants seemed to retrieve positive meanings and a resourceful identification with the past through their forebears’ handing down this knowledge.

‘Hot points’ in relation to identities should not be separated from knowledge. Indeed, as knowledge, representations are both dependent on and expressive of identity experienced by the groups which produce them (Gervais & Jovchelovitch, 1998a). In articulating representations, indigenous youth simultaneously located themselves in the community, thereby defining their identities in relation to other people and other groups (Purkhardt, 1993). For instance, conveying the knowledge related to the female body and to folk knowledge can be seen as participants’ identification with women in sorority (handing down knowledge that belongs to them and not to men) and with their forebears, respectively. Moreover, knowledge frames the continuous construction of identity whereby

the self is positioned in relation to standards of what is correct or appropriate: “[t]o have an identity is to *know* ‘where you’re coming from’ when it comes to questions of value, or issues of importance” (Taylor, 1991: 305, my emphasis).

The foregoing ‘hot points’ can be seen as potential means for health promotion. Rather than focusing just on negative aspects of sexuality, I am providing the contextually relevant resources whereby alternative views of sex, sexuality and reproduction can be encouraged among indigenous Mexican adolescents. In this respect, current approaches to health promotion emphasise “empowering” people to appreciate alternatives to the ways they experience health. The ‘hot points’ highlighted in this section constitute authorising or empowering discourses that I discerned from participants’ dialogues and therefore relevant to them, as opposed from those imported and relevant to external agents such as health staff or institutions.

The identification of these ‘hot points’ or symbolic resources shows that paying attention to the interdependent relation between people and their social environment exposes critical spots that facilitate the change of meanings attached to particular identities or practices. However, in the same way that identities presented resources for adopting alternative meanings, some traits and practices were consistently linked to certain identities. These connections were hardly ever challenged by participants and therefore indicated the limited awareness they had for contesting them:

- a. *Males’ assertiveness and sex-seeking.* Although responsibility was found to be a positive alternative identity being fostered among males, this trait was the opposite of laziness and lack of commitment. However, both sides of the opposition responsibility/lack of commitment were compatible with views of males as assertive and sex-seeking. Being active and insistent was expected from males to the point that it was difficult for them to distinguish the difference between overtly encouraging, pressuring and coaxing when making sense of sex negotiation. In this regard, although a possibility for renewing male identities was found in responsibility, the idea that males are the ‘active’ gender remains yet to be challenged.
- b. *Diseases attached to certain people.* Linking diseases to a promiscuous identity, that of ‘*cualquiera*’ and ‘*naughty*’ people, sustained the belief that only those who belong to these categories, which were sometimes arbitrarily assigned, are the ones exposed to risks of STIs, supporting previous studies on sexual health in Mexico (Castañeda, Brindis, & Castañeda Camey, 2001) and within SRT (Joffe, 1999). Furthermore,

the purported link between promiscuity and diseases was associated, first, with the belief that one is not at risk if having sex with a “clean” partner and second, with the understanding that condoms are to be used within unstable relationships and one night stands, just as the ones one would have with a ‘lover’. In this way, not only were diseases connected to stigmatised groups, but also condoms were attached to these groups and hence were more difficult to introduce within stable relationships.

Focusing on social representations construction enabled me not only to spot possibilities for alternative identities but also constraints for fostering new meanings associated with certain identities.

8.3. Showing context and movement in representations

Within SRT it is understood that representational systems, their constituent elements and their production, express that knowing is an open and mutable process (Jovchelovitch, 2002). Heeding this assumption, and acknowledging that indigenous peoples do not constitute homogeneous groups holding monolithic representations but rather display polyphasic knowledge, the research design included two social contexts and two units of analysis embedded in each context and determined by gender. Internationally, it has been suggested that there is a need to discern the main differences between urban and rural youth in relation to aspects of sexual health such as HIV risk (Eaton, Flisher, & Aro, 2003). In Mexico, however, sexual health research in the contextual approach has been generally concentrated either on urban (e.g. Marston, 2004) or rural youth (e.g. Castañeda, Brindis, & Castañeda Camey, 2001), which provides little room for comparison beyond the typical insights from studies in the inferential approach that suggest, for example, that condoms are more likely to be used by urban youth in comparison to their rural counterparts (Gayet et al., 2003).

The differences identified in this study point towards the importance of approaching sexual and reproductive health research from perspectives that conceptually and methodologically tackle context. As discussed in Chapter I, within the contextual approach to adolescent sexual health it is difficult to identify solid and clear perspectives drawing on discipline-specific theoretical frameworks. This thesis has offered a sociopsychological approach to sexual health grounded in the theory of social representations with emphasis on dialogue and dialogicality. It has shown that while context is important, the *dialogical interactions* between adolescents and the different

elements in their context are crucial. Indigenous youth are not only 'enabled' or 'constrained' by context but rather interrelate with it in a dialogical process: it is in the middle of the dialogical triad where the sense-making of sexual and reproductive health issues occur.

Although Cornish (2004) used dialogical principles to analyse sexual health-related interactions in the context of sex-work, to my knowledge this is the first research that approaches sexual and reproductive health of young people from a dialogical perspective. Similar to the 'mediating moments' in which social factors mediate health-related behaviour for Cornish (2004), in this research I have focused on the interactions in dialogue between participants and their context in relation to sexual and reproductive health views and related practices. Furthermore, through a 'funnelling' approach to analysis and reporting of findings, I have shown the different layers of context in terms of, for example, social structure and relationships, to indicate their interdependent relation with participants' ideas, values and practices.

Below I summarise the main differences found in relation to the research design. I first discuss the main differences by social context, followed by differences by gender. In addition, I refer to differences in engagement with health services, which were best captured by reproductive experience.

Differences were observed between the urban and the rural context in terms of geographical restrictions insofar as rural participants were more constrained by the boundaries of their place of residence than their urban counterparts, for whom more mobility is possible albeit mainly for urban males. Rural participants generally placed great importance on females' virginity, thereby devaluating non-virgins. Their urban counterparts, by contrast, valued virginity but also considered the possibility of non-virgin girls being part of a healthy relationship. In the same way, rural participants placed greater emphasis on the continuity and stability of relationships than their urban counterparts. This was related to a more accepted view of premarital sex in the urban context than in the rural one. Accordingly, it was mainly rural females who accommodated their male partners' perspectives and requests to have sex even if they initially refused, in view of the assurance of 'responsibility' and commitment to continue the relationship. In the urban context, by contrast, a more straightforward convergence of perspectives was reported without the need to further negotiate sex.

CONCLUSIONS

In relation to negotiation of contraceptive measures, however, the idea of male 'responsibility' came to the fore in both contexts albeit with nuances: whereas in the rural setting both sexual intercourse and pregnancy were expected to result in a marriage, in the urban setting this was the case only in the event of a pregnancy. In both contexts, hence, the idea of 'responsibility' for (un)intended outcomes was relevant. With regards to contraceptive methods, condoms were used by a handful of urban participants. Calendar-based methods, by contrast, were mainly used by rural participants. Whereas no significant differences were found in the use of withdrawal, the data revealed that males presented a greater influence on their partners when negotiating the use of hormonal contraceptives in the rural setting than in the urban context.

Differences by context were also found in relation to folk medicine knowledge. In the rural setting participants legitimated both folk knowledge and 'scientific' or 'medical' knowledge. Their urban counterparts, in turn, displayed this coexistence of knowledge but, at the same time, presented a movement towards preferring 'scientific' over folk knowledge. This preference was in turn constrained by concrete conditions of living in the city and nourished by creativity to generate hybrid practices.

