

The London School of Economics and Political Science

*Elastic Mothering: A Psychosocial Study of Maternal Trajectories in
Colombia*

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Declaration

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Natalia Concha Arango

Abstract

This thesis discusses maternal trajectories in the urban periphery of Cali, Colombia. Drawing on a psychosocial and sociocultural framework, it explores 1) the role of the emerging mother-infant relation as a means of support for redefining life trajectories; 2) the adaptability of families enacted through cultural local practices as responses to contextual adversity; and 3) the ways in which local health provision impacts the maternal experience. The research comprises a pre-birth (T1) and post-birth (T2) qualitative longitudinal design, with women in their teenaged years and early twenties, grandmothers and community/public stakeholders who were interviewed individually and in groups. Conceptually, the design moves from the self to the extended sociality of family, community and institutions. Study 1 explores maternal trajectories through the voices of pregnant women and their mothers ('mamas') focusing on how they move from pregnancy to mothering. Study 2 extends into an investigation of community life exploring resources and scaffoldings available in an adverse violent context. The final study looks at the community's local knowledge as it interacts with the prescriptions of the health institution, from the hospital (focusing on maternal and infant health) to the home (with post-birth cultural practices). Findings suggest mothering is elastic, reflecting movement between positionings at different temporalities (mothering-pregnancy-infancy-lifelong mothering) and spaces (home-community-institutions). Mothering does not only entail disruption, but can enable the re-writing of life trajectories away from risky behaviours, i.e., substance misuse, gang involvement, mental health difficulties. The thesis demonstrates how kinship relations adapt and reconfigure based on support structures, positionings and cultural practices. This research builds on the explanatory power of psychosocial scaffoldings by uncovering ways to expand the notion with: a) elastic mothering; b) linking it with trust-distrust dynamics and c) by enabling reparation through cultural practices. Although local practices serve as another case of resistance against heteronormativity, they show how maternal support and childcare remain highly gendered in the Colombian urban periphery. Overall, the thesis argues for incorporating feminist informed psychosocial approaches to sociocultural psychology, and emphasises the need to incorporate more research from the Global South. It calls for re-framing interventions to inform maternal health policy so that a) mothers who are young or suffer poverty are treated as psychological subjects b) grandmothers are included in the implementation of community-based maternal health work.

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List of abbreviations

A&E	Accident and Emergency
CF	coding frame
DAB	District of Aguablanca
DS	data source
ECD	early childhood development
EPS	Health Promoting Companies (<i>Empresas Promotoras de Salud</i>)
ESE	State Social Enterprises (<i>Empresas Sociales del Estado</i>)
FARC	Revolutionary Armed Forces of Colombia
FG	focus group
ICBF	Colombian Institute for Family Welfare
IPS	institutions providing health services
HE	higher education
MG	mini group
PAR	participatory action research
POS	mandatory health plan (<i>Plan Obligatorio de Salud</i>)
PPNA	poor uninsured population
SDG	Sustainable Development Goal
SGSSS	General System of Social Security in Health
SRT	social representation theory
T1	Time 1
T2	Time 2
ZPD	zone of proximal development

INTRODUCTION

PART I

CHAPTER 1

Maternal Trajectories: Problem and Context

The thesis presents an account of the psychosocial and sociocultural dimensions of maternal trajectories by looking at how mothering is experienced and practiced in the Colombian urban periphery. Specifically, it unpacks the challenges and the structures that may exist to support mothers in such environments. In doing so, it permits questioning of normative assumptions of motherhood, the emerging mother–baby relation, as well as exploring the role of the family, community and the health institution. The overarching question guiding the research asks: *How do first-time mothers who are living in a Colombian adverse context transition into mothering? What are the challenges faced by first-time mothers in such contexts, and what types of support are in turn available to them?* In order to shed light on the question, the research conducts a qualitative longitudinal exploration investigating mothers' experiences from their *own place*, by offering local understandings from the Global South to maternal studies.

This first chapter introduces the research problem and the context in which the empirical work was conducted. To understand motherhood and mothering, it draws on feminist literatures, which have looked at the impact of representations of motherhood on mothers, particularly those who do not encompass the heteronormative ideal, for example in relation to age. Next, it describes the contextual conditions of Global South territories, providing empirical evidence of mothering research conducted in the Latin American region and in Colombia specifically, where the research takes place. Then it outlines the demographics of the Colombian urban periphery, mapping the field of the research. This connects with an overview of local urban violence. Next, the health system in Colombia is introduced to set the background on maternal health provision, as well as the status of reproductive health and abortion rights. The chapter ends with a roadmap of the thesis, providing an overview of what each of the subsequent chapters covers.

1.1. The Research Problem: Motherhood and Mothering

When a qualitative study is seeking to understand maternal trajectories in adversity, looking at meaning-making of self-other relations in context is central; but equally relevant would be to explore how affect and emotions drive in many ways maternal dynamics. When my discipline — sociocultural psychology—has looked at motherhood, mothering or families in cultural contexts, much of the interpretation responds to the tenets of the field: the reciprocal making of self and the sociocultural environment through semiotic mediation, by delving into processes of mediating meaning and how this impacts communication, knowledge systems, dialogical positions and cultural practices that are socially situated (Valsiner & Rosa, 2007; Valsiner, 2018a). Studies in sociocultural psychology provide creative and meaning-making insights by unpacking communication systems and cultural practices in mothers and families which are context dependent but do not necessarily uncover the emotional dimension that drives many of these processes (see for example, Carvalho, Cavalcanti, Almeida & Bastos, 2008; Cavalcanti, Carvalho & Caldeira, 2012; Oliveira & Bastos, 2000; Duarte & Gonçalves, 2012; Ferreira Takei, Bastos & Mendonça, 2012). Theorising emotional and unconscious dynamics in motherhood, mothering or maternal studies is thus still in its infancy in the discipline. I envisaged sociocultural processes would inform an investigation of maternal trajectories in contextual adversity but I also considered that the psychosocial transitioning that mothers undergo would broaden understandings of motherhood and mothering if explored through an affect lens. The process of becoming a mother is a determining moment in the life course for women who undertake this path and unravels profound intersubjective processes which can be further unpacked when adopting frameworks that comprehend and appreciate the centrality of human emotion (Hollway, 2001, 2015, 2016). Given that I did not find many works in my field exploring affect and emotions in maternal trajectories, I found psychoanalytic and feminist-informed psychosocial studies (Hollway, 2016) to be illuminating, as these literatures centre precisely on uncovering emotional forces in intersubjective relations.

As such, I considered that synthesising sociocultural and psychosocial approaches would help to further unpack how mothers make sense and connect with their babies, families, community and the health institution as they undergo their maternal trajectories in a Global South territory. To this end, this thesis aims to contribute to sociocultural psychology by integrating psychosocial insights, providing an interpretation which embraces an emotional dimension, thereby extending some of the existing literatures in the discipline. Although I describe this proposed connection in the theory chapter (Chapter 2), in the next paragraphs I outline how other neighbouring fields inform the study

as they have addressed the problem of motherhood and mothering from a subject-based position with an affect lens.

The subject of motherhood and mothering is vast. As a sociocultural psychologist, I uncovered sister disciplines encompassing or aligning with my field, which were not only relevant but also challenged or expanded the interpretations of sociocultural psychology. Despite pioneering works [notably, Ann Phoenix's research and her collaboration with Anne Woollett and Eva Lloyd (Phoenix, 1991; Phoenix, et al., 1991), as well as Erica Burman's critique of developmental psychology (see Burman, 1994)], in both social and cultural forms of psychology, research adopting a maternal perspective has been to a large extent side lined; this has been largely attributed to the domination and influence of developmental psychology (Burman, 1994), which has been informed by the British object relations school of psychoanalysis, mainly by Bowlby's attachment theory and Winnicott's "good enough mother". The general problem from the developmental field has been the elucidation and maintenance of a child-centred perspective (from Piaget to Trevarthen to the popularisation of Leach) in which the mother is not only marginalised and singular, but an instrument or an object for the development of the child; where the mother is often assigned sole responsibility for child developmental outcomes (for a critique see Baraitser, 2009; Baraitser & Noack, 2007; Benjamin, 1994, 1995, 1998; Burman, 1994; Hollway, 2001; Hollway & Featherstone, 1997; Parker, 1995/2005; Easpaig & Fryer, 2009). The paradox that the critiques have identified is that mothers are considered the cornerstone of human development in psychology, yet the discipline has solidified and perpetuated the negation of mother through essentialised representations of motherhood, popularised in society. These representations remained mostly unquestioned in the field until feminism started to intersect with social and critical psychology to "deconstruct" it (Burman, 1994, 1998). A central tenet in the de-construction programme pointed out that motherhood remains a central social construction defining women (regardless whether they have mothered or not), impacting their subjectivities and ways of mothering (Baraitser, 2009; Baraitser & Noack, 2007; Benjamin, 1998, 1994, 1995; Burman; 1994; Easpaig & Fryer, 2009; Featherstone, 1997; Hollway, 2001; Parker, 1995/2005; Phoenix, 1991; Phoenix, et al., 1991). Given the paradigm informing psychology in relation to motherhood, sociology and social policy as neighbouring fields offered a wider and critical engagement to situate the mother, both from a macro-social constructionist and political critique (Oakley, 1979; Duncan & Edwards, 1997, 1999; Edwards & Duncan, 1996; Duncan, Edwards, Reynolds, & Alldred, 2004; Hays, 1997; Phoenix, 1996; Roseneil & Mann, 1996; Smart, 1996, 2004) and by extending to the everyday, subjective "doing" (Thomson, Kehily, Hadfield, & Sharpe, 2011). A sociological tenet has also identified that motherhood as a social construction has

done more damage than good to the lives of women who become mothers, setting a heteronormative ideal differing from the pluralistic and practical social realities of motherhood and mothering.

It became apparent that a central thread connects sociological and critical forms of social psychology looking at motherhood and mothering: feminist theory. These works converged in identifying what feminist scholars had, for decades, been calling for: the importance of excavating a *maternal place* to counteract the neglect and domination found across social and psychological theory and practice. Feminist scholars in the Global North from the 1970s, characterising the second wave (notably Nancy Chodorow, Adrienne Rich and Julia Kristeva), have been building a body of work in which they talk and theorise motherhood, the maternal and mothering given the divergence they found in their own experiences as mothers compared to the idealised representation (hooks, 1994; Rich, 1976; Chodorow, 1978; Chodorow & Contratto, 1989). They unpacked the idealisation by pointing out that its construction is based on powerful, mythical and essentialist representations of motherhood as either “Madonna” or “demonic”, which emanated from what later on Weldon (1988) referred to as the split of the “Madonna–whore Freudian complex”. Weldon (1988) drew attention to the deep seatedness of the representational split, which has been extended, in particular, by feminist psychoanalysts (see for example, Benjamin, 1988; Parker, 1995/2005, 1997; Featherstone, 1997). The split illustrates that when the mother is vilified she is unloving and hateful, whereas the sacred mother is “hate-free, constant and unreal” (Parker, 1995/2005, p. 24). What is illuminating about this analysis is how it demonstrates that society shields itself against the anxiety of having to recognise the complexity, heterogeneity and wholeness of the mother by splitting her, thereby preserving infantile identifications where as a society, we only see mother as children (Parker, 1995/2005; Featherstone, 1997). This highlights how the splitting of the representation moves the centre of the understanding of the psychology of mothers to the child, withdrawing the possibility for the psychological understanding of the maternal emerging subject.

Scholars from (Western) second wave feminism redefined these essentialist and binary notions of motherhood and feminism by retaking mother, who had been pushed aside by the agentic woman from the first wave or objectified by what Rich (1976) distinguished as the institution of motherhood. Despite differences among streams of feminism, its general critique of patriarchy highlights divisions of sex, labour and gendered roles in reproduction and childcare, all of which are regarded as fundamental mechanisms organising society and the family where men continue to exert power. In relation to psychological dynamics, the standpoint of the second wave paved the

way for feminists to reclaim psychoanalysis, shifting from motherhood as an institution (Rich, 1976) towards mothers as complex psychological subjects, questioning the previous “naturalness” pointed out by Ruddick (1980, 1989) and “goodness” stemming from the motherhood ideal (Benjamin, 1988, 1994, 1995, 2005; Baraister, 2009; Baraister & Noack, 2007; Chodorow, 1978, 1989; Chodorow & Contratto, 1989; Featherstone, 1997; Hollway, 2009; Raphael-Leff, 1984, 2010). This lens enables the questioning of the assumption of the basic mother–child dyad, which has maintained the developmental child-centric approach (Benjamin, 1988; Baraitser, 2009; Parker, 1995/2005; Featherstone, 1997). As a sociocultural psychologist it has been illuminating to uncover the feminist psychoanalytically informed, platform-extending critiques from second wave feminism, as it delves into how and why mothers constitute their ongoing subjectivities from their *own place* but also in an intrinsically relational manner, which was not afraid to talk about emotions (see Benjamin, 1988, 1994). This approach enables the understanding and exploration of the challenges inherent in mothering, from the transitioning process that first-time mothers undergo to the differing ways in which mothering can be practiced. The re-signification process was identified famously by Stern (1995) as the “motherhood constellation”, but has been re-interpreted in psychoanalytic feminist theory. It demonstrates the psychological complexity of what it means to signify and experience caring for a dependent other (Hollway, 2001; Raphael-Leff, 2010). I delve into the specific theoretical concepts applying this framing in Chapter 2 but in this section I continue to focus on the general problem of motherhood to situate the perspectives adopted on the topic in the thesis.

Feminist scholars who take a critical race theory, sociological and Global South approach have also been questioning for decades the universality of motherhood that espouses a one world view from the Global North, which in Latin America has been epitomised in the Virgin Madonna (Thomas, 1996). Authors point out that this is problematic as it fails to acknowledge difference in terms of “singleness”, age, poverty and other intersecting inequalities both within the Global North and South (Byrd, 2014; Duncan & Edwards, 1997; Edwards & Duncan, 1996; Duncan et al., 2004; Collins, 1994; Katz Rothman, 1994; Glenn, 1994; Phoenix, 1991; Phoenix & Woollett, 1991; Smart, 1996, 2004). Instead, scholars provide visible accounts and critiques showing the myriad and adaptive ways in which mothers who do not “fit” the hegemonic representation (particularly in relation to age and single/lone motherhood) regard and practice mothering from their *own place* (Byrd, 2014; Duncan & Edwards, 1992, 2002; Edwards & Duncan, 1996; Elliot, Gunaratnam, Hollway, & Phoenix, 2009; Hays, 1997; Collins, 1994; Katz Rothman, 1994; Glenn, 1994; Phoenix, 1991; Phoenix & Woollett, 1991; Smart, 2004, 2013; Tenorio, 2012; Thomas, 1996; Marshall & Woollett, 2000). By *place* I am referring to the need to expand motherhood and mothering studies to include territories (in the periphery of

the Global North and South) shaped by contextual adversity. This framing helps inform the current study to investigate the structural challenges, cultural practices, knowledge systems and resources – from the symbolic to the material – that make up maternal trajectories in peripheries of the South.

So far I have argued that scholars from critical sociological and social psychological approaches have been problematising the social construction of motherhood by incorporating a feminist and/or relational psychoanalytic lens. However, many of them differ from feminist psychoanalysts in the emphasis they place on the impact of the embedded structural, macro-level, unequal power dimensions on the tension between “normativity” and “difference” (Collins, 1994). Although I unpack this problem in the theory chapter (Chapter 2), Katz Rothman’s (1994, 2000) argument that the underlying ideologies of patriarchy, technology and capitalism produce a form of alienation between parents and their children is relevant here. Patriarchy has historically defined families biologically rather than relationally; and in our contemporary technology-based society, expectations of rationality and efficiency are fuelled by the neoliberal emphasis on labour productivity and profit, all of which Katz Rothman (2000) argued, devalue maternal practices, family engagement and childcare. Although her work is framed within health and reproductive rights, she also calls for a shift in visibility, to value maternal work and respect whoever performs it. This is relevant because it helps this study investigate how patriarchal relations in Colombia impact mothering, particularly fathering modalities and childcare in relation to the opportunities mothers may have to participate in education or the labour market. Given the various approaches found on motherhood and mothering, in the section that follows I outline the definitions adopted in the research.

1.1.1. Definitions: motherhood and mothering.

This section outlines two definitions I use in this thesis on motherhood and mothering. The distinction between motherhood and mothering was epitomised in Adrienne Rich’s (1976) seminal piece, *Of Woman Born*, in which she delineated the difference between mothering as a female-centred maternal relational experience and motherhood that, she argued, denotes the patriarchal institution of motherhood. Rich (1976) defined mothering as “the potential relationship of any woman to her powers of reproduction and to children” (p. 3) in contrast to motherhood, “which aims at ensuring that that potential – and all women – shall remain under male control (Rich, 1976, p. 3). As O’Reilly (2008, 2010) pointed out, the centrality of motherhood as a patriarchal institution has been oppressive to women and remains oppressive given the gender essentialism that informs it. To counteract the oppression and

inequalities that derive from patriarchal motherhood, some feminist scholars have opted to talk about: mothering (Rich's, 1976, feminist concept from and for women, seeks to highlight the experiential and symbolic capacity of women who mother); maternal subjectivity, which adopts a psychoanalytically informed psychosocial approach exploring "fantasy, meaning, biography and relational dynamics inform[ing] individual women's positions in relation to a variety of discourses concerning motherhood" (Featherstone, 1997, p. 7); and, more broadly, the maternal as espoused by Spigel and Baraitser (2016), aiming to make accessible diverse work on the maternal experience, subjectivities, ethics, cultural representations and relevant topics across disciplinary boundaries.

Motherhood has also been reclaimed from Rich's (1976) distinction by not separating it from mothering. Phoenix and Woollett (1991) argued that the institution of motherhood is intrinsically connected to the practice of mothering. They thus expanded the notion of motherhood from merely been associated with the institution. In this research, for the purpose of differentiating between the representation and the practice, motherhood and mothering are used accordingly. In line with feminist authors across disciplines who have disseminated the terms (see O'Reilly 2004, 2008, 2010; Rye, 2009; Speier, 2001), I adopt the use of mothering to refer to the intersubjective, emotional and everyday practical experience that women engage in when they are caring for (their) children. Maternal subjectivity, following Baraitser (2009), "unravels as it proceeds" (p. 22), which I use to guide the psychological exploration of maternal trajectories. This permits delving into the psychic reality of mothers who have been largely excluded from expressing these processes. Finally, motherhood, although I acknowledge the ways in which it has been reclaimed and used, serves in this thesis as a distinction from mothering when I refer to the patriarchal hegemonic representation that society has instituted (Speier, 2001). The distance between representations of motherhood and the practice of mothering remains, particularly for mothers in peripheral spaces in the Global South who are exercising their own difference but are still subjected to the stigmatisation that arises from such difference. As the term "mother" has been expanded to accommodate the manifold circumstances and experiences in which women mother across the globe, the mothers in my research are biological mothers who were pregnant for the first time (this is outlined in Chapter 3, where I present the research design).

This research studies maternal trajectories through a qualitative longitudinal study in the urban periphery of the Colombian city of Cali, known as the District of Aguablanca (hereafter DAB). In the next segment I situate the research site by providing background to the city and mapping local demographics.

1.2. The Colombian Context: Cali and the “District” (DAB)

The research adopts a sociocultural psychology tradition where context is central (discussed in Chapter 2). Thus, in this section I provide an overview of the area where the research takes place: the DAB in Cali, Colombia. The DAB embodies the contradictions and multifaceted dimensions of Latin America in many ways: on the one hand, its poverty and inequalities, and high levels of violence due to the narcotraffic and microtrafficking that operate in its different neighbourhoods; and on the other, it is a space of conviviality, solidarity and culture that embraces art, music from salsa and Pacific rhythms, dancing and sports like football, cycling and skating; in short, it has a rich community and family life. It is also regarded as a geographical space endowed by symbolised universes experienced and communicated by its peoples (Sánchez & González, 2006). This contradictory landscape is illustrated in photographs in Figures 1.1—1.4 below.



Figure 1.1: Families in the District.

Printed with permission from the author Diego Sinisterra



Figure 1.2: Author’s photograph of the District’s street art about mamitas



Figure 1.3: Author’s photograph of a street in the District



Figure 1.4: Children at a salsa performance in the District. Printed with permission from the author John Ulloa

The research is located in the city of Santiago de Cali, Colombia's third largest city (see Figure 1.5), with an estimated population projection of 2,244,668 people (Departamento Municipal de Planeación, 2016). The urban periphery of Cali provides a case to study the ways in which women become mothers, enabling the research to question assumptions about mothering in local conditions, which include the impact of adversity. Using the District as a site to explore mothering facilitates looking at the multifaceted dimensions of the urban territory. This follows the call from Latin American scholars to open up the centre of power in the Global North and render visible lifeworlds that do not only depict a story of marginalisation (Santos de Sousa, 2014; Escobar, 1995, 2008, 2011, 2015; Mignolo & Escobar, 2011). I expected maternal trajectories in these areas to not be a contentious issue and the research to serve as an exploration that could question the theories and assumptions dominating some aspects of psychology literatures.

Cali was founded in 1536 and is the capital of the department of Valle del Cauca. It is located approximately 2 hours from the Pacific coast. The city reflects Colombia's difficult panorama: severe inequalities and youth, family and social violence (Sánchez & González, 2006; Urrea, Castro Heredia, Serna Alvarado, Carabali, & Arias, 2007; Vanegas-Muñoz, 1998). However, it is also an urban centre, full of warmth and culture, and an epicentre of salsa and of diverse forms of music from the Pacific coast. It has a south–north axis, which has relegated the east (with its swampy lowlands) and the west (hills) to its peripheral neighbourhoods. Cali has grown in an unplanned way during the last 50 years, mainly due to internal migrations from rural and coastal areas of the Southwest, particularly the Pacific coast. The internal migrations were a consequence of the internal armed conflict in which thousands of people were internally displaced (Fals Borda, 2003; Perea, 2016), where registrations account for 205,000 victims living in Cali from the conflict (Alcaldía del Municipio de Cali, 2015).

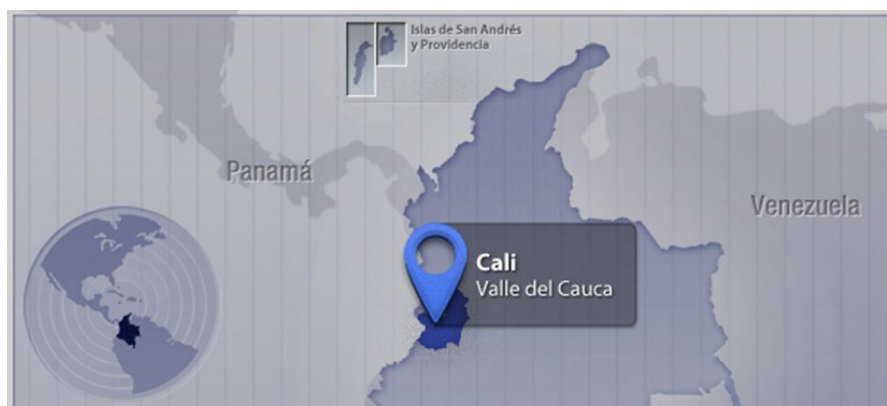


Figure 1.5: Map of Cali, Colombia

Cali's Eastern periphery covers the DAB, formed by Comunas (communes) 13, 14, 15 and 21, comprising 89 neighbourhoods and 19 settlements not recognised by the state with an estimated

population of approximately 700,000, representing about a third of Cali's general population (Departamento Municipal de Planeación, 2016). Most DAB's neighbourhoods (known as 'barrios') were unplanned and built organically in overnight settlements, others were built by the national and local governments.

1.2.1. Demographics of the District.

The DAB is currently going through a process of transition; it is being re-presented by public sector stakeholders and some community leaders as the "*Oriente*" (the East). The *Oriente* expands the catchment area of the DAB by covering other Comunas (Comunas 16 and 21¹). The renaming of the area is part of an effort to combat exclusion and otherising practices (see Howarth, 2002, 2004); stakeholders from the municipality, as well as community leaders, have been working on changing its image because coming from the DAB connotes negative representations. This has been demonstrated in other Latin American neighbourhoods experiencing violence such as the favelas (see Jovchelovitch & Priego-Hernández, 2013). However, the women I interviewed in my research referred to the local area as "the District"; thus, the District is the term I adopt in the thesis.

In terms of demographics, the socioeconomic conditions of people living in the District differ from those of other city areas: more than 80% of its population is classified in the lowest strata, 1 and 2, with a few settlements categorised as 0 (Departamento Municipal de Planeación, 2016). According to Cali's municipality data, at least 60% of residents work informally and this is their main source of income (Departamento Municipal de Planeación, 2016). Poverty, school exclusion and youth homicides are disproportionately present in the area compared to the city as a whole (Urrea & Viafara, 2010). The area has a large proportion of young people (15–24 years) with girls and young women making up almost a third of the population, compared to 8% in the city (Red de Salud de Cali, 2014). In relation to health indicators, maternal mortality, malnutrition and environmental-related diseases are more common than in other areas of Cali. The DAB's rate of infant mortality (per 1000 live births) has been disproportionately higher compared to the city (where it appears to have stabilised). The percentage of infants with a low birth weight (less than 2,500 g) is higher in the DAB than in the city. A similar pattern occurs in the case of maternal fatalities, where many cases originated in the DAB, although these figures reflect low levels of maternal and infant mortalities on the whole. Furthermore, the municipality collects data on pregnancies related to age and reports an

¹ It is worth noting that Comuna 21 is a disputed geographical border. In some instances it is classified as being part of the District and in others as adjacent to it. For the purpose of this thesis I am adopting the latest municipality reporting which locates it inside the DAB (see Secretaría de Salud Pública Municipal, 2017).

interest to see the reduction of teen-aged pregnancies. The distribution of pregnant women between 15–19 years is reported as higher in the DAB than in the overall city, but it is relatively low. There has been a decline for the last 3 years in age-related pregnancy rates across the city, although pregnant women in their teen-aged years living in the DAB present higher rates (per 100 within the same age range) than their counterparts (see Table 1.1 below). These indicators inform the study as they map out the DAB’s demographics of the maternal community, highlighting the relatively low but higher rates of pregnancies found among the 15 to 19-year-old age group, as well as the maternal and infant health risks women may encounter.

Table 1.1: Comparative health-related indicators between Cali and the District of Aguablanca

Years	Pregnancy rate per 100 “adolescents” (15–19 years)		Infant mortality rate per 1000 live births		Percentage of low birth weight		Number of fatalities from maternal causes	
	Cali	DAB	Cali	DAB	Cali	DAB	Cali	DAB
2014	4.9		8.1	10.2	8.6%	8.8%	8	5
2015	4.5	6.1	8.1	8.9	8.7%	9.4%	9	6
2016	4.2	5.7	8.2	10.0	8.8%	9.4%	9	5

DAB District of Aguablanca. Source: Statistics Office, Secretaría de Salud Pública Municipal (2017)

In addition to the indicators above, a pressing issue from both a policy and residents’ perspective is the disproportionate levels of violence in the District compared to the overall city. In 2016, although homicides were reduced in Cali, 45% of homicides took place in the District (Observatorio de Seguridad, 2017). Out of the 20 neighbourhoods where most homicides happen, nine are located in the area (see Table 1.2.). In Potrero Grande, with around 30,000 inhabitants, 28 homicides were recorded in 2016, equivalent to 93 per 100,000 (Observatorio de Seguridad, 2017). Young adult males (90%) between 18 and 24 years are the most frequent homicide victims. Gang fighting and killing are the main reported causes; there are 134 identified gangs operating in the overall city, each having between 10 and 100 youths. It is estimated that around 60% of gangs are located in the DAB (Observatorio de Seguridad, 2017). In these neighbourhoods, women are at a higher risk of being killed and are more likely to suffer from family violence (Observatorio de Violencia Familiar, 2010). Given these figures, it became vital to understand the salience of violence in daily life to capture the ways in which women adapt to adversity and, in turn, practice mothering.

Table 1.2: The 20 most violent barrios in Cali per recorded homicides, 2016

Comunas	Barrios	Recorded homicides 2016
21	Potrero Grande	28
14	Manuela Beltrán	25
15	Mojica	25
15	El Retiro	24
20	Siloe*	24
13	El Vergel	21
14	Jose Manuel Marroquín II Etapa	21
15	Los Comuneros I Etapa	20
14	Alfonso Bonilla Aragón	19
15	Ciudad Córdoba	19
1	Terrón Colorado*	19
20	Lleras Camargo	18
6	Ciudadela Floralia*	16
21	DESEPAZ – Invicali	16
15	Laureano Gomez	16
9	Sucre*	16
16	Antonio Nariño	15
15	Invasión Brisas de Comuneros	14
20	Brisas de Mayo*	13
13	El Poblado II	13
Subtotal		382
Total Cali		1292

*Neighbourhoods outside the District of Aguablanca. Source: Observatorio de Seguridad (2017)

1.3. Motherhood and Age

The inclusion criteria for the sample for this research do not focus on specific demographics as my approach is to incorporate the heterogeneity of first-time mothers in the DAB (see Section 3.6). Yet, local demographics identify a higher proportion of pregnant women under 20-years old in the DAB compared to the city as a whole (Red de Salud de Cali, 2014) (see 1.2.1). In light of these data, I connect this research with the “problem” of age in motherhood related to “teenage pregnancy”, which is often coupled with “singleness” (Phoenix, 1991, 1996; Phoenix & Woollett, 1991). The framing of teenage and single mothers as a social problem can be identified in public health literatures addressing contexts in the South, where WHO and Sustainable Development Goals (SDGs)

reports represent this consistently (see Irwin, Siddiqi, & Hertzman, 2007; Mkhwanazi, 2010; Vegas & Santibáñez, 2010; Young, 2007; WHO, 2005, 2011). For instance, reduction rates in teen-aged pregnancies are an indicator of progress against SDG #3 on maternal health and wellbeing (UN, 2015). By applying this notion, teenage and lone mothers are often portrayed as “deficient” in their ability to mother, which has implications in the ways in which they are treated, impacting not only their subjectivities and sense of inclusion but also policy programmes aimed at meeting their needs (Phoenix, 1991, 1996; Phoenix & Woollett, 1991). This is largely underpinned by the motherhood ideal based on the heteronormative nuclear family, where mother is *what* provides for the child. It becomes evident here that what lies underneath the otherising of youth and/or single mothers is once again how society expects mother to embody the Madonna for optimal early childhood development (ECD) outcomes. Although authors highlighted the age and lone/singleness issue in the 1990s (Duncan & Edwards, 1997, 1999; Edwards & Duncan, 1996; Duncan, Edwards, Reynolds, & Alldred, 2004; Phoenix, 1991; Phoenix & Woollett, 1991; Phoenix et al., 1991; Silva, 1996), this portrayal can still be seen in public health and ECD literatures across North and South (see Irwin et al., 2007; Vegas & Santibáñez, 2010; Young, 2007; WHO, 2005, 2011). The global framing has been emulated in Cali, where teenage pregnancies are regarded as a public health problem (Red de Salud de Cali, 2014; Alcaldía del Municipio de Santiago de Cali, 2016). A municipality diagnostic report indicated that out of all pregnancies in women aged between 15 and 19 years, almost a quarter live in the urban periphery (Alcaldía del Municipio de Santiago de Cali, 2015). It describes local efforts focusing on strategies, programmes and interventions aiming to extend the age of pregnancy of women to post 18 years, particularly in peripheral neighbourhoods.

Various issues can be evident in this framing. First, from a human developmental perspective, Vygotsky taught us that development is not linear and occurs in manifold ways across cultures and as such cannot be demarcated in stages solely based on age (Vygotsky, 1980, 1986). In a similar vein, critics point out that the problem of “adolescent development”, regarded as a transitioning period between childhood and adulthood, understood as a linear developmental phase determined by specific ages, is a Western historical and cultural phenomenon, shaped by regulatory aspects of culture, knowledge systems and structural conditions (Comaroff & Comaroff, 2006; Morrow, 2012). This has also been questioned by scholars in the Global South, who highlight that adolescence, as a modern invention, does not necessarily apply to people who are not living under the Western individual, rational and modern linear framework (Briceño-Leon, 2007; Macleod, 2011; Tenorio, 2012). Second, when it comes to adolescent pregnancies from the periphery, maternal age is often placed at the forefront as the issue explaining poor health and poor social and/or development

indicators (see Red de Salud Cali, 2014); yet, research has shown social inequalities and intersecting domains characterising women's lives are far more likely to impact health and developmental outcomes than merely youth (Buchholz & Gol, 1986; Byrd, 2014; Phoenix, 1991; Phoenix, Woollett, & Lloyd, 1991). Additionally, in many situations deferring motherhood would not necessarily mean that educational or material conditions would enable a better social condition for women (Phoenix, 1991; Phoenix et al., 1991). The research thus joins authors arguing that problematising "non-normative" motherhood in relation to age or "singleness" (Phoenix, 1996, 2010; Silva, 1996) continues to exacerbate power asymmetries in gender inequalities. This critical perspective helps the study to situate mothers in their lifeworlds rather than from a top-down policy framing.

So far, I have looked at the problem of motherhood by drawing on feminist perspectives, away from regulatory discourses criticising youth and "singleness". Combined, these perspectives offer the research a way to be more open about gathering the maternal experiences centring on the women found in the field. Following this line of thinking, the study would also benefit from looking at the impact of the specificities found in the Latin American peripheral context on motherhood and mothering, and this is what I turn to next.

1.4. "Young" Mothers and Contextual Adversity

When women live amid poverty and violence, it is important to take these contextual conditions into account in a study looking at maternal trajectories because they may have an impact on their experience in specific ways. Indeed, meanings attributed to mothering "early", change depending on context, as Phoenix's (1991) and Phoenix and colleagues' (1991) research identified. A similar argument pertains to life trajectories, as people experience life at different paces, from a faster to a slower trajectory (Jones, 2005). In the DAB, research identified that given the limited opportunities of accessing higher education or the formal labour market, coupled with the urban violence that many young people resort to, there is a different conception of temporality in life trajectories compared to Global North societies (Concha-Eastman & Concha, 2014; Vanegas-Muñoz, 1998; Bosch, Vanegas-Muñoz, González, & López, 2017). In their studies on urban violence in Cali, Vanegas-Muñoz (1998) and Bosch et al. (2017) described how reproduction and parenting is a normalised practice in young people living in the urban periphery, whether they are involved in urban violence or not. They highlighted that there is an accelerated pace of life trajectories and many children experience their socialisation process in the street and men particularly want to know "*la pinta*" (the offspring's look) before they might be killed (Vanegas-Muñoz, 1998). As such,

developmental stages of childhood, pre-adolescence, adolescence, youth and adulthood are not necessarily experienced in linear phases in this context. For those who are directly involved with the microtraffic or narcotraffic, research suggests some do not foresee a life beyond 25 years of age (Concha-Eastman & Concha, 2014). Mothers living in this context may be impacted by a shorter life-track, which may shed light onto the higher rates of pregnancy in women who are 19 years or younger found in the DAB, reported by the health system (see Red de Salud de Cali, 2014). In this research, the ways in which mothers respond to adversity is unpacked to see how they adapt to violence, poverty and stigma.

Given the research's location, I now connect with Latin American scholars speaking from the Global South and use regional evidence to better situate the findings. In the region, qualitative studies looking specifically at mothering in peripheral contexts – which use similar frameworks to this study – are still in their infancy; the published works worth highlighting are: in Argentina (Climent, 2003, 2006, 2009a; 2009b, 2012; Herrera, Blanda, & García, 2002), Brazil (Hoga, 2008; Scheper-Hughes, 1992; Almeida Carvalho, Cavalcanti, de Almeida & Bastos, 2008; Ferreira Takei, Bastos & Mendonça, 2012) and Colombia (see Puyana Villamizar, 2000; Castro Franco & Peñaranda Correa, 2011; Tenorio & Sampson, 2000; Tenorio, 2012; Villalobos Valencia, 2014). In the next paragraphs I discuss those that I found to be more pertinent to support the non-normative mothering dimension experienced in contextual disadvantage.

Across Latin American urban peripheries, mothers are still particularly otherised depending on their age or relationship status. In a context of dominant splitting representations (Welldon, 1988), which particularly apply in the region given its patriarchal dominance and Catholic morals (see 1.7.), pregnancies in women who do not have a partner/are unmarried, and are teenagers or in their early twenties, may be represented as risky behaviours (Climent, 2009a, 2009b) because they make women's sexual activity explicit in the public sphere. In Argentina, Climent's work (2003, 2006, 2009a, 2009b, 2012) on the gender socialisation of "adolescent" mothers addresses these issues. Climent (2009a) makes evident that in many communities suffering from poverty and other disadvantages in Latin America, unexpected pregnancies may generate conflict but in others they become a positive experience for the new mother, her partner (when involved) and family, or as a life project. Climent's (2006, 2009a, 2009b, 2012) research is pertinent for this study because it identified that "young" mothering can have a positive experience in life projects. However, her research is, to a large extent, still framed from the perspective of examining child development through childrearing practices, rather than given a subjective space of recognition to women who

become mothers, despite their characteristics. Thus, it maintains much of what feminist accounts criticise about psychology research on mothering (see Baraitser, 2009; Burman, 1994; Phoenix & Woollett, 1991; Easpaig & Fryer, 2009). This study addresses this gap because it is informed by the local context but still provides a psychological subject-based account of mothers.

Other Latin American studies in psychology looked at narratives of “adolescent” mothers showing that girls express satisfaction in their role as mothers and spouses, as well as the way in which motherhood is regarded as providing more benefits than losses in the lives of “young” mothers (see for example, Gómez-Sotelo, Gutiérrez-Malaver, Izzedin-Bouquet, Sánchez-Martínez, Herrera-Medina & Ballesteros-Cabrera, 2012; Herrera et al., 2002; Hoga, 2008). Many of these studies called for research to address the “problem” of adolescent pregnancies with a more open perspective. However, despite some insightful findings, the studies remain largely driven by representations and categorisations centred on age with a linear view of development based on stages, which fails to acknowledge different maternal life-tracks depending on the mothers’ circumstances and community practices. They reveal that work remains to be done to shift the perspective and incorporate, as feminist authors have highlighted (see Phoenix, 1991, 1996; Phoenix et al., 1991, Phoenix, 2010; Silva, 1996), understandings of non-normative motherhoods and mothering into research.

In contrast, particularly focusing on adversity, the controversial ethnographic study by Nancy Scheper-Hughes in 1992 is a seminal piece in Brazil looking at how mothering practices are shaped by context. Scheper-Hughes’ (1992) research showed that women from a marginalised community in Alto do Cruzeiro had to live by crude pragmatics, where mothers contributed to their babies’ deaths in a regular practice of triage. Scheper-Hughes (1992) indicated that mothers (and the community at large) had constructed a representational sociocultural understanding where some babies who are born are not meant to stay on this earth and live. According to Scheper-Hughes (1992), traditional Catholic women had to abstain from carrying out abortions and were instead forced by scarcity to practice “birth control post-partum”, aided by cultural cosmological representations. Her work remains controversial to this day, particularly given the way it in itself represents mothers and their maternal practices in Brazil. Scheper-Hughes (1992) did highlight, however, that her inquiry was to explore how conscious decisions, practices and reflexivity are shaped in a community of women whose critically precarious environment *forced them* to accommodate their morals, pushing them towards extreme decisions and practices. It is within this harsh violent context of living with quotidian death that she studied the meaning of motherhood and mothering. She found that the object relations that form in the key maternal stages of pregnancy, childbirth and first-time

mothering “may just as ‘naturally’ reproduce maternal sentiments of distance and estrangement as of attachment and empathy” (Scheper-Hughes, 1992, p. 403). Scheper-Hughes remained connected to the Alto for decades and in 2012 she spoke of a “masked depression” to account for the scarce contextual conditions impeding mothers (from when she conducted her first fieldwork) from forming attachments, in an attempt to minimise psychological pain. As “angel babies” were embedded in cultural practices, local mothers found their own ways to mediate the harsh violent conditions that placed them in mere evolutionary survival. In this regard, the normalisation that occurs through culture protected women from “abnormality” in the clinical sense and served as a social coping mechanism enabling them to live.

In a more recent piece, Scheper-Hughes (2013) accounted for the social developmental transition that Brazilian peripheral communities have undergone in recent years. She compared the differences between the community in the 1970–1980s to the twenty-first century where:

[...] in such poverty women were the only stable force, and babies and fathers were circulated among them. A man who could not provide support would be banished to take up residence with another, even more desperate woman; excess infants and babies were often rescued by older women, who took them in as informal foster children. (p. 66)

Her anthropological work has been insightful for research looking at the harsh impact of adversity in mothering and uplifted the Alto community into a global dialogue. However, her interpretation reverted to essentialist representations of motherhood anchored on the figure of the Catholic Madonna, describing mothers of the Alto as “Pietàs” rather than “Marys”: “[...] mother love was not the image of Mary and her infant son, but a mature Mary, grieving the death of her young adult son. The Pietà, [...] was the symbol of motherhood” (Scheper-Hughes, 2013, p. 30). Regardless, her work is an exemplary piece and lately showed how a social and economic programme focusing on health and other social determinants can change family circumstances within a generation. On her return, she identified the economic and health improvements lived by the community with a significant reduction in child mortality rates (going from 896 live births and 320 infant deaths, an infant mortality rate of 357 per 1,000 in 1978 to a completed birth rate of 3.2 children per woman, and a mortality rate of 25.2 per 1,000 births in 2009). She reported that the State provides about 120 community health workers who attend people in the municipality covering the Alto (Scheper-Hughes, 2013). As such, her work provides a clear case study of what state-based policy can do when it extends its outlook to addressing basic needs for the most vulnerable in Brazilian society. Her work informs this study as it poignantly reveals how context produces the “pragmatics of motherhood”,

where the maternal attachment is “anything *other* than natural” (p. 341). It covers a range of meanings, feelings and practices, all of which are contextually (rather than instinctively) produced. Although the DAB’s contextual adversity is not at the sharp end of what the Alto was in the 1980s, it may generate conditions of disadvantage that have an impact on the emerging mother–baby relation explored in the current study.

When examining Latin American research, combining the dimensions of mothering in relation to age or “singleness” and contextual adversity provides more precision for the research to explore the ways in which adversity has an impact on the formation of a sense of a maternal self in mothers living under these conditions. Many of these studies, however, do not connect these topics. To shed light on this issue, the research investigates maternal ways of life beyond adversity by including an exploration of the psychosocial processes that women experience. However, this does not approximate the complexity of the picture. Apart from poverty, exclusion and stigma, a central adverse problem in the District is urban violence. I address this in the next section.

1.5. Local Urban Violence

The various manifestations of violence found in Latin America means it remains a central problem in the region reported by governments, UN agencies, NGOs and academia (see Briceño-León, 2007, WHO, 2002). In Colombia, violence mainly stems from the internal armed conflict that has bled the country for more than six decades, which has torn the nation apart (Fals Borda, 2003; Perea, 2016). The scale and longevity of the conflict was maintained by the drugs and illegal arms trade, which generated significant revenues for all parties involved. The narcotraffic spread the violence of the conflict from rural areas in the 1960s and 1970s into urban territories from the 1980s and 1990s. As such, the modalities of urban violence that operate in the urban periphery are largely shaped by the national violent situation (Concha-Eastman & Concha, 2014; Perea, 2007; Vanegas-Muñoz, 1998; Bosch et al., 2017). A central aim of the research is to bring out the psychosocial experience of mothers, as maternal intersubjective processes often get neglected in research conducted in the periphery (i.e., to focus either on the child or on structural inequalities) but it also seeks to look at the impact of contextual adversity on such processes. Apart from poverty and economic disparities, high levels of violence are found in the District. Urban violence is an issue known to have an impact on Latin American mothers and families (Concha-Eastman & Concha, 2014; Perea, 2016; Vanegas-Muñoz, 1998; Bosch et al., 2017). Thus, in this section I describe the problem of urban violence.

The urban violence rates in the District, previously described, stem directly from the narcotraffic boom centred on the Cali Cartel, which proliferated with bombings, contract killings, gangs and criminal groups of various kinds, as well as widespread corruption (Concha-Eastman & Concha, 2014; Perea, 2007; Vanegas-Muñoz, 1998; Bosch et al., 2017). The collapse of the Cali Cartel at the end of the 1990s did not mean the disappearance of drug trafficking or the consumption of psychoactive substances, particularly in urban territories. New modalities of crime and narcotraffic were established in the DAB, with smaller “microtrafficking” organisational structures set up through the “*Oficinas*” (Offices). The “Offices” control the local territory and some of the residents (Concha-Eastman & Concha, 2014). They are generally set-up in local houses, which are used to conduct illegal transactions such as narcotraffic deals, contract killings and other crimes. The microtrafficking operates a small-scale tactical supply of drugs not including production. This smaller model shows a fragmentation of the distribution system given the collapse of the end-to-end narcotrafficking, which the large cartels used to operate. Compared to Cali Cartel’s previous business strategy, the microtrafficking makes less profit and maximises risk, resulting in desperate conditions, with more exposure to violence for the youths involved. The violence and insecurity affects family and community relations. Some families fear going outside and prefer to stay at home, particularly at night. Mothers particularly worry about the life trajectory their children might take (Vanegas-Muñoz, 1998; Bosch et al., 2017).

In addition, the District is a receptor of rural communities who have been internally displaced by the armed conflict. As a result, it houses families with fractured ties due to forced violent displacement, narcotrafficking, gangs or other types of violence (such as intimate partner violence), which impact the conditions of relational support available for mothers and children (Briceño-Leon, 2007; Concha-Eastman & Concha, 2014; Sánchez & González, 2006; Vanegas-Muñoz, 1998; Bosch et al., 2017). Given that the study takes place in the District, I suggest that having a contextual understanding of the various modalities of violence that mothers and families may experience can better inform how they make sense of, navigate and ultimately adapt to these conditions. Following Vanegas-Muñoz (1998), my purpose when exploring the forms of local violence is to seek to “discover the humane [which exists] in the daily tragedy” (p. 16). In this vein, the research goes beyond the demographics highlighting violence rates to seek instead to uncover the relational and cultural ways in which people respond to such adversity (see Briceño-Leon, 2007). In addition to having an impact on life projects, violence can be a “powerful shaper” (Scheper-Hughes, 1992, p. 340) in the maternal becoming, impacting subjectivities and the emerging mother–baby relation, as well as family and community interactions. This study investigates how forms of violence shape representations and

interactions in family and community life. This provides another dimension to help expand understandings about how mothering is experienced and practiced in peripheral territories, which may differ from the ones more commonly studied in maternal literatures in the Global North. As I have addressed the central problem of contextual adversity in the District, I now turn to describe the local health system, as studying the maternal becoming also calls for an investigation of experiences during prenatal, childbirth, postnatal and infant care.

1.6. The Health Social Security System in Colombia

As this thesis is looking at maternal trajectories, it includes looking into local maternal health provision. In this section I describe the health social security system that is offered to mothers. This in turn will enable contextualising the maternal experience with the health institution. Colombia has a national health system known as the General System of Social Security in Health (SGSSS). The SGSSS came into effect as a result of a large restructuring based on Law 100, which was enacted in 1993. Law 100 established the basis for the provision of health services within a risk insurance model, in which the government implemented a private–public partnership under the regulation and supervision of the state (Agudelo Calderón, Cardona Botero, Ortega Bolaños, & Robledo Martínez, 2011). This restructured the social provision of healthcare and led to the creation of health insurance with two regimes. The contributory regime affiliates people with payment capacity (formal and independent workers and pensioners, which is co-financed by the employer). The second regime is subsidised; it affiliates poor and vulnerable people who are receiving social subsidies from the State (Congress of the Republic, Law 100 of 1993). Under the system introduced by Law 100, all insurance companies can purchase services from public or private providers (Prada & Chaves, 2018). Between 1993 and 2015, the benefits of the subsidised scheme were limited to primary care. From 2015, the benefits for those in the subsidised scheme are expected to be the same as the benefits for those in the contributory scheme (Prada & Chaves, 2018).

In Cali, data from the Municipality report “Cali Como Vamos” (2015) indicated the health insurance of the population is distributed as follows: 62.3% (1,477,515 people) of the population is covered by the contributory regime, 30.6% (724,413 people) of the population is affiliated to the subsidised regime, 1.1% (25,371 people) of the population is under the exception regime and 6% (166,244 people) of the population is not affiliated with any regime and are identified as poor uninsured population (PPNA). People who have suffered from displacement, are unemployed and have been categorised as “victims of the conflict or violence” are assigned to the subsidised regime and PPNA

(Alcaldía del Municipio de Santiago de Cali, 2015). Although pregnant women from lower incomes now have access to health services, it is commonly reported in the country that the pressing issue is not the scope but the *quality* of services offered to people living in the periphery (who are placed in the subsidised regime or the PPNA).

In terms of implementation, local health delivery is provided by Health Promoting Companies (*Empresas Promotoras de Salud*) (EPS) in conjunction with the institutions providing health services (IPS). The EPS are responsible for the affiliation, registration and collection of members' contributions, in addition to guaranteeing the provision of the mandatory health plan (*Plan Obligatorio de Salud*) (POS). The State Social Enterprises (*Empresas Sociales del Estado*) (ESE) are a special category of public entity whose objective is the provision of health services for the population receiving the subsidised regime and PPNA (Decree 1876 of 1994). In Cali there are five ESEs responsible for health provision from the first level of complexity (Level 1, basic care). Each ESE has a conglomerate of IPS among health posts, health centres and a basic hospital. The current research was conducted with the support of the ESE Oriente, which is located in the Eastern zone, covering all of the DAB. The ESE Oriente provides health to local pregnant women in 24 IPS and reports that almost 4,800 (on a yearly average) accessed the health service from 2015 to 2017. The combined EPS-IPS delivery makes access and processing cases at times a barrier for patients, resulting in various bureaucratic steps at entry point and long waiting times (Torres-Agredo, Concha-Eastman, Concha, Mendoza-Vera, & Zúñiga-Barona, 2017). The present research is informed by this institutional background to guide understanding on how maternal health provision is accessed and received by mothers. Having discussed the health provision available in the District, in the following section I discuss reproductive health and the national attitudes dominating public discourse regarding abortions.

1.7. On the Status of Reproductive Health and Abortions in Colombia

Although the research is not looking at reproductive health, in this section I briefly outline the contextual relation between reproductive health and abortions because strong attitudes are prevalent on this controversial topic in the country. I considered that accounts about the “expectedness” of pregnancies in some first-time mothers would arise, where the ways in which the news of the pregnancy was received may elucidate attitudes towards abortion. In this section, I thus provide a description of the status of reproductive health, sexual rights and abortion rights in the country. A review by Pallitto and O’Campo (2005) found that Colombia is in the late intermediate

level of fertility transition with fertility rates at 2.6 in 2000. They found that estimates indicate that the overall fertility rate could drop from 2.6 to 1.8 if women's pregnancy intentions were matched to their actual fertility rates. Fertility rates are largely mediated by the country's restrictive laws against voluntary interruptions of pregnancies (Yam, Dries-Daffner, & García, 2006). The Colombian Constitutional Court decriminalised abortion in three circumstances: rape or incest, physiological health threat for the woman, and malformation and/or other developmental or genetic issues found in the foetus (Corte Constitucional de la República de Colombia, 2006). The impact of such a policy is twofold: first, it is estimated that between 350,000 and 400,000 women continue to interrupt their pregnancy which, given the legal restrictions, largely occurs in clandestine meetings using unsafe methods that threaten and have an impact on women's health (Coast, Norris, Moore, & Freeman, 2018). This contradicts SDG #3 of maternal health and wellbeing and #5 of gender equality particularly regarding sexual and reproductive health. This is a central issue when looking at SDGs as gender equity is not only an end in itself, but represents a critical pathway to achieve many of the other SDGs. Second, in contexts such as the District, it is not uncommon to find pregnant women who have limited options when it comes to their reproductive health rights and choices.

The politics of abortion in Colombia are related to the Catholic institution, which condemns the practice. In Colombia, the Church particularly remains (to a large extent) an unquestionable social reality (Berger & Luckman, 1966) where the socialisation of its normative impositions shape taken for granted knowledges, attitudes and practices. Yet, the country has seen institutional changes over the last two decades. In 1991, the New Constitution was established which released the Colombian State from being denominational as Catholic, thereby recognising the freedom of worship (see Consejo Superior de la Judicatura, 2015). Although the legislation came into effect more than two decades ago, the Catholic Church prevails as the primary religious institution and its influence on society remains strong. Abortion is thus a knotty topic in the country, where feminist Latin American and national social movements fighting for women's rights, reproductive health, equity and inclusion (see Alvarez, 1998, 2018; Vargas, 1992, 2005) have clashed in recent decades with the Church, the ruling political system, conservative elites and advocates, as well as faith-based communities, fuelling polemic perspectives in public discourse. Despite women's movements, attitudes condemning abortions continue to circulate across society. The Church's exclusivity and legitimacy has been challenged in recent years by other faith-based offerings, which are becoming more visible, as well as secularism (Beltrán, 2013). However, in communities like the DAB, the Catholic Church's dictum coupled with various evangelical churches that have settled across the periphery (see Beltrán, 2013) are powerful institutions shaping representations and attitudes against the practice.

This study takes this societal knowledge into account because it plays a role in informing, where applicable, the relation between pregnancies and attitudes towards abortion.

1.8. Locating Mothers in the Urban Violent Context

Against the local violent context, the study is looking at maternal trajectories, contextualising their locality and situating them nationally by taking into account local conditions to investigate how context shapes mothering. Mothers have particular relevance in the District as demographics show that about half of the households are headed by single women (Alcaldía del Municipio de Santiago de Cali, 2015). Many mothers thus raise their children without fathers in the Colombian urban periphery. Yet, despite the urban violence and other disproportionate indicators of inequalities, many mothers are the holders of the family and community in these territories, becoming central protective factors for children and youth to stay away from violent trajectories (Concha-Eastman & Concha, 2014; Hernández, Duque, & Paez, 2012; Duque, Restrepo, & Montoya, 2012; Sánchez & González, 2006; Vanegas-Muñoz, 1998). In other Latin American neighbourhoods, research has shown that mothers are often the ones maintaining families who live with everyday violence, as evidenced from the favelas (Jovchelovitch & Priego-Hernández, 2013) and from Mexican (Alvarado Mendoza, 2014) or Argentinean barrios (Kessler and Dimarco, 2014). Mothering in Colombia has implications like everywhere else in the reproduction of subjects but it specifically presents an opportunity in life trajectories to examine how maternal subjectivities are shaped by the specificity of context. Despite adverse conditions, many mothers living in the Colombian urban periphery raise children who stay in education and find employment outside a life of violence and crime (Duque et al., 2012; Concha-Eastman & Concha, 2014; Sanchez & González, 2006). This demonstrates that despite the salience of violence embedded in public consciousness, many DAB residents are not involved with violence. In fact, the District is also the stage of multiple representations, musical expressions, regionalisms and ways of life of many Afro-Colombian communities from the Pacific coast and indigenous mixed communities from the rural areas of the Valle and Cauca regions (Concha-Eastman & Concha, 2014; Sánchez & González, 2006). In each space there are woven symbolisations concerning the legacy left by ancestors, grandparents, parents, community leaders, relations and narratives which impact mothers' own representations of motherhood, cultural practices and local modes of signifying. The contradictory dimensions of the urban periphery (adversity, culture and sociability) are considered in the research in order to unpack how a particular context shapes the ways in which maternal trajectories are experienced.

Additionally, there is another dimension to consider in the research, which relates to the social and unequal positioning of Colombian women, who are still to a large extent confined to the private domain of care. In Colombian two-headed households, patriarchal relationships identify the division between family care and labour opportunities, where men generally move more in the public domain and exert power as father and husband/partner with differing levels of support, where absence is common. In these families, the socialisation of girls can start at an early age with learning how to carry out domestic labour, when girls become responsible for household tasks. Mothers in Latin America continue to raise the next generation and as such are the quintessential socialisers, playing a fundamental role in maintaining patriarchal representations and practices (Anzaldúa, 1978; Climent, 2009a, 2009b; Thomas, 1996). This opens the contentious point of gender equity principles against development approaches (see Escobar, 1995; Harcourt & Escobar, 2005). However, Colombian society functions – in principle – as a democratic society that defends opportunities for women to have greater societal participation. Yet, patriarchal structures continue to impact practices leading to family violence, a situation, which I argue, cannot be defended from any cultural or local perspective. Combining these issues helps the research to be aware of some of the contextual and structural challenges mothers experience, as they could in turn impact their subjectivities, relations, interactions, knowledges and practices.

1.9. Conclusions

In this introduction, I have presented the problem and the contextual background of the research. The problems of motherhood and mothering in relation to non-normative modalities pertaining to age and “singleness” experienced in contextual adversity have been outlined. Together, these dimensions help the research to better grasp the problem of the study. This combined approach enables understanding of the challenges that first-time mothers undergo in the specific modalities of mothering found in territories of the South. It seeks to avoid “hiding” from the complexity and contradictions of what it means psychologically to experience caring for another human being in a particular context. Thus, mapping the local area facilitates understanding of how psychosocial and sociocultural conditions are impacted (specifically) by higher levels of violence. The current research aims to contribute to the maternal programme which is socially rather than purely biologically grounded, where heterogeneity and contradictions can exist because these are more psychologically “real” processes (Bassin, Honey, & Kaplan, 1994; Featherstone, 1997; Parker, 1995/2005, 1997), so other more tangible maternal projects from invisible communities can step out of the shadows and be recognised. This is particularly relevant for a society like Colombia, as despite peace building

efforts,² it is still suffering from different forms of family and social violence, as well as gender and social inequalities. In the theory chapter that follows, I expand on the problem of motherhood and mothering in the peripheral South by addressing and applying theoretical concepts introduced in this chapter. Specifically, the research is guided by a psychosocial and sociocultural lens to investigate maternal processes, dynamics and practices, informed by a feminist psychoanalytic understanding.

1.10. Roadmap of the Thesis

The thesis comprises seven chapters, with each chapter setting the unfolding of the next. Following this introduction, I present the theoretical framework (Chapter 2) incorporating concepts from feminist psychoanalytic theory, sociocultural psychology and psychosocial studies, embracing throughout a perspective from the Global South. The research process adopts a structure where methods follow the theory and the research object. As such, in the third chapter I describe the qualitative longitudinal design, which fits with the theories used. The design entails two data collection points: Time 1 (T1) to gather the pre-birth experience and Time 2 (T2) to understand the experiential reality of mothering within the baby's first year of life. In Chapter 3, I describe the profile of the community informing the research, including pregnant women-mothers, their mothers (known as "*mamitas*" in the research) and local stakeholders. The next part of the monograph encompasses the analysis based on three empirical studies, which are structured in three interfaces: from the self–other (Study 1), family–community (Study 2) to the community–institutional (Study 3). Each interface illustrates relational and grounded encounters guided by the concept of psychosocial scaffoldings to understand how mothers giving birth for the first time experienced and made sense of their maternal trajectories from their pregnancy to the baby's first year of life. In the first study (Chapter 4), I investigate the ways in which the self moves from pregnancy to mothering by mapping the lived subjective experience of "becoming" a mother. It focuses on the maternal voice constituting the emerging mother–baby relation. To understand how maternal trajectories are

² A relatively recent historical change has marked the end of the armed conflict. On 26 September 2016, the signing of a peace process between the Revolutionary Armed Forces of Colombia (FARC) led by Rodrigo Londoño Echeverri 'Timochenko' and the Colombian government led by the President Juan Manuel Santos took place. The event was supported by the UN Secretary General Ban Ki-moon, international heads of state and other prominent figures of the world sphere. The peace process awarded President Santos the Nobel Peace Prize in 2016. However, the peace accord was put to popular ratification through a plebiscite vote that took place on 2 October 2016. Out of almost 13 million votes, the No vote won by a small narrow margin (50.21 per cent to 49.78 per cent for the Yes). Despite the result, the negotiations to continue a national transition into peace were maintained by the (now) ex-President. National elections took place on 17 June 2018 in which the candidate Iván Duque Márquez was elected. Duque's party, led by the ex-president Alvaro Uribe Velez, has been a fierce opponent of the peace process. Yet President Duque has maintained the process, although the implementation of the peace accord has encountered many challenges and ex-FARC members and other smaller guerrilla groups, referred to as "dissidents" have retaken arms and relocated back to the countryside.

shaped by intergenerational dynamics and beyond, the next chapter (Chapter 5) shows the District's violent and sociable conditions as they shape the ways in which mothers "do family" in this context. It draws attention to sources of support and tensions enacted in the family and community. The final empirical chapter (Study 3, Chapter 6) outlines the community–institutional interface by investigating knowledge encounters between mothers and the local health system. This permits looking into the ways in which the prescription of the health institution interacts with community knowledges. I end the thesis with Chapter 7, situating the findings in the theoretical frameworks that informed the research where I outline my contribution, discuss limitations and implications, provide conclusions and policy-based recommendations. Overall, the final chapter argues for the integration of psychosocial and sociocultural approaches as a way to bridge current understandings of maternal trajectories, including the family, community and institutional dynamics, expanding knowledges in the global North by incorporating those from the South. Practically, this can contribute to maternal health and community work in relevant territories.

CHAPTER 2

The Psychosocial and Cultural Dimensions of Mothering:

Conceptual Guidance

“Definitions constitute starting points for investigation rather than end points of analysis”. (Collins, 2015, p. 3)

In the previous chapter I outlined how motherhood has been defined in ways that affect non-normative mothering. I also identified how mothering is impacted by contextual adversity. In this theoretical chapter I describe the ways in which these dimensions have shaped specific ways of practicing mothering by focusing on Latin America and Colombia. As I ask who the becoming maternal subject is in relation to her family, community and the health institution, I start by building on the work previously introduced on motherhood and mothering, focusing on intersubjectivity and maternal ambivalence from feminist psychoanalytic theorising. Both of these conceptualisations enable exploration of the complexity of the mother as a subject who can be recognised. Thus, they inform the research in order to investigate the maternal becoming from the self’s perspective. As the research seeks to go beyond the mother–baby relation, the chapter then describes work on intergenerational dynamics, connecting feminist theory, psychosocial and sociocultural perspectives. Given that the study is located in an adverse context in Colombia, I speak from the Global South, seeking to render visible the local as a plural essence of the global (Escobar, 2008). In this vein, I retake relevant maternal research from the Latin American region, addressing the concepts I adopt, as they serve to provide evidence from territories shedding a different light onto modalities of mothering, drawing attention to intergenerational dynamics. I am guided by psychosocial scaffoldings, from sociocultural psychology, which is an umbrella concept accommodating the context of disadvantage while enabling the exploration of support structures from symbolic, relational and community dimensions. Finally also from sociocultural psychology, I present knowledge encounters as a notion that can help unpack the sociocultural background of knowledges and practices enacted by the family, community and institutions in Colombian barrios, capturing the heterogeneity of peripheral lifeworlds. Together these concepts enable retrieval of the subjectivity of the mother and support structures, expanding current understandings of modalities of mothering

beyond the stigmatisation centred on age, singleness and adversity. Thus, four interrelated fields of enquiry guide the research, addressing the topic, the theoretical lenses that inform it and the data, which ultimately give it life. They are:

1. Maternal intersubjectivity and ambivalence, from feminist psychoanalytically informed theory;
2. Intergenerational dynamics with a “beyond heteronormativity” lens from psychosocial and Global South perspectives;
3. Psychosocial scaffoldings, from sociocultural psychology;
4. Knowledge encounters from sociocultural psychology.

The chapter ends by identifying the research questions in light of the theoretical guidance described. It sets the investigation in three empirical interfaces, from the self, to the family, community and health institution. The research uncovered a conceptual link to expand psychosocial scaffoldings in relation to trust–distrust dynamics, which is depicted in Study 2. Here, however, I focus on the theoretical concepts that framed the research. In the first section, I provide an overarching introduction to the interdependent approaches adopted in the research.