Differences with regards to gender were found in relation to four findings. First, the engagement with legal restrictions: boys were acutely aware of the possibility of being sued in the event of getting a girl pregnant and reported this shaped their sexual decisions, which was not the case for female participants. Second, in general, expectations about sexual practices were more permissive towards males than towards girls, although this was acknowledged by both genders. Third, male participants focused on sexual screening of potential partners through the idea of 'knowing who' they get sexually involved with. This was opposed to the female notion of 'getting to know' which entailed assessing potential partners' sexual *and* social behaviour. Fourth, apart from AIDS, females were more aware of STIs in comparison to their male counterparts. Accordingly, they were found to be prone to procure themselves prophylactic care through hygienic practices.

An additional finding in relation to engagement with health services was found to present a difference with regards to the parity of participants as service users. While participants reported a general authoritative way of providing services by health staff, this authority was exerted on participants without reproductive experience through actions that sometimes compromised confidentiality. With regards to female participants with reproductive experience, the emphatic, almost coercive, contraceptive counselling

frequently resulted in provision of contraceptives, albeit not always at the request of or with consent from participants.

8.4. *Knowledge encounters or contributing theoretically*

Up to this point I have covered content and context in the representations studied. In addition, I have identified ‘hot points’ whereby representations attached to identities can be challenged. In the following I will refer to the theoretical contribution of this thesis through two main points that have to do with the communicative processes through which representations are produced, sustained and transformed. First, I will show how the thesis contributes to furthering the notion of cognitive polyphasia by using the model of knowledge encounters. Second, I will discuss the sharpening of the model of knowledge encounters originally proposed by Jovchelovitch (2007).

8.4.1. *From cognitive polyphasia to knowledge encounters*

In a recent article, Marková clarifies that cognitive polyphasia should be regarded “as a presupposition enabling the researcher to discover the *conditions* which facilitate, hinder, provoke or lead to *transformation* of different ways of thinking and knowing” (2008b: 479, my emphases). This research has considered cognitive polyphasia in this way and, relatedly, contributed to SRT by using knowledge encounters as the theoretical tool that accounts for the conditions for transformation that Marková (2008b) suggests (§8.4.2.). Yet, this thesis also contributes to the overall understanding of cognitive polyphasia, given that there is no full agreement among social representations theorists about what the phenomenon (or hypothesis) of cognitive polyphasia entails (§2.2., fn. 19). In this subsection I briefly state my position in this debate and the complexities of putting cognitive polyphasia into use as an analytical tool.

Within the recent developments on cognitive polyphasia and the potential it offers for transformation of knowledges, Provencher (2007, 2011) stands out for proposing that this phenomenon has to do with displaying or relying on more than one type of knowledge when making sense of an issue (in her case, the decision-making process of whether to vaccinate one’s child with the MMR combined vaccine or not). By contrast, the way in which I have treated cognitive polyphasia in this research is closer to the understanding that “cognitive polyphasia refers to the *possibility* of using different and sometimes diverse ways of thinking and knowing” (Marková, 2003b: 43, my emphasis). Drawing on her conversation with Moscovici, Marková goes on to explain that “when Newton saw the falling apple, he had *a choice* to apply various kinds of knowledge in order

to account for the fall of [the] apple” (2003b: 43 my emphasis). It is this precise possibility or choice to draw on different types of knowledge that I understand as cognitive polyphasia, rather than the effective use of or reliance on more than one type of knowledge. Indeed, it could be suggested that, even if only one knowledge is displayed in a decision-making process (what Provencher calls ‘cognitive monophasia’), then in order to privilege it over other types of knowledge one has to have already ‘used’ those other knowledges by assessing them vis-à-vis the one finally favoured. In other words, I suggest that the *reliance* on one kind of knowledge does not necessarily entail the *employment* of one type of knowledge exclusively. Rather, it is the employment of different perspectives, information and values that allows “the choice we make of one form of thinking in preference to another one” (Moscovici & Marková, 2000: 246). If human thinking and communication are understood as inherently dialogical, then privileging one knowledge from a pool of coexisting knowledges can be considered as an expression of this knowledge and, at the same time, of the other knowledges available (and whose relevance has been assessed but disfavoured), in interdependent dialogical opposition.

As simple as it might seem, understanding cognitive polyphasia in this way does not mean that people are consciously aware of the possibility they have of using a diversity of knowledges. Rather, it is in dialogue (which might be triggered by a controversy, as in the case of the MMR vaccine) that people become aware of the perspectives or, for that matter, of the knowledges of others. Hence, the notion of knowledge encounters becomes instrumental to account for the meeting spots (in terms of time and context) where this awareness takes place and thereby to advance the notion of cognitive polyphasia. In this way, the hybridity outcome becomes compatible with Provencher’s perspective of people who ‘need’ to engage in cognitive polyphasia (in her view, the display of more than one type of knowledge). At the level of the social individual, her model could be seen as an extremely fine-grained account of the difference between first, the reliance on one type of knowledge or source, such as in the outcomes of supplantation and accommodation and, second, the creative combination of different knowledges through the outcome of hybridity.

Related to the previous issue, one of the concerns for further development when speaking about interactions between different types or modalities of knowledge present in cognitive polyphasia is the delimitation of what ‘different modalities of knowledge’ entail. Whereas some authors (e.g. de Graft Aikins, 2005) have convincingly identified different modalities such as religious or scientific for the particular context they have studied, it is my contention that such a classification is a very difficult one to draw, in the analogous

way that speaking about “modernity” and “tradition” needs to be made in reference to a certain epoch and context. It would be possibly more fruitful to speak of modalities of knowledges carried and expressed by different perspectives when knowledges meet, as I have done in this thesis. Treating knowledge in this way implies that it is expressed from a given position in a certain context, and accounts for knowledge in evolution, not necessarily as a fixed entity held by certain groups (e.g. the scientific community). However, I am not suggesting that knowledge and its sources should be indefinitely relativised, but that the diversity of appropriation and the complexities of drawing boundaries regarding the different ‘modalities’ of knowledge should be acknowledged. This would benefit, for example, the context of sexuality research in Mexico, where some authors (e.g. Amuchástegui, 2001b) have insisted in attributing certain knowledge displayed by participants to the perspective of groups such as the Roman Catholic Church. As this research has shown, the same discourse might account for a number of perspectives, be this “traditional”, “religious”, “conservative” or, indeed, all of the above.

8.4.2. Advancing the knowledge encounters model

The key theoretical issues in this thesis were related to communication in the form of dialogue and the potential transformation of knowledge in cognitive polyphasic systems. Instrumental for understanding this potential transformation, I argued, is the model of knowledge encounters proposed by Jovchelovitch (2007). By using concepts from dialogical theory, I devised a modified typology of knowledge encounters that included five possible outcomes: coercive supplantation, resistance, dynamic knowledge coexistence, accommodation and hybridity. These were identified through the analytical categories of perspectivity (perspective setting and taking) and means of influence (use of either authoritative enforced discourse or persuasive discourse), as well as specific functions.

I agree with Grossen (2010) that it is very difficult for researchers to devise analytical methods that take full account of dialogical assumptions. Notwithstanding this, the present research has also contributed to furthering cognitive polyphasia insofar as it has used dialogical traits to understand, at the level of the group, how different perspectives interact, are judged and ultimately privileged, maintained or combined.