2.1. Points of Departure: Integrating Disciplines with an Interdependence Lens

Let me first acknowledge my disciplinary origin to locate the forms of knowledge framing this theoretical chapter: sociocultural psychology. As a field, sociocultural psychology largely sits “in-between” social and cultural forms of psychology. Its ambiguous border is based on its historical underpinnings, from ‘social/sociological’ forms of psychology (Farr, 1991; 1996) to the ‘cultural’ stream (Valsiner & Rosa, 2007, Rosa & Valsiner, 2018; Valsiner, 2018a, 2018b). Recently Rosa and Valsiner (2018) identify it as a discipline that “has as its focus the socially normative nature of the wider cultural context within which a person relates to the world through specific sets of meaningful actions” (p. 3). As such, sociocultural psychology has “blurred limits” (Rosa & Valsiner, 2018, p. 4), interchanging with other psychologies and with neighbouring sociology, anthropology and cultural studies, among others (Valsiner & Rosa, 2007; Rosa & Valsiner, 2018). My research situates itself at the intersection between sociocultural psychology (particularly streams from the social representations and dialogicality tradition) and the psychosocial field in the UK, which has largely found a space in psychoanalytically informed sociology and cultural studies, rather than individual forms of psychology (see Clarke, 2009; Frosh, 2003; Hollway, 2007; Redman, 2016). Both psychosocial and sociocultural psychology can accommodate a feminist voice, as there are enough epistemological alignments to enable the bridging. Despite taking different pathways, these

approaches generally depart from positivist epistemologies and methodologies, looking at psychological, psychodynamic and sociocultural structures of meaning making in a non-reductionist manner. As such, I argue that dialoguing across these sister disciplines lends itself to better informing mothering and maternal research because this expands understandings to capture different interfaces. Psychosocial approaches unpack microgenetic dynamics between mothers and their families, focusing on the symbolic and affect dimensions, while sociocultural psychology, serves to address the family and community communication systems, through a background of knowledges and practices to help identify how they relate to each other and to the health institution. Connecting these approaches can better inform the research, as a local understanding of adversity (violence, poverty, inequality, and stigmatisation) may shape psychological processes in specific ways, which tend to be otherwise side lined to a large extent. Against this overarching integration, the first concepts I present address the self using maternal intersubjectivity and ambivalence.

2.2. A Psychosocial Feminist Lens to Explore the Maternal Self

As outlined in the previous chapter, women scholars stemming from second wave feminism, reclaimed psychoanalysis not just from child development but from the earlier wave by re-presenting maternal dynamics from the mother's perspective (Bueskens, 2014), with conflictive notions opening up the psychosocial complexity of subjectivities (Stone, 2012), which served to challenge the heteronormative ideal based on the Madonna. Feminist relational psychoanalysts and psychosocial theorists have advanced our understanding of mothering by identifying the difficulties inherent in the practice, as it relates to maternal subjectivity (Baraitser, 2006, 2009; Baraitser, Pollock, & Spiegel, 2010; Pollock, 2008; Raphael-Leff, 2010), intersubjectivity (Benjamin, 1988, 1994, 1995; Featherstone, 1997; Hollway, 2009, 2010, 2016) and maternal ambivalence (Parker, 1995/2005, 1997). The work of Jessica Benjamin particularly moved the understanding of the subject towards the relational aspects of mothering, incorporating and sharpening concepts such as intersubjectivity (Benjamin, 1988, 1994, 1995, 2005), which has been incorporated into maternal theorising (Baraitser, 2009; Hollway, 2001; Raphael-Leff, 2010). The intersubjective understanding stemming from psychoanalysis enables the adoption of a subject-based position and extends it, following Benjamin's work (1988, 1994, 1995), by linking intersubjectivity with mutual recognition. Despite efforts, Baraitser (2006), argued that the particular debt of psychoanalysis to the mother has yet to be settled, identifying the stark contrast between her "metaphorical significance" and her "abandon[ment] when it comes to applying psychoanalytical insights to helping understand [...] mothering" (p. 220). Nonetheless, these works have shown the importance of maternal intersubjectivity in the constitution of human relationships. As such, this thesis follows the

intersubjective tradition by expanding our understanding and visibility of who that maternal subject is into geographies of the South to locate the particular, as well as the shared ways of mothering. Specifically, adopting an intersubjective lens permits the research to unpack the complexity of subjectivities to investigate how first-time mothers face the transitioning process that they undergo and what challenges they encounter, as well how they may receive support.

2.2.1. Maternal intersubjectivity and ambivalence.

In this section I describe how Benjamin developed and extended the notion of intersubjectivity with mutual recognition. Benjamin (1994) building on Winnicott (1971, 1985) reminds us that the mother not only deserves to be recognised as such but that this process is ultimately mutually beneficial for herself and her child: she must be a subject to be in turn recognised by the child, so that the child can recognise herself.

The paradox of recognition is that we must recognise the other in return, else their recognition means little to us. In the very moment of realizing our own independence, we are dependent upon another to recognize it. (Benjamin, 1994, p. 134)

The interdependence of mutual recognition becomes a central process in the constitution of the human subject (also see Mead, 1934) as Benjamin (1994) suggested. It helps break down the old problem of separating self and other. Winnicott's (1971, 1985) potential space for self-development as Jovchelovitch (2007) has identified, helps us situate Benjamin's (1988, 1994, 1995) work on mutual recognition. This permits a transcendence from separating a woman's and a child's needs into the intersubjective field. Mothers are, after all, intrinsically connected with the infant, from pregnancy to birth to breastfeeding, to holding and handling (Winnicott, 1971, 1985) and as the years go by "to be there to be left" (Furman, 1982, p. 15). Benjamin (1988, 1994, 2000, 2005, 2010, 2018) has discussed how she developed her thinking on recognition from developmental psychologists such as Trevarthen (1979) and Stern (1995) whose work illuminated how mother-child early interactions show how "recognition works in action as well as a new scaffolding for the idea of intersubjectivity" (Benjamin, 2018, p. 2). Recognition then is the central component of intersubjectivity as the child develops by recognising the mother's subjectivity, showing the importance of mother to be a subject herself (Benjamin, 1994), which has reframed feminist notions that separated woman from mother in first wave feminism. By reclaiming mother from a feminist intersubjective lens, this helps frame trajectories from the *mother's place*, where women can become mothers without necessarily negating or eclipsing other dimensions in their life projects.

To provide recognition and a subject-based position means permitting her the complexity and contradictions that the self undergoes with a process as pivotal as maternal transitioning. In this vein, Parker (1995/2005) developed the concept of maternal ambivalence to shed a different light on the subjective maternal experience, which has become a central tenet in feminist psychoanalytic thinking looking at mothering and the maternal. Extending Kleinian (1935, 1940) ambivalence, which postulated that ambivalence was part of the developmental process the infant has to undergo to see the mother differently, which involves tolerating the coexistence of both good and bad occupying the other (i.e., the mother). Having an other as the basis of intersubjective relations is central for human development and the constitution of the subject (Mead, 1934; Jovchelovitch, 2007). From a sociocultural developmental perspective, Jovchelovitch (2007) has pointed out that “the imperative of the other” permits differentiation, integration and decentration (p. 28). From a psychoanalytic perspective, this entails appropriation of the anxiety of seeing the mother as both, as a whole being, which inevitably comes with the developmental separation of self from other (Klein, 1935, 1940, 1940; Winnicott, 1971, 1985). Parker (1995/2005) shifted this process onto the mother and defined maternal ambivalence as an experience occurring to all mothers where “loving and hating feelings for their children exist side by side” (p. 3), which is largely mediated by representations of motherhood (Parker, 1995/2005, 1997; Welldon, 1988). Ambivalence in this case is distinctive from the more common use of the term applied towards adolescent pregnancies used in reproductive health rights literatures (see e.g., Brückner, Martin, & Bearman, 2004; Zabin, Hirsch, & Emerson, 1989; Zabin, Astone, & Emerson, 1993). Parker (1995/2005) differentiated maternal ambivalence from having “*mixed feelings*” (p. 7, original emphasis) as opposed to contradictory feelings coexisting towards the same person (Parker, 1995/2005, p. 7).

It is worth clarifying that the ordinary type of negative or hating feelings that are part of maternal ambivalence are not sustained for long periods. This is the case when they flare up in a mother at a given moment and would usually be followed by a sense of guilt: when the mother hates the insatiable crying infant in the night after having been woken up yet again after countless sleepless nights. In these types of scenarios, Parker (1995/2005, 1997), drawing on Klein, proposed that the woman has two options: reverting back to the Kleinian “paranoid-squizoid position” of splitting love and hate, projecting the hate elsewhere (as it is feared), or adopting the Kleinian “depressive position”, which comes with the guilt of acknowledging these negative feelings leading to an integration of both love and hate (Parker, 1995/2005, 1997). When mothers occupy the depressive position, Baraitser and Noack (2007), extending the concept, suggested that they can deal with the

guilt of the contradiction and integrate both feelings to form the whole object. As Raphael-Leff (2010) has further proposed, this process reflects the challenges of “mothering a sentient infant, who is similar in having human emotions and needs, yet different in being little, dependent and needy. This [...] involves a great deal of emotional effort” (p. 7); effort which Baraitser and Noack (2007) have suggested requires maternal thinking. In “maternal encounters” (Baraitser, 2007), the other in the encounter (the baby) is signified by the mother through the intersubjective relation (Villalobos Valencia, 2014) and the emotional ambivalent contradictions that the encounter elicits in her through her incessant needs. It is the mother’s mindful capacity to cognitise such contradictions, which enables her to accept the relationship and her maternal subjective transformation (Baraitser & Noack, 2007; Benjamin, 2018).

I should note this study does not intend to displace the child for the mother but rather seeks to light up her forgotten space, not just because she has the right and entitlement, but for mutual recognition (Benjamin, 1994). Thus, the subject-based position brings back the understanding of the psychology of the mother – no longer in the shadow of the child – by giving her recognition. By shifting the position and regarding mothers as psychological subjects in their own right, we move them into a space closer to reality. Thomson and Baraister (2018) have recently addressed this tension by linking childhood and maternal studies, where each generally separates either child or mother. They argued that theoretical work on the maternal does not need to be divorced from the child for mother to achieve her differentiation. I argue that Benjamin’s intersubjectivity, by maintaining the interconnectedness of selves, enables a place for the mother and child. Although the current research is a study about maternal trajectories in an adverse urban context, it does not negate the child and the child’s connection to the mother. However, looking at mothers from a subject-based position guided by an intersubjective lens calls for expanding the investigation into intergenerational dynamics beyond the mother–baby relation. This is what I address in the next segment.

2.3. Maternal Intergenerational Dynamics

In order to understand how mothers live through the maternal transitioning, particularly in cases where they might be living at home with their mothers and/or families, it became apparent that looking at their close relations would be central. Psychoanalytically informed intergenerational work is particularly relevant to address this dimension. Intergenerational dynamics helps us to understand the particular ways in which families in the barrios support the maternal transitioning and mothering. Three main works guided this aspect of the research. The first is Chodorow’s (1978) “the

reproduction of mothering”, a pioneer analysis of the ways in which mothering is tied to a woman’s identification and relations with her mother, used by much of feminist research looking at the intergenerational process. The second provides a psychosocial account of the transition to motherhood in the work of Elliot and colleagues’ (2009) UK study. A third piece, guiding the intergenerational exploration and speaking from the Global South, is Tenorio’s work [(with Sampson in 2000) and then in 2012] on mothers-grandmothers in Colombia. I turn to these studies next.

Chodorow’s (1978) seminal piece focused on the constitution and reorganising of the internal and intersubjective mother–daughter relationship through the lens of object relations theory. Her work laid the foundations for theorising about mothering with an interdisciplinary lens, drawing on psychoanalysis, feminist theory, sociology and anthropology. Mothers, as Chodorow (1978) identified, are “pivotal actors in the sphere of social reproduction” (p. 11) where daughters’ sense of selfhood continues to be fostered in adulthood through the identification and relationship they have with their mothers. Although her earlier work focused only on the daughter’s perspective, she has recognised this. Nonetheless, her contribution is evident in the natural flow of generational linkages through identification, and the ways in which we embody our parents, as well as her framing of patriarchy, by linking gender inequity with mothering. By linking feminism with psychoanalytic theory, as well as by incorporating a social/sociological lens, she extended our understanding of mothering, including the role of intergenerational dynamics. Chodorow was a key contributor to this line of thinking informing motherhood, mothering and maternal studies. Crucially though, she supported theory building by sharpening the connection between the psyche and the social, setting the scene in many ways for the adoption of a psychosocial approach to motherhood and mothering studies (see for example, Baraitser 2006, 2009; Baraitser & Noack 2007; Elliot, et al., 2009; Hollway, 2001, 2009; 2010; 2015; Hollway & Featherstone, 1997; Lawler, 2000; Pollock, 2009; Thomson, 2009; Thomson, Kehily, Hadfield & Sharpe, 2011; Tyler, 2000) that later on developed in the UK, linking psychoanalytic insights with social and sociological theories. In her analysis of object relations theory in psychoanalysis, she discusses how the school redefined the subject to incorporate social theory. She writes: “the self is intrinsically social, and, because it is constructed in a relational matrix and includes aspects of the other, it can better recognize the other as a self and, ultimately, attain the intersubjectivity that creates society” (1989, p.159). In her scholarly work, Benjamin (1988) builds on Chodorow’s differentiation to inform her psychology of domination and recognition. Recognition was identified in the previous section (2.1.1) and domination is addressed later (2.5), when I discuss what it means to acknowledge or disregard the knowledge of the other through Jovchelovitch’s (2007) knowledge encounters.

Yet, despite the overall acknowledgement of Chodorow's work, a common criticism applicable to other psychoanalytically informed theorising is the case study clinical base for the production of evidence. From a psychosocial lens, researchers have been addressing the issue (see Elliot et al., 2009; Hollway, 2007, 2015) where Elliot et al. (2009) explored empirically identity changes in maternal transitioning processes. Applying a psychoanalytic and practical lens, the authors looked at how older aspects of identity oscillated between the past (with the new mother's own identifications with her mother) and her views about the future (her own barriers, expectations, representations and aspirations) (Elliot et al., 2009). The authors defined this as: "new mothers are simultaneously 'self-as-mother', 'self-as-child'" where the maternal positioning can be found in "the middle of three generations" (Elliot et al., 2009, p. 29). The mother here has a central positioning in the gendered socialisation of daughters by transmitting knowledge, practices, norms and values, including childrearing and parenting practices and ways of relating in intimate partner relationships; in short, the ways to live life as a woman. Mainly through identification, an intergenerational reproduction of knowledge, positionings and practices are carried out by the mother, who becomes not just the link between grandmother and child but also the conduit of a universe of knowledge and practices. This has been termed in other intergenerational mothering studies as the "intergenerational inheritance" that comes to the fore when mothers engage in the maternal transitioning process (Thomson et al., 2011). Importantly, what this thread reveals is that when new mothers identify with their own mothers (or whoever occupies that position), this can facilitate her engagement with the baby both at the practical and symbolic dimensions. This finding guides the current study in the exploration of the support structures that are available for mothers as they move from pregnancy to mothering.

By becoming a mother, mothers reconnect with the knowledge and practices in which they were/are mothered. But the reproduction of mothering does not only entail an automatic passing down but rather a bifurcation in life trajectories to re-present and re-appropriate what the new mother has experienced, learned and internalised from her relationship and identification with her own mother to her own child, who becomes the primary receiver. Depending on how the relational dynamics have been lived and represented, the new mother might choose what she takes and what she does not from the previous maternal source, as she starts becoming a source of knowledge and culture herself. Here the intergenerational aspect with the identification process between new mothers and their mothers becomes useful for the study as it permits looking into these dynamics by locating mothers in between: as daughter-(new) mother next to her mother (or equivalent figure). Mothers choose how to become maternal sources themselves, by taking on the knowledges of what works for them. In adopting the intergenerational notion (see Chodorow, 1989; Elliot et al., 2009, Thomson

et al., 2011), research can explore how the mother is becoming a *source* of knowledge. Focusing on the intergenerational relationship serves as the benchmark to understand human relationships and intersubjectivity, as we are, after all, all children of a mother (Hollway, 2001). My approach to intergenerational dynamics is to unpack the support and tensions of familial relations to find out the ways in which they have an impact on the psychosocial transitioning process for mothers. In this vein, Tenorio (2012) particularly described intergenerational dynamics found between maternal grandmothers and mothers in their teenage years in a poor urban area close to Cali. She showed that the grandmothers look after and regard the grandchildren as their own. She indicated that for the majority of the mothers, the grandmother takes the responsibility of mothering the child. The new mother is not held accountable to assume childrearing and is free to continue going to school and living her life in the ways she did prior to the pregnancy. This corroborates Hollway's (2001) argument that women are more than mothers, substantiating the feminist critique against the totalising and intense endeavour of motherhood (Hays, 1997; Raphael-Leff, 2010; Thomas, 1996) from a different contextual angle. Tenorio's (2012) work connects two main dimensions of the research: the role of intergenerational dynamics for mothers and how in turn these are practiced in the South. I now turn to another study by Tenorio, conducted with Sampson (2000), to inform the maternal practice dimension. Ethnic and cultural diversity in Colombia mean that different communities share representations in different modalities. Afro-Colombian and some indigenous communities do not all share representations and practices with more mixed communities with a Spanish Catholic ancestry, although the power of the Church cannot be underestimated (see Section 1.7). In many communities, including the District, there is a high proportion of cohabitation and single parenthood (Secretaria de Salud Municipal, 2010). Tenorio and Sampson (2000) highlighted that Afro-Colombian families living on the Pacific coast approach motherhood according to their contextual needs. The mother is in charge of the household and responsible for economically sustaining the family. In Pacific coastal communities, the baby's development is regarded as a natural process that does not require dedicated parental or caregiver interaction. Hence, a focus on expecting them to walk early was found. Tenorio and Sampson (2000) presented this as an important step towards the baby's self-sufficiency, given the mother time to concentrate on her other irreplaceable duties. In relation to controversial parenting practices, despite voicing disapproval of corporal punishment, some mothers disclosed requiring straightforward obedience, retaking the childrearing practices from their own mothers, which entailed physical punishment. This shows that local ways of life make use of practices that work at a specific temporality for a given community. Here the intergenerational transmission of older practices has been maintained in this context, with less traffic coming in from the globalised world, thereby exhibiting less enabling

conditions of appropriating knowledges of child development. The practices they report provide additional evidence to inform the lifeworld of the urban periphery, where maternal practices may elucidate specific responses to adversity as well as to the resources available in the barrios.

Tenorio and Sampson's (2000) research, just like other mothering research examples (see Phoenix 2010, Phoenix & Seu, 2013; Scheper-Hughes, 1992, 2013) showed how contextual needs reflect specific practices in intergenerational or kinship dynamics addressing important aspects of the conditions and sociocultural processes shaping mothering in peripheral communities. Yet, one particular point Tenorio (2012) identified refers to the psychological theories she learnt in Europe, which she argued did not provide her with all the necessary tools to understand the maternal complexity and difference she encountered in excluded Colombian territories. For that, she had to turn to social and cultural approaches, which could accommodate difference. Thus, this is what I discuss next.

2.3.1. "Doing difference".

As the current study is looking at mothers living in a Colombian urban peripheral area, it calls for finding a term encapsulating different meanings and modalities from the territory. I find the notion of "doing difference" (West & Fenstermaker, 1995) informative as it can demonstrate maternal practices in families from different regions across the globe. The concept of "doing difference" emanates from West and Zimmerman's (1987) coined term "doing gender" integrating sociology and gender perspectives. "Doing difference" enables sensitivity to context given social and cultural ways shaping the maternal becoming. West and Zimmerman (1987) illustrated the performative aspect and situated expectations of gender in interactions, in line with Goffman's (1959) classic notion of the self's presentation and performativity depending on social situations. With this lens, there is sensitivity to context enabling manifold cultural ways of being and of doing mothering/family. Here, the concept of family in itself is no longer regarded as a nuclear structure but rather as a set of activities with fluid boundaries that take on different meanings depending on their environments (see Morgan, 1996, 2011). In the Global North, discourses circulate around acknowledging various family modalities, such as post-divorce families (i.e., blended), single-parent families, gay and lesbian families, transnational families and so on. In Latin America, extended kinship networks have been a fundamental way in which people live in households, where families go beyond a nuclear structure (see Climent, 2003, 2006, 2009a, 2009b, 2012; Ferreira Takei, Bastos, & Mendoca, 2012). Families in Latin America and the Caribbean may transcend such structures, particularly with the cultural practice of shared mothering found in Tenorio's (2012) research, which is corroborated as occurring

elsewhere in the region (see Byrd, 2014; Cavalcanti, Carvalho, & Caldeira, 2012; Ferreira Takei et al., 2012; Phoenix & Seu, 2013; Tenorio & Sampson, 2002; Tenorio, 2012), as well as in some migrant and ethnic communities in the Global North (see Glenn, 2014; Collins, 1994). The current research explores what forms of Latin American family modalities may be practised and maintained and in what ways in the District, given on the one hand, the levels of violence that characterise it (which may fracture families when killings, disappearances or other types of violence are experienced) and on the other, the resilience and adaptability that is also found in the barrios (Concha-Eastman & Concha, 2014; Vanegas-Muñoz, 1998; Bosch et al., 2017).

2.3.2. De-centring: situating the Global South.

To explore intergenerational dynamics and modalities of “doing difference” in families, as described in the previous section, an overarching concept at the next level of abstraction serves to encapsulate all these notions: the “decolonial” call from the Global South. This critical approach helps to situate findings using local evidence on mothering in Latin America, where knowledges are valued in their plurality (Santos de Sousa, 2014; Escobar, 1995, 2008, 2011, 2015; Mignolo & Escobar, 2011). Adopting a Global South perspective permits distinguishing “the articulations of difference” Escobar and decolonial thinkers discuss to recognise other forms of knowledge, anchored in the need to give voice to communities and peoples that have been historically marginalised (Santos de Sousa, 2014; Escobar, 1995, 2008, 2011, 2015; Mignolo & Escobar, 2011). Although Latin American scholars leading academic and social movements in making Global South voices heard have not focused on motherhood or mothering, their approach aligns with critics of maternal theorising. Authors have argued that feminist literatures on motherhood and mothering have been centred on traditional affluent White mothers in the Global North, thereby lacking an appreciation of intersecting inequalities, diverse knowledge systems, cultural practices and indigenous lifeworlds to incorporate other motherhoods (Collins, 1994; Glenn, 1994). As a response to this problem, feminist scholars from sociological, cultural and critical race platforms have expanded feminist conceptions by reclaiming the ways in which mothering is constructed by activities that are enacted within specific sociohistorical and unequal structures of power (see Fennell & Arnot, 2009; Collins, 1994; Glenn, 1994; Phoenix, 1991; Phoenix & Woollett, 1991; Phoenix, 2010; Phoenix & Seu, 2013). Thus, it is not only about arguing that different modalities of “doing difference” should be rendered visible, but also a recognition of the structural unequal power dimension which shapes such practices. Patricia Collins (1994), a central scholar arguing for the need to decentre through a structural lens, stated that feminist accounts have failed to recognise that not all mothers and children enjoy a certain degree of economic security and access. In fact, many mothers around the globe (both in the South

and North) are struggling on a daily basis to survive or make ends meet. Taking the US context, she points out that the concerns of Native American, African-American and Latina mothers are very different from White middle-class or more affluent mothers and gives the example of work-based choices. For women living in the North who are not part of the centre of race, class and gender privilege, work may be the only medium allowing the economic survival of the family. This example reflects the power relations in the Foucauldian sense that structure the maternal practices and identities previously described.

In relation to patriarchy, Collins (1994) showed that it maintains the heterosexual father at the centre of the family. This in turn shapes the manifold ways in which mothering and families are practiced around the globe, particularly when considering the differing involvement of fathers. She pointed out that “community mothering” shows the solidarity support networks embedded in kinship as well as in the community at large, where mothers come in diverse modalities beyond the “bloodmother” (p. 55). Indeed, as previous studies showed, shared mothering in Latin America is an established practice where women living at home or in close proximity may bear children, work and/or share mothering of their siblings with their mothers, grandmothers and other kin (see Byrd, 2014; Cavalcanti et al., 2012; Ferreira Takei et al., 2012; Tenorio & Sampson, 2000).

Yet, as important as it is to establish a background of structural inequalities to demonstrate the oppression and impositions mothers have to respond to across the globe, I argue it is also important to connect with subjectivities in the South, by paying attention to the psychosocial and sociocultural reality of the excluded mother. An exploration of these processes such as meanings, subjectivities and relational dynamics that have an impact on maternal trajectories helps to not homogenise the experiences of non-White mothers. For instance, how would the need to work for survival impact psychological processes in relation to maternal trajectories? If women have to help raise kinship or “non-blood” children how do they make use of those relationships when it comes to raising and making sense of their pregnancies, births and embodied mothering? We need to explore these relations further so as not to homogenise mothers from the South. The “romanticisation of research by women with women” (p. 123) as Burman (1994) has highlighted, aligns with the idealisation approach criticised in other feminist research showing that it serves to create a type of “social distance [which] denies the woman the full range of her humanity” (Haaken, 2010, p. 58). Although Haaken’s (2010) critique looks at intimate partner violence, her point transfers into the non-homogenising argument I am making in this section. I propose that through a sociocultural and psychosocial lens, we can better unpack not only the challenges but also the resources enabling the self to be positioned in whatever context that self happens to live. This does not dismiss in any way

the structural lens that women like Alvarez, Chant, Molyneaux, Thomas and many others in Latin America continue to bring into the fight against the vast problem of global unequal gender divisions, affecting women across the globe's peripheries (for a review, see Chant & McIlwaine, 2016; Chant, Klett-Davies & Ramalho, 2017).

But by locating "different" ways of knowing and experiencing, we acquire evidence to continue questioning structures of domination, by demonstrating how the majority of the world lives. This study aims to place Colombian mothers from the urban periphery at the centre of the analysis, by acknowledging the macro-social disadvantage they endure but by focusing on everyday life, as people are not unidimensional and have a richness of resources and relations that reflect the heterogeneity of their lifeworlds. As I come from a sociocultural psychology background, in this thesis I combine its relevant concepts with feminist and psychosocial approaches (as I have outlined in this chapter) to explore subjectivities. This enables the research to place mothers on a more equitable platform, which does not problematise difference. By drawing attention to the psychosocial experience, I can investigate how these mothers go through processes that many other transitioning mothers live, across both the Global South and North. Ambivalent psychosocial (Parker, 1995/2005, 1997) and resignification processes (Villalobos Valencia, 2014) are impacted by social and structural conditions but still reveal intrapsychically and intersubjectively affective dimensions in ways that cannot be externalised and reduced merely to oppression. Subjectivities are framed within heteronormative representations and discourses (Collins, 2015; Phoenix & Seu, 2013) but if we aim to give women from the Latin American periphery a place (Harcourt & Escobar, 2005), a step forward is to recognise their psychological subjectivities in transformative life processes such as becoming a mother. After all, despite structural oppression, the diverse ways in which motherhood and mothering are shaped may also attest to the ambivalent and messy psychic reconfigurations feminist psychoanalytic authors discuss (see Baraitser, 2006, 2009; Baraister & Noack, 2007; Hollway, 2001; Lawler, 2000; Raphael-Leff, 2010; Stone, 2012). This is applicable to this research because despite the contextual adversity characterising the DAB, it is still an urban area included in the developmental transition that Colombia is undergoing as an upper-middle income country, particularly reflected in its efforts towards building a post-conflict era. Research with young people in the District has highlighted that many are interested in having opportunities to access higher education and better job prospects. These are not territories isolated from modernity and globalisation, differing in some ways from the other Latin American areas identified in the evidence presented earlier. Yet, modernity in the country and region, as Briceño-Leon (2007) has pointed out, remains "inconclusive" along the lines of Habermas' modernity project. As such, the current study seeks to unpack the ways in which psychological processes identified by the feminist psychoanalytic

literatures apply to the mothers who participate in the research. In connection to this issue, a sociocultural psychology concept has enabled the integration between psychologies from the North applied to the South. This is termed “psychosocial scaffoldings” and it is the next theoretical notion on which I focus.

2.4. Umbrella Concept: Psychosocial Scaffoldings

A psychosocial and sociocultural study of maternal trajectories can be informed by the concept of psychosocial scaffoldings because it: a) enables the theoretical integration of sociocultural psychology and psychosocial approaches; and b) applies these insights in Latin America, while also lending itself to accommodate a feminist perspective. Empirically, it facilitates the exploration of contextual disadvantage by looking at how it can impact life trajectories and, in turn, identify what resources are available for people to counteract such conditions. To comprehend support structures, Jovchelovitch and Priego-Hernández (2013) highlighted that people in the Brazilian favelas make use of different resources to find alternatives to their harsh realities. Psychosocial scaffoldings are actions and structures of support that hold the self in adverse contexts (Jovchelovitch & Priego-Hernández, 2013). They help individuals who have experienced difficult life trajectories to develop trust and a sense of agency so they can actively connect with society (Jovchelovitch & Priego-Hernández, 2013).

The concept of psychosocial scaffoldings has roots in Vygotsky's social development theory, starting with the zone of proximal development (ZPD) (Vygotsky, 1978, 1986), understood as an intersubjective space of support provided to a child or younger person by a more experienced or capable other to mediate learning (Berk & Winsler, 1995; Holquist, 1990; Rogoff, 1984). Scaffolding is based on Bruner's (1978) extension of Vygotsky's (1980, 1986) ZPD, by identifying what the other can provide for the needs of the self through informal instructional approaches (Bruner, 1978, 1983, 1986; Ninio & Bruner, 1978). Bruner and Vygotsky both emphasised the centrality of bringing in the social world to the child through the other for her overall development. In psychosocial terms, scaffolding provides “the integration of a sense of self, physical and cognitive maturation and the establishment of object-relations [...] to produce a social and psychological agent” (Jovchelovitch & Priego-Hernández, 2013, p. 186). Developments on scaffolding theory as a form of social and emotional learning suggest that the process reflects shared affective spaces (Goldstein, 1999; Goldstein & Freedman, 2003), attesting to how the self goes beyond independent cognitive efforts, giving more prominence to the social and to affective dimensions (Goldstein, 1999; Goldstein & Freedman, 2003). In addition to the developmental tradition, psychosocial scaffoldings integrate an

understanding of the symbolic function following Jovchelovitch's (2007) appreciation of Piaget and Vygotsky's developmental theory and Winnicott's (1969, 1971, 1985) object relations. The affective dimension of the symbolic function mediates all relations (Frosh, 2010; Jovchelovitch, 2007) by "pouring" an emotional register into mediation (Jovchelovitch, 2007). Using scaffoldings from a psychosocial perspective means that "affectivity [...] 'fuels' subjectivity" (Frosh, 2010, p. 123).

Using psychosocial scaffoldings permits thinking across the three interfaces of the research as it first enables the exploration of the symbolic through understanding the intersubjective processes of the emerging mother–baby relation. It also extends subjectivities to expose the intrinsic sociality of the subject, maintaining the sociocultural interdependent tradition where subjectivities are profoundly social (Chodorow, 1989; Jovchelovitch, 2007), which permits unpacking of the community and institutional interfaces. Its applicability provides a "basis for [...] the ability to work with others for transforming their reality" (Jovchelovitch & Priego-Hernández, 2015a, p. 26) which shows its usefulness in capturing maternal trajectories in adverse contexts. Each interface explored in the research illustrates relational and grounded encounters guided by psychosocial scaffoldings to understand how mothers giving birth for the first time experience and make sense of their maternal trajectories from their pregnancy to the baby's first year of life.

Psychosocial, cultural and experiential processes, like any other, do not occur in a bubble. Sociocultural psychology has over decades emphasised that context matters and in the community of mothers living in the DAB, the adverse environment of poverty, social exclusion and violence, impacts the maternal experience in manifold ways. The pivotal role of the other (see Jovchelovitch, 2007) in providing practical, social and emotional support is thus likely to be central to illustrate maternal trajectories. On top of relational and contextual challenges, we know from the maternal feminist literature that mothers regardless of their backgrounds find the maternal transitioning difficult, given the reconfiguration and "psychic messiness" it entails (see Baraitser, 2006, 2009; Baraister & Noack, 2007; Hollway, 2001; Lawler, 2000; Raphael-Leff, 2010; Stone, 2012). When women live in tough conditions, the emotional impact of mothering can present additional challenges to mediate adversity in the context of scattered, fractured families that suffer from violence (Bassin et al., 1994; Featherstone, 1997; Scheper-Hughes, 1992). Yet, it can also be experienced as *less challenging* according to the specificities of context, given the resourcefulness or resilience (Ungar, 2004, 2012) of having had to face poverty or adversity on the one hand (see Jackson, 2014; O'Reilly, 2010, 2014), or of sharing supportive cultural practices on the other (see Glenn, 1994; O'Reilly, 2010, 2014; Tenorio & Sampson, 2002; Tenorio, 2012). As I outlined in the previous chapter, the DAB encompasses a contradictory landscape of violence and sociability.

Psychosocial scaffoldings serve to explore its contradictions and can help the research understand support structures found in different interfaces and dimensions. Yet, the concept's remit, as it has so far been outlined (see Jovchelovitch & Priego-Hernández, 2013, 2015b), does not focus on the meeting of knowledge systems in the lifeworld of the barrios, particularly when encounters between community and mainstream knowledge in the public sphere meet. In the next section, I present a notion that instead helps to unravel knowledge dynamics.

2.5. A Social Representational Lens to Knowledge Encounters

In addition to maternal intersubjectivity and ambivalence, intergenerational dynamics through a lens of difference and psychosocial scaffoldings, the research is informed by the concept of knowledge encounters developed by Jovchelovitch (2007) to understand the community–institutions interface. Knowledge encounters are shaped by Jovchelovitch's (2007) interpretation of social representation theory (hereafter SRT) (Marková, 2003; Moscovici, 1961/2008, 1984, 2000) and Benjamin's (1994) psychology of domination. I introduced Benjamin's work earlier in this chapter (Section 2.2.1) because it fundamentally informs maternal intersubjectivity. Thus, I will proceed by introducing SRT.

As a branch of sociological forms of social psychology (Farr, 1991, 1996), SRT is a theory of social knowledge developed by Serge Moscovici exploring how social objects are constructed, understood and transformed in a given community or social milieu to enable interaction and communication (Moscovici, 1961/2008, 1984, 2000). SRT explores how knowledges, identities, interactions and practices are expressed, internalised and changed through forms of communication, emanating from different spaces of awareness (Farr, 1987; Jodelet, 1991; Jovchelovitch, 2007; Duveen, 1993; Moscovici 1961/2008, 1984, 1998, 2000; Sammut, Andreouli, Gaskell, & Valsiner, 2015; Wagner, Duveen, Farr, Jovchelovitch, Lorenzi-Cioldi, Marková, & Rose, 1999). It is in this sense that we can gather what social representations "do": they make communication easier by translating the meaning of a social object, which can then be classified, solidifying knowledge (i.e., enabling simplification to ease shared understandings and communication). Key to this are the processes of anchoring and objectifying, which follow the principles of Piaget's accommodation and assimilation. Moscovici (1984) describes them as the ways in which people make the unfamiliar object, a familiar one, i.e., associating an unknown object with one that already makes sense to people.

But SRT is also equipped to explore the tensions that propel change (Marková, 2003). If we take Berger and Luckmann's (1966) sociological lens, knowledge is continually being produced from human activity, in interactions and experiences which systematise and change the meaning of objects in a given social reality, which are then internalised as a subjective reality, shaping the

subject constantly in an iterative, reciprocal and interdependent dynamic. From a similar standpoint, Ivana Marková transporting the basic tenets from Mikhail Bakhtin's dialogism has led the "dialogical turn" in the SRT tradition (Marková, 2000, 2003, 2007, 2016). Within dialogical approaches, there are variations in the conceptualisation and application of the principles of dialogism (see Linell, 2009; Marková, 2016), which are in themselves rooted in interdisciplinary and transdisciplinary branches of knowledge (i.e., literary critical theory, linguistics, psychology). In general terms, these approaches weave theories of self, social development and dialogue. From the perspective of self, the interactional self-other of the "I-me" goes back to ancestors such as William James and G.H. Mead. From social development, the Vygotskian semiotic mediation lens is applied to understand intrapsychic and inter-psychological processes (see Valsiner & Rosa, 2007; Valsiner, 2007). Marková (2000; 2003; 2007) postulates that Moscovici's basic triangle of mediation subject-other-object or the "Ego-Alter-Object" is constantly reshaping each of its constitutive elements in an interdependent manner. In Marková's words, "the construction of knowledge can be represented as a dynamic semiotic triangle and the change of knowledge can be represented in terms of three-step processes" (Marková, 2000, p. 419). Throughout her dialogical approach we see the proposition that in a dialogical epistemology, interdependence is assumed as an "irreducible unit" in the triangle (Marková, 2000, 2003, 2007, 2016). This points out that human symbolic functions are all embedded and relate to each other (Marková, 2000). Jodelet's (1991) seminal study explored the symbolic function highlighting the difference between what people say and what they actually do. It was tapping into this dimension that allowed her to elucidate representations through practices of exclusion enacted by a rural French community. In her study, the community was symbolically separating from the mentally ill patients they had been asked to host and help reintegrate into society. Her understanding of the symbolic element of social representations made evident the different modalities of meaning found in communication: from verbal to non-verbal, from the conscious to unconscious, which together reveal the closeness and distancing of relational encounters between social groups.

To this end, Jovchelovitch (2007) argued that knowledge encounters serve to unpack the different knowledge systems embedded in Schutz's (1973) concept of the lifeworld, which contains a system of meanings, practices and values, building a background in which communication occurs mediated by the object, from the material to the symbolic. Jovchelovitch (2007) defined knowledge encounters as: "the meeting of two or more representational systems, expressing different subjective, intersubjective and objective worlds" (Jovchelovitch, 2007, p. 127). The concept first serves to explore the sociocultural background that people assume to inform their interactions and practices, displaying the conditions of specific lifeworlds (Schutz, 1973). It then unpacks how

background knowledges enable communication in different dimensions. Within a spectrum, Jovchelovitch (2007) following Marková's SRT-dialogical connection, depicted (mainly) dialogical and non-dialogical encounters. In dialogical encounters, there is a space for co-building hybrid and pluralistic representations. In contrast, non-dialogical encounters focus on hierarchies of knowledges based on power relations and access, where the validity of knowledges is established by the dominant group(s). People embody and bring different representations and positionings, which in turn enact asymmetrical relations in the encounter from self-other, to self-object, to other-object and back.

Taking Benjamin's (1994) intersubjective analysis of domination and recognition, Jovchelovitch (2007) discussed how knowledge encounters become the arena where tensions from the self-other-object get played out either as a form of domination, denying the subjectivity of the other (non-dialogical encounter, e.g., the Spanish domination of Amerindians) or enable mutual recognition (dialogical encounter, co-production of knowledge in Fals Borda's participatory action research, commonly known as PAR). The latter, as in the case of PAR, requires perspective taking and decentring from all actors involved (Aveling & Jovchelovitch, 2014). It is complex and contradictory, where Nolas (2014) has pointed out its "messiness" often remains underreported in community health projects. This largely stems from (though not exclusively given its complexity) the need for the knowledge of the other to be recognised as valid, but representations, identity positionings and intentions, as well as the power dynamics at play, permeate and shape this possibility. Therefore, knowledge encounters as a conceptual tool informed by SRT serve to unravel tensions in communication. Yet, tensions can also act as a driving force to resolve conflict; ruptures can drive dialogical change (Marková, 2000; Zittoun, 2006; Valsiner, 2018b). Knowledge encounters can trigger ruptures for people, communities and/or institutions and have the potential to drive engagement in joint action towards a project (Bauer & Gaskell, 1999; Aveling & Jovchelovitch, 2014). As a theoretical concept, knowledge encounters has been further unpacked by mapping its outcomes using Moscovici's (1961/2008) cognitive polyphasia (Jovchelovitch & Priego-Hernández, 2015b). Cognitive polyphasia, as originally defined, depicts the human capacity to integrate different modes of thinking and representing which are contradictory (i.e., science and spiritual beliefs is a common example) (Moscovici, 1961/2008). This is pertinent to this study as it enables grasping the ways in which people adapt knowledges depending on spaces (family, community, institution) and power dynamics in the interactions enacted in different spaces. As Briceño-Leon (2007) argued, Colombia is in a process of developmental transition and, as such, its people enact hybrid ways in which they accommodate different knowledge systems. In this study, knowledge encounters serve to

understand how the meeting of community knowledges with health policy impacts the maternal experience.

2.6. Research Questions

The topic and theoretical concepts presented previously describe dimensions of mothering in relation to non-normative modalities situated in adverse contexts. First, representations of motherhood often conceal the psychosocial process that mothers experience in the maternal becoming in peripheries of the South. I thus seek to foreground the subjectivity of the excluded mother in the periphery while unfolding the mother–baby relation. This is guided by Benjamin’s intersubjectivity and Parker’s maternal ambivalence. Then, I expand this framing by including intergenerational dynamics, viewed from a lens that also aims to render visible ways of doing mothering away from the centre of heteronormativity. This framing is illuminated by Chodorow’s mother–daughter dynamics. I also draw on psychosocial evidence, as well as research from the Latin American periphery to expand views on maternal practices and dynamics. Finally, to explore support structures in context, two sociocultural psychology concepts connect mothering with contextual disadvantage in the lifeworld of the DAB. They are: psychosocial scaffoldings and knowledge encounters. Together, these perspectives are applied to explore the main question I seek to answer: *How do first-time mothers who are living in a Colombian adverse context transition into mothering? What are the challenges faced by first-time mothers in such contexts, and what types of support are in turn available to them?* In order to unpack this in three empirical studies, I ask the following specific questions:

1. How is the maternal “becoming” experienced from: a) the reception and trajectory of the pregnancy to then recount b) the experiential reality of becoming a mother in the first months of infancy?
2. How do mothers make use of psychosocial resources to adapt their mothering in a context of violence and sociability?
3. In what ways does health provision support or contest the maternal experience?

2.7. Summary and Conclusions

This chapter outlined the theoretical frameworks guiding the research in relation to the psychosocial and sociocultural dimensions of maternal trajectories in contexts of adversity. The questions I set out to answer address the problem of mothering in relation to age and contextual adversity. This

sheds light onto the value of considering the emerging mother–baby relationship, as it expands psychological notions of the individual self into the intersubjective field. Given that the research explores maternal dynamics under contextual disadvantage, it offers ways to integrate maternal relations by extending into the sociality of kinship, community and local institutions. To this end, it connects the maternal position with psychosocial scaffoldings. The sociocultural psychology concept helps investigate the self’s extension by unpacking symbolic, intersubjective, cultural and practical dimensions of mothering. Theoretical platforms from feminist psychoanalytic, psychosocial, sociocultural and Global South streams facilitate understanding of maternal trajectories. Dialoguing with sister disciplines from sociocultural psychology provides an understanding of psychosocial, intergenerational and cultural dynamics to locate maternal trajectories in the Global South. Psychoanalytically informed approaches explore the complexity of intrapsychic, interpersonal and symbolic dimensions centring on affect. On the topic of motherhood and mothering, they have been largely informed by feminist insights, which have been calling for recognition of the mother so she can speak from her own maternal place. I argue that sociocultural psychology is well placed to continue extending these formulations by situating them in the cultural sphere, continuing to extend its global programme of research with mothers who speak from the South. The theoretical integration is consistent with the research’s epistemological interdependent underpinning and provides a useful excavation of the phenomenon in three interfaces: from microgenetic interactions in the family to the community and local institutions.

CHAPTER 3

The Research:

Design and Methods

“Research is not a process of uncovering (even relative) ‘truths’ about people, but rather exposes the ways in which subjects are positioned by the theoretical structures used [...] to understand them”. (Frosh, 2010, p. 210)

Following the theoretical framework, the current chapter presents a reflexive approach to the design and methods, in line with the above quotation from Frosh (2010) to demystify the quest for “truth”. I recognise that what I have produced in this document presents a fragment of local maternal trajectories, guided by a set of theories and methods that by default construct and represent the data I collected in particular ways. Against this background, I outline the qualitative design and methodology, comprising a pre-birth (T1) and post-birth (T2) longitudinal qualitative design. The data elicitation methods include interviews and focus groups (FGs), as well as field notes to help set the contextual background. Semi-open in-depth interviews were conducted with pregnant women, who then became mothers, as well as with grandmothers (known as *mamitas*). The interviews gave women the opportunity to discuss what was relevant for them while still keeping central questions I sought to answer. FGs with pregnant women, mothers and *mamitas* enabled tapping into community knowledges, representations and practices to gather the lifeworld of the District. Interviews with stakeholders investigated the local health provision and the institution–community relation from the institutional perspective. Field observations notes were taken daily as context-setting methods to help with my researcher’s positioning and to further contextualise the verbal reports. Combining these elicitation methods meant I could gather subjective, group-based and institutional understandings in relation to maternal trajectories in context. For the analysis, I summarise the coding and thematic analysis of the qualitative dataset, which was also informed by a psychosocial reading of the data. To meet the intersubjective and interpretative approach of the thesis, I then present my reflections on my positioning based on fieldwork encounters and beyond. Finally, I end the chapter outlining the ethical approach followed.

3.1. Theoretical Underpinnings

To start this methodology chapter, it is important to address a main epistemological positioning converging in qualitative research, which is the critique on positivism (see Bryman, 2001/2004; Flick, 2007). Addressing this positioning meets the principle of basic coherence in research, where the method adopted is expected to fit with the theoretical frameworks informing the study (Braun & Clarke, 2006). Positivism is generally regarded as centring on cause-effect explanations, with the tendency to reduce phenomena to external objects, based on a “one world” idea (Escobar, 2011) of the autonomous rational individual, emanating from what social science disciplines (from social forms of psychology to anthropology) refer to as the rationalist tradition (see e.g., Clarke, 2009; Farr, 1991, 1996; Escobar, 1995, 2011, 2017, 2018; Frosh, 2003; Gillespie & Zittoun, 2010; Hollway, 1997; Marková, 1982; Redman, 2016). This tradition originates from the Cartesian paradigm, which assumes that things (whether in the environment or the mind) exist before processes (Marková, 1982). In relation to psychology, the Cartesian paradigm has taken the field into the individual study of variables with mechanistic associations (see Farr, 1991, 1996; Gillespie & Zittoun, 2010; Hollway, 1997; Marková, 1982; Redman, 2016). From a Global South perspective, Escobar (1995, 2011, 2017, 2018) argued for the need to consider other forms of knowledges and ontologies, whereby a positivist epistemology with its rationalistic focus fits the patriarchal and modern dominant system of the Global North. Such an epistemology would not be suitable to inform a qualitative psychology study that regards difference and the interpretation of psychological processes as a strength rather than a problem. Instead, a process-based psychology welcomes the exploration of psychological transformation in cultural contexts (Gillespie & Zittoun, 2010) through the use of qualitative methods. By following the principles of a process-based psychology (Gillespie & Zittoun, 2010) and by adopting a reflexive interpretation, I recognise that this thesis is an output of the academic apparatus of knowledge production, where I cannot but acknowledge that as a researcher I am not a passive observer of the object but am an active producer of it (see Jovchelovitch, 2007).

Vygotsky taught us that humans have a mediated relationship with the world and are embedded in a specific historicity, which forms an institutional framework from the family to community and institutions from which people co-produce semiotic systems (see Jovchelovitch, 2007; Moscovici, 2000; Sammut et al., 2015). In this line of thought, the people, communities and institutions that make this study are shaped by their context and are analysed in relation to it because experiences, representations and relational dynamics are not ahistorical, timeless or asocial. Thus, this thesis adopts a design that welcomes the theoretical positions outlined in the previous chapters to inform

it. Each group of people from the sample (pregnant women-mothers, grandmothers/*mamitas* and stakeholders) presents a particular voice for the research to gather diverse perspectives. This in turn provides a more holistic account, which lends itself to capturing the heterogeneity of the lifeworld explored.

3.2. Research Design and Methodology

I followed a qualitative iterative research process made up of different interconnected phases and components, which I describe as a necklace. Theoretical concepts provide points of departure, enabling us to ask informed questions, those questions lead us to ask how we can seek to answer them through a design and methods that fit, which then leads us to data collection. To analyse data we reconnect with theory to explore or “see” (i.e., the infamous “lens”) what the data are saying through a particular line of thinking. The interconnectedness between data and theory constantly opens the necklace to be reassembled as new theory beads emerge or even call for a new necklace, when data insights open up a pathway not previously considered. This is the reiterative process between theory and data that qualitative researchers discuss, which some call a “dynamic dance” (Hesse-Biber & Leavy, 2010). I apply this approach throughout and provide examples in the analysis section (see Section 3.7).

3.2.1. Why qualitative methods?

Given the study’s aim to explore a forging sense of self in context, qualitative methods are well suited (Cornish & Gillespie, 2009). This is in accordance with the established programme of sociocultural (see Bauer & Gaskell, 2000; Valsiner & Rosa, 2007) and psychosocial interpretation (Willig, 2012). The interest is not of meeting “representative” sampling standards generalisable at population level but instead on an in-depth and complex local exploration, for which qualitative methods are ideally suited (Flick, 1998; Gaskell, 2000). This is in line with Cornish and Gillespie’s (2009) proposition, where the aim should entail fitting the method to what the research is trying to find. For that, their pragmatist approach (Cornish & Gillespie, 2009) is a refreshing perspective to use methods as tools, which permits the adaptation of the methods to the project’s object of inquiry and its practical limitations.

The data elicitation methods I apply (interviews and FGs) are based on verbal reporting, which has its limitations, as inevitably it means we gather an edited version of what participants choose to disclose

during the interview encounter. This entails acknowledging the data are a “filtered” version of the social self participants bring to the forefront (Goffman, 1959). Yet for many participants, the interview was the first time they had a space solely dedicated to them, where they were able to verbalise sufferings, tensions, ambivalences and the manifold adaptive ways in which they faced their maternal trajectories. The data collected provide accounts of commonalities through frequent themes, as well as divergences and contradictions. By being able to capture aspects of heterogeneity within individuals as well as their extended sociality, the research shows that verbal reporting remains a relevant and informative method to generate data (Willig, 2012), particularly when it aims to explore psychological processes (Gillespie & Zittoun, 2010). Additionally, a verbal approach pragmatically addresses: a) issues of literacy and discourse that presented themselves in a few of the older participants (i.e., grandmothers/*mamitas*) and; b) allows a more empathetic encounter with mothers and their families by taking into account the ethical and social principles of participatory approaches (Fals Borda & Rahman, 1991; Fals Borda, 2006). This helps address issues of trust and saturation on the one hand, and asymmetrical power hierarchies of more traditional top-down methods on the other. Here the aim was to engage in the act of listening through both my ears and eyes. In the next section I outline the longitudinal design to capture maternal trajectories from pre-birth to post-birth.

3.2.2. Qualitative longitudinal design.

I devised the design to gather the starting of maternal trajectories by interviewing women during the pregnancy phase and then continued by conducting repeat interviews roughly 1 year after childbirth. Authors have argued for the value of qualitative longitudinal design as a way to circumvent the resource-intensive demands of longitudinal projects (Day, 2011), which require at the very minimum two waves of data collection lasting a year (Young, Savola, & Phelps, 1991). By adopting a qualitative longitudinal design, the study was still able to take temporalities in maternal trajectories into account (Holland, Thomson, & Henderson, 2004) with two waves (pregnancy and post-birth). This permitted the research to capture dynamics between expectations, visualising and practical lived realities, connecting the projected with the real. Following Cornish and Gillespie’s (2009) pragmatist approach, the research thus made use of what I considered to be the most appropriate tools to help answer the object of inquiry, within the time and resource limitations of a UK-based doctoral project requiring overseas fieldwork. The design thus enabled an unpacking of maternal trajectories at two data collection points:

- **T1:** to gather the pre-birth expectations and experience in the second or third trimester of pregnancy. This included a pilot to test the suitability of the data elicitation methods.

- **T2:** to recount the birthing moment and the first months of the experiential reality of mothering during the baby's first year. The follow-up at T2 was based on cases from the sample of women interviewed at T1.

3.3. Research Questions

Here I reintroduce the research questions that I seek to answer in the empirical section of the thesis. For Study 1, I ask: *How is the maternal "becoming" experienced from: a) the reception and trajectory of the pregnancy to then recount b) the experiential reality of becoming a mother in the first months of infancy?* In Study 2, I look at: *How do mothers make use of psychosocial resources to adapt their mothering in a context of violence and sociability?* And, finally, in Study 3: *In what ways does health provision support or contest the maternal experience?* Each question is addressed to explore themes in relation to interfaces of the self–other (Study 1), family–community (Study 2) and community–institutions (Study 3). These questions are addressed in the subsequent empirical chapters (Chapters 4–6). I now turn to describe how I accessed the field and I introduce the study's participants.

3.4. Access

The purpose of the study was to focus on the DAB (see Chapter 1), whose residential population can be considered to be "hard to reach" for research purposes. This is partly a result of issues related to trust, saturation and to the adoption of Western top-down approaches with limited regard to their cultures and ways of life (Escobar, 2008). Access to participants was carried out through the ESE (Statutory Social Enterprises) in the *Zona Oriente* (Eastern Zone). The ESE are the local public health service provider for subsidised populations in Colombia (see Section 1.6.). ESEs have been established throughout the city and the *Zona Oriente* has the *Red Oriente* (Eastern network). Figures recorded from 2015–2017 indicate that almost 4,800 (on average) pregnant women access the health service every year (see Section 1.6.). Each pregnant woman is evaluated in terms of her pregnancy risk, has access to antenatal appointments and two ultrasounds. I started building collaboration with the ESE Oriente 6 months before the start of fieldwork, including the ESE president (at the time), the manager, the ethics review team, health practitioners and community representatives. The manager and his team provided invaluable support to the fieldwork at each phase. In fact, the retention levels reached at T2 would not have been possible without their support (see Section 3.5.2). The ESE welcomed the project from its inception and regarded it as beneficial to feed into their overall maternal health programme.

It was agreed with the ESE staff that, where possible, all interviews would be conducted at the ESE network (i.e., at the local hospital or health centres). Data collection in organisational settings shapes data from recruitment to elicitation, which needs to be acknowledged. In the research, this limited the sample as it was reduced to: a) women accessing the health service and attending antenatal appointments, which generally means they were (in principle) receptive of the health institution and; b) women who were willing to participate in the research as volunteers, a standard issue with recruitment. In the field, women mentioned they knew other pregnant women who did not access health provision and remained solely within community care (usually with a traditional birth attendant). I interviewed two traditional birth attendants (*parteras*) and they confirmed that a few women still prefer to stay away from the health institution. I unfortunately excluded women who are not reached by the health services who may experience different trajectories (see limitation in 7.3). However, in my experience of conducting fieldwork in health and community centres in Cali with similar populations I have found that the organisational setting strikes a practical and necessary balance to mitigate any potential ethical risks, ensuring feasibility and, importantly, it gives women a secure confidential setting outside their home. This permits a level of privacy to reveal any issues she may not be able to disclose at home. I discussed this issue with ESE staff and they were in agreement, particularly to protect women who may be experiencing social vulnerability or have family difficulties, including family violence. In the field, I found that having a private quiet room at the hospital or health centres provided a trusted environment where rapport or disclosure permitted them to share sensitive experiences that they could not have provided in their homes. Households are shared across kinship networks, are rarely empty, tend to not be divided into solid separate rooms, and have limited spaces for privacy. The health institution is located throughout the District and women were familiar with the hospital or centres. To facilitate recruitment, the interviews and FGs (where possible) were linked with other appointments to ease access and reduce unnecessary transport costs. It is important for researchers entering the field to be attuned to the particular context and “what works” locally. It was collectively agreed at a planning meeting with ESE staff and community peer mothers that a material “thank you” would be offered to women who agreed to participate in the research. This took the form of refreshments and a token of appreciation for their time (i.e., a small gift for babies and a London souvenir for grandmothers), which fits local customs.

3.5. Participants

About half of the women in the District are heads of households by their own accord. Even in two-headed households, mothering remains highly gendered (Concha-Eastman & Concha, 2014; Hernández et al., 2012). The study only interviewed mothers and grandmothers/their equivalent (known as *mamitas*). In the research, *mamitas* are the mothers of the pregnant women-new mothers (i.e.,

grandmothers of the baby) and were considered central to understand maternal trajectories in this context. As the study started at the pregnancy phase, it collected views of pregnant women-biological mothers only. Biological mothers remain pivotal actors in mothering but are just part of a myriad of ways in which mothering is practiced beyond embodiment and birth (see O'Reilly, 2010, 2014; Glenn, Chang, & Forcey, 1994). In addition to mothers, the study interviewed stakeholders working in the public sector and/or with the community. Given the study's location and the practicalities of getting access through the ESE network, an agreed recruitment criteria with the ESE's ethics team consisted of:

Pregnant women-mothers and *mamitas*

- **Location:** women living in the DAB.
- **Social class:** SISBEN's classification 1–3³.
- **Ethnicity:** women from Afro-Colombian and "Mestizo"⁴ backgrounds, given that these are the main ethnic Colombian communities found in the District.
- **Language:** all data were collected in Spanish, the main language spoken in Colombia. Local idioms and other discursive factors were understood as I share participants' national and (in some respects) cultural background (see Section 3.10. on reflexivity).
- **Pregnant women:** aged 16 or over⁵ with no likelihood for the unborn child to be placed under adoption or identified as "at risk" of being placed into welfare care at the Colombian Institute for Family Welfare (ICBF)⁶.
- **'*mamitas*' (Grandmothers⁷/equivalent):** no age limit.

Stakeholders

- Public sector professionals working in the ESE local health system or in the area.
- Community stakeholders working or supporting local pregnant women and mothers.

3.5.1. Participants at Time 1.

The participants for the research at T1 were 49 pregnant women, 21 grandmothers and eight stakeholders. It was based on 42 visits to the District during a 2-month period. Thirty-five pregnant

³ SISBEN is the Colombian social classification system that determines which citizens have recourse to public funds and social programmes (Alcaldía del Municipio de Santiago de Cali, 2015).

⁴ The *Mestizo* ethnic background derives from the sociohistorical context of the country; it means a "mix" of various modalities among Indigenous Amerindians, African, Caribbean and Spanish descendants.

⁵ For ethical purposes following the LSE's ethics review board, the lower age limit was agreed to be 16.

⁶ This study's remit is to look at how women become mothers by experiencing mothering with their babies, captured up to 1 year of the child's life. As such, it was outside its scope to interview "birth mothers", women who give birth but do not live or remain directly involved in mothering the child.

⁷ Grandmothers, known as *mamitas*, are the grandmothers of the baby (i.e., the mothers of the pregnant women).

women were interviewed individually and an additional 14 participated in FGs. At recruitment, I requested some of the 35 women from the interviews (a subsample of $n=15$) if I could also interview their mothers (who were in turn individually interviewed afterwards, usually on the day). The remaining pregnant women ($n=20$) came to the interview on their own. In addition, three FGs were conducted: two FGs with 14 pregnant women in total and one FG with eight *mamitas*. Particularly in relation to the 15 pairs of pregnant women and *mamitas*, I was able to explore their intersubjective dynamics. This gave the analysis a dynamic way of presenting themes, enabling a dialogue among the data even though each woman was interviewed *separately*. The allocation of participants to interviews or focus groups is summarised in Table 3.1.

The profile of the pregnant women (n=35): maps the local demographics, where about two thirds were aged between 16 and 20 years old. Three pregnancies were planned out of the 35. Three were in the second trimester of pregnancy, the rest were in the third trimester. In terms of their educational status, almost half had coursed some secondary school but were no longer enrolled and about a third were coursing a higher education (HE) technical course, mostly on an NVQ level 1/level 2 (UK equivalent) on infant and early years child care or other technical training. One had graduated from a baking course to run a home-based bakery. This was the highest level of education found in the sample. Women came from a mix of Afro-Colombian and mixed indigenous backgrounds. Age and educational status are interrelated. Women from the in the 21-24 year group were more likely to have graduated from secondary school and be coursing a HE technical module. For individual profiles see Appendix A.

The profile of the grandmothers/mamitas (n=15): almost three quarters were 44 years old or younger, reflecting an age-related circularity of the intergenerational mothering story. Thirteen were the mothers of the pregnant women, one was a sister in law, two were their grandmother (so would be the great-grandmother of the baby). Out of the mothers, none had a higher educational course but many had coursed some years in secondary school. The sister in law (who was 32 years old) had finished a HE technical course. They also came from a mix of Afro-Colombian and mixed indigenous (mestizo) backgrounds. For individual profiles see Appendix A.

Table 3.1: Participants and methods at Time 1

Time 1		
Individual interviews with pregnant women (n=35)		
<ul style="list-style-type: none"> Duration: between 25 and 70 minutes 		
Individual interviews with <i>mamitas</i> (n=15)		
<ul style="list-style-type: none"> Duration: between 45 and 120 minutes 		
Focus groups (n=3)		
<ul style="list-style-type: none"> Focus groups with pregnant women, <i>n</i>=2 Duration 90–120 minutes 		
	Age groups	Participants
FG1	16–29	8
FG2	16–24	6
<ul style="list-style-type: none"> Focus groups with <i>mamitas</i>, <i>n</i>=1 Duration 130 minutes 		
	Age group	Participants
FG3	50–80	8
Individual or paired interviews with stakeholders (n=8)		
<ul style="list-style-type: none"> Community and public stakeholders Duration: 60–110 minutes <ul style="list-style-type: none"> 3 Professional medical staff 2 Community peer mothers 2 Community traditional birth attendants 1 Psychologist working in the District 		
Background observations and discussions		
<ul style="list-style-type: none"> Observations and informal/formal discussions: <ul style="list-style-type: none"> at the local hospital and a health centre debrief and planning meetings with health staff informal discussions with health and medical staff Observations and informal discussions: <ul style="list-style-type: none"> at households and the community 		

At prenatal visits, women are asked to provide a mobile number and a landline, particularly when they miss appointments or if they require special care for any health risks. I thus liaised with health practitioners to “keep in touch” with women from the research through mobile phones. At T1, I directly informed them of the second wave of interviewing and asked for their consent to return a year later. All women agreed and gave me additional contact details, which facilitated retention, although given that some were suffering from various social vulnerabilities and the area houses a mobile and transient population, attrition rates were expected.

3.5.2. Participants at Time 2.

Participants at T2 included 31 new mothers, 12 *mamitas*/equivalent and nine stakeholders. The achieved sample at T2 was based on 30 visits to the field during a 2-month period, 1 year after T1. Two group discussions with new mothers were conducted at the local hospital or health centres: one mini group (MG), $n=4$ and one FG, $n=6$. I conducted 21 individual interviews with new mothers and 12 with *mamitas*. Out of the individual interviews I conducted four took place at households, the remaining interviews were held at the hospital or health centres. The communication established in T1 enabled the participant retention achieved at T2. Given the evidence about the challenges of maintaining contact with “hard-to-reach” populations particularly in peripheral settings (Bonevski et al., 2014) and considering the retention difficulties that stakeholders report, I consider a satisfactory level was achieved in T2. To plan for the second wave, I relistened to all the recordings and carried copies of the transcriptions on my return. I took summaries of each interview and my previous notes to the field. These summaries helped maintain engagement and were a good way to connect the participants’ experience back to the previous wave. Details in relation to retention levels are listed below, followed by a table outlining additional details about participants and the procedure at T2 (see Table 3.2).

Individual interviews with new mothers ($n=21$) achieving a 60% retention from the original 35 interviewed at T1. The reasons for not obtaining interviews with the fourteen missing were: five could not be reached or recontacted; four missed the first couple of appointments and did not show up or were unavailable for a final rescheduling; and the rest were not present when I attempted home visits that had been previously agreed after various attempts at rescheduling. After these efforts, I either had no time left in the field or felt that by the fourth to fifth absence the women were indicating they were unable or not interested in returning and I decided to respect their response. One mother worked extremely long hours (7 a.m. to 10 p.m.), could not take time off work and indicated she was not available at other timings. I could not stay during the evening at the health facilities and could not meet her at home during the night as stakeholders recommended I should leave the area by 8 p.m. given a

heightened exposure to risk. It became apparent that a few of the mothers that returned did so because of the *mamitas*.

Individual interviews with 'mamitas'/equivalent (n=12) achieving an 80% retention rate based on the 15 interviewed in T1. The reasons for not obtaining interviews with the remaining three included: one had moved back to the Pacific coast, one was recovering in a central hospital from a delicate operation and the other one could not be contacted.

One FG (n=6) and one MG (n=4) with new mothers. The MG had to be conducted as three participants were no shows.

Interviews with stakeholders (n=9): four '*madres fami*' (community peer mothers), three health staff and two community psychologists.