I used the suggested typology as a theoretical tool to explain the interactive states that result when different perspectives in cognitive polyphasic systems meet. In Chapter IV, I identified a set of perspectives shaping the knowledge of indigenous adolescents in the sample and how participants positioned themselves in relation to different actors and

institutions that can be seen as the source of different knowledges or perspectives: resisting shame, segregation and religious teachings as imposed by the community, enduring authoritative treatment imposed by health staff, and accommodating their parents' views while distancing from those of their friends. This was mirrored to a lesser extent in Chapter V, where the main interlocutors in communicative encounters were the two partners in a couple, and in Chapter VI, where the main ideas in dialogue had to do with beliefs and other kinds of knowledge such as 'scientific' or 'academic'. With regards to the couple, states of resistance and accommodation were identified when negotiating sex. In terms of beliefs, coexistence as an outcome of knowledge encounters was found in both contexts and hybridity in the urban context only.

In my view, the interpretation of results in terms of knowledge encounters constitutes a contribution towards understanding how indigenous adolescents construct their relationships in a dialogical process *within* their own group (as distinguished from comparing them with non-indigenous adolescents) and in relation to other third parties such as key actors, institutions and ideas. However, the typology of knowledge encounters devised in the theoretical framework was also applied to sociodialogue as found in focus group discussions in order to contribute to the understanding of change within the same group through an actual conversation. Accordingly, in Chapter VII, I put Jovchelovitch's model into use to examine the micro-politics of everyday encounters, which allowed me to add consensus as another outcome to the typology, as well as to further qualify the analytical categories.

Although it was not my primary interest when devising the typology, knowledge encounters and their outcomes can be related to social influence theory as theorised by Moscovici (1976), which is perhaps not surprising given that SRT theorists (Orfali, 2002; Marková, 2008b) have emphasised that social influence theory and SRT share many points of Moscovici's interests. Knowledge encounters seem to converge with both theories insofar as the interaction of different knowledges, the dynamics of conflict and tension, as well as the possibilities for transformation were heeded. For example, the different ways in which males set their perspective, took (or not) the perspective of their partners and used means of influence (through persuasion or enforced imposition) could be considered akin to the behavioural styles in the influence of active minorities, although of course the analytical power of the latter is more specific. Moreover, the typology considers that outcomes of knowledge encounters *are not* unproblematic resolutions of the conflict generated in these meetings but rather the product of a dialogue in which the positions of

dialoguers, the means through which they intend to influence their co-dialoguers as well as the function of the encounter, come to play a role in the negotiation of meanings which, in turn, not always leads to conscious or discernible change⁶¹.

Apart from furthering the notion of cognitive polyphasia, the use of knowledge encounters as presented in this thesis has contributed theoretically through three additional points. First, knowledge encounters as developed in this thesis stretched Jovchelovitch's (2007) original model to account for different outcomes with a greater degree of analytical specificity. Second, in doing so, the present study tackled the need to identify change and variation in social representations not only between but also *within* groups. Third, by looking at a contested and sometimes conflicting issue such as sexual and reproductive health, this research addressed the criticism that SRT research pays little attention to disputes and frictions in the construction of the phenomena it studies (e.g. Billig, 1993). In a parallel way, by using different analytical dimensions that account for the possibility of the use of coercion in dialogue, I responded to the criticisms towards dialogical theory which argue that Bakhtin's concerns overlook the asymmetries, different degrees of power and oppression in dialogue (e.g. Fogel, 1989; Gurevitch, 2000).

8.5. Implications and suggestions for further research

8.5.1 Practical implications

With regards to sex education in Mexico, it has been argued that several discourses including religion, scientific facts, gender equity and ethics coexist in the curricula and textbooks (Amuchástegui, 2001a). In addition, it has been suggested that, in Mexican schools, sex education lessons are focused on the biological aspects of sexuality and reproduction while often overlooking other aspects related to sexual matters (Gutmann, 2007: 124). The findings of this research have direct implications for sex education insofar as they provide evidence in support of the relevance of Stone and Ingham's (2006) threefold suggestion of sex education content (facts, relationships and values) for the studied context. First, with regards to information and facts already given at school, participants themselves expressed the significance that this knowledge has for them in terms of being seen as a protective practice. Information, however, should go beyond anatomical, biological and technical facts: it should include, for instance, accurate

⁶¹ By stating that the change is not always conscious or discernible I mean that interaction in dialogue with others always changes both constituents of the Ego-Alter relationship but that perspectives are not always relocated in a way that can be spotted by the researcher or by those who have been engaged in dialogue.

interpretation of legal restrictions, which in Mexico vary according to State, and which structurally limit the possibilities for sexual and reproductive health decisions.

Second, with regards to relationships and interpersonal skills, results point towards the centrality of relationship dynamics in shaping sexual and reproductive decisions. In this sense, the evidence supports the relevance of providing Sex and Relationships Education, which is distinguished from the usually informative 'sex education' because it fosters critical thinking in order to tackle relationship dynamics and negotiation of sex and contraceptive use. As shown throughout this project, participants are resourceful agents capable of contesting imposed discourses and identifying alternative ways of representing reality. Hence, rather than maintaining a "gender equity" discourse that, results suggest, is not actually experienced by participants, sex education in the Mexican context would benefit from encouraging and enabling *reflexion* about the different ways to challenge gender stereotypes and their impact on relationships (for suggestions about the specific content of such programmes, see Rogow & Haberland, 2005).

Third, in terms of values the present research shed light onto the importance of recognising the ethics and values of people when negotiating meaning. Rather than emphasising the negative outcomes of sexuality, sex education might draw on what is culturally valued for Mexican youth to foster a more positive view of informed sexual and reproductive health decisions. For instance, in the case of indigenous adolescents, notions such as the individual life project and traits such as responsibility were given great value. Sex education programmes might capitalise on this value to contextualise sexual and reproductive health decisions in a more constructive and holistic approach than focusing on the avoidance of teenage pregnancy and STIs seen in a vacuum.

In relation to sexual and reproductive health communication, recommendations depart from the finding that participants in both the rural and the urban contexts were willing to communicate about sex, sexuality and health in general. The idea of indigenous adolescents as the *current* generation challenges stereotypes of backwardness among indigenous peoples and allows participants to open up to speaking about sex and reproduction. Bearing this in mind, one can safely assume that, in this context, a respectful approach to health communication must *presuppose* that indigenous adolescents generally feel comfortable with hearing, speaking out and debating sexual matters, especially if knowledge gaining is emphasised. Moreover, it is not only indigenous adolescents who are willing to talk about these topics: the fact that parents allowed their children to participate in this study shows the willingness of the community for

adolescents to engage in these discussions. In this regard, the evidence points towards three main recommendations on health communication in relation to health services and staff, specific health beliefs and public and private dimensions in communication of health issues.

First, in terms of the communicative interactions of indigenous Mexican adolescents within health services, one of the most evident implications that findings highlight is the need to sensitise health staff about the cognitive competence of indigenous adolescents. When engaging with health services as users, participants revealed issues of violation of confidentiality and emphatic pressure by health staff on reproductively experienced adolescents to adopt certain contraceptive measures. If health staff acknowledge the resourcefulness of indigenous youth to make sense of their own realities and assess their sexual and contraceptive choices, then the counselling in order to turn these choices into 'informed decisions' should be easier and more respectful towards participants. In addition, the need to regard adolescents as competent and developed people (rather than yet-to-develop adults) comes to the fore if health staff are to engage in communication and service provision in an effective, *confidential* and context-relevant manner.

Second, counselling on contraceptive uptake by indigenous adolescents should take into account the resilience of their beliefs in relation to pollution as well as their local understandings of the body and health maintenance. As the evidence of this project revealed, participants attach polluting properties to chemical and external agents such as pills, injections and the IUD. Rather than treating these specific beliefs as obstacles to be overcome, any successful programme would bring about critical reflexion-enabling spaces where adolescents can engage in dialogue with alternative views and, thereby, evaluate their suitability for their own context and values.

Third, health communication efforts would benefit from acknowledging that there is more to health-related knowledge than what is openly spoken about at the public level. In this research, a movement was found from publicly displayed views to private thoughts in relation to the condom: although it was openly acknowledged as an effective contraceptive measure, the privacy of individual interviews revealed the doubts regarding its effectiveness. This could be related to the internal dialogues adolescents have with themselves (Marková, 2006) simultaneously and after engaging in dialogue with people delivering health-promotion messages. In addition, it might have to do with technical knowledge being of great value for indigenous youth and, hence, their trying to publicly align with this knowledge (and 'save face') although internal doubts are maintained. This

finding points towards the need of a multi-level approach to health communication, whereby ideas are not only communicated in a top-down fashion where a person invested with authority (e.g. health staff) talks about the benefits of contraceptives. Although this authority might shape the reliance on this knowledge, 'talks' could be complemented with discussions at a peer level, where doubts are dispelled not through the authority of those who 'know' as professionals but through the agency and critical thinking of the adolescents who seek and value knowledge.

In sum, the recommendations in terms of sexual health education and communication can be reduced to the idea of *reflexion* that is behind the dialogues studied in this thesis. To reflect, Marková (1994: 31) explains, is related to considering one's possibilities of choice and the implications of one's choices for one's activities and their impact. In this research, for example, participants have shown their resourcefulness for identifying alternative meanings attached to identities (§8.2.). Sexual health as relevant for indigenous youth will be promoted to the extent that sexual health education and communication create a favourable atmosphere for reflexion and identification of contextually relevant resources to transform health-related meanings.

8.5.2. Suggestions for further research

The findings reported here can be expanded in several ways. In my view, at least three main points can be brought forward for further consideration. First, the results of this research can be expanded by examining the same object of study among adolescents from other indigenous Mexican groups. In the same way, results would benefit from contrasting the views of adolescents reported here with those of their parents and service providers, which was beyond the scope of this project. Both measures would be instrumental in showing the heterogeneity of ways in which indigenous adolescents represent sexual health in interdependent dialogue with actors, ideas and institutions in their particular context, and to map out consistencies in the data for indigenous youth. Second, the research reported here can be furthered by longitudinal designs with additional data collection techniques such as personal diaries and follow-up interviews. This would help to clarify the circumstances under which inconsistent contraceptive use takes place and how practices might change over time. Third, the theoretical developments of this thesis can be taken as a starting point and furthered by applying the typology of knowledge encounters to other contexts and objects of research. In the same way, the analytical categories can be sharpened to account for a variety of interactions in dialogue.

8.6. *Final remarks*

As this research comes to an end, I am convinced that no dialogue is neutral. On the contrary, as I have learnt through this project, dialogue invariably entails an ethical concern in which values are at stake, which is also true for thought processes (Moscovici, 1961/2008: 168). Just as in Moscovici's study on psychoanalysis, in this research the values coming from the different groups to which participants belong served as standards to make sense of sexual and reproductive health. In this way, sense making was always performed in relation to others, in continuous engagement with and evaluation against the standards at the community and social level that orientate the position of the self.

Heterogeneity in thinking and communicating constitutes a matter of fact in current societies, even those mistakenly labelled as static or traditional, as is frequently the case for indigenous peoples. At the start of this thesis I put forward the argument that it is important to pay attention to the diversity in ways of thinking and communicating *within* indigenous groups, rather than assuming they are homogeneous or that they change towards non-indigeness in a unidirectional way. At this point, I have come to firmly believe in the importance of documenting the *contextualised logic* of indigenous peoples for understanding their sexual and reproductive health-related decisions.

Much still remains to be done when engaging in research with indigenous peoples and youth on health-related topics. The resourcefulness showed by participants of this study when making sense of their realities is just one of the manifold reasons why these further efforts are deserved. In this regard, social psychology has a lot to contribute to the recognition of the value and legitimacy of different ways of understanding health issues, irrespective of their indigeness, traditionalism or progressivism. Mobilisation of symbolic resources existing within indigenous adolescents will be possible if the focus is on acknowledging their heterogeneity, resilience and cognitive creativity.

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APPENDICES

APPENDIX A

CHARACTERISTICS OF PARTICIPANTS – RURAL

No	Name	Sex	Age	Schooling	Primary/ secondary occupation	Marital status	Parity	Religion	Siblings	Reported penis-in- vagina intercourse	Focus Group
1	Xóchitl	F	19	10 years	Housekeeping	Cohabiting	1	Catholic	3	YES	YES
2	Justa	F	18	12 years	Retailing (self- employed)	Single	0	Evangelical	7	NO	YES
3	Manuela	F	15	9 years	Student/ housekeeping	Single	0	Catholic	4	NO	YES
4	Isabel	F	18	10 years	Student	Single	0	Catholic	0	NO	YES
5	Pilar	F	18	11 years	Student/ agriculture	Single	0	Catholic	4	YES	YES
6	Pascuala	F	16	10 years	Student/ agriculture	Single	0	Catholic	4	NO	NO
7	Concepción	F	15	3 years	Housekeeping/ agriculture	Married	Pregnant	Evangelical	3	YES	NO
8	Sabina	F	19	3 years - illiterate	Housekeeping	Cohabiting	² +Pregnant	Catholic	6	YES	NO
9	Juana	F	17	5 years	Domestic work/ agriculture	Single	0	Catholic	5	NO	YES
10	Atzin	F	18	Illiterate	Housekeeping/ agriculture	Cohabiting	¹ +Pregnant	Catholic	5	YES	NO
11	Soledad	F	19	6 years	Agriculture/ domestic work	Single	0	Catholic	9	YES	NO
12	Romana	F	16	2 years - illiterate	Housekeeping/ agriculture	Single	Pregnant	Catholic	8	YES	NO
13	Flor	F	18	6 years	Domestic work/ p/t student	Single	0	Catholic	5	YES	NO
14	Mitzi	F	19	12 years	Housekeeping/ agriculture	Cohabiting	Pregnant	Catholic	5	YES	NO
15	Evarista	F	16	7 years	Housekeeping/ agriculture	Cohabiting	1	Evangelical	4	YES	NO
16	Cipatli	F	16	2 years - illiterate	Housekeeping/ agriculture	Cohabiting	1	Catholic	4	YES	NO
17	Candelaria	F	18	11 years	Student	Single	0	Catholic	8	NO	NO
18	Talita	F	15	4 years	Domestic work/ agriculture	Single	0	Catholic	1	NO	YES
19	Esperanza	F	17	9 years	Housekeeping	Cohabiting	1	Catholic	2	YES	NO
20	Emilia	F	18	12 years	Housekeeping/ p/t student	Single	0	Catholic	6	NO	YES
21	Socorro	F	16	9 years	Student	Single	0	Catholic	0	Not gathered ¹	YES ¹
22	Alba	F	16	9 years	Student	Single	0	Catholic	3	Not gathered ¹	YES ¹
23	Marcos	M	18	11 years	Student/ agriculture	Single	0	Catholic	2	NO	YES
24	Gonzalo	M	16	9 years	Agriculture	Single	0	Evangelical	7	NO	YES