Table 3.2: Participants and methods at Time 2

Time 2											
Individual interviews with new mothers (n=21)											
<ul style="list-style-type: none"> Duration: between 30 and 80 minutes 											
Individual interviews with <i>mamitas</i> (n=12)											
<ul style="list-style-type: none"> Duration: between 55 and 100 minutes 											
Focus and mini groups with new mothers (n=2)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Age groups</th> <th style="width: 50%;">Participants</th> </tr> </thead> <tbody> <tr> <td>FG1</td> <td>16–30</td> <td>6</td> </tr> <tr> <td>MG1</td> <td>16–22</td> <td>4</td> </tr> </tbody> </table>				Age groups	Participants	FG1	16–30	6	MG1	16–22	4
	Age groups	Participants									
FG1	16–30	6									
MG1	16–22	4									
<ul style="list-style-type: none"> Duration 90–130 minutes 											
Individual or paired interviews with stakeholders (n=9)											
<ul style="list-style-type: none"> Community and public stakeholders <ul style="list-style-type: none"> 2 Health staff 1 Managerial staff 4 Community peer mothers 2 Psychologist working in the District Duration: 50–90 minutes 											
Background observations and discussions											
<ul style="list-style-type: none"> Conducted at households and in the barrios (new mothers and <i>mamitas</i>/equivalent) Conducted at the local hospital and three health centres (stakeholders) Debrief and planning meetings with health staff Informal discussions with health staff and psychologists 											

3.6. Methods

3.6.1. Individual interviews with pregnant women-mothers and *mamitas*.

The interview protocol permitted a degree of flexibility to enable participants to voice issues that were important and relevant to them. A semi-open guide was developed to accommodate this approach. It was open enough to allow grounded modalities to emerge so that women could discuss what mattered to them about their positionings, perspectives, experiences and emotions in their maternal trajectories and relational dynamics but with enough questions to keep me focussed and help me with participants that were less talkative. My purpose was to not saturate the interview guide with many questions and probes, which are more common in semi-structured interviews. The guide was divided in five parts: 1) the pregnancy (pregnancy experience and changes); 2) childbirth (views and perspectives); 3) relational dynamics (household, family and the baby's father); 4) the community context (life in the neighbourhood); and 5) health provision (experience with the health institution). Each section included a few questions, starting with: *How has your experience about the pregnancy been so far?* The rest of the questions are included in the interview guide found in Appendix C. In T2, I followed the same approach to collect their experiential reality of mothering. The guide was divided into four parts: 1) the birth experience (experience compared to expectations); 2) post-birth and mothering; 3) relational dynamics (changes in household, family and the baby's father); and 4) health provision. The T2 interviews started with: *Tell me how was the birth? How was that experience for you?* (see Appendix D). The interview guide with the *mamitas* at both waves explored the same sections, except part one at T1, which focused more on their mothering experience (see Appendix C and D). Having the flexibility of a semi-open interview guide enabled me to let *mamitas* express what was valuable to them, which ended up covering large sections of their life trajectory. For instance, many chose to talk about their intimate partner and family relations at length, including issues they experienced in the past or current conflicts.

Mother-mamita pairs (separate interviews): the pregnant women and the *mamitas* were each interviewed separately, usually one after the other. I considered this would be a better approach than conducting a paired interview, allowing each woman to provide her perspective on their relationship and on mothering. Many discussed psychological and relational aspects that would have been potentially difficult to disclose if the other had been present. Gathering qualitative data from two social actors aligns with dialogical (Marková, 2000, 2003, 2017) and psychosocial (Hollway, 2015; Elliot et al., 2009) approaches where the maternal experience can be regarded from an intergenerational lens and still produce a subjective consideration of each maternal positioning in its own right.

- **Projective techniques: vignette**

In order to facilitate the symbolic and relational aspects of the research in the interviews, I used a projective technique as a complementary tool to the interviews at T1. Projective techniques are a validated qualitative method to explore subjective, less rational beliefs and emotions that people spontaneously associate with important concepts or situations affecting their lives (Gervais, 2007; ETHNOS, 2004, 2008). Based on psychoanalytic principles, the projective technique fits the research design in accordance with the theoretical approach. Vignettes are a particular technique where a hypothetical scenario is read out depicting a situation relevant to the research themes (Gervais, 2007). They allow respondents to distance themselves from the situation under investigation (Gervais, 2007; ETHNOS, 2004, 2008). They are useful to tap into different levels of awareness where people can project into the object their own representations, emotions or attitudes. They reduce disclosure, by allowing people to externalise their own experience without attributing it directly to themselves, and they provide a starting point to build on either their own narrative or by association. In the field, using the vignette allowed a few women to either distance themselves from the situation or to concretise their experience, which for a few of the younger ones, opened up the route for verbalising their own dynamic at T1. When I returned at T2, a year had passed and we had a lot to cover within the limited timeframe of the interview. Thus, although the vignette was a useful tool in the first wave, I did not consider it would particularly aid the discussion at T2 because the women were open about their trajectories in ways that I did not anticipate the first time. Thus, I only used the vignette at T1.

I drafted an initial version of the vignette, which was then revised based on discussions with my thesis committee and peers. The feedback I received suggested adopting a more open approach to let it “come out” of the field. I revised the text accordingly and to strengthen the relevance of the revised version, I conducted an exercise based on a “think aloud” protocol (Duncker, 1926; Ericsson & Simon, 1980, 1993; Fox, Ericsson, & Best, 2011) in informal post-interview pilot discussions with pregnant women at T1. “Think aloud” protocols were developed by Ericsson and Simon (1980) to capture participants’ verbal accounts of their own thought processes, usually when interacting or examining an object (see Duncker, 1926; Ericsson & Simon, 1980, 1993; Fox et al., 2011). They help ensure relevance, a double comprehension from the researcher–participant relationship, and avoid cultural inaccuracies and insensitivities in interpretation (see Personal Finance Research Centre, 2005). Carrying out this exercise strengthened the relevance of the narrative and grounded it to the familial reality of the community. The vignette was then discussed with two local psychology practitioners who supported the fieldwork. The final version became more open, not presenting a particular dilemma or narrating a social event,

allowing the exploration of perceptions, expectations and experience of pregnancy and care, as well as the mother–daughter relational dynamic. Figures 3.1 and 3.2 below show the draft and revised versions of the vignette.

Angela Maria is 20-years old and has a baby. She lives in the Comuna 14, by “Charco Azul” with her mother and her sister. Her baby has been ill all week. On the Sunday they all get prepared to go to her aunt’s birthday in a house nearby. After the usual greetings Angela Maria and her mother sit in two empty “Rimax” white chairs next to her aunt and the aunts-in-law. Her sister goes to talk with the other cousins. Angela Maria places her baby in her lap. After about an hour many people start dancing outside the house, including her sister. Angela Maria realises that it is time to feed her baby some milk. At the same time one of the men asks Angela Maria to dance. As she gets up her baby starts crying and her mother...

Figure 3.1: Draft example of the vignette (Time 1)

Ángela María is expecting her first child, her due date is approaching. She lives with her mother and her two little brothers. Today Ángela María just had a fight with her mother. Her mother insists that she has to be careful with “el niño” [the unborn child].

Figure 3.2: Final version of the vignette (Time 1)

3.6.2. Focus groups and mini groups.

For clarification purposes, the women who took part in the FGs and MGs at both waves did not take part in the individual interviews. In their classic definition in sociocultural psychology, FGs are an appropriate method to explore attitudes, community representations, practices and interactions (Bauer & Gaskell, 2000). They provide the emergence of a forum with people who may be more comfortable responding to verbal rather than written questions (Gettleman and Winkleby, 2000). They allow access to a group and community level of analysis (Bauer & Gaskell, 2000) that helps address, in particular, questions around the community, which inform Study 2. Although I aimed to conduct only FGs, at T2 I had three no-shows, which meant I conducted a group with four participants, commonly accepted as a MG. In relation to group dynamics, Marková and colleagues (2007) highlighted that a group discussion (whether “focused” or not) reflects and develops a context in itself. That is, there is an “external framing” (p. 73) depending on where the discussion takes place, which in turn informs and produces interactional dynamics, an “internal framing” (p. 73), reflecting the dialogue and positionings that are actioned. It is thus important to recognise that FGs rely on interactional group dynamics and positionings, following

their own “internal framing” (Marková, Linell, Grossen & Salazar Orvig et al., 2007, p. 73). This presents a double-edged sword as, depending on the “external framing”, more vocal members exert domination in the discourse that is produced, which can silence other perspectives. It lies within the remit of the moderator to gather all participants’ views and of the recruiter to try as much as possible to not recruit people who would exacerbate the inequalities of social life in the group. Yet, demographics are not the only factors framing asymmetries in communication. Personal qualities do come into play when some people are more on the extrovert dimension or feel more at ease in sharing views or different opinions in groups. In principle, these issues cannot be fully diverted. In my case, the women formed a relatively homogenous group: first-time biological mothers living in the District who are accessing the public health service for antenatal and postnatal care. However, in one of the groups two women exerted their dominant positioning in terms of their social class and language skills, which despite my efforts meant that one pregnant woman who was a relatively new arrival to the DAB from a rural area expressed very little of her views. In the rest of the FGs and the MG, women felt comfortable enough with each other, despite educational, cultural, racial and social differences they were able to connect through their maternal commonality, voicing different perspectives, and producing enriching discussions. Locating how “external and internal framings” interact in the Latin American region, Marková and colleagues’ (2007) argument connects with Jovchelovitch’s (2004) point that groups may not be best suited to conducting interviews with indigenous and older community members in Latin America. She highlights that particularly Amerindian communities, given the history of colonisation and how their cultural ways of life have survived in spite of colonisation, might not be open to disclose sensitive topics to outsiders. This issue has been corroborated by Guimarães’ (2011, 2017) work in Brazil. Although this applies in Latin American research with Amerindian communities, in my study the women were from Afro-Colombian and mixed indigenous backgrounds and none came directly from “*resguardos*” (Amerindian protected territories). In relation to age, many *mamitas* were young and out of the few who were 55 or older, no issues of limited openness appeared. Most of the women were grateful for the discussions and suggested similar activities should be carried out for pregnant women, new mothers and *mamitas* (who are usually not included).

The content I explored in the FGs emanated from the individual interview guide because the FGs were carried out towards the end of the fieldwork. The FG guide was divided into parts similar to those for the interviews but with less emphasis on the subjective experience and relational dynamics; instead, the FG guide concentrated on community knowledges and practices in order to address the third research question (see Section 3.3). It was thus divided into three parts: 1) pregnancy and childbirth (experience, views and perspectives); 2) the community context (mapping the DAB, representations, practices and

daily life in the neighbourhood, focusing on unpacking its contradictory landscape); and 3) health resources (experience with the health institution). Questions focused on the community, asking: *how long have you been living here? What is life like in the community? How would you describe your neighbourhood to someone who has never been there before?* (see Appendix C).

3.6.3. Individual and paired interviews with stakeholders.

Interviewing local professionals and community leaders provided elements and experiences from a different perspective. This particularly enabled the study to address the third research question looking at how the local health institution relates to the community (see Study 3). The aim of interviewing stakeholders was twofold: a) to gather the institutional perspective on local mothers and provision and; b) to collect experiential knowledge of the profile and lifeworld of the community to better inform the fieldwork. Interviews were conducted in their pertaining offices or at meeting rooms at the local hospital. The interview schedule was semi-structured as I had specific questions to gather from stakeholders but I adapted questions to fit the role and experience of the stakeholder(s). The topics included: 1) description of their the role and organisation; 2) knowledge and perceptions of the profile of local pregnant women and mothers (including barriers to access services); 3) knowledge and experience of their delivery work; 4) discuss practical fieldwork issues (where relevant) and; 5) suggestions and recommendations (see Appendix C).

3.6.4. Background observations of family, community and institutional life.

Apart from filling in fieldwork diaries daily (see Section 3.10. reflexivity), background observations included informal discussions at the local hospital and at health centres, participating in debrief and planning meetings with health staff (i.e., to discuss access, room bookings and general liaising with health practitioners working with the community). In addition, I conducted observations at the hospital and health centres of prenatal and postnatal workshops delivered by the health system and by *Madres Fami* (peer mothers as part of the “*Cero a Siempre*” national strategy on ECD). I carried out informal discussions at households and at community events, such as ceremonies of “el baby choiwer” (baby shower), a youth play, a graduation ceremony, salsa dancing shows and organic street parties, and of the general quotidian life in the barrios. Observations collected through field notes were used as background to feed into the formal data sources (for an example taken from a day during the T2 wave see Appendix D). They allowed me to access relational aspects of interaction and practices related to symbolic, non-verbal practices and meanings (see Jodelet, 1991) that may

not have been verbalised in the transcribed data. Ethnographic approaches call for researchers to soak ourselves as much as we can into the daily community and family activities that make people's lifeworlds, what Geertz (1973) famously coined as "thick description". I went every day to the DAB, arriving between 08:00 and 08:30 (the usual start to working week in Colombia is 8:00am) and stayed until the evening. This helped inform the background of: a) how the maternal experience takes place in practice through mothers' interactions with their babies and families and; b) how the health institution worked in practice. However, given limited resources and other practicalities I could not extend my fieldwork for many months to conduct ethnography (Hammersley & Atkinson, 2007). I consider it would have enriched the project if I had had more time to spend and dedicate to the women and the health staff that made the project possible. Yet, given time constraints and other commitments, this was not feasible.

3.7. Data Analysis: Thematic Analysis

Despite the recognition of a researcher's subjectivity in research, there are established and robust processes and indicators to support the analysis of qualitative data. In this section, I describe the step-by-step process I followed during the analysis. To start, all interviews and group discussions were digitally recorded and transcribed verbatim for thematic analysis. Thematic analysis is a validated and commonly established process for decoding qualitative data (see Braun & Clarke, 2006, 2014; Boyatzis, 1998). The type of thematic analysis I conducted follows Braun and Clarke's (2006, 2014), which requires a thorough process of mapping a systematic framework for coding and identifying patterns across the corpus, aiding the researcher to answer the questions guiding the inquiry. The need for "pattern recognition" (Fereday & Muir-Cochrane, 2006, p. 5) guided by the research questions also aligns with Fereday and Muir-Cochrane's (2006) perspective; they see thematic analysis as enabling codification that is both data *and* theory-driven, following deductive and inductive processes. To enable the systematic extraction of such patterns, NVivo 11 is widely used as a tool for coding and analysis. It directly aids the researcher to connect data with theory, allowing the data to be explored as a project (i.e., with articles, memos, spreadsheets) (Hoover & Koerber, 2011). The software enhances systematicity, transparency and consistency as it visualises the data by mapping themes, where the researcher can access the data across and within, in a retrievable manner. Apart from using NVivo 11 and following thematic guidelines, I adhered to specific established qualitative indicators such as conformability, transparency, reflexivity and ethics (Barbour, 2001; Gibbs, 2007; Flick, 2007).

The first order of coding (the topography) was mapped by descriptive codes, very close to the verbatim use in the data set. The analysis is based on: a) the frequency with which themes appear and how they represent the sample; b) the meaningfulness behind themes, the ways in which data illuminate and capture dominant or divergent perspectives; and c) the relevance of themes in capturing some of the “theoretical inspirations” (Jovchelovitch & Priego-Hernández, 2013, p. 30) guiding the research. The process is described below.

- **First order: the topography of the data**

The first order of analysis generates what I call the “topography of the data”, enabling an organising landscape of the themes covering the dataset. In terms of transcriptions, each transcript was read and checked before it was inputted into the software for inaccuracies, maintaining idioms and local language (Bucholtz, 2000). Being from Cali was advantageous for this process as I understood the meaning behind idioms and euphemisms that might bypass people from other contexts. I apply a reflexive approach throughout the analysis, where I recognised the limitations of the transcription process (Bucholtz, 2000). Verbal extracts that I was unable to decode were identified as “inaudible” with timings specified. This allowed me to go back to these sections while coding and I was able to determine what was said⁸ in other phases. When the fieldwork ended at T1, I conducted a validation exercise by discussing my notes on findings with psychology practitioners who had supported me in the field and worked with the community. They corroborated and expanded a few of my impressions. I used this to design the topography, drawing out initial ideas and potential codes to create the coding frame (CF). I then entered the CF into NVivo 11 and started mapping codes arising directly from the data, resulting in a long and detailed CF in the first stages (or a busy landscape, following my metaphor). Then I started to group the codes into basic themes, building up the CF in relation to salience (Gibbs, 2007; Hoover & Koerber, 2011). For this stage NVivo 11 facilitates the creation of a hierarchical thematic framework which aids clustering around a related set of inferences, where making annotations and memos about incoming relations was useful to bring coherence to the data without losing complexity. This enabled me at later stages to make links with theoretical concepts (i.e., psychosocial scaffoldings) to have another look at the data through this lens. After coding each transcript, I made a summary to keep a holistic view of each source, which helped me during the second wave.

⁸ This was particularly challenging for the transcriptions of FG data.

After the second wave of fieldwork, I transcribed and inserted the T2 transcripts, which required restructuring of the CF to accommodate the new data. I first coded the data under the global theme “post-birth experience”. Then I reorganised it by aligning codes discussed in T1. When it came to connecting expectations (T1) with actual experiences (T2), these themes were aligned thematically to bring semantic coherence to the overall dataset. I thus continued to revise the CF and discussed it with my thesis committee members and colleagues. Earlier CF drafts contained numerous data-driven codes (“child nodes” in NVivo 11), as this helps me to clearly map out the data and to see how well the data inform the questions. I retrieved the main themes from NVivo 11 into separate documents to review each theme within its own right. I then recoded text units where they had links with other codes I had not previously identified or where they were a better fit. I then reduced and reorganised (basic themes were added, merged or discarded), responding to the data. Key and convergent themes began to take greater shape, as well as those that diverged, were implicit, or the excitingly unexpected were identified. I cross-checked the CF and codes at different analytical phases. I continued to revise the CF further during the write-up phase of the empirical chapters, following throughout inductive and deductive processes (Feredey & Muir-Cochrane, 2006). To systematise and make the process transparent, a draft and final version of the CFs are listed in Appendix E, as well as the coding book, with an example from Study 1 (see Appendix F).

3.7.1. Second order analysis: recognising interpretation.

There are different readings that a qualitative researcher can make of any given data, depending on the theoretical and epistemological platforms that frame it (see Finlay & Gough, 2008; Frost, & Nolas, 2011; Frost, Nolas, Brooks-Gordon, Esin, Holt, Mehdizadeh, & Shinebourne, 2010; Willig, 2012). Given the accepted recognition of the researcher’s interpretation in qualitative research (see Finlay & Gough, 2008; Gillespie & Cornish, 2014; Hollway & Jefferson, 2000; Willig, 2012), I drew out what I considered the most appropriate illustration of maternal trajectories in the community. With scaffolding I applied a theoretically informed approach, where I paid attention to the ways in which the concept appeared across the data in the three empirical studies. For the second order, I went beyond the semantic content to unpack what lies beneath and in-between the text (Braun & Clarke, 2006): assumptions, representations and relational dynamics. Maternal trajectories entail profound psychosocial and cultural processes, which inevitably meant I had to select themes voiced by women without having the space to expand on each as much as I could have. Yet, this remains the endless task of the qualitative researcher, to synthesise the complexity we encounter in the field.

- **A psychosocial interpretative approach: Study 2**

Just as I recognise my interpretation in the production of the knowledge produced here, there are established systematic processes by which a qualitative researcher can do “justice” to the data, by assembling a coherent evidence-based narrative (see Patton, 2002; Willig, 2012). Given that I am exploring maternal dynamics, I consider that adopting a psychosocial reading of the data (Willig, 2012) is well placed to uncover the emotional (often ignored in other types of analyses) and the social complexity of positionings and tensions between relationships (see Elliot et al., 2009; Frosh, 2003, 2010; Frosh, Phoenix, & Pattman, 2003; Hollway, 2001, 2009; Hollway & Jefferson, 2000, 2005; Willig, 2012). Using a psychosocial interpretation enriches a thematic form to explore the maternal intergenerational dynamics particularly found and depicted in Study 2. This means not presenting an essentialist “romantic” view of the peripheral maternal community but instead a more equitable one: one where their subjectivity with some of their social and psychological contradictions is recognised. Based on psychodynamic theories (mainly from the object relations school and some Lacanian theory), a qualitative psychosocial analysis places an emphasis on the intersubjective constitution of self by unpacking affective, emotional dynamics and psychic processes (see Elliot et al., 2009; Frosh, 2003, 2010; Frosh et al., 2003; Hollway, 2001, 2009; Hollway & Jefferson, 2000, 2005; Willig, 2012). I argue that this approach helps to better understand maternal intergenerational dynamics because it aligns not only with the subject matter but also with the theoretical significance of the symbolic function that helps answer the “why” people are saying what they say (see Jovchelovitch, 2007), facilitating an understanding of the drivers of maternal practices. A psychosocial exploration has many parallels with other interpretative psychological non-linear analyses that go beyond the “what” of the text. In my field, qualitative researchers commonly incorporate a dialogical analysis (see Gillespie, Cornish, Aveling, & Zittoun, 2008; Aveling, Gillespie, & Cornish, 2014) following the principles of dialogical epistemology (Marková, 2003, 2007, 2017) outlined in the previous chapter. These types of analyses converge in stemming away from the individual–social dualism and instead permit acknowledging the interrelatedness that inhabits the world and its peoples (see e.g., Escobar, 2011; Strathern, 1988). In essence, the subject is not understood as a disembodied cognitive self but an embodied social being with a history (Frosh, 2010), whose capacity for thinking and acting depends on an interpersonal context of mutual recognition (Benjamin, 1988, 1994, 1995). It provides an acknowledgement that people continue to oscillate in more fragmentary modes of functioning (Frosh, 2010) that can be unpacked by exploring the underlying intentions and tensions behind intergenerational interactions. I apply this analysis centring on a case between a mother and *mamita* to elucidate the complexities inherent in decision-making processes that ultimately shape the maternal experience. The psychosocial

interpretation required a rereading of the individual transcripts as a whole and going back to the audio recordings directly. It entailed adopting a reflexive understanding, which is central to interpretative analyses (Patton, 2002) of regarding oneself (researcher) as a “human instrument” (Gillespie & Cornish, 2014, p. 449) capable of honing skills guided by theory to gain a closer approximation to the non-linear, social and symbolic realities inherent in these processes.

3.8. Reporting

The analysis enabled the constant reiterative process of connecting the data to theory and back. Applying theories to the topic meant they served as reigning in structures that brought me back in the moments when the analytical waters became too convoluted or deep for me to make sense of surprising findings. As the research aims to render visible the psychological subjectivity of mothers, I name them directly in their excerpts. For ethical reasons, I have replaced their names with pseudonyms (which are common in the District) to maintain their anonymity. In reporting the quotes to illustrate the analysis in the empirical studies that follow, the nomenclature identifies each woman and differentiates between the data sources: the data collection phase (T1 or T2), the pseudonym of the participant, if they were a pair (Pair X) and the age range. For example: *T1, Pair 7, Katerine, 21–24 years*. The inclusion of the pairing helps to differentiate the selected mother–*mamita* cases (15 pairs at T1 and 12 pairs of interviews at T2). For reporting, I translated selected quotes into English. In addition, the ESE network has (in some sections) a handful of staff responsible for maternal health. Thus, to protect the anonymity of stakeholders, I identify them as either working in the public or community sector, with no additional characteristics included in the reporting. The analysis presented in the empirical chapters is based on the general coding process, where the basic themes emanated from the different experiences, challenges and relations women voice (both concrete and symbolic) about their maternal trajectory.

3.9. Reflexivity and Positioning

I adopt theoretical and methodological approaches that acknowledge the subjectivity of the researcher throughout the research process and my interactive role in knowledge production through the data collected and the interpretation awarded to it (see Flick, 1998; Shacklock & Smyth, 1998). In this section I discuss how I address reflexivity and positioning in the research. The process of reflexivity, centred on the principles of relational psychoanalysis as Hollway and Jefferson (2000) identified, has been applied to the dynamics of the research process itself. In reflexivity, the researcher interacts and applies: a) the

epistemological, theoretical and methodological object of study; and b) the subjective perspective applied to data production and analysis, shaped by interactions in the field and beyond. Although there is some acknowledgement of power dynamics, Hollway and Jefferson's (2000) argument remains more focused on the microgenetic and psychosocial interactions between researcher and researched. Scholars, such as Murray and Poland (2006), have tackled this problem more directly by identifying how our own social positioning (in terms of class, race, gender etc.) has wider implications, which frame our worldview, the questions that we ask and the theoretical guidance we adopt. They raise the general point that we have to be explicit about our assumptions as we cannot escape them (see Section 3.1). In turn, sociocultural psychology has addressed the self–other encounter by looking at intersubjectivity through perspective taking: who the self is to the other; who the other is to the self and how each self/other thinks the self/other sees her (Gillespie, 2006). Thinking of intersubjectivity with a perspective framing provides a guide to think about reflexivity and positioning in my investigation. To write about maternal trajectories from a subject position is in a way an unattainable task as I am writing as the researcher (self) presenting the point of view of the other/Alter (mothers' and stakeholders' accounts) (Gillespie, 2006). Although I use their verbatim quotes, I am still selecting their presentation from the position I adopt as a qualitative researcher. What I therefore present in the empirical studies is inevitably a "meta-perspective", as Gillespie (2006) has outlined, of maternal experiences in family, community and institutional encounters. This finding echoes in what Scheper-Hughes (1992) highlighted from an ethnographic perspective: "How do we represent the other to the other?" (p. 340). Yet, despite the intersubjective challenge, I rely on my training in rigorous methodology to enable a process of conscious distanciation and of diminishing the excessive presence of my own agenda (Barbour, 2001; Flick, 2007).

As I identified in Chapter 1, Burman (1994) pointed out that adopting a feminist lens does not mean romanticising women–women research but rather a recognition of the power differentials between researcher and researched. This is not only applicable to feminist approaches but to critical social and psychological thinking that recognise inequalities following a social justice call (Campbell & Cornish, 2010; 2014; Jovchelovitch & Campbell, 2000; Nolas, 2014). Additionally, communication entails co-creation of meaning (Marková, 2016) and doing qualitative research is no exception. From the project's inception, to the fieldwork, analysis and reporting, I have adopted Modell's (1996) point on recognising that the "excavation" we conduct enables the construction of the other which "takes place also upon one's self" (p. 483). Modell's (1996) "excavation" impacts the researcher throughout the process. In my case, I started with an interest to understand maternal transitions from woman-to-mother but uncovered more complex trajectories. I found unknown local cultural

practices and I came closer to the hardships people face daily, where the continuous injustice and intersecting inequalities that persist and oppress women in the Global South were palpable. Yet, people demonstrate the richness of resources and how they are equipped with resilience to face life's challenges, compared to those (like myself) who do not suffer from severe inequalities and vulnerabilities. In this sense, despite the meta-perspective (Gillespie, 2006) of reporting an academically informed reading of local voices, interacting in the field meant I co-created other ways of understanding maternal trajectories, which I depict in the next section. First, however, it is relevant to recall that without the health institution granting access, I could not have conducted the interviews and follow-ups. Their knowledge and contact with the community was pivotal for the research's feasibility and to maintain sensitivity. Additionally, a few of the mothers knew each other and on a couple of occasions they supported the recruitment process at T2. In these ways the research adopted an approach following participatory thinking⁹, in line with principles reported in partnership models providing recognition to different systems of knowing enabling the execution of research (Aveling & Jovchelovitch, 2014).

- **The research encounter: positionings**

Throughout the fieldwork I positioned myself as a sociocultural psychologist with a psychosocial interest coming from a London university and as a Colombian mother (who the self is to the other). I drew from my experience of working with similar Colombian urban communities and from sharing people's city background, where being a "*Caleña*" (a woman from Cali) allowed me to use the local language to help improve rapport, facilitate trust, open disclosure where possible, and check that data instruments used sensitive and appropriate language. I have known the District for many years yet I am clear that women and stakeholders did not regard me as a local (Shacklock & Smyth, 1998). However, I was able to integrate aspects from both an outsider and insider's perspective for the

⁹ Although I adopted non-positivist principles such as reflexivity and an epistemological and ontological awareness of my activity in knowledge production, the research does not fall within strong participatory approaches. I am referring to the method that Orlando Fals Borda devised in Colombia during the 1970s with PAR, which has been replicated across the country [notably by the work of academic-activists such as Alfredo Molano, Magdalena Leon and at local levels by leaders from NGOs, community and social movements; see De Roux (1991) and Escobar (2008)]. This stems from a Latin American tradition of applying knowledge for social change, aiming for social justice which intellectuals, academics and activists (from Mariategui to Ospina) developed in the region from the last half of the twentieth century onwards. Learnings from Paulo Freire's pedagogy, Martin Baró's liberation theology movement and Fals Borda's PAR informed a programme connecting context, knowledge and social change, which has been transferred and spread across the Global South and North, from health and community development (Campbell & Jovchelovitch, 2000; Campbell & Cornish, 2014; Nolas, 2014; Tandon, 2002; Wallerstein & Duran, 2006) to a prolific research agenda, including action research handbooks (see Greenwood & Levin, 2006; Stringer, 2013) and, in policy, implemented by UN agencies, international NGOs and commonly it is a requisite of many funding bodies.

encounters (see Figure 3.3). Whether I was reacting to them as a mother or a researcher (or both), wherever the elastic boundaries of those two positionings intersected, I was conscious of not romanticising their situation given my “external” and more privileged educational position. To most of them, the fact that I lived in London meant I was no longer attuned to the realities of living in Cali, let alone the District, and in many ways they were right. Yet, in contrast to some researchers working in Colombia who “dress-down” to be a “better fit” in the periphery, I did not change my usual self-presentation to go into the field. I adopted the standpoint from this community psychologist: “When I go to work in the District, I always go as I am here [points to her clothing], because it offends me to go there “dressed down”. They are people like me [...]. Some people come like that to be seen as ‘look how much I belong’ but that’s not how one belongs [...] and that is not the way we relate in our culture [...], one belongs precisely by respecting the other, until the other accepts our proximity” (professional stakeholder). I echo the stakeholder where “dressing down” can be interpreted as pretence to “hide” visible differences, which should not equate with a lack of mutual respect. I did not try to become the women’s “best friend”, yet I endeavoured to be warm, approachable but very clear about my professional positioning. This to me is a fundamental part of being ethical in research (see Section 3.10).

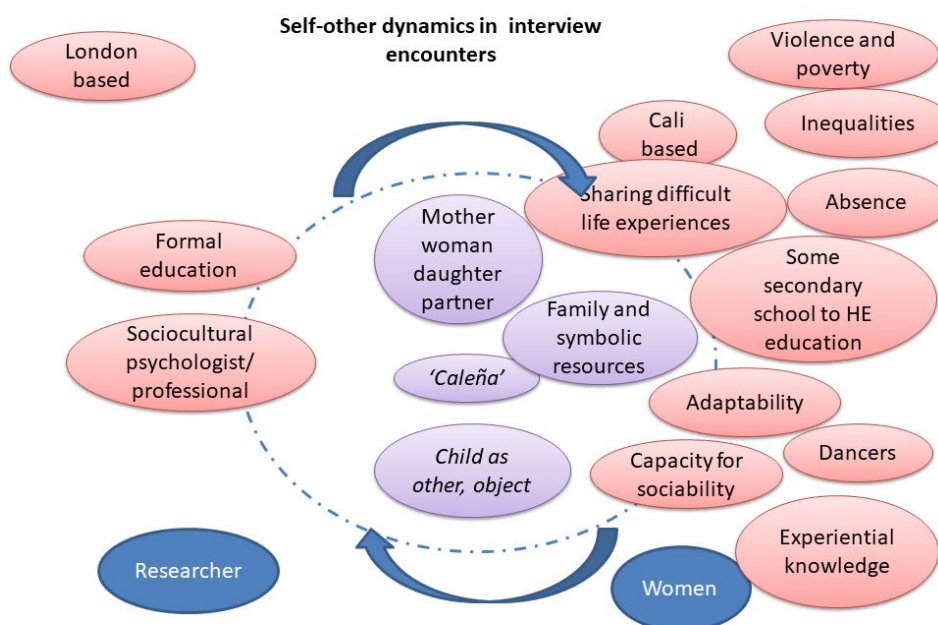


Figure 3.3: Self–other dynamics in interview encounters

Although I cannot provide the other’s view of the encounter, I now address my meta-perspective (what self thinks of the other). In line with Baraitser and Noack (2007), I found it illuminating to encounter women’s capacity to verbalise psychosocial experiences in the interview. For some

(mainly the *mamitas*), having “psychology” in my professional background was central to feel safe to open up and discuss some of their painful trajectories, relationship issues and emotions, which they had never verbalised. Women told me on several occasions how the discussions made them consider sensations, emotions, representations, memories, or made them realise aspects about themselves or circumstances they would like to work on. Talking about their pregnancy, maternal experience and relationships helped them to embrace their positionings and life projects. To me, this was a positive end in itself. It made me feel that the project had value and that it needed to be done.