APPENDICES

No	Name	Sex	Age	Schooling	Primary/ secondary occupation	Marital status	Parity	Religion	Siblings	Reported penis-in- vagina intercourse	Focus Group
25	Rigoberto	M	17	11 years	Student/ agriculture	Single	0	Catholic	7	NO	YES
26	Santiago	M	17	10 years	Shaman	Single	0	Catholic	10	NO	NO
27	Pedro	M	16	9 years	Student / agriculture	Single	0	Catholic	3	NO	YES
28	Xicoténcatl	M	17	9 years	Student/ agriculture	Single	0	Catholic	5	NO	YES
29	Cruz	M	19	11 years	Student/ agriculture	Single	0	Catholic	7	NO	YES
30	Nemesio	M	17	11 years	Student	Single	0	Catholic	0	NO	YES
31	Salvador	M	16	10 years	Student / retailing	Single	0	Catholic	6	NO	YES
32	Lauro	M	17	5 years	Agriculture	Single	0	Catholic	5	NO	YES
33	Rutilo	M	16	3 years	Agriculture	Single	0	Catholic	5	NO	NO
34	Genaro	M	16	10 years	Student/ agriculture	Single	0	Catholic	8	NO	YES
35	Carlos	M	17	9 years	Agriculture	Single	0	Evangelical	4	NO	NO
36	Hernán	M	15	8 years	Student / agriculture	Single	0	Catholic	3	NO	YES
37	Fidel	M	16	8 years	Student / agriculture	Single	0	Catholic	5	NO	YES
38	Cuauhtémoc	M	19	6 years	Agriculture	Cohabiting	2	Catholic	7	YES	NO
39	Venustiano	M	16	8 years	Student/ agriculture	Single	0	Catholic	3	NO	YES
40	Lugardo	M	18	5 years	Agriculture	Single	0	Catholic	6	NO	NO
41	Evelio	M	16	6 years	Agriculture/ construction	Single	0	Catholic	5	NO	NO
42	Gustavo	M	19	5 years	Agriculture	Single	0	Evangelical	0	YES	NO
43	Nicandro	M	16	9 years	Student	Single	0	Catholic	7	Not gathered ¹	YES ¹

¹ Focus groups participants who were not individually interviewed.

APPENDICES

CHARACTERISTICS OF PARTICIPANTS – URBAN

No	Name	Sex	Age	Schooling	Primary/ secondary occupation	Marital status	Parity	Religion	Siblings	Reported penis-in- vagina intercourse	Focus Group	Years in city
44	Rosa	F	18	10 years	Student/ Maquila	Single	0	Catholic	8	NO	YES	9
45	Itzel	F	17	10 years	Student	Single	0	Catholic	0	NO	YES	8
46	Martina	F	15	8 years	Student	Single	0	Catholic	7	NO	YES	8
47	Oralia	F	17	9 years	Student	Single	0	Catholic	3	NO	NO	17
48	Miguelina	F	16	7 years	Housekeeping	Cohabiting	1	Catholic	2	YES	NO	16
49	Piedad	F	17	11 years	Student	Single	0	Catholic	5	NO	NO	14
50	Citlali	F	17	10 years	Student/ maquila	Single	0	Catholic	5	YES	NO	5
51	Crecencia	F	16	6 years	Maquila/ housekeeping	Cohabiting	1	Catholic	1	YES	NO	16 ²
52	Leticia	F	18	11 years	Student/ retailing	Single	0	Catholic	8	YES	NO	9
53	Isidra	F	16	8 years	Student	Single	0	Catholic	1	NO	NO	5
54	Herminia	F	16	10 years	Student/ retailing	Single	0	Catholic	3	NO	NO	13
55	Trinidad	F	17	11 years	Student	Single	0	Evangelical	3	NO	YES	6
56	Alma	F	15	8 years	Student/ maquila	Single	0	Catholic	2	NO	YES	15
57	Ofelia	F	19	11 years	Student	Single	0	Catholic	2	NO	YES	11
58	Rina	F	16	10 years	Student	Single	0	Catholic	2	NO	YES	5
59	Amparo	F	19	2 years – illiterate	Maquila	Cohabiting	1	Mormon	9	YES	NO	5
60	Luz	F	19	9 years	Maquila	Single	0	Evangelical	4	YES	NO	4
61	Margarita	F	17	1 year – illiterate	Housekeeping	Cohabiting	1	Catholic	14	YES	NO	6
62	Ximena	F	19	12 years	Housekeeping	Cohabiting	1	Catholic	8	YES	NO	9
63	Vicente	M	16	9 years	Student	Single	0	Catholic	1	NO	YES	11
64	Cuitláhuac	M	17	9 years	Student/ locksmith	Single	0	Catholic	3	NO	YES	9
65	Melquiades	M	18	11 years	Student/ catering	Single	0	Catholic	4	NO	YES	6
66	Roque	M	16	9 years	Student/ construction	Single	0	Catholic	7	NO	NO	16
67	Marcelo	M	19	6 years	Maquila	Single	0	Catholic	7	NO	NO	6

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No	Name	Sex	Age	Schooling	Primary/ secondary occupation	Marital status	Parity	Religion	Siblings	Reported penis-in- vagina intercourse	Focus Group	Years in city
68	Rosendo	M	19	10 years	Armed Forces	Single	0	Non-religious	4	YES	NO	7 ²
69	Ramiro	M	18	9 years	Construction	Single	0	Catholic	3	YES	NO	11
70	Felipe	M	17	10 years	Student / car washing	Single	0	Catholic	4	NO	NO	5
71	Domingo	M	18	11 years	Student/ maquila	Single	0	Non-religious	2	YES	YES	18
72	Emiliano	M	17	11 years	Student	Single	0	Catholic	1	NO	YES	6
73	Diego	M	18	12 years	Student/ construction	Single	0	Catholic	3	NO	NO	18
74	Indalesio	M	15	8 years	Student	Single	0	Catholic	8	NO	NO	9
75	Santos	M	19	12 years	Construction	Cohabiting	1	Catholic	3	YES	NO	8

² Participant had migrated to the U.S. for periods of time of less than one year.

APPENDIX B**QUESTIONNAIRE: DEMOGRAPHIC CHARACTERISTICS**

Interview code	Name	DOB	Sex	Additional Info?

Current relationship status?

Current relationship	Y/N	How long for?
Married		
Living-together		
Steady relationship-living apart		
Casual relationship(s)		
Single		
Ever Married/lived with partner		When?

Any children?

Name	Age	Whose?	Live with you?

Background

Where did you grow up? Name of city/town/village Urban/suburban/rural					
Highest education level completed					
Current occupation					
Source(s) of income					
Where do you live now? Name of city/town/village Urban/suburban/ rural					
Accommodation type (house, flat, etc.)					
Private rented/owner occupier/other					
Who do you live with?					
Are you religious?					
Which religion?					
How important is it to you in your everyday life?	1 Very important	2 Important	3 Moderately important	4 Of little importance	5 Unimportant
Which member of your family speaks náhuatl?					

Siblings?

Name	Age	Occupation

Parental situation

Original parents' marital situation. If no longer together then...	
Did they split or something else?	
When did it happen?	
Father/mother re-married?	

Parents' occupation

Occupation	When you were a child	Now
Mother		
Father		

APPENDIX C

INTERVIEW GUIDE

Introduction to the study: negotiation of interview conditions

Introduce myself.

Read through the consent form slowly and allow pauses for the interviewee to raise queries or comments.

Duration: circa 1 hour 15 minutes.

INTRODUCTION: circa 15 minutes.

Health history: Can you tell me the history of your health?

- Physical health – Childhood, teenager. (With regard to good health: How is it that you have kept so healthy? With regard to each health problem raised: How did you deal with this problem? What support did you get from friends? From family? From organisations? From others?)
- Mental/emotional health (support questions as above).
- Social health – To what extent have you had access to the resources that you have needed to do what you want in life – education, employment, money?
- General sense of well-being – How would you describe happiness? Would you describe yourself as a happy person? If so, why? If not, why not?
- Relationships: What is your relationship history? Marriage(s)? Cohabitation(s)? Children? Details of all these.

FIRST PHASE: circa 10 minutes.

The aim of this section is to get the interviewees to talk about sexuality in their own terms.

- Accessing knowledge – How have you found out about relationships, sex and contraception? (use prompts such as the role of family members, friends and school) What does sexual health mean to you?

SECOND PHASE: 30 to 45 minutes.

The aim of this section is to get the participants to talk about their own experiences, understandings, feelings and meanings about three specific dimensions of sexuality: sexual experiences, sexual outcomes and risk/protective practice. However, due to the sensitivity of the topic, no direct questions will be asked. Instead, some indirect questions about general knowledge and acquaintances' experiences will be employed and they should hopefully guide the introduction of more questions.

Sexual experiences

- Penetrative sexual knowledge (try to mirror participant's words: e.g. if sex is referred to as 'sexual relations', use those words) – Do you know of any of your friends who has engaged in sexual intercourse? What do you think of that? Have you ever discussed how to decide about starting to have sexual relations? (these questions should hopefully provide insights into personal information). If with children or pregnant – Here, in the community, how do young people decide about starting to have sexual relations? What makes them believe they are ready for that? Have you ever discussed about that with someone else? (these questions should hopefully provide insights into personal information).
- Penetrative sexual inexperience (omit if participant stated being pregnant or having children) – What is/are the reason(s) why your first sexual intercourse has yet to come? Do you have plans or expectations to engage in sex? When will the time be right for you? (if virginity comes as a reason for inexperience) what does virginity mean to you?
- Non-coital experiences – Up to this point, we have been talking about penetration, right? (unless non-coital activities have been mentioned, wait until participant confirms) Do you know of sexual activities other than penetrative sexual intercourse? How did you get to know about these? Do you know of any friend who has engaged in any of those? What do you think about it?

Sexual outcomes

- STIs – Which STIs do you know about? (if transmission is not mentioned, ask to expand – how are STIs [use 'diseases' if participant expressed this word previously] transmitted?) How did you find out about them? Do you know what to do in case you or one of your friends find out you have an STI? Have you ever heard of someone who has had pain, discharges or clear symptoms of an STI?
- Teenage pregnancy and termination – Do you know of someone in the community who has ever been pregnant? What do you think about having a child at your age? (if any answer relates to abortion, ask to expand: what do you think about abortion?). If pregnant or with children – How did you decide about having children? What does having a child mean to you?

Protective/risk taking practices

- Protective practices – What does safe sex mean to you? In a sexual relation, whose responsibility is protection? What forms of protection against pregnancy do you know about? What forms of protection against STIs do you know? How did you get to know about these forms of protection?
- Sexual risk taking – Why do you think people of your age have sex without protection?

DEBRIEF & FEEDBACK: circa 5 minutes.

Are there any other issues in relation to sexual health and sexuality that have not been covered in the interview? How has it been to be interviewed? Has it been a positive or negative experience? Has it been boring or interesting? Closure – overview of the interview, thanks for assistance – referral to help services if needed.

APPENDIX D

FOCUS GROUP DISCUSSION GUIDE – DATA COLLECTION PHASE

DURATION: 75 minutes

PREAMBLE

This focus group is part of my doctoral research project, which looks into young people and sexual health. It is funded by CONACYT and UJAT, to find out what young people think about a range of sexual health issues such sexual experience and contraception.

I am only interested in your personal opinions, there are no right or wrong answers to any of the questions.

I will not be asking you for details about your personal experiences. Even so it is probably best to agree now that things said in this room now will not be told to anyone else, just in case someone does get carried away and reveal more about themselves than they would want to be told to the rest of the world. Is everyone agreed on that?

Everything you say will be confidential and anonymous; nothing you say will be told to anybody. Once someone has typed up this conversation, the names of people and places will be changed so that if we quote what you say only you and I will know that it was you who said it. Nothing you say will get back to the people at the Organisation (SEPIJC/XASASTI), your colleagues at work or anything.

You don't have to answer any questions that you don't want to.

In this group we will be talking about men and women of your age –what do you call men your age? Blokes, guys, lads, etc.? What do you call women your age? Girls, young women? Use whatever language you feel most comfortable with.

I'm going to start off by asking all of you a simple question so that when I transcribe the tape I can put a name to each voice.

Are there any other ground rules that people would like to set?

Any questions?

Introduction

- What is sexual health for you?
- How do young people like you usually find out about sexual health?

Prompt: is there anybody with whom you don't speak about sexual health?

Sexual experiences

- Why do men have sex?
- Why do women have sex?
- Sexually, a boy goes as far as a girl allows him to. [Sexualmente, el hombre llega hasta donde la mujer permite] Do you agree or disagree? Why?
- To what extent do young people engage in sexual activities other than penetration?

Risk taking/protective practices

- In relation to sex, what does protection mean?
- Who should be responsible of avoiding an unintended pregnancy during sex? Why?
- Who should be responsible of avoiding sexually transmitted infections? Why?
- What is the best way of avoiding unintended pregnancies?
- What is the best way of avoiding the transmission of sexually transmitted infections?
- When young people like you have sex, should they be more concerned about avoiding an unintended pregnancy or about avoiding a sexually transmitted infection?

Sexual outcomes

- What would a girl (boy) like you do if s/he finds out that an STI has been transmitted to her/him?
- How does a young girl react when she finds out she's pregnant?
- How does a young boy react when he finds out that he impregnated a girl?
- How do people react when a young girl is pregnant?
- How do people react when a young boy impregnated a girl?

Reflection & Debrief

- Is there any other topic regarding sexual health you would like to discuss?

APPENDIX E.

OUTCOMES OF KNOWLEDGE ENCOUNTERS BY FGD AND EPISODE

Group Episodes	Rural Females Heterogeneous	Rural Females Homogeneous	Rural Males Heterogeneous	Rural Males Homogeneous	Urban Females Homogeneous	Urban Males Homogeneous
<i>Why men sex</i>	Consensus	Dynamic coexistence	Dynamic coexistence	Consensus	Dynamic coexistence	Dynamic coexistence
<i>Why women sex</i>	Consensus	Dynamic coexistence	Dynamic coexistence	Dynamic coexistence	Dynamic coexistence	Dynamic coexistence
<i>Saying</i>	Consensus	Resistance	Dynamic coexistence	Dynamic coexistence	Consensus	Hybridity
<i>Non-penetrative activities</i>	Dynamic coexistence	Consensus	Hybridity	Consensus	Dynamic coexistence	Dynamic coexistence
<i>Protection</i>	Dynamic coexistence	Consensus	Consensus	Consensus	Consensus	Dynamic coexistence
<i>Pregnancy responsibility</i>	Accommodation	Consensus	Dynamic coexistence	Consensus	Accommodation	Resistance
<i>STIs responsibility</i>	Dynamic coexistence	Consensus	Consensus	Consensus	Consensus	Consensus
<i>Best avoid pregnancy</i>	Dynamic coexistence	Accommodation	Consensus	Consensus	Dynamic coexistence	Dynamic coexistence
<i>Best avoid STIs</i>	Coercive supplantation	Dynamic coexistence	Accommodation	Consensus	Consensus	Accommodation
<i>STIs vs Pregnancy</i>	Accommodation	Hybridity	Consensus	Accommodation	Dynamic coexistence	Consensus
<i>STIs – what to do?</i>	Coercive supplantation	Consensus	Consensus	Consensus	Dynamic coexistence	Dynamic coexistence
<i>Pregnancy girl</i>	Dynamic coexistence	Consensus	Consensus	Consensus	Dynamic coexistence	Dynamic coexistence
<i>Pregnancy boy</i>	Consensus	Consensus	Coercive supplantation	Consensus	Dynamic coexistence	Dynamic coexistence
<i>People about pregnant girl</i>	Consensus	Consensus	Consensus	Consensus	Dynamic coexistence	Dynamic coexistence
<i>People about impregnating boy</i>	Consensus	Consensus	Consensus	Consensus	Dynamic coexistence	Consensus
<i>Other, spontaneous</i>	<i>Herbs.</i> Dynamic coexistence	<i>Abortion/Herbs.</i> Dynamic coexistence	<i>Abortion/Herbs.</i> Consensus	<i>Herbs.</i> Dynamic coexistence <i>Girls' development.</i> Consensus <i>Boys' development.</i> Resistance	<i>Abortion.</i> Consensus <i>Herbs.</i> Dynamic coexistence <i>Virginity.</i> Hybridity	<i>Condom quality/use.</i> Dynamic coexistence <i>Abortion.</i> Resistance <i>Masturbation.</i> Dynamic coexistence <i>Herbs.</i> Dynamic coexistence

APPENDIX F.