Yet, there is more to reflexivity than the encounters in the field. Hollway (2010) pointed out that researching the subjective maternal experience opens up emotions and memories for the researcher to explore with participants. When a woman speaks of mothering, feelings of joy and insecurities resurface about how she may have been loved or experienced pain. In this sense, our encounters encouraged co-reflection. Many of the women expressed how the research had opened-up “possibilities” described above. In turn, our encounters enlightened me on the ways in which mothering expands (i.e., overcoming contextual struggles). This made me consider how I have also been subjugated as a woman and unconsciously maintained and practiced the splitting representations of motherhood I criticise (i.e., the internalised Latin American patriarchy that Thomas (1996) and Anzaldúa (1987) discuss, see Section 2.3.2.). To manage at some conscious level this tension, I tried to work against my own fantasies centred on a romantic ideal, endeavouring to bring the subjectivity of the women I spoke with, without “hiding” their less pleasant accounts (within what I was able to encounter in the field). The sharing of gender brought commonalities about the maternal and the family, which together accommodated pressing sociocultural and structural differences (located in the peripheral boundaries of the circle in Figure 3.3). Baraitser (2009) draws on her maternal experience to help her better situate relevant theory and practice. In my case, maternal sharing helped situate my positioning into a joint space where we could recognise each other (depicted at the centre in Figure 3.3), particularly in the second wave. I thus hope I have not fallen prey to the romanticism that Burman (1994), Phoenix (1990) and others (Elliot et al., 2009; Hollway & Jefferson, 2000) warn about in women–women research. Conscious of this issue, I have endeavoured to extend my relationality to place the research as much as possible in its local grounded reality.

3.10. Research Ethics

The research followed the LSE's ethical standards and risk management for fieldwork and the ESE's ethical requirements, where all women and stakeholders agreed to participate and signed consent forms (see Appendix B). As the researcher conducting the data collection I am bound by the LSE's Code of Research Practice and I also adhere to the ethical code of Human Research Ethics outlined by the British Psychological Society, of which I am a graduate member. In Colombia, the research received internal approval by the ESE's ethics review committee (see Section 3.6 and Appendix B). The committee revised the methods, the data instruments, the conditions of the fieldwork and approved the study. Collaborating with the health system ensured local mobility and safety because: a) health and community facilities are respected by local gangs and the narcotraffic; and b) they know the locality well and advised me when they thought it was not safe to stay in the evening. I experienced no threats or safety issues during my time in the District. Interviewing women not only meant applying my institutional and professional ethical codes of practice but fundamentally meant I followed rigorously the process of obtaining consent, ensuring confidentiality, privacy and anonymity, as well as emphasising the right of every participant to withdraw at any point during the process. Working in partnership with the health institution was essential for access and execution of the research. This meant I had immediate lines of communication and had agreed beforehand to refer directly to the ESE's team of psychologists or health practitioners any potential mental health or risk issues identified. For a few women, professional support was in my opinion required and the appropriate referral process was followed with the ESE's professional team.

Apart from meeting institutional requirements, I follow the ethical tenets of my field. Sociocultural psychology regards ethics as central in the dialogical encounter (see Marková, 2016), rather than treating research ethics as a technical checklist. In my case, this means one must be consciously attuned to how dimensions of the human experience are shaped by multiple disadvantages, which impact the topics voiced, the interaction and importantly the lives of people directly. This approach fits with my overall aim of recognising the psychological subjectivity of mothers experiencing adversity.

- **Reporting back to the community**

When I returned in T2, I debriefed each mother and *mamita* about how the research was going, what I had consolidated as findings so far and provided a general update. They welcomed the opportunity to

hear what the research had found, particularly the subjective recognition of maternal trajectories (Study 1) and the need to make more known how local mothering is practiced with *mamitas* (Study 2). This served as an exercise of communicative validation (Kvale, 1995). I provided a report to the ESE and met with them to discuss findings at T2. I am currently drafting a final report, which will be presented and discussed at the ESE.

3.11. Summary and Conclusions

The chapter started by acknowledging how researchers, regardless of the method they adopt, come from positions and academic worldviews which shape the investigation's outputs. It thus described the epistemological underpinnings that inform it, away from a positive paradigm. It then outlined how the research comprises a pre-birth (T1) and post-birth (T2) qualitative longitudinal design, describing the pregnant women-mothers, grandmothers/*mamitas* and community/public who were interviewed individually or in group discussions. Figure 3.4 illustrates the research design, detailing the sample at both waves. Standard quality indicators to meet required qualitative standards were followed together with the LSE's ethical procedures. Thematic analysis, supported by NVivo 11, followed Fereday and Muir-Cochrane's (2006) inductive and deductive approaches with a second order, psychosocial interpretation, which was applied in Study 2. The chapter ended by providing a section on reflexivity and positioning, disclosing my own perspective on how I addressed these issues in the research encounters and beyond, followed by a section on research ethics.

The following chapters ground the thesis in three empirical studies, starting with Chapter 4 (Study 1), which maps out the self's experience of "becoming" a mother. Chapter 5 (Study 2) unpacks the ways in which a context of violence and sociability affect intergenerational dynamics, solidarity and trust across family-community interactions within the lifeworld of the District. Chapter 6 (Study 3), the final empirical chapter, illustrates community-institutional encounters through maternal health provision by centring on childbirth, postnatal practices and infant care.

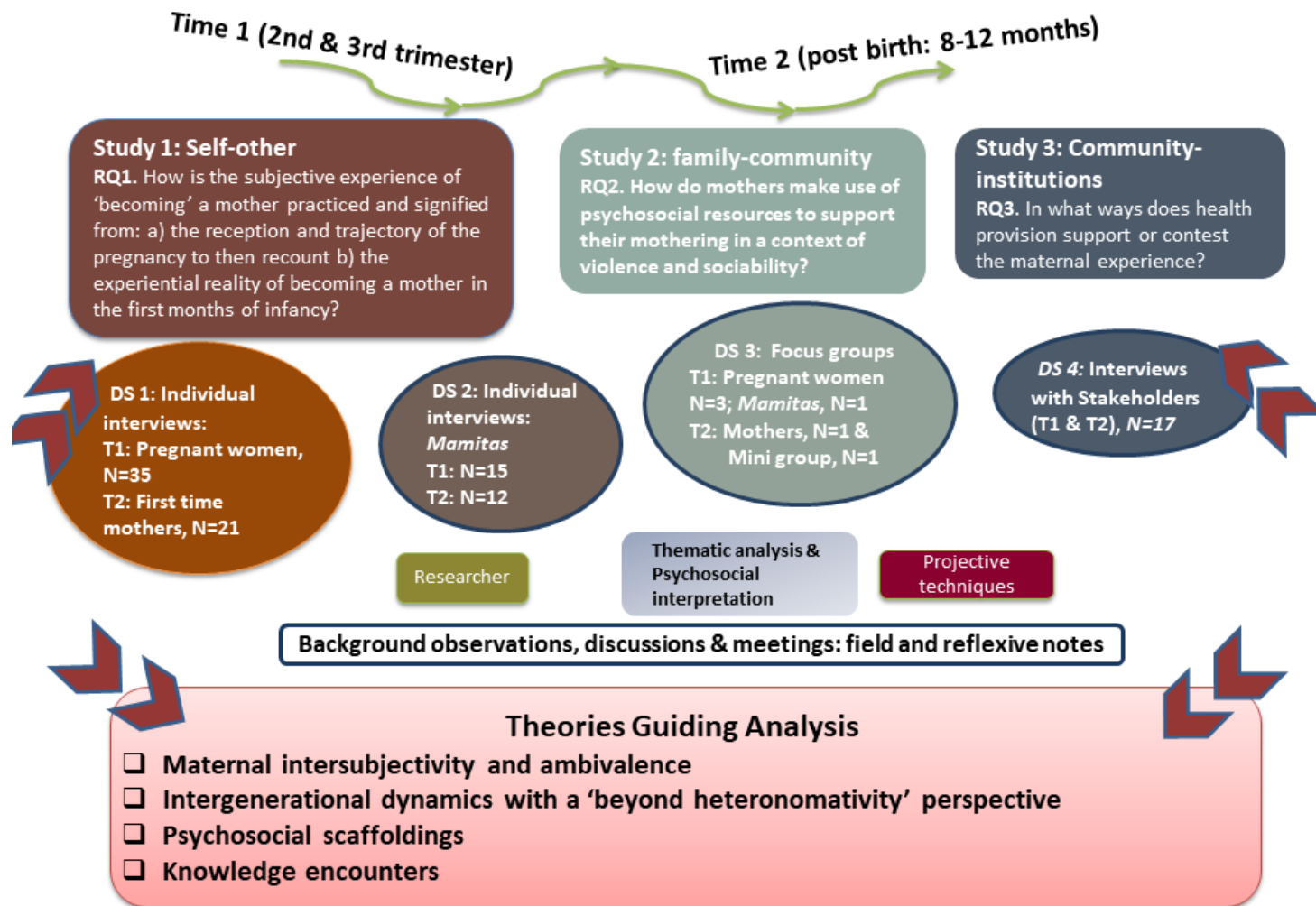


Figure 3.4: Diagram of the research design. DS= data source, RQ= research question, T1= Time 1, T2= Time 2

EMPIRICAL SECTION

Part II

CHAPTER 4

Pushing and pulling Forces in Maternal Trajectories

Study 1

“[...] caminante no hay camino, se hace camino al andar”

“[...] wanderer there is no path, the path is made by walking”. (Antonio Machado, 1912/2009)

The aim of this first empirical study is to explore the self’s experience of “becoming” a mother, starting with the news of the pregnancy. Feminist psychoanalytic and psychosocial work has pointed out that transitioning into mothering can be challenging for first-time mothers, particularly given the gap between idealised representations of motherhood compared with the practical reality of mothering (see Baraitser, 2009; Elliot et al., 2009; Phoenix & Woollett, 1991; Raphael-Leff, 2010; Rich, 1976). In addition, pregnant women who are young, and/or single are often portrayed as not exhibiting the conditions that meet the idealised representation of the “good” mother for optimal ECD outcomes (see Irwin et al., 2007; Maggi et al., 2005; Vegas & Santibáñez, 2010; Young, 2007; WHO, 2011). Women who become mothers in their adolescence or early twenties are often not given the space to provide an account of the psychosocial processes they experience to counteract particularly these discourses and representations. Maternal research has thus called for expanding accounts of mothering to show the multifaceted dimensions of the experience, moving away from the stigma and otherising practices particularly centred on age or “singleness” (see Nieto-Álvarez, Moreno, Abad, Martos, & Olalla, 2012; Byrd, 2014; Climent, 2009a, 2009b; Phoenix, 2010; Phoenix & Seu, 2013; Tenorio, 2012). Furthermore, when research is located in adverse contexts, the psychological processes of mothers living in conditions of poverty, violence, exclusion and stigma often get submerged (see Fennell & Arnot, 2009; Collins, 1994; Glenn, 1994).

To explore the psychosocial processes of the emerging mother in context, in Chapter 2 I described how Benjamin’s (1988, 1994, 1995, 2000, 2005, 2010, 2018) theory of intersubjectivity helps us to

understand how the mother can be a psychological subject in her own right, while also serving to look at how the mother–baby relation develops. Benjamin’s (1988, 1994, 1995, 2000, 2005, 2010, 2018) intersubjectivity and mutual recognition reveals the subject-based position of mother, enabling an exploration of the complexity and contradictions that the self undergoes in maternal transitionings (see 2.2.1). Intersubjectivity enables retrieval of the subjectivity of the mother beyond the stigmatisation centred on age, singleness or adversity, helping to unpack trajectories from the *mother’s place*. In addition to intersubjectivity, I identified in Chapter 2 how the impact of constituting the emerging mother–baby relation can be further understood with Parker’s (1995/2005) maternal ambivalence. Building on Kleinian (1935, 1940) ambivalence, where the child accepts the coexistence of both the good and bad aspects of mother, Parker (1995/2005) shifted this process towards the mother herself. Maternal ambivalence is evident when mothers are experiencing “loving and hating feelings for their children, [which] exist side by side” (Parker, 1995/2005, p. 3). She argued that this is a salient process mothers experience throughout life; it is dynamic and expressed at different spaces of awareness, having one feeling taking central stage at a given time and occurring differently in each intersubjective mother–child relation (Parker, 1997). Applying a subject-based position with an intersubjective and maternal ambivalence lens guides the psychosocial exploration of the transitioning process, where difficult emotions and challenges can be acknowledged. This enables the research to capture more holistic relational encounters between the other and self.

As I identified in Chapters 1 and 2, the problem of contextual adversity is considered in the research to investigate how mothering occurs in the specificity of the Colombian urban periphery. Mothering research with a Global South lens has shown that intergenerational maternal practices support mothers living in peripheral conditions (see Castro Franco & Peñaranda Correa, 2011; Climent, 2012; Ferreira Takei et al., 2012; Glenn, 1994; O’Reilly, 2010, 2014; Tenorio & Sampson, 2002, Tenorio, 2012; Villalobos Valencia, 2014). In Colombian communities experiencing adversity, such support structures have been found to be enacted mainly by grandmothers (see Tenorio & Sampson, 2002; Tenorio, 2012). Exploring ways of life in Global South territories serves to expand our understanding of maternal transitions and mothering, offering to open-up the heteronormative ideal. Describing these support structures is informed by the concept of psychosocial scaffoldings. The sociocultural psychology concept was introduced in Chapter 2 (2.4), here I re-visit it briefly by drawing out its focus on how the other supports the self to counteract challenges. Psychosocial scaffoldings is an integrated notion drawing on: Vygotsky’s (1980; 1986) ZDP and Bruner’s (1978; 1986; Ninio & Bruner, 1978) scaffoldings; Simmel’s (1950) sociability and Winnicott’s (1965; 1971) holding and handling. In this study, the support

structures found serve to demonstrate how psychosocial scaffoldings can be applied to different relational modalities.

Against this background, this study set out to explore maternal trajectories based on the question: How is the maternal “becoming” experienced from: a) the reception and trajectory of the pregnancy to then recount b) the experiential reality of becoming a mother in the first months of infancy? To address it, the chapter presents a thematic analysis in three sections. Following a short introduction summarising the methodology, the first part focuses on the challenges that pregnant women face with an unexpected pregnancy. Next, it investigates the involvement they have with the baby’s father and the grandmothers/*mamitas*. Then the themes depicting how mothers adapt to the disruption reveal scaffolding and a *pa’delante* attitude (going forward). This follows the third theme, which unpacks the maternal perspective of the mother–baby emerging relation. Finally, data from the second wave centres on illustrating the mothering days encompassing the baby’s first year.

4.1. Methodology

As identified in the methodology chapter, the qualitative study integrates sources from the pregnant women–new mothers and grandmothers/*mamitas* living in the DAB in Cali, Colombia. From data source 1, the individual interviews with pregnant women at T1 ($n=35$) and at T2, when they became mothers ($n=21$), form a total of 56 interviews. From data source 2, the individual interviews with *mamitas* at T1 ($n=15$) and then at T2, $n=12$, where six became grandmothers, total 27 interviews. Overall, this chapter is based on 83 transcriptions of individual interviews that account for more than 120 hours of audio recordings (see Section 3.7.1.), I used the interview schedule as a loose guide to let the women discuss what was important for them, enabling the linking of their daily lifeworlds with maternal trajectories (see Appendix C).

4.1.1. Topography of the data and analysis.

The qualitative interpretation is based on the thematic analysis described in the methodology chapter (see Section 3.7.). The coding process ran parallel to both inductive and deductive processes following Fereday and Muir-Cochrane (2006). Throughout the various revisions of the CF and coding, I focused on unexpected and distinctive findings emerging from the data directly, that is, *Pa’delante* (going forward)

attitude and scaffolding from baby (see Table 4.1). In doing so, I endeavoured to question my own assumptions of knowing the women (Burman, 1994/2001) to see what they were revealing that mattered to them and their lifeworlds. After having coded data sources at T1, I wrote an outline of the themes that were salient and distinctive to aid me in the second wave. In the final version, five global themes addressed the maternal trajectory: 1) Disruption (*pushing forces*); 2) Involvement from fathers (*pushing and pulling forces*); 3) Scaffolding and *Pa'delante* (*pulling forces*); 4) Encountering the baby (*pulling forces*); and 5) Post-birth reality (*pushing and pulling forces*) (see Table 4.1).

Table 4.1: Study 1: Pushing and pulling forces in maternal trajectories, list of themes and subthemes

Theme 1: Disruption (<i>pushing forces</i>)
• Reception of the news
• Manifestation in language: “A child ties you down”
• Precarious situation: poor and violent context
• Family or community gaze
• The impact of disruption: termination, its consideration and attitudes
Theme 2: Involvement from fathers (<i>pushing and pulling forces</i>)
• “Not responding”
• Sporadic contact
• Questioning long-term commitment
• Fathering engagement
Theme 3: Scaffolding and <i>Pa’delante</i>: adapting to the disruption (<i>pulling forces</i>)
• The <i>mamita</i> : a central scaffolding source
• The second opportunity: the emerging <i>mamita</i> –mother–baby triad
• <i>Pa’delante</i> attitude (going forward)
• It’s up to us: assuming responsibility
• Shared mothering: <i>not</i> “first-time” mothers
Theme 4: Encountering the baby (<i>pulling forces</i>)
• Visualising mothering
• Disembodiment
• Embodiment of two
• Scaffolding from baby: baby as object of transformation
Theme 5: Post-birth: recounting the experiential narratives (<i>pushing and pulling forces</i>)
• Early mothering: representations-reality gap
• Persisting relational difficulties with fathers
• Post-birth relation with the baby: maternal responsibility
• Elastic positionings with <i>mamitas</i>
• Maternal transitioning: ongoing temporal process beyond childbirth

4.1.2. *Pushing and pulling forces: temporalities and movement in maternal trajectories.*

To account for the non-linear temporal trajectories found in this study, the maternal transitioning is equated with temporal tensions occurring between *pushing* and *pulling forces* depicted in Figure 4.1 below. With a sliding metaphor, I illustrate how relational encounters are in constant oscillation between closeness and distance. In the data, distancing occurs with the disruption (i.e., challenges). The disruption appears as *pushing forces* (i.e., pushing mother away from engaging in the transitioning) where at one end she experiences precariousness, limited fathering involvement, the family or community gaze, with the greatest symbolic distance characterised by disembodiment. Then I unpack *pulling forces* (i.e., drawing mother to connect with baby symbolically). This shows how she starts visualising her baby in the second/third trimester, where the baby becomes, for some mothers, the object of their transformation (supporting them to disrupt risky practices). The model in Figure 4.1. portrays how the findings come together to help grasp a better understanding of the tension characterising Parker's (1995/2005, 1997) maternal ambivalence. It facilitates the grounding of her psychoanalytic notion into daily psychological processes experienced in the maternal transitioning. I describe the various pushing and pulling forces I found in the analysis that follows, starting with the pushing force of disruption.

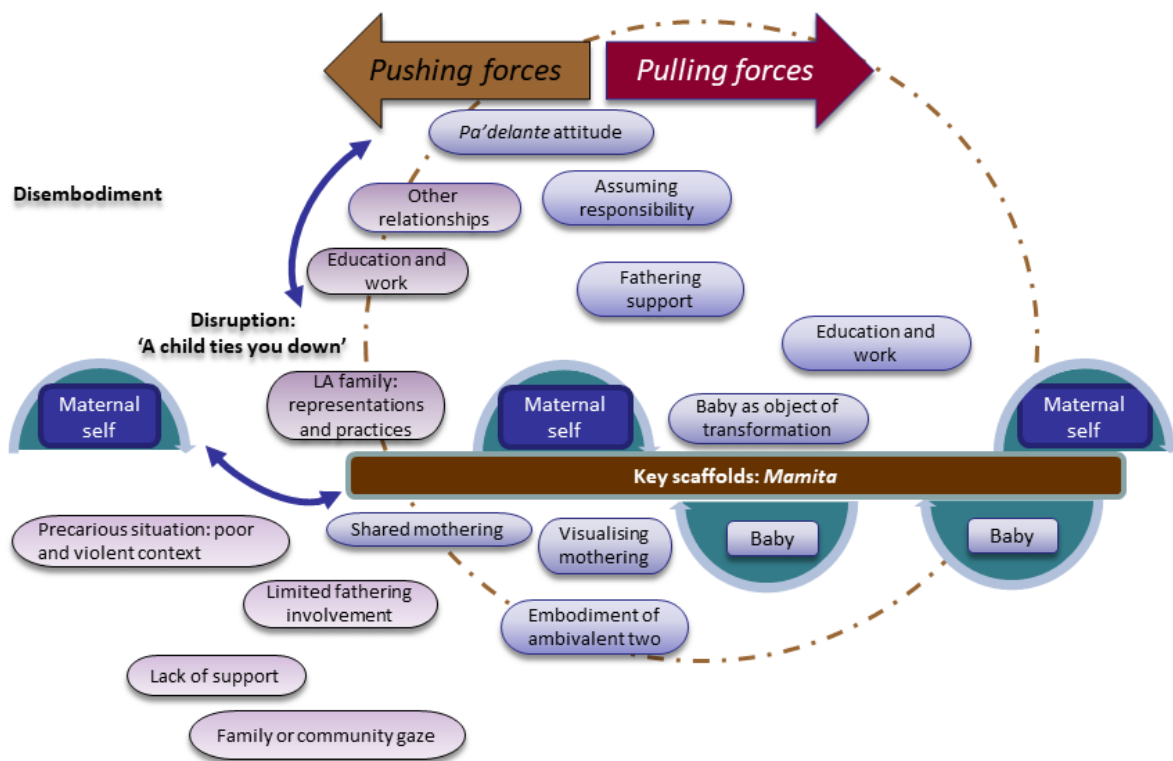


Figure 4.1: Temporal model of pushing-pulling forces in maternal trajectories. LA=Latin American

4.2. Disruption: Pushing Forces

Out of the 35 pregnant women individually interviewed at T1, only three indicated their pregnancies were planned. The rest of the accounts reflect tensions in relation to the “unexpectedness” of pregnancies. In line with Thomson et al. (2011), this study does not seek to identify the “expectedness” of pregnancies. Instead, it connects what was common after the event: the disruption and ambivalence many felt with the pending reality of becoming a mother. This encompasses what I call *pushing forces*, which start to shape maternal trajectories.

A point of departure I considered to map maternal trajectories was to look at the reception of the pregnancy news. Many pregnant women recounted the event as a shock, with sadness and initial rejection. Some young women indicated they were using contraception in various ways (i.e., from the intention to committing to the practice). They recalled various degrees of surprise with the outcome. The following extracts depict frequently found initial reactions.

For me it was very hard because I was not going to have babies, nooo, I used to think maybe perhaps, later. [...] I was going to start [family] planning when 'I got the package'. (T1, Valerie, 16–20 years)

When the doctor at 5 p.m. [...] just comes out and tells me: 'miss, you are positive' and I just cried and cried and cried and cried inconsolably and the doctor, all he did was hold my hands because I was shaking a lot and I said right there, 'my life is now over'! (T2, Laura V, 16–20 years)

Valerie mentions her contraception intentions and how they were disrupted with the “package”. At this point, Valerie expressed a symbolic distance through objectifying the unborn baby as a “package” (manifestations of symbolic distance were found in other interviews, they are addressed in disembodiment in Section 4.6.1.). Laura V, on the other hand, recounts a physical and emotional response in the immediacy of the event, as she could not perceive any avenues towards a positive trajectory.

However, not all the women experienced the news as a difficult or emotional tremor.

I want to have her now! It was time and I wanted to study but she decided to come now and he [father of the baby] accepted it and became very happy and as we have been together for 2 years now, then it was time. (T1, Yani, 16–20 years)

For several others like Yani, the pregnancy meant their mothering plans were just accelerated. She expressed that being in a relationship and having the support of the baby’s father meant that the news was received as a welcomed surprise. Additionally, some mentioned that mothering before 20 as Phoenix’s (1991) classic study showed, is regarded as a normal practice in the community, a view they share with peers. Some reported having friends who are mothers in their age group (16–20 years).

*All my friends have children, there is not one who does not have a baby. **I was the last one missing.** (T1, Grettel, Pair 2, 16–20 years)*

Grettel inferred that by being “the last one missing”, her pregnancy enabled her to join the maternal positioning in her friendship group. In relating pregnancies to social normativity, research has identified that it helps people infer practices that are common in their social group or community (Paluck,

Shepherd, & Aronow, 2016). This in turn may make these practices desirable (Paluck et al., 2016). Accounts of not problematising early or single mothering are corroborated by Phoenix's (1991) seminal research, where her participants rejected the imposition of their "youngness" to mother, as they felt they should not be otherised. Pregnancies in the teenage years are also normalised in Latin American peripheral contexts (see Climent, 2006) and in violent urban territories such as the District (Vanegas-Muñoz, 1998; Bosch et al., 2017). Sandra (*mamita*) also pointed to the social normativity that makes mothering common in this age group.

*They [daughters' friends] all have had a baby since they were 16 as **they say they're keen to get to know 'la pinta'** (the offspring's look), because that's what the girls say out there, that they want to know 'la pinta'. (T1, Sandra, Pair 2, 35–39 years)*

Sandra's quote reflects the desire to see "*la pinta*". This is linked to the different life trajectories (Jones, 2005) experienced in the District and is corroborated in Vanegas-Muñoz's (1998) research, where both young men and women want to see "*la pinta*" (the offspring's look) before their lives (particularly the fathers') might end.

4.2.1. Manifestation in language: "a child ties you down".

Although some women received the pregnancy as a joyful event, the disruption was evident for many. To demonstrate this, I unpack local meaning-making discourses with the Colombian saying "a child ties you down" (*un niño amarra*). This saying conveys a strong description of what the pregnancy and the baby bring in relation to the self and her connection to the social world. This phrase was expressed in 25 references in the pregnant women's data unit at T1, detailing similar descriptions.

It's a burden; a child closes your doors, 'un niño amarra' (a child ties you down). (T1, Pair 13, Viviana, 16–20 years)

The saying (*niño amarra*) has been reported in maternal research in Colombia (see Castro Franco & Peñaranda Correa, 2011), corroborating the notion of the disruption, which is related to what others call the "mother knot" (see Lazarre, 1976/1997). Katerine identifies with the co-created scenario from the vignette depicting a similar response (see Section 3.7.2.).

*[Responding to the vignette]: She might be thinking she is making a mistake having this baby because this may have frustrated things she had planned to do and **the arrival of the child has created an obstacle for her and the goals she thought could move her forward.***
(T1, Pair 7, Katerine, 21–24 years)

The use of the vignette as a projective technique was a useful tool as it enabled Katerine to associate the narrative with her situation (i.e., as obstacles to her goals), while still maintaining a distance. However, others do not regard the pregnancy as an obstacle. Notions of self are dynamic, ambivalent and may contain multiple positions at any given time (Aveling et al., 2014; Gillespie, Cornish, Aveling, & Zittoun, 2008; Grossen, 2010; Grossen & Salazar Orvig, 2011; Moore, Jasper & Gillespie, 2011; Salgado & Gonçalves, 2007; Valsiner & Rosa, 2007), which reflect other positionings to the representation of the “tying down”.

***For me this isn't about tying oneself down.** By having a child you have to stop because you cannot keep thinking of going out and leaving. Later on, once they start sleeping and they get older one can go back to going out but I don't see this as lacking.* (T1, Luz Karime, 16–20 years)

Luz Karime visualised the maternal transition as a mere temporal suspension of other life's dimensions, as she thought regaining access to youthful experiences would come in the future. This reflects how some women experience early changes in the pre-birth phase by locating mothering in its own temporality: between suspending current practices and incorporating new or imminent ones. Here we see how the self embarks on the trajectory of maternal crafting (Elliot et al., 2009) to “make the path” (following Machado's quote above in the introduction).

4.2.2. Precarious situation: poor and violent context.

A structural disruptive force relates to the precarious situation experienced by local families. A baby encompasses the extension of poverty in this context, as she inevitably requires additional material resources. Women worry as they know that a child multiplies expenditure in extended family households depending on single and/or low incomes, many of which are based on transient or informal work arrangements.

I see him [baby's father], he's very thin, I see him enduring hunger and I would not want my child or myself or someone in my family suffering hunger. As time passes and the belly grows, every day I say, 'my God I beg you'! So he can find a good job in a few months. (T1, Pair 9, Cindy, 21–24 years)

Poverty is endured across the community of women interviewed. Thus, the impending arrival of a child becomes a concern specifically for those who are economically dependent on parents or other family members or when there is a desire of establishing their independent homes with the baby's father. The limited access to labour conditions applies to many families in the District like Cindy's partner who struggles to find work. In her research on young mothers, Phoenix (1991) pointed out that "[j]ust as early motherhood cannot be simply considered a cause of poverty, neither can poverty be said to cause early motherhood" (p. 90). Contrary to the ways in which much policy and research has portrayed teenage or young motherhood, the relationship between poverty, age and mothering does not entail direct causations; yet, the hardships brought by economic disadvantage coupled with other challenges shifts the conditions of family life that, in some cases, encompass the disruption that participants described. Having an extra mouth to feed is received as an additional burden, regardless of the differing degrees of poverty found. This is compounded by local violence where youth gangs and local narcotraffic and microtrafficking are in direct or indirect contact with residents (addressed in Study 2).

4.2.3. Family or community gaze.

Apart from a precarious situation, pregnant women voice stigma and social rejection where a few prefer to avoid comments from the family or community criticising their pregnancy. Concerns of the family or community gaze (Foucault, 1976, 1980) appear where some women recognise its psychological and social impact.

*When I became pregnant **obviously nobody expected this of me** and from there on they [family members] started talking [...] and it bothers me to this day. [...] On top of that I had no boyfriend, so it hit them hard, and they started talking as I'm telling you and it was horrible. [...] It dropped on them like a bucket of cold water. (T1, Pair 7, Katerine, 21–24 years)*

A few expressed a sense of decline in their family positioning such as Katerine. Being identified as a pregnant single woman shows how representations of idealised normative motherhood (Phoenix &

Woollett, 1991; Phoenix, 2010) are apparent in the community fuelling social categorisation and otherising practices (Gillespie, Howarth, & Cornish, 2012; Howarth, 2002, 2004). Moreover, the extent to which the gaze inhibits pregnant woman becomes apparent in their restricted access to the community.

Bit by bit I assimilated things, people talking [...], it was hard at the beginning ...I had no desire to go anywhere, none, I kept myself 'encerrada' (confined). (T1, Yeimy, 16–20 years)

Although Yeimy did not allude to this directly, the psychological pain she suffered with the gaze kept her confined to the private and safe sphere of the home. A few others reported similar experiences, indicating they stayed in their bedrooms, slept most of the day or did not carry out many activities. Yet, nuanced differences are found with the positioning against the community and family gaze. When the family provided acceptance, it became easier for women to counterbalance the rejection in the community, as Marcela narrated.

*Mostly by the sisters of the Church, those girls, the comments, of being a Christian girl to be pregnant and unmarried, well yes at first that affects you, but later on I thought what people say should not affect me because **the important thing to consider is what your family thinks, and if no such comments happen in one's family, what's the point in worrying about others?** [...] well, first yes that was affecting me, but not after. The unmarried bit, mostly in the Church because it is a principle that young girls there come out married. [...] I do not care, really now, what people think. (T1, Marcela, 25–29 years)*

Although Marcela indicated that she is no longer affected by the gaze of “the Church”, she voices the tensions she experienced as the Church’s community is an important anchor in her life. Local faith-based centres remain strong in these communities as they are characterised by enabling trust (Marková et al., 2007a), sociability (Simmel, 1950), shared intentionality (Tomasello, Carpenter, Call, Behne, & Moll, 2005) and expansion of referential frontiers (Mejía Mejía, 2000); in short, as spaces that provide psychosocial scaffoldings and various forms of capital. Yet, single Christian women like Marcela experience the tension of being sexually active against sexual repression, which impacts access, social positioning and mobility in the Church. Marcela lives through the challenge of navigating amid this tension, which on the one hand otherises her but on the other, provides psychosocial scaffoldings. This maintains a tension with representations, the reality of practice and social positionings. Yet, Marcela

centres her frame of reference on the family, counteracting the disruptive force from the Church's gaze: "[...] the important thing to consider is what your family thinks". She creates a distance, protecting the self from the generalised gaze of the other ("I do not care, really now, what people think"). Later on she indicated single mothering is common in the District (like Grettel, see Section 4.2) and not problematised by other social groups, providing further validation of her positioning.

4.2.4. The impact of disruption: termination, its considerations and attitudes.

Although the pregnant women reflected the adaptive ways in which they responded to the disruption, its impact brought the consideration of termination for a few, particularly for the ones who were troubled with the event. Yet, only one pregnant woman directly expressed she would have voluntarily terminated her pregnancy if she had the economic means.