ORIGINAL SPANISH TRANSCRIPTS OF CHAPTER VII EXCERPTS

(ATTEMPTS AT) COERCIVE SUPPLANTATION

1. Investigadora *¿Qué haría una muchacha si se da cuenta que tiene una infección de transmisión sexual?*
2. Talita *¿Una enfermedad de qué?*
3. Investigadora *Una infección de transmisión sexual*
4. Emilia *Tú, ¿qué harías? ((dirigiéndose a Talita))*
5. Talita *¿Yo? Bueno, yo vi en un libro que, bueno, me lo regalaron, que cuando una persona tiene SIDA, que ya no se lo, que ya no se puede curar (.) que va a estar todo el año ahí (.) jamás se va a curar de esa enfermedad de SIDA (.) bueno, yo, en ese caso (.) leí ese libro y así decía*
6. Emilia *Bueno, yo pienso que, al menos, si tengo SIDA y me lo contagió mi pareja, pues la primera persona que hablaría es con mi pareja. Decirle 'oye, tú me contagiaste esto', porque entonces él también ya está contagiado*
7. Xóchitl *Bueno, eso tú piensas, pero a mi punto, sí, ¿no? Dice Emilia que hablaría con su pareja, ella dice. Pero yo, un ejemplo, ¿no? Si yo ya me di unas revolquizas y ya pasaron unos diez atrás de él o delante de él, a ver, ¿con quién hablo? Pus' mejor yo solita me trato, obvio*
8. Varias voces *******
9. Xóchitl *Sí, obvio, [buscar tratamiento] sería una por sí misma, no con mi pareja como dice ella, ¿no? Porque en este caso hay dos opciones, yo ahorita estoy dándome cuenta: hay con la pareja y por sí misma* [*****]
10. Varias voces
11. Xóchitl *Sí, sí, sí, porque, ¿se imaginan? Yo tengo, no (.) ya, híjoles, ya tengo (.) como que ya tengo la bolita. 'Ora, ¿a quién se la aviento?*
12. Varias voces *******
13. Xóchitl *Sí, sí*
14. Varias voces *******
15. Juana *Oiga, ¿puedo decir de la tele?...*
- (rural, femenino, heterogéneo)

RESISTANCE

1. Investigadora *¿Y si un muchacho embaraza, le afectará en su desarrollo?*
2. Marcos *Sí, claro, también (Nicandro: sí)*
3. Investigadora *¿Por qué?*
4. Genaro *Porque ya no crece*
5. Varias voces *******
6. Investigadora *¿Cómo que no crece?*
7. Marcos *No, porque según le quitan, o sea, el semen que llega a, ¿cómo le dicen? (.) Ah, a expulsar*
8. Cruz *[Yo digo que no afectaría porque si se acuerdan el doc dijo que la masturbación no nos afecta en nada, entonces yo digo que eso, al embarazar a una mujer tampoco nos afecta. Es igual que una masturbación*
9. Genaro *No, pero la masturbación sí te afecta*
10. Varias voces ****** xxx*
11. Investigadora *¿Por qué sí?*

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12. Nemesio *Porque se cree aquí que el semen que contenemos nosotros los hombres al momento de que tenemos relaciones sexuales, pues obviamente que se sale y se introduce a (.) a la vagina de la mujer y se queda ahí. Aquí se cree que el semen del hombre es como cierta fuerza. Y entonces [después de eyacular] te quedas debilitado, te quedas tonto, y eso hace que, no sé, tu propio cuerpo no, no termine de desarrollarse. Es lo que se cree acá, que el semen es fuerza, es como vitaminas para que crezcas*
13. Investigadora *¿Y sí es?*
14. Marcos *Pues, yo pienso que sí. O sea, es lo que iba a comentar, que se cree que son fuerzas del varón*
15. Pedro *[Poder]*
16. Investigadora *Y las mujeres, ¿tendrán fuerzas?*
17. Varias voces *Sí*
18. Investigadora *¿Y pierden esa fuerza así de alguna manera?*
19. Genaro *Solamente cuando están en el parto*
(rural, masculino, homogéneo)

DYNAMIC KNOWLEDGE COEXISTENCE

1. Investigadora *¿Y hasta qué punto creen ustedes que la gente joven realiza prácticas sexuales aparte de la penetración?*
2. Emiliano *Masturbación*
3. Melquiades *Sexo oral*
4. Investigadora *¿Se practica?*
5. Vicente *‘Ora sí que uno lo hace (sexo oral) sí la mujer quiere (Domingo: Sí)*
6. Melquiades *No, es que si los dos quieren. La mujer (.) bueno, hay personas que dicen ‘no, pues yo siento una sensación o asco de hacer eso’, entonces los dos quieren y sólo así lo hacen*
7. Domingo *Es que, lo que pasa es que no solo el sexo se satisface con el sexo, ‘ora sí que penetración, no solo se satisface*
8. Emiliano *Ajá, es cierto (.) [penetración] sería como un 70 u 80 por ciento*
9. Domingo *Sí, pues no nada más llega uno y ahora sí que ya a lo que vino (penetración)*

10. Varias voces
11. Vicente *Yo digo que [otras prácticas aparte de la penetración] se hacen para que la mujer no se embarace*
12. Domingo *No, esos vendrían siendo los ingredientes para la consumación de lo que viene*
13. Cuitláhuac *Yo digo que es diferente, aparte de eso (penetración)*
14. Melquiades *Sería una alternativa, porque si los dos no quieren la penetración, entonces tomarían esa alternativa para que la chava no quede embarazada*
15. Domingo *Bueno, ajá, podría ser, pero aun así yo no creo que eso de satisfacción, yo digo que son como que ingredientes*
16. Emiliano *También la masturbación*
17. Domingo *Sí*
(urbano, masculino, homogéneo)

ACCOMMODATION

1. Investigadora *Oigan, ¿y cuál sería la mejor manera de evitar infecciones de transmisión sexual?*
2. Gonzalo *El condón*
3. Venustiano *Fijándose bien de la persona con quien [te metes]*
4. Hernán *[Ajá, porque si sabes que*