Maria F: I just wanted an abortion. And that's it. Now well, now I have to [silence]. I was in Bogota and I didn't have enough economically to pay for it.

Natalia: If you had, would you?

Maria F: Yeah. (T1, Pair 6, Maria F, 21–24 years)

All others, unlike Maria F, condemned termination and recounted feelings of guilt of having contemplated the possibility upon reception of the pregnancy news. Their emotional responses were in many ways mediated by strong attitudes voiced against the procedure. These attitudes were unanimous across the sample and were particularly promoted by the *mamitas*.

I don't agree with it [termination] because it is a life and one knows one has to accept the consequences, besides, it is a sin that God does not forgive. I am not with that and I never considered it, no. (T1, Pair 14, Sandra, 16–20 years)

I am enraged with women who do that, rage, hatred, hatred towards them [...] if they are going to be pulling out a life that has nothing to do with this, why? (T1, Jency, 16–20 years)

Jency's and Sandra's attitudes corroborate Phoenix's (1991) findings, where women who voiced anti-abortion attitudes were unlikely to terminate their pregnancies, even if they were undesired. These attitudes need to be situated in the national context. Voluntary interruptions of pregnancy are illegal in Colombia (except in three conditions, see Section 1.7.). Their illegality is compounded with (mainly)

Catholic beliefs, making them prohibited at a legal, moral and social level. Jency's emotional reaction (enragement) showed the valence inherent in anti-abortion attitudes. As outlined in the context chapter, Colombia has one of the most restrictive laws against abortions largely shaped by the powerful influence of the Catholic Church (Yam et al., 2006). Despite women's movements, attitudes condemning abortions continue to circulate across the country. In communities like the DAB, the Catholic Church's dictum coupled with various evangelical churches that have settled across the periphery (see Beltrán, 2013) maintain a great degree of social influence.

4.3. Involvement from Fathers

So far I have described the *pushing* forces encompassing the disruption women felt about their pregnancies. In this section I move on to address a central relation impacting maternal transitions: the baby's father. Out of the 35 pregnant women interviewed at T1, more than half were single and had differing degrees of involvement with fathers. Fourteen women stated they were in a relationship with the father. It was an analytical challenge to unpack the modalities found among absence-contact-relationship(s)-cohabitation-commitment to parenting. Some women started the interview indicating they were in a relationship with the father to then shift their accounts towards limited contact in practice. Out of the women who were in a relationship, three reported having another male intimate partner who had adopted the fathers' positioning. As such, various modalities map the ways in which women made sense, practiced and were willing to discuss this relationship. Accounts of limited involvement included: "*salió pitao*" (he rushed out), negating the paternity, promises of involvement and support which were disjointed in practice (dissipating over time), and denying the awareness of the baby-to-be to other men connected to the woman's family or community. Involvement included: sending financial support but not communicating with women, communicating with women but not sending financial support, financial support and communication (from sporadic to regular calls or visits), being in a relationship, cohabiting and providing various sources of support including commitment to parenting. Below I describe the more salient modalities.

4.3.1. "Not responding".

Some pregnant women indicated that the father "did not respond" (provide support) by negating their paternity, as Katerine describes below.

*When I told him **he did not want to respond. He said it's not mine** and I said to him: 'fine, **don't respond**'! I'll get ahead with my child and stormed out! And everyone asks: and the father? And the father? And I say to them: 'no, he doesn't know,' but he does know, he just didn't want it. (T1, Pair 7, Katerine, 21–24 years)*

Katerine alludes to the gaze of her singleness (recall Section 4.2.3.) by pointing out that the father negated his paternity. This is insulting for many young women; Katerine recounted her reaction (“storm[ing] out”) and opted to account for his absence as lack of knowledge to the family and community. Johanna below elaborated on a comparable outcome.

*The baby's dad says that he had a problem, that he had surgery and that he then became sterile, and so because of that he is going to do the [paternity] test as soon as the baby is born but that during the pregnancy he wasn't going to help. But I'll have to wait and see if it's true that after the test he will help us. Because now he says that **he is not sure that it is his**. And I just say to him: 'and who else do you think I have been with if not you!?' (T1, Johanna, 16–20 years)*

Johanna's scenario links with a common thread found in popular Latin American discourses of tales of infertility from men (see Cashdollar, 2017). This behavioural pattern has been found in adolescent Latina mothers (see Cashdollar, 2017) relating to avoidance of condom use or other contraceptive methods. Women (like Johanna) trust their intimate partners with these tales but then face negation afterwards.

4.3.2. Sporadic contact.

Disclosing the nature of the relationship with fathers was not immediate. Towards the middle of the interview, a few women acknowledged how in practice, they saw the father sporadically and were limited to whatever economic support he was willing to give them.

Carolina: Truth be told we see him very little. In a month, once, we might see each other. I think he'll have very little contact [with baby].

Natalia: And would you like this to be the case or to change?

*Carolina: Of course to change! Not because of me but because of my baby, because as soon as she feels him, is as if she already knew. **The few times he has felt her, it's like she knew***

him and I know she will need him, need her father a lot, but if he cannot give her anything, it's no longer up to me". (T1, Pair 3, Carolina, 21–24 years)

Women like Carolina expressed a desire for their child to have the father's involvement (with differing options, which depended on the father himself). Carolina made sense of this desire through her unborn baby ("The few times he has felt her, it's like she knew him and I know she will need him"). Carolina's own father had very limited involvement in her life. In these cases it was more evident that they hoped for the father's support, although they all asserted their capability to raise the child by themselves and/or with their *mamitas*/families.

4.3.3. Questioning long-term commitment.

Some participants who were involved with the baby's father at T1 raised concerns this could change with the baby's arrival. When fathers were supportive, some pregnant women were doubtful about their future participation.

*He says that yes, that he wants a baby, but **I believe that one shows one's intentions with facts** ... He says yes, that he really wants ... according to him, what he has said, that he is looking into arranging things with work so we can all go and live in a flat [...] but we will have to see, then, if things do happen as he says. (T1, Patricia, 21–24 years)*

Patricia was in a relationship with the baby's father in T1 but they were no longer together in T2. During our interviews, Patricia uttered an interest in maintaining a parental link with the father, just like Carolina. Roseneil's (2006) consideration of the meaning behind the spectrum of singleness-relationship (for people that are not cohabiting) is helpful here as single living does not equate with not having an intimate partner relationship. Yet, some women aspire to attain the nuclear family ideal, which continues to frame expectations and desires for fathers' involvement. I should note that family sociology research has criticised the ways in which single motherhood has associated non-resident fathers with absence (see Amato & Gilbreth, 1999; Carlson, Kacmar, Wayne, & Grzywacz, 2006; Dowd, 2000; King & Sobolewski, 2006; Madhavan, Townsend, & Garey, 2008; Dermott, 2003, 2007; Morgan, 1996). Instead, authors called for adopting various ways in which non-resident fathers take part in children's and family life in manifold ways (see Dermott, 2003, 2007). Although I acknowledge that fathers were not included in the research (see limitations, Section 7.2.1), findings revealed that absence and limited involvement from fathers were common in the District.

4.3.4. Fathering engagement.

A few women expressed that the baby's father provided support, was in a relationship or cohabiting with them. Let us recall how Yani (see 4.2.) reacted positively to the pregnancy largely given the father of the baby's reassurance. Pregnant women like Yani who were in a relationship or in receipt of support (material and/or psychosocial) regarded this as a privileged position in the District. Such support occurred in different modalities, from financial provision to directly engaging with the baby-to-be.

*He has always [father of the baby] told me everything is going to be okay for us [...] He greets him [foetus], **kisses my belly**, touches me and squeezes me, and **every day at night he speaks to him, for he has already named him.** (T1, Yohaira, 21–24 years)*

Yohaira described the father's engagement as not only giving her support but also the intimate practice of connecting with their unborn baby. In a few other similar cases, the accounts described fathering engagement or involvement in what has been referred to as contemporary fathering in sociology (Dermott, 2003, 2007; Morgan, 1996). Yet, Dermott (2003, 2007) highlighted there is ambiguity surrounding the term "involvement", given the manifold practices and circumstances in which fathers are today involved with parenting. However, situating the study in context means that the varieties of fathering involvement found, particularly regarding those with sporadic or no contact, are a concern highlighted by both women and stakeholders. In relation to mothers, authors have argued that fathers play a key role in shaping the trajectory of pregnancy and mothering (see Parker, 1995/2005, 1997; Thomson et al., 2011) including handling of maternal ambivalence (Parker, 1995/2005, 1997). In the District, fathering support impacts mothers and the family in material, psychological and social conditions. When they are absent or have limited contact (i.e., many accounts, some of which are identified above), women are supported by other family relationships.

4.4. Scaffolding and *Pa'delante* (Pulling Forces): Adapting to the Disruption

The analysis has so far described the *pushing forces* the self experiences in relation to disruption. It has depicted the various modalities of involvement and relations with the intimate partner/baby's father. This section addresses the adaptive ways in which women are supported to adjust to the disruption and keep going forward (*Pa'delante*).

4.4.1. The *mamita*: a central scaffolding source.

“[...] the presence of an Other is at the heart of the Self”. (Jovchelovitch, 2007, p. 22)

The *mamita* (i.e., mummy) is usually the mother of the pregnant woman (i.e., grandmother of the baby) but can be the great grandmother of the pregnant woman, an older sister or aunt. Chodorow (1978) identified that “women’s mothering is reproduced across generations” (p. 3) and in the research, the *mamita* provides social, cultural and gender accompaniment and support to the mother-to-be through her maternal knowledge, experience and practices. It is common for children to call their grandmother *mamita* too. Corroborating Phoenix’s (1991) research on mothers under 20 years, almost three-quarters of grandmothers were in their forties or younger, some have small children that will grow up as quasi-siblings of the grandchild. As such, *mamitas* do not like to be called grandmothers because grandmothers are represented as grey-haired older women.

*Karen: I’ve always lived with my mum. My mum has never left me alone. She has always been there, she has never abandoned me. **She has always been taking care of me.** She was the one who gave me my education. She is the one that has **kept me going forward. What I have, is all thanks to her. My mum is my everything.** It was her who gave me ‘mis quince’¹⁰, my secondary school graduation, everything. She has not turned her back on me. (T1, Karen, Pair 8, 16–20 years)*

For women like Karen, her mother is the source of her overall material and psychosocial wealth (“My mum is my everything”). This resonates with studies on adolescent mothers in Latin America where grandmothers are a main source of support to their daughters (Ferreira Takei et al., 2012; Tenorio & Sampson, 2000; Tenorio, 2012). In a community where half of the women are single heads of household (Observatorio de Seguridad, 2017), mothers are “the only stable force” as Scheper-Hughes (2013) found in her research in another precarious Latin American context. Yet such a force gets enacted with power in the family. Karen then voiced how the pregnancy was assumed by the *mamita*.

When I said I didn’t want to have it she [mamita] said that she would not allow it and would never forgive me, if I didn’t want to have it, she would help me raise it. (T1, Karen, Pair 8, 16–20 years)

¹⁰ This refers to the coming of age birthday ritual for girls, which is similar to the “sweet 16” but in Latin America this takes place when girls turn 15.

The *mamita's* scaffolding, as in any microgenetic relation, is interdependent (Marková, 2016) and in this case directly conditional. By being a central figure, the *mamita* holds power over the way of mothering and future direction for her daughter's pregnancy to keep the baby. This is largely mediated by strong negative attitudes towards abortion (see 4.2.4). I refer to this dynamic as "a pact" *mamitas* make with their daughters: *mamitas* will have a second opportunity to engage in mothering and share child rearing, while their daughters agree to be supported and continue the pregnancy. Although this was not always verbalised by participants like Karen, the intersubjective support was apparent in many mother and *mamita* pairs. I discuss this below.

4.4.2. The second opportunity: the emerging *mamita*–mother–baby triad.

Once some *mamitas* and mothers accepted the precipitated pregnancy, many saw this as a second opportunity to reframe their own relations, particularly in cases when mothers felt the *mamita* was distant.

*I say to her [mamita], since you did not live everything with me when I was little, **now that I have my belly you can spend a little bit of time with me, help me out to get through this.** And she tells me that she will help me, that she will be there for me. (T1, Marlene, Pair 1, 21–24 years)*

Marlene hoped the pregnancy and her baby would provide the opportunity to improve their relation this time around because the baby opens up a communication pathway for the mother and daughter. This was particularly significant for the few *mamitas* who acknowledged feeling unprepared or distant when they themselves were in their daughter's positioning (as young mothers).

*With her [her daughter], I didn't know how to be. **We will see through the eyes of that child.** For me the truth is that **it will mean to learn to be a mother**, because with my daughter, the truth is, I didn't know how to be. (T1, Pair 1, Maria C, 35–39 years)*

The child becomes key in intergenerational dynamics towards a rearrangement with a third. By becoming an intricate yet additional other in the mother–daughter dyad, mediating their own relationship through the third (Marlene uses her "belly" as an object to connect with her mother, Maria C indicates they "will see through the eyes of that child"). The baby enables the emergence of the *mamita*–mother–baby triad, by becoming a shared object between *mamita* and mother. The trajectory

many of the *mamitas* have “walked” means they have gathered experience to “learn to be a mother” as Maria C described. As such, they commit to supporting daughters and adopting an active positioning in the *mamita*–mother–baby triad. Yet, I found the mother–*mamita* dynamic to be complex, with various positionings and unintended consequences that are explored in Study 2. Regardless of tensions, this is reparative overall for the mother–daughter relation, as Phoenix and Seu (2013) found, where daughters who become mothers are able to repair relationships (at least in partial ways) with their biological mothers.

4.5. “*Pa’delante*” Attitude (*Going Forward*)

In Section 4.2.1 I highlighted ways in which experience is made concrete through language (recall “the tying down”). Another Colombian saying appears across the interview data (with 51 references) encapsulating the community in many ways: ‘*pa’delante*’ (going forward). In a context where pregnancies earlier in life trajectories are common, assuming a *pa’delante* attitude illustrates how women make sense and respond to the disruption.

As I became pregnant and I told her [mamita], she was the one that gave me enough strength to assume things. She tells me that, obviously, it would have been better that this would have come later, but, as the saying goes “A lo hecho pecho” (no point in crying over spilt milk) and “pa’delante” (going forward). (T1, Yeimy, 16–20 years)

Yeimy’s *mamita* scaffolds her towards adaptation, by making the best of the circumstances they face through a *Pa’delante* attitude. Primary family support provided (mainly) by the *mamita* (whether harmonic, controlling or conflictive) enables many young women to assume mothering in Latin American peripheral contexts (see Climent, 2012; Tenorio & Sampson, 2000; Tenorio, 2012; Villalobos Valencia, 2014).

4.5.1. “It’s up to us”: assuming the responsibility.

Young women know mothering requires manifold resources, ranging from the material and physical to the psychosocial and beyond. Regardless of the father’s involvement, mothers and *mamitas* alike feel the responsibility lies in them as women. This resonates with Hollway (2015) who identified that women in many places around the globe continue to be the ones responsible for childrearing. I describe this as a pulling force enabling mothers to encounter their babies (Section 4.6).

*It is **my responsibility to fight for him**, even though I have the father's support [...]. **It will always be me who will take care of him**, if he gets sick, it'll be me running out of the door with him. (T1, Marlene, 21–24 years)*

A few of the mothers like Marlene, who count on the support and involvement from fathers or their families, highlight that it is up to them to embrace the responsibility of raising the child. Such responses were linked with the *Pa'delante* attitude that many expressed. This understanding reflects a declaration of responsibility revealing a capacity to take ownership and embrace the incoming maternal positioning with determination.

4.5.2. Shared mothering: not “first-time” mothers.

Shared mothering was found to be a common practice in the District. Thirteen pregnant women (out of 35) including many from the 16–20 years age range, indicated that although this was their first pregnancy, they did not consider they were going to be “first-time” mothers. They had direct experiences of having shared childrearing of younger siblings, nephews and nieces or with children their mothers or family members have been paid to care for.

***I am a mum already** because of my smaller brothers, my brothers I love them very much because we basically lived almost just us four. Basically **I took care of the little ones** because my mum was single and she had to work to sustain us, as usually the eldest plays the part of caring for her siblings [...]. **I've already been a mum.** (T1, Laura V, 16–20 years)*

*Here where you see me I know how to change nappies and I know how to bathe them, I learned because of my sister. When my sister was born I was like 9 years old, my mum went to work and I stayed with her. To me it's beautiful to have a baby, when my sister learned to walk I was the one who taught her how to, when she said her first words, **when she said 'mama' she said it to me and not my mum.** (T1, Valerie, 16–20 years)*

Although shared mothering has not been a matter of choice (see Collins, 1994; Glenn, 1994), it has provided an experiential resource and a maternal positioning for women like Valerie and Laura V. This brings out the local adaptive ways in which the practice of raising children is carried out (mainly) by women. Appreciating the specific reality lived by families in the District opens the possibility to capture a way of exalting how women, who may be younger, may be in actuality more experienced compared to

other mothers facing infant caring and mothering for the first time. Importantly, it questions the notion of “first-timeness” as mothers illustrate that the meaning of mothering expands beyond the heteronormative biological mother–child dyad. This example unfolds the “rich textures of difference” (Collins, 1994, p. 62) encompassing the maternal experience when viewed from the perspective of mothers as subjects in their own right.

4.6. Encountering the Baby

“Despite women being more than mothers, being a mother is defined by a relationship. One is a mother by virtue of having a child”. (Hollway, 2001, p. 9)

Maternal research has shown that pregnancies can be an intimate, complex and ambivalent experience (Baraitser, 2006, 2009; Tyler, 2000; Villalobos Valencia, 2014). For half of the women in the research, the pregnancy opens up identifications, which place the unborn baby as a new anchor in their lives. For others, the pregnancy produces other psychosocial impacts such as disembodiment, described in Section 4.6.1.). In this section I depict the first symbolic encounters *pulling* mother to engage with the baby, framed by the maternal temporal “walking” linking the disruption from the first trimester to visualising mothering in the third.

***It's a tough but beautiful experience** because at least, I say, at first, the first week, I cried and cried and cried and cried. [...] and there was no one who could contain me. I used to say 'I am going to be a mum and I find that's... [silence]. But then I said, 'what would it be like when she kicks?' Because as each month goes by, one starts to see, you feel like that energy, something so beautiful, it feels at first as odd but then it's something so beautiful.*
(T1, Pair 12, Esmeralda, 16–20 years)

The disruption elicited by pushing forces from the first months is counteracted for women like Esmeralda, who uses resources, not just from the scaffolding received but through her capacity for intersubjectivity (Benjamin, 1988, 1994, 1995, 2000, 2005, 2010, 2018). The tensions in the trajectory reflect how the pregnancy becomes accepted and then anticipated by some, despite the continuous challenges at hand. Ambivalence (“It's a tough but beautiful experience”) is expressed with the visualisation of her unborn baby (“what would it be like when she kicks?”). This process is apparent in the pregnant women regardless of whether the news was received negatively or on the differing degrees of support at hand.

I can already imagine my baby, I want to hold her, I want to carry her, this is something so great that I can't really explain it with words [...] She is a little ignited light. (T1, Valerie, 16–20 years)

In the visualisation process Valerie verbalised how the baby goes from being objectified and distant (recall Section 4.2. “a package” to “a little ignited light”). Other pregnant women recognised the contradictory experience of mothering, where visualising maternal practices means assuming difficulties they will face with a demanding developing infant (Raphael-Leff, 2010). Yet, the data show that the maternal transition is not demarcated by childbirth. It can occur when pregnant women encounter the unborn baby during pregnancy. The encounter is enabled by the symbolic capacity to imagine the baby as an other, “I can already imagine my baby”, as Valerie expresses. This resonates with Castro Franco and Peñaranda Correa’s (2011) Colombian research where the unborn baby may have been first marginalised but in the later stages of pregnancy visualising occurs.

4.6.1. Disembodiment.

Not all pregnant women experience a connection with their unborn baby. This chapter started by describing the disruption brought by the pregnancy where some women expressed objectifications and distancing. Disembodiment conveys a stronger emotional reaction, where the baby, although consciously known to be physically growing within, elicited a very limited symbolic engagement despite her presence. This displays a common human response to unexpected events that may be overwhelming for mothers (Baraitser, 2009; Parker, 1995/2005, 1997; Raphael-Leff, 2010). In the research, a few had direct encounters with violence and all lived in precarious conditions, which contributed to depression and other difficulties. One young woman had large debt problems with local microtraffic gangs and in two cases there were reported suicide attempts¹¹. In the extract below Yurleydi expresses her psychological difficulties.

It is a deep emptiness, I miss everything, my mum, my brothers, but not that they are far away or dead or anything, is just that because as I feel lonely, depressed, I don't feel my baby, I feel like I have an empty belly. I don't want to do anything, not shower or anything,

¹¹ The women found to be at risk were receiving psychological treatment from the health services. As described in the ethical section of the methodology (Chapter 3), I made an agreement with ESE staff that upon receiving the women’s consent, I referred those that either asked for provision or I considered that it would be beneficial for them.

I just cry for nothing, I don't want to rub my belly, do not even feel like talking to my baby or anything, the depression is strong, strong, horrible [...]. It all started from the pregnancy, it has been strong. (T1, Yurleydi, 16–20 years)

The disembodiment (“I feel like I have an empty belly”) Yurleydi expressed relates to Parker’s (1995/2005) maternal ambivalence. Instead of acknowledging hating feelings towards the unborn baby, some women divert their hate by adhering to a fantasy where the unborn baby does not exist; by relegating any creation of significations towards the unborn baby, as a “nothing” she cannot be hated. Although many mothers encounter maternal gratification when they encounter the baby, maternal research has also shown that many others experience the encounter differently, where the other is a stranger, an unknown being (see Baraitser, 2006, 2009; Levin, 2006, 2008; Scheper-Hughes, 2012; Tyler, 2000; Villalobos Valencia, 2014). This psychosocial experience is not specific to mothers in adverse contexts but precarious conditions have been evidenced to impact the maternal transitioning in studies with mothers at the sharp end of poverty and exclusion. Scheper-Hughes’ (1992) classic study revealed how an extreme adverse environment shaped object relations in mothering. Women in Alto do Cruzeiro in Northeast Brazil had to protect themselves (and their older children) by staying away from encountering the vulnerable other. The severe lack of access to economic, social and health opportunities meant women had to already distribute scarce resources among the children they already had, leaving no space for the most vulnerable (i.e., newborn babies). Stark material constraints forced women to stay symbolically distant until children demonstrated they were able to survive their imminent mortality (Scheper-Hughes, 1992). Although the DAB is not the extreme precarious case of what the Alto was in the 1980s, it encompasses violence and poverty, among other contextual challenges, which impacts maternal trajectories in differing ways, including disembodiment.

4.6.2. Embodiment of two: staying well and pressures.

Yet, despite contextual adversity, many women describe their pre-birth experience by the visualisation of mothering. This gives rise to a deeper symbiosis with the unborn baby where some mothers feel a profound physical and symbolic impact of one body carrying another. Tyler (2000) referred to this process as the biological embodiment of the “pregnant self” (Tyler, 2000), which is intersubjective by default: both on the unborn baby and the mother. Esmeralda described how the emotional wellbeing of the mother is “in sync” with the unborn baby.

Natalia: If you could say something to another pregnant woman like yourself, what would you say to her?

*Esmeralda: [...] that maternity is the most beautiful thing, I would encourage every pregnant woman to enjoy it, to feel their baby, to love them, to talk to them so the baby feels the voice of the mother and connects with her. I would encourage her to take care of herself, **to take care of herself properly because another being depends on her.** I'm trying to not get upset now, to stay calm. (T1, Pair 12, Esmeralda, 16–20 years)*

The dependence of an(other) (the unborn baby) on the self promulgates the emerging mother to improve her life as her emotional state directly impacts the baby's wellbeing. In visualising mothering, the developing baby takes front stage, becoming a source of motivation for mother to stay healthy. Mothers like Esmeralda discussed the importance of physical health through a good diet, attending hospital appointments and following medical and community advice. In essence, physical and psychosocial wellbeing have a "multiplied" outcome: a healthy mother-to-be means a healthy baby. In this sense, the umbilical cord is also feeding the foetus its early psychosocial development (see Villalobos Valencia, 2014). The advice on prenatal health practices has been maintained through representational systems (Jovchelovitch, 2007), from ancestral community knowledge to more formal maternal health and ECD evidence and policy (for reviews, see Britto et al., 2017; Irwin et al., 2007; Vegas & Santibáñez, 2010; Young, 2007), which has been adapted by the health service (see Unicef's, 2014 guide) in Colombia (maternal health provision is described in Study 3).

Notwithstanding the importance of ECD, the social pressures stemming from these knowledges place an onus on the pregnant women to be "well" and allude once more to Welldon's (1988) "good" mother, idealised in society, underpinning the ways in which young mothers have been targeted (see Byrd, 2014; Climent, 2009a, 2009b, 2012; Jackson, 2014; Katz Rothman, 1994; Phoenix, 1991; Phoenix & Woollett, 1991). These representations reinforce the societal and cultural agenda with additional expectations placed on pregnant women like Esmeralda. However, despite their impact, at the microgenetic level we see the ontological developmental process of constituting intersubjective relations based on the symbolic function (Jovchelovitch, 2007; Villalobos Valencia, 2014). The temporal connection shows a key moment in the transitioning. Authors indicated that in these moments pregnant women relate to the growth of the strange and unknown, yet *intimate* embodied other (see Baraitser, 2006, 2009; Levin, 2006, 2008; Tyler, 2000; Villalobos Valencia, 2014). A professional stakeholder described this relation as a symbolic pact: "the pact with the child does not only occur at birth; rather, it happens in the moments

that one faces this marvellous but completely *unknown being* to us [mothers]”. In a similar vein, Esmeralda recognised the embodied intersubjective encounter with the baby. This is apparent in her glimpses of an attitudinal change, given her appropriation of health advice.

In addition, narratives from women who have shared mothering show how visualising caring for the baby means a grounded awareness of the challenges inherent in maternal practice. This elucidates concerns about the impact of their own psychological stressors on the baby.

*With my cousin I care for him, I care for him deeply and we're together and all good, normal, all cool. And then **suddenly he stresses me out at any given moment** I want to shout at him, and I want him out of here! [...] I don't want to do these things with my son which is when I get stressed and when I get stressed I say to people hurtful words. (T1, Pair 7, Katerine, 21–24 years)*

Katerine's account reflects an acknowledgement of the hating and loving feelings encompassed in maternal practice. Parker's (1995/2005, 1997) maternal ambivalence is again useful here as it juxtaposes the positive and negative components of the affective landscape, which are impacted by the pressures that *pushing* forces exert on the self (stress) which impact Katerine's relation with the child she is currently mothering and her anticipation for her relation with her own baby.

4.6.3. Scaffolding from baby: baby as object of transformation.

Maternal research from the Global North and South has argued that pregnancies can give young mothers-to-be an opportunity to reconsider their positionings and trajectories and for some to believe they can improve their lives (see Baraitser, 2006, 2009; Elliot et al., 2009; Ferreira Takei et al., 2012; Miller, 2005; Villalobos Valencia, 2014). Just like we saw with Esmeralda, Chodorow and Contratto's (1989) maternal gratification was evident in 13 out of the 35 interviews with pregnant women.

*Since the pregnancy I haven't felt those anxieties, about the things to do with my mum. And although I didn't think I was going to get pregnant, **it is for my daughter that I am quitting drugs**. Truth be told I don't know what would have happened because I was a person too involved with drugs. I have left drugs for my daughter. **My daughter is a gift that God gave me to come out of that world**. (T1, Valerie, 16–20 years)*

Valerie narrated that having an(other) enabled the representation of a supportive intersubjective space, where she saw herself jointly with her baby carrying a project through shared intentionality (Tomasello et al., 2005). Benjamin's (1988, 1994, 1995) mutual recognition sheds light onto how the unborn baby can be considered an emerging object of transformation scaffolding mothers-to-be like Valerie to keep going "together". It sets a pathway towards agency as Valerie indicated "it is for my daughter" that she engaged in the behavioural change. She allocated to the unborn child the resources the self needs to re-write her trajectory, which she had not found prior to the pregnancy. The baby is the object of Valerie's transformation: "a gift that God gave me to come out of that world".

For a few other young women, scaffolding from the baby meant being able to leave the baby's father (given substance abuse or gang involvement).

*I don't want my daughter to grow up next to a person that is unable to quit drugs, **that's why I left him**, so she doesn't grow up seeing that. (T1, Jenny, 16–20 years)*

The emerging other resting at the symbolic sphere gives pregnant women like Valerie and Jenny the ignition for behavioural change as they now have an(other) to take care of. This becomes a trigger, an opportunity to decide to change their current behaviour and future life trajectory. We generally regard the baby as dependent and scaffolded by the mother but here we see the intersubjectivity of scaffolding, where baby also scaffolds, not just the more able other.

4.7. Post-birth: Recounting the Experiential Narratives

I returned a year later to gather the experiential reality of mothering within the baby's first year. I retained 21 out of the 35 women I interviewed at T1 and 12 out of the 15 *mamitas*. Mothers came to the interviews with their babies. When they came with *mamitas*, they at times would take turns to care for the baby while the other sat with me during the interview. Having a year between data collection phases (T1 and T2) calls for connecting temporality and memory. Sociocultural psychologists highlighted that remembering and recounting are selective processes, involving reconstructed representations of the past into the present (see Jovchelovitch, 2012; Simão, Guimarães, & Valsiner, 2015; Valsiner, 2018a), which also applies to reconfiguring experiences through the interaction of temporal positionings. Recounting in a communicative encounter brings out the salience of meaningful experiences, which become situated in the selective recall process (Bruner, 1994). The interview encounter (mothers communicating with me, the returning researcher as their audience and vice versa) shaped their

recounting and the resulting dialogue, where many women made associations with our previous discussions (see Section 3.9). They expressed the physical, social and symbolic transformations they were undergoing with mothering, relating to the *pushing and pulling forces* that continued to impact the psychosocial and practical dimensions of the transitioning. This final section describes the early mothering experience.

4.7.1. Early mothering: representations-reality gap.

At T2, mothers revealed the complexity of early mothering, including difficult emotional experiences. In particular, the practical reality of mothering questioned idealised representations of motherhood when mothers faced the challenges of caring daily for a demanding infant (Baraitser, 2006, 2009; Hays, 1997; O'Reilly, 2010, 2014; Thomson et al., 2011; Phoenix & Woollett, 1991; Raphael-Leff, 2010).

*One always had an opinion on how people raise their children, I always said 'why does she do that'? And really, **only now that I have my baby I really understand that one speaks 'de dientes 'pa'fuera' (paying lip service), and at times I feel very bad because when I get angry [...] I know that for having such rage I'm hurting my baby and I criticised people for that, because I'm doing what I criticised other people for.** (T2, Yurleydi, 16–20 years)*

Yurleydi, who experienced disembodiment in the pre-birth phase (recall 4.6.1.), acknowledged the representations-reality gap of mothering (“paying lip service”) by dismissing her previous otherising gaze towards mothers. This relates to what Gillespie (2006) following Mead (1934) described as the process of “becoming other to ourselves” (p. 205). Yurleydi’s reflexive act of seeing herself as now occupying “the other” positioning is difficult: “at times I feel very bad [...] because I'm doing what I criticised other people for”. Yet acknowledging her new position enables two reconfiguration processes: a) rethinking her previous unfounded criticisms about mothers and b) self-reproach and guilt expressed through the anger of becoming other, which is characteristic of Parker’s (1995/2005, 1997) maternal ambivalence.

- **Being “consumed”**

Authors suggested that the psychosocial complexity of early mothering is a common experience for many mothers across the globe, regardless of background (see Ferreira et al., 2012; O'Reilly, 2010, 2014; Raphael-Leff, 2010; Thomson et al., 2011). In the next extract this is evident in how the self depicts “being consumed” in daily practice.

*All my time **my baby consumes me**, because I keep watch over him all the time and I do not even think about me, **I'm leaving everything aside**. I was super vain, and now I go out with the first thing I find, and I hardly ever wear long earrings because he pulls them or the necklaces. One leaves everything, as they say: '**one changes the handbag for the nappy bag**'. (T2, Pair 5, Bernarda, 21–24 years)*

Bernarda expressed the need to give up her “handbag”, which entails her self-presentation as a woman for the “nappy bag”. The practical de-centering of early mothering is corroborated in maternal psychosocial research, described by Baraitser (2009) as a “subject of interruption” (p. 67), given the psychological impact of the constant interruption mothers experience given the child’s needs.

- **The immediacy of the present: disruption resurfaces**

Mothers refer to early mothering as the impossibility of attaining certainty and a degree of control over their lives.

*I wanted to go on an exchange programme this year, I was applying to that, and it all went very well... [cries] but I couldn't leave, it was horrible... it is an opportunity that very few people get, and [...] for that I felt very distressed, I have felt very afflicted [cries] ... well I see her, see her grow, so cute and everything but no, ughrr!! it's horrible because it's like saying I sacrifice this for that and **all comes as a surprise, in this moment my plan is to not make plans** [...] my relationship with her is very strong because I love her a lot, I always try to be there for her, I try to understand her and that, but it's been complicated. (T2, Ana Maria, 21–24 years)*

To a few like Ana Maria, the disruption from the pre-birth phase resurfaces as she received an educational opportunity she was unable to accept. As such, she opted for “my plan is to not make plans”. In this sense temporality is experienced as an eternal present of the “just here and now”, as mothering inhibits her ability to carry out other life dimensions or imagine futures. The extracts from Yurleydi, Bernarda and Ana Maria reflect the emotional intensity of ambivalent feelings (anger, sadness, frustration, love) of been absorbed by the new relation or of living simply in the day-to-day. These expressions are commonly reported in maternal work across sociological and psychosocial studies (see Baraitser, 2006, 2009; de Marneffe, 2006; Hayes, 1997; Hollway, 2010; Miller, 2005; Sheehy, 2011; Uriko, 2012; Villalobos Valencia, 2014). However, Parker’s (1995/2005, 1997) maternal ambivalence

provides a deeper understanding for navigating the affective relational landscape when viewed from the subjectivity of the mother.

4.7.2. Persisting relational difficulties with fathers.

Apart from the mother–baby emerging relation that I have explored in this chapter, the baby’s arrival and physical presence also connects with the father, revisiting their modalities of involvement. Unfortunately, out of the mothers that were followed ($n=21$) at T2, two suffered the death of the baby’s father (see Section 5.2.4. Deaths by violence) and a few fathers had become distant by T2.

*The father, if you remember during my pregnancy everything was going well, and when I was almost 9 months, he got some work in Bogotá and left and **forgot that he had a child until this day!** Every 4 months or so he calls: ‘How is the child’? But doesn’t send him anything and I get so mad! (T2, Patricia, 21–24 years)*

Feelings of anger towards limited fathering involvement were expressed by mothers like Patricia, who is interested in taking legal action against the father through the Colombian Institute of Family Welfare to claim parental support. This was not always the case. A few mothers continued their relationship with fathers (recall Yohaira, Section 4.3.4.) and some described how they assumed a more active position in fathering.

4.7.3. Post-birth relation with the baby: maternal responsibility.

A central thread in this study is to unpack the complexity and contradictions inherent in mothering. As such, the same group of mothers that reported anger and feeling consumed expressed the loving relation they were developing with their baby at different temporalities. Here the temporal model of pushing-pulling forces (see Figure 4.1) illustrates how relational encounters move in-and-out between closeness-distance. In the pre-birth phase, I showed how some women represented the baby as an object of transformation, where psychosocial scaffoldings enabled maternal behavioural change. For the 21 first-time mothers that were followed in T2, about half directly voiced the positive impact of having an(other) to take care of.

*Yani: For me, the arrival of my girl has been very good because truth be told her father goes out to work and I used to stay alone, and **I would feel very lonely in the house and now***

with her I have something to do, even when she makes me mad! But for me this has been the best that has ever happened to me, I now have someone to keep me company. Because truth be told I used to get bored in the house all by myself, and out of boredom I would put the telly on and would fall asleep but now with her I have to take care of her so I'm no longer bored. (T2, Yani, 16–20 years)

Yani, who was one of the few mothers living with the baby's father, highlighted that because he works all day, she used to spend her days alone. However, she now has less time to engage in solitude, as her baby's needs keep her occupied. Like a few others, she had experienced depression and a loss of a daily structure with the disruption (see Section 4.2). Yet, there is more to this than the practice of being occupied. Having an(other) has given Yani the responsibility that many mothers talk about in the research. From a psychosocial perspective, the constant presence of an(other) to take care of, not only forms attachments (the emerging mother and infant) but importantly continues to enable the reconstituting elements of subjectivity (Baraitser, 2009; Villalobos Valencia, 2014). For Yani, mothering is gratifying at many levels, corroborating Chodorow and Contratto's (1989) classic work. Here, the baby not only provides a purpose to her life but also companionship. Darlin, another mother described it as: "in my house I used to be the baby but now in my house they say I am now a *señora*" (Darlin, T2, 16–20 years). Mothering thus enables new social positionings to transition into assuming more responsibilities into adulthood (Climent, 2012; Elliot et al., 2009).

- **Baby continues to give back: mother–*mamita* intersubjective perspectives**

For one mother, the relation with the baby is signified as deeply transformative in terms of mental health. Laura had suffered from clinical depression and had attempted suicide before she became pregnant. Her mental health had improved considerably according to herself, her mother, her therapist and in my own observations at T2. In the next two extracts, I present her case (Laura) and her mother's (*mamita*) accounts to portray the intersubjective perspective around the baby as object of transformation (scaffold) during the post-birth phase.

*It's just that sometimes one fills one's head with many things, **things that babies totally change in you**, they say things about them [babies] but that's all a lie: that they hinder, that they do not let you go forward, that one ties oneself down. That is all a lie, a total lie. **Having a child is the best thing that can happen, having a child, for me, has been***

the best thing that has ever happened to me, I would not change that for anything because it has been the best. (T2, Pair 4, Laura, 16–20 years)

Nancy's (*mamita*) perspective follows, where she also attests to how the baby has become a central scaffold to help Laura prevail.

*Nancy: It used to be terrible, terrible, terrible with Laura before the little girl. The times lived were terrible, is like I say to her now: "one does not wish that upon one's worst enemy", no one, because one lives with that terror [long pause]. Because I would go to sleep or go somewhere I needed to go like visiting my mother and had to leave her alone and I always had that fear, what could she be doing on her own? When I return, shall I find her? And she never left the house. She would stay there, wouldn't even shower, eat or sleep. So that was terrible but thanks to God she's not like that anymore. Her life changed for the better. **Only good has come from the moment the baby came home [...].** The other night she was telling me: **'I have my daughter and I have a powerful strength to live and to keep going forward'**. And I would say: 'that's very good to know,' is good to know for her to continue going forward, that's what matters.*

Natalia: And this change you describe, is it consistent, do you see it in her, not just from what she tells you?

*Nancy: Ah yes you can see the change; it's clear. She has a different attitude all round. She even wants to go back to studying [...]. Yeah she does, she's looking into it, **she has that desire now, says it's for her daughter.** (T2, Pair 4, Nancy, 40–44 years)*

Mamitas like Nancy understand how the baby becomes an object of transformation for the transitioning mother to shoulder the added responsibility of two. By assuming mothering, the self searches or reaffirms her life project, propelled by the intersubjective desire to provide a future for her child (see Section 4.6.3). Nancy touched upon Laura's desire, which had been dormant with the depression and throughout the disruption experienced during the pregnancy. In developmental terms, we know that an infant would be unable to provide such scaffolding without seeing this through the lens of the symbolic function (Jovchelovitch, 2007) (see 2.4). Benjamin's (1988, 1994, 1995, 1998, 2010, 2018) intersubjectivity is thus evident here, reflecting what the self (mother) symbolises that the object (baby) is giving back to self (mother). This reveals the baby's power in scaffolding the self towards a positive

transformation at T2, which was evident in my encounters with about half of the mothers, who described the positive psychological process resulting from connecting with their child.

4.7.4. Elastic positionings with shared mothering.

In the pre-birth section of this chapter, I identified how shared mothering was a resource that some mothers had by having previously raised younger children in the family. However, this practice is not limited to mothers. With the arrival of the baby, the *mamitas'* commitment to support both daughters and grandchild (see Section 4.4.2.), reflects their own shared mothering. Half made direct references to this practice.

Natalia: How does it feel to have a grandson? How has this been for you?

*Aurelia: My kids I love them very much, but I look at my grandson so tiny, so ... I don't know, you see my kids are all grown-up and I love them very much, but I look at **my boy** so tiny and so helpless. **I love him very much, just like my children, I love him, I am very happy with my baby, with my boy**, despite getting upset because we were not expecting a pregnancy like this but we are very happy with my boy, we're all very happy. (T2, Pair 7, Aurelia, mamita, 40–44 years)*

Although Aurelia alluded to the underlying tension of the early pregnancy, which continued at T2, my intent here is to focus on her relationship with the baby. Aurelia referred to her daughter's baby as "my boy, my baby" and identifies her maternal love on equivalent terms to the love she feels for her own children. The distinction between grandchildren/children is less prominent in families like Aurelia's. This resonates with Tenorio's (2012) research of maternal grandmothers of adolescent mothers in a peripheral urban area in Colombia, showing that the grandmothers look after and regard the grandchild as their own. Here, the re-positionings and re-alignings are more elastic and unboundaried with shared mothering, as the "mother-grandmother" (Tenorio, 2012) signifies the baby as her own as well. Aurelia referred to "my grandson" at the beginning; I interpret this as a direct response to my own word use but she then reassumes her own language of "my boy". The maternal-daughter perspective attests to this shared intergenerational mothering practice, as Katerine indicated: "one's mother becomes like the mother of the child" (T2, Pair 7, Katerine, 21–24 years). Aurelia and Katerine discussed their attachments to the baby, regarded by both as "their boy", illustrating the elasticity of positionings (Bastos, Uriko, & Valsiner, 2012; Ferreira Takei et al., 2012; Tenorio, 2012). Shared maternal positionings

are common in the District, as a public stakeholder corroborated: “who usually ends up taking care or helping with the child is the mother-grandmother”. Intergenerational dynamics depicting elastic positionings in shared mothering are illustrated in Figure 4.2 below. It illustrates how the mother-daughter connects with the grandmother-mother through shared mothering. This practice enables each subject to develop a connection with the baby and each other, depending on the positioning they adopt in the mamita-mother-baby triad. Importantly, shared mothering expands maternal transitionings from pregnancy to mothering, into mothering-pregnancy-mothering.

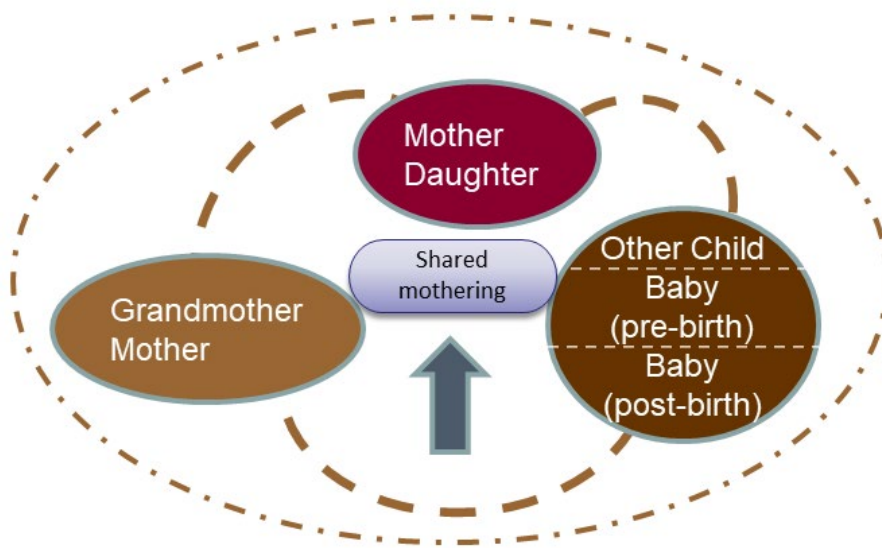


Figure 4.2: Elastic positionings with shared mothering

4.7.5. Maternal transitioning: ongoing temporal process beyond childbirth.

This study found that the maternal transitioning is not necessarily demarcated by childbirth. It is a temporal ongoing psychosocial process that may have started for some before birth, when they visualised and encountered the baby during their pregnancy; for others it was experienced post-birth, in the early mothering days. Crucially, however, it is a process that goes beyond maternal embodiment as some mothers had already mothered other children. It also extends beyond childbirth and early mothering, as it keeps reaffirming itself throughout a woman’s life (Parker, 1995/2005, 1997; Hollway, 2009). A few *mamitas* attested to this.

*For me, being a mother is not something that happens suddenly, it is not that from the punctual hour that one conceives them or when you realise that you are pregnant, it is something, regardless of the way in which they came to be, because many times one did not plan or if planned to have only the first one and then the other came along and the other... they are quite difficult situations but **with everything one assumes it all.** (T2, Pair 8, mamita, Stella, 40–44 years)*

Stella expressed that her maternal “becoming” occurred as an ongoing accumulation of assuming mothering with the children she had and raised. It is in this regard, a continuous lifelong process that goes through cycles of “difficult situations”, where they “assume it all” given the *Pa’delante* attitude I found, which particularly characterised the *mamitas*. As Hollway (2009) said, “ever since I became a mother, [...] I have known it was a transformative experience and that transformation has continued ever since, affecting who I am in every way” (p. 1).

4.8. Discussion and Conclusions

In this study I mapped the transitioning process of the maternal “becoming” in a Colombian community of mothers who were in their twenties or younger and living in Cali’s DAB. I explored how they experienced moving from pregnancy to mothering based on two data collection phases (pre and post-birth). The maternal trajectory was framed by Benjamin’s (1988, 1994, 1995, 1998, 2005, 2010, 2018) intersubjectivity and by Parker’s (1995/2005, 1997) maternal ambivalence. The question guiding the study asked: *How is the maternal “becoming” experienced from: a) the reception and trajectory of the pregnancy to then recount b) the experiential reality of becoming a mother in the first months of infancy?* Findings revealed that the maternal “becoming” was shaped by manifold challenges, encompassing a precarious context of poverty, violence and differing modalities of involvement from the baby’s father. I referred to these challenges as pushing forces of disruption, as they “push” the self away from encountering the baby. In exploring the emerging mother–baby relation, the analysis identified the positioning of the grandmothers (*mamitas*) as central to mothers. It shows how the mother–baby dyad expanded into an intergenerational *mamita*–mother–baby triad. Local practices of “doing mothering” beyond heteronormativity demonstrated how *mamitas* are a source of care and strength, particularly given the differing modalities of fathering found. This study is anchored in its context and draws from Colombian and Latin American research, where it echoes qualitative psychology work depicting the *mamita* as a central referent and guiding family figure (see Cavalcanti et al., 2012;

Castro Franco & Peñaranda Correa, 2011; Climent, 2012; Ferreira Takei et al., 2012; Tenorio, 2012; Villalobos Valencia, 2014). Yet, I found that intergenerational dynamics are complex, where the *mamita* exposes her dominant positioning in the triad, which (to my knowledge) has not been widely explored in these contexts. I address this further in Study 2, where I show how mothers also go beyond the triad, relying on kinship networks offering other support structures and positionings. Findings corroborate maternal research describing how the maternal transitioning process is supported by local practices of shared mothering (see Glenn, 1994; O'Reilly, 2010, 2014; Tenorio & Sampson, 2000; Tenorio, 2012). In the study, shared mothering revealed that some women felt they were *not* first-time mothers (although this was their first pregnancy). Contrary to the question I outlined, where I expected the maternal becoming to start during the pregnancy, this finding demonstrated that maternal trajectories in the Colombian urban periphery do not only move from pregnancy to mothering but can start *before* the pregnancy, encompassing mothering-pregnancy-mothering.

The study supports maternal work (both from the Global South and North) highlighting that becoming a young mother is a complex human story that goes beyond the mere “calamity” as it is often depicted (see Nieto-Álvarez et al., 2012; Byrd, 2014; Climent, 2009a, 2009b; Phoenix & Seu, 2013; Tenorio, 2012). Despite local specificities, (i.e., the triad, elastic positionings in shared mothering where many were *not* mothering for the first time), living through the biological and psychosocial experience of pregnancy and early mothering opened up reconfigurations that many mothers attest to across the globe (see O'Reilly, 2010, 2014; Thomson et al., 2011). Yet, adolescents and mothers in their twenties from adverse contexts in Latin America are rarely given the space to provide accounts of their psychosocial transitioning into mothering. Byrd (2014) specifically called for more research in the Global South to demonstrate the positive impact of young mothering in life projects. My research supports this call, specifically by describing how the unborn baby became the object of transformation in some mothers: propelling them towards changing their lives (i.e., quitting drugs, leaving gangs or unhealthy relationships, improving mental health). The study thus supports a central aim of this thesis: raising the visibility of the psychological subjectivities of young mothers from adverse contexts in the Global South.

4.8.1. Concluding remarks.

To conclude, the contribution from this first study is twofold: first, my findings support an expansion of the concept of psychosocial scaffoldings (Jovchelovitch & Priego-Hernández, 2013). Second, I propose an

empirically based model (see Figure 4.1) to ground Parker's (1995/2005) maternal ambivalence. I address this in turn. This study demonstrated the power of adaptability inherent in local family practices, where women depict how they are able to grow from the disruption by embracing a *Pa'delante* attitude. Central to these processes was the scaffolding *mamitas* provide for mothers, extending the more traditional dyad dynamic where mother scaffolds baby. Findings additionally showed that maternal dynamics expand the dyad to an intersubjective triad: from *mamita*-mother-to-baby-and-back. By encountering the baby, data show that the baby became a symbolic scaffold for the mother, revealing that the mother-baby relation is intrinsically intersubjective as the baby (fully dependent on mother for survival) scaffolds mother not just in an affect dimension but towards enabling behavioural change. This can occur during the pregnancy phase. This shows that taking care of an other enables the self to find resources to change, by "forcing" her to decentre and self-regulate. My final point relates to the empirical model (Figure 4.1) I propose to help illustrate maternal ambivalence (Parker, 1995/2005). Findings corroborate a body of literature in feminist psychology, psychosocial studies (see Benjamin, 1988, 1994, 1995; Elliot et al., 2009; Raphael-Leff, 2010; Parker, 1995/2005, 1997; Phoenix, 1991; Phoenix et al, 1991; Phoenix, 2010; Phoenix & Seu, 2013) and the sociology of families (Duncan & Edwards, 1997; Hays, 1997; Lawler, 2000; Smart, 1996, 2004; Thomson et al. 2011) debunking heteronormative representations of motherhood and families. The sliding metaphor in the model (Figure 4.1.) reflects how mother adapts to challenges and does not "close" her other life dimensions or positionings, permitting an understanding of psychological subjectivities in adversity. The model specifically enables the visualisation of Parker's (1995/2005) distinction between maternal love meaning "oneness [...] to loving moments of *at oneness*" (p. 29, original emphasis). Her criticism of "oneness" in maternal love relates back to the maternal ideal. The model illustrates temporalities of "at oneness" with moments of "not-at oneness". I argue this visualisation provides a closer approximation to what mothers describe in maternal practices, in their symbolic and practical encounters with the baby. It serves as another case of resistance against the intensive mothering literature (Hays, 1997) centred on "oneness". In the next study (Chapter 5), I further explore intergenerational dynamics by expanding into the family-community interface, where I found that violence and sociability impact trust-distrust dynamics within the lifeworld of the District.

CHAPTER 5

Intergenerational Dynamics in the “Caliente” District:

Scaffolding Under Adversity

Study 2

This chapter examines how mothers “do family” in the District’s violent and sociable conditions. It provides a picture of the lifeworld of the urban periphery by unpacking its challenges and the sociocultural resources that may be available for families to counteract contextual adversity. To investigate how sociable forms are enacted, I retake psychosocial scaffoldings focusing on its connection with Simmel’s (1950) sociability. In Study 1 I introduced the *mamita*–mother–baby triad as a central scaffolding source supporting maternal trajectories. In this chapter (with the baby taking a backstage), I pay attention to the ways in which intergenerational dynamics may extend beyond the triad. To this end, I revisit work on intergenerational dynamics presented in Chapter 2. Retaking Chodorow’s (1978, 1989) differentiation is particularly useful here to understand the sources of support and tensions shaping these dynamics. Then, by applying a “doing difference” approach, the contextual impact of the urban periphery on family modalities is further explored. Finally, in this study I propose an expansion of psychosocial scaffoldings by connecting it with Marková, Linell and Gillespie’s (2008) trust and distrust model. This conceptual link serves as an explanatory tool to help unpack the nuanced relations found in the ways in which trust and distrust are assumed and practiced by local mothers and families. In this introduction, I thus present the notion to support the conceptual link I put forward.

Investigating intergenerational dynamics permits depicting the ways in which generational linkages develop through identification and differentiation, as outlined by Chodorow (1978, 1989). This process reveals how mothers constitute their maternal subjectivities (Baraitser, 2009) in relation to their mothers. In this study this is explored by analysing the maternal and *mamita* interviews interchangeably through a psychosocial interpretation in the analysis. In addition to intergenerational dynamics, the

research continues to adopt a decentring approach to portray other ways of “doing family”, away from the idealised representation of the Madonna (Welldon, 1988) providing for the child. To understand local intergenerational dynamics, the study draws on mothering research which foregrounds “non-normative” motherhoods (Phoenix, 2010; Phoenix & Seu, 2013). To uncover the lifeworld of the District, the study applies Simmel’s (1950) sociability, as the concept was found to shed light on depicting life in similar urban territories in Brazil (Jovchelovitch & Priego-Hernández, 2013). In the research, it supports unpacking interactions in the District, beyond local urban violence. Finally, I introduce in the analysis the notion of trust and distrust, which I connect with psychosocial scaffoldings. Marková and colleagues’ (2008) trust model presents a multifaceted view of various forms of trust intersecting in domains formed around a basic axis ranging from micro-social to macro-social trust. Within each domain diverse types of trust develop. Focusing on the microsocial level, a basic ontological trust emerges between mother and baby. This extends to reflective and context-specific types of trust situated in the public sphere (Marková et al., 2008). The basic ontological trust the authors described is anchored on self-development from the infant’s perspective. However, in this study, in a direction similar to Parker (1995/2005, 1997) (recall Section 2.2.1), I shift trust onto maternal development. In Study 1 I found there was a time and a symbolic space for the budding mother to be supported in constituting her maternal positioning. In (child) developmental terms, the scaffolding space transcends into the fundamental Ericksonian primary trust that the mother is expected to secure for the baby at the microsocial level (Marková et al., 2007a; Marková & Gillespie, 2011). In this chapter I show how basic trust is instead experienced by mothers and unpack the ways in which it has implications not just for the transitioning but for life projects. Against this background, the second study seeks to extend intergenerational dynamics into an exploration of community life looking at the adaptive ways in which local families respond to adversity. To this end, I first explore the lifeworld of the District and then look at how mothers relate and interact with kinship and the community. The question guiding the analysis asks: *How do mothers make use of psychosocial resources to adapt their mothering in a context of violence and sociability?*

5.1. Methodology

Chapter 3 provided a detailed account of the research design and methods applied in the empirical studies. Thus, in this chapter I seek only to identify the specific data sources informing the inquiry. Just as in Study 1, I continue to make use of the individual interviews with mothers at T1 ($n=35$) and at T2 ($n=21$), as well as the individual interviews with *mamitas* at T1 ($n=15$) and then at T2, $n=12$. In this study

however, I incorporate the FG data sources, which include the FGs with mothers and *mamitas*, as they concentrated on community life primarily (see Section 3.6.2.). The FGs and MGs collated the voices of 14 pregnant women in two FGs at T1, eight *mamitas* in one FG and then at T2, 10 new mothers from one mini-group ($n=4$) and one FG ($n=6$). The FG guide delved into questions to unpack the contradictory landscape of the lifeworld of the District (see Appendix C).

5.1.1. Analysis.

- **First order**

In this study, I apply a first order of thematic analysis (discussed in Section 3.7.) followed by a psychosocial interpretation. In this section I briefly reiterate the approaches and tools used for coding and analysis previously outlined in the methodology. I used NVivo 11 as a tool to enhance systematicity, transparency and consistency (Gibbs, 2007; Hoover & Koerber, 2011). Coding was both data-driven and theory-driven following deductive and inductive processes as outlined by Fereday and Muir-Cochrane (2006). Codes are structured under four main overarching themes: 1) The “locking” of violence in the District; 2) Community adaptability; 3) Maternal adaptability and 4) Trust–distrust dynamics in childcare. Additionally, observations and reflexive notes taken during more than 350 hours in the field helped further unpack the intergenerational dynamics identified (see Table 5.1. below).

Table 5.1: Study 2: Scaffolding under adversity, list of themes and subthemes

Theme 1: The “locking” of violence in the District
<ul style="list-style-type: none"> • “Locked” inside
<ul style="list-style-type: none"> • “Locked” outside: “<i>caliente</i>” neighbourhoods and security
<ul style="list-style-type: none"> • “Locking” futures: fear for children’s/grandchildren’s path
<ul style="list-style-type: none"> • Deaths by violence and family solidarity
Theme 2: Community adaptability
<ul style="list-style-type: none"> • Coexistence and sociability: “living in commune”
<ul style="list-style-type: none"> • Community planning: festivities and daytrips
<ul style="list-style-type: none"> • Peer socialising
Theme 3: Maternal adaptability: Family solidarity
<ul style="list-style-type: none"> • Bestowing recognition
<ul style="list-style-type: none"> • “Unintended” consequences of scaffoldings: tensions in intergenerational dynamics <ul style="list-style-type: none"> • Mother as “mirror” • On being “glued” and the double differentiation process
Theme 4: Who can be trusted with baby? Trust–distrust dynamics in childcare
<ul style="list-style-type: none"> • “<i>Guarderías</i>” or just mothers? Representations and decision-making processes
<ul style="list-style-type: none"> • Bringing the childcare scenarios together: back to positionings and subjectivities
<ul style="list-style-type: none"> • Distrust of the generalised other: men

- **Second order: a psychosocial interpretation**

In this study, I offer an interpretation for the second-order analysis by applying a psychosocial reading of the data (Willig, 2012) centring on two cases from a new mother–*mamita* pairing to further unpack what it can reveal in intergenerational dynamics. This interpretation was enabled by a re-reading of the individual transcripts as a whole and going back to the audio recordings directly. It is relevant for this analysis to highlight that the “wholeness” of the data matters (see Elliot et al., 2009; Hollway & Jefferson, 2000, 2005; Willig, 2012). In other words, data are analysed alongside the context and dynamics that are played out both within and externally. Such an interpretation requires that the researcher “looks” at the data beyond what was uttered, where having participated in other interactions and in the lifeworld of the family and community enables the opening of psychosocial dynamics (i.e., underlying emotions and tensions) (see Frosh, 2010; Hollway & Jefferson, 2000; Willig, 2012). This interpretation particularly enabled exploring

Chodorow's (1978, 1989) differentiation process, by applying an intersubjective dialogue between mother–*mamita* through a presentation of their extracts discussing the same problem. This in turn supported another application of Benjamin's (1988, 1995, 1995, 2010, 2018) intersubjective lens, complementing the thematic analysis. Having reintroduced briefly the background and methodology applied in this study, the section that follows starts the analysis by presenting the first themes describing the violence experienced in the District.

5.2. The “Locking” of Violence in the District

As identified in the context chapter (see Section 1.2.1), the DAB or the District (as it was described by mothers) is located in Cali's Eastern zone. People have historically migrated there from rural areas, many displaced by the internal armed conflict from more than a generation ago. Residents suffer from social vulnerabilities and are often targets of gangs and the local narcotraffic and microtrafficking. The DAB annually registers most of the city's violent events, where almost half (45%) of the city's homicides occur in this area, affecting mainly young people (Observatorio de Seguridad, 2017). In 2016, out of the 20 neighbourhoods where most homicides occurred, the top nine were located in the DAB (Observatorio de Seguridad, 2017). Many mothers from the research live in the four most violent barrios: *Potrero Grande*, *Manuela Beltran*, *Mojica*, *El Retiro* and *El Vergel* (Observatorio de Seguridad, 2017). Eight women live in *Potrero Grande*, which has the city's highest homicide levels. With around 30,000 inhabitants, *Potrero Grande* recorded 28 homicides in 2016, equivalent to 93 per 100,000 (Observatorio de Seguridad, 2017). Understanding the salience of violence in daily life became vital to capture the ways in which women adapt to adversity and in turn practice mothering. They live with the tension of dealing with an omnipresent local violence coupled with a response of coexistence, sociability and family solidarity. In this first section I explore the violent dimension, where findings show how violence “locks” mothers both inside and outside spaces beyond physical boundaries. It ends by illustrating how youth violence escalates to killings with a case of a *mamita*'s son murdered by a local rival gang.

5.2.1. “Locked” inside.

My initial aim in the interviews was to focus on experiences of mothering and family dynamics, yet the semi-open approach adopted meant women chose to speak about what was important for them. Violence became a forefront theme in 41 interviews (from mothers and *mamitas*) who discussed direct or indirect violent experiences at T1 and T2. As early as the pilot interview stage, the salience of violence

became evident and thus I included it as a main question in the FG discussions (see Appendix C). I illustrate this central theme with Jenny's (*mamita*) narrative. Jenny was displaced by the internal armed conflict in the Cauca rural region and yet, after having escaped collective violence she settled in a neighbourhood where gang violence has a constant presence.

In that neighbourhood where we live that [violence] is terrible, I say, we come from there [Cauca] due to the violence we experienced and yet here the violence is worse than it was there because there are shootings that, at least in these days recently, they seem to be struggling in-between sectors, so I practically lock myself up. (T1, Pair 13, mamita, Jenny, 40–44 years)

When gang struggles occur, many residents avoid the streets and stay “locked” indoors. The “locking” seems to impact community belonging as Jenny opts to distance herself from the area, remaining nameless in her description: “in that neighbourhood”. This resonates with the social psychological enactment of symbolic contamination from the other (Jodelet, 1991) which applies to the Colombian violent context, where symbolic distancing keeps the impregnation of violence at an arm’s length (Castillejo, 2000). Other ways were found in which (particularly) younger people defined local violence through language use. The photograph below in Figure 5.1 illustrates the locking.



Figure 5.1: Author's photograph of double locking mechanism common in houses

5.2.2. “Locked” outside: “caliente” neighbourhoods and security.

A few mothers from the 16–20 age range use the local term “caliente” or “hot/heated” to describe areas with a strong gang, narcotraffic and microtrafficking presence. This primarily relates to the *Oficinas* (the Offices) which are places used by the microtrafficking to operate and implement their groundwork through youth gangs (known as “*los muchachos*”/“the boys”). Use of local slang with words such as *caliente* illustrates how young people have appropriated meanings and ways of communicating the degree of violence they perceive and experience. In the excerpt below, Natalia narrated the local meanings of a *caliente* neighbourhood like *Potrero Grande*.

*Everywhere is ‘hot’ but Potrero is hotter than here. [...] Potrero it’s hotter because one cannot go from one side to the other because you’re asking for it! It happened to me just the other day with the 9th Office, [...] I was walking with a friend who lives in the 9th area and she wanted me to go to her house so I asked her: ‘Are things still quite hot there?’ And she said ‘no, it’s not as hot, you’ll be alright’[...] but just a few hours later a man came to my house and he said to my dad that if I put my foot in there again they were going to kill me, that they had not killed me because I was pregnant. They didn’t want any woman known to the 2nd coming into the 9th [...]. But before we used to all go outside, **we were all friends and now they’ve gone all hot, no one is a friend.** And I’ve known them since we were little, but when people get into that [gangs], people change. (T1, Pair 11, Natalia, 16–20 years)*

Natalia described the invisible frontiers which are known to be enforced by gangs. Local people are not only “locked” inside (like Jenny who stays at home) but also outside (like Natalia’s restricted external mobility). Yet her mobility is not only locked: gang-enforced frontiers prohibit socialising, keeping the local social space arid. Despite knowing young men from both areas, once demarcated frontiers are established Natalia has to remain in her “camp” (the 2nd Office’s territory, where she lives). A community stakeholder identified the Offices’ structure as: “mini-cartels, they are commercial networks, violent, without a single chief”. Gangs are affiliated with the Offices with a nomenclature based on territory (Perea, 2007, 2016). This resonates with youth violence studies in the Latin American periphery (see Alvarado Mendoza 2014; Concha-Eastman & Concha, 2014; Perea, 2007, 2016), where young people attest to the repercussions behind “involvement” and living day-to-day with threats and gang violence.

However, not all the young women or *mamitas* experience this “locking”. For others, living in the District is the only reality they have experienced. Their lifeworld is normalised as they take for granted the low levels of security, including those found in barrios with the highest homicide