- una
5. Venustiano *Es como si nos vamos a la ciudad, ahí ya cambia la cosa porque ahí, tan solo, las mujeres se pueden andar acostando con un hombre o con otro, porque tan solo no podemos saber si ella nos está engañando que pues, es virgen, porque la verdad no la andamos cuidando*
- (00:03)
6. Investigadora *Chavos de lo de las infecciones, ¿qué tiene que ver con ser virgen?*
7. Hernán *Que no tiene enfermedades (Venustiano: sí)*
8. Gonzalo *Yo no creo que, tampoco creo que si es virgen no tenga enfermedades, porque las enfermedades también se transmiten por medio de la sangre*
- (00:02)
9. Investigadora *¿Entonces?*
10. Hernán *Pues ya no*
11. Venustiano *Nos retiramos de eso*
- (rural, masculino, heterogéneo)
-
1. Investigadora *Cuando la gente joven como ustedes tiene relaciones sexuales, ¿se deben de preocupar más por evitar un embarazo o una infección de transmisión sexual?*
2. Varias voces *Las dos xxxxx*
3. Manuela *Las dos son peligrosas porque*
4. Alba *[bueno, no podemos decir que un embarazo es peligroso, verdad*
5. Manuela *Sí es peligroso porque corres el riesgo de morir*
6. Alba *A una edad temprana, porque el cuerpo de una adolescente, más que nada, no está preparado, no se ha desarrollado del todo y hay mayor riesgo de que muera de un aborto que no fue provocado (espontáneo) pero quiera uno abortaría porque su cuerpo, bueno, tendría una matriz joven y ahí no podría aceptar el bebé y, bueno, al morir ella pues muere el bebé también*
7. Socorro *Pero una infección, sobre todo si estamos hablando del sida, es una enfermedad que ya no tiene cura. Más sin embargo dicen 'ah, pus quedó embarazada', eso tiene cura. Eso de que afecta a la adolescente, pues sí, pero no es el primero ni el último caso, muchas chicas se embarazan a una edad temprana. Entonces pues eso tiene cura: sólo es cuestión de que se cuiden. El bebé nace, pues se casan y ya, total. Más sin embargo, una enfermedad pues afecta en todos los sentidos*
8. Pilar *Pus yo digo que los dos, porque la enfermedad te puede llevar a la muerte, ¿no? y el embarazo también, como decía Manuela, pues se puede morir porque está muy chica y su cuerpo todavía no está preparado*
9. Isabel *Yo igual digo que los dos porque (.) más que nada, yo preferiría un embarazo, porque la enfermedad no sé si sea algo que no se cure. Pues yo prefiero [un embarazo] a que me enferme después por ejemplo con sida o cáncer*
10. Alba *Bueno, sí (.) supongamos que en escalones está primero las infecciones, las enfermedades, porque si te enfermas puede ser VIH o cáncer y eso pues no se cura (.) porque un embarazo, la verdad sí afecta, pero como dicen, se puede arreglar (.) pasan de una vida que llevaba de joven así a una vida que ya tiene que ser más madura, saber cómo cuidar un bebé*
11. Isabel *Hacerse responsable, ¿no?*
12. Alba *Hacerse responsable y olvidarse de cosas así como*
13. Pilar *De las que hacía*
14. Alba *Sí (.) algunas cosas cambian (.) ajá*
- (rural, femenino, homogéneo)

HYBRIDITY

1. Investigadora *¿Algo más que quieran discutir? Alguien hablaba de la virginidad. Entonces, ¿importa la virginidad?*
 2. Ofelia *Para mí*
 3. Rina *[Para mí, por respeto a mí misma*
 4. Ofelia *Para mí, por lo que me inculcaron en mi casa (.) Yo vengo de un pueblo y ahí son muy dados de que es padre que la mujer llegue virgen al matrimonio, o para mí es algo*
 5. Alma *[Primordial, porque por ejemplo en mi familia el otro día unas tías que son más grandes nos leyeron un capítulo de la biblia que decía que eso era pecado tener relaciones sexuales antes del matrimonio*
 6. Rina *[Fuera del matrimonio*
 7. Alma *Y luego ahí en mi familia pues dijimos 'yo no sabía'*
 8. Leticia *[Yo digo que no es un pecado. No, no es un pecado (.) No es matar. O sea, hacer el sexo no es matar. Es más pecado matar que hacerlo*
 9. Alma *Es que depende de cómo lo vean en tu familia, porque si vas a la mía y les dices eso*
 10. Rina *Es como ella (Alma) [dice], porque en mi familia tenemos una religión, y en esa religión no se permite eso. Ser católica y ahí eso sí es un pecado*
 11. Leticia *Sí, pero no*
 12. Rina *[Muchas personas lo ven normal. No es un pecado, como ella (Leticia) dice, pero si tu religión te dice, como que*
 13. Alma *[No es un pecado mortal pero sí te pone a pensar, ¿no?*
 14. Ofelia *Pues yo soy católica pero no soy muy dada a creer en todo lo que me dicen. Para mí no es un pecado pero tampoco es algo que se deba tomar a la ligera*
- (urbano, femenino, homogéneo)

CONSENSUS

1. Investigadora *Ajá. Oigan, ¿y cómo reaccionan los muchachos jóvenes cuando se dan cuenta que embarazaron a una muchacha?*
2. Nemesio *Depende de los valores que le hayan inculcado en su casa. Puede reaccionar de cierta forma pues agresivo y de cierta forma comprensivo*
3. Marcos *Sí es cierto, según los valores que le hayan dado en casa*
4. Genaro *Pero luego en casa le obligan a uno a ser muy machista y no ser responsable*
5. Marcos *Sí, los papas llegan a*
6. Genaro *[De pequeños llevan con la finta de decirte 'no hay una mujer solamente, hay muchas mujeres en el mundo'*
7. Marcos *También sería eso. Lo otro sería que cuando uno llega a llorar, de chiquito, cuando a uno le pegan, cuando lo vanean o le pegan, por lo regular uno crea sentimientos en llanto, y lo que hacen los papas es decir '¿qué, eres vieja? ¿Por qué estás llorando? Chillan las viejas' y es lo que uno se va creando a la mente y decir 'bueno, y yo por qué voy a llorar'*
8. Rigoberto *Pore so se ponen así cuando embarazan a la muchacha, de una manera violenta, incomprensiva*
9. Marcos *Sí, es lo que yo llegué a decir hace un rato, que llegan a decir '¿y es mío [el bebé]?*
10. Xicoténcatl *Reprochándole a la pareja también, ¿no?*

APPENDICES

- | | |
|-------------------------|---|
| 11. Marcos | <i>Reprochar</i> |
| 12. Nemesio | <i>O luego el machista [que dice] 'tonta, ¿por qué no te cuidastes, ahora qué vamos a hacer?'</i> |
| 13. Xicoténcatl | <i>Y sí, nomás a la que le dicen es a la mujer</i> |
| 14. Voz no identificada | <i>La mujer</i> |
| 15. Marcos | <i>Le echamos la culpabilidad a la mujer, tomando en cuenta que [la responsabilidad] es de ambos</i> |
| 16. Rigoberto | <i>Muchos dicen eso (.) 'por qué no te cuidaste tú, es tu problema, así que vete y hazte a un lado'</i> |
| 17. Nemesio | <i>' Al cabo la embarazada eres tú, no yo'</i> |
| 18. Marcos | <i>Uhmm</i> |
| 19. Nemesio | <i>De esa forma, esas frases, se expresaría un hombre que fue con el ego machista</i> |
| 20. Investigadora | <i>¿Y eso ocurre aquí?</i> |
| 21. Nemesio | <i>Yo digo que también depende a los valores que te hayan inculcado tus padres</i> |
| 22. Marcos | <i>Yo digo que sí se encuentran de los dos: machistas y comprensivos. Porque la gente a las orillas es muy dado a que todavía tengan esa cultura, es decir, 'tú eres hombre y no debes llorar'. Y en el centro, la parte central del pueblo, no., porque pues ya tiene otro poquito más de conocimiento</i> |
- (rural, masculino, homogéneo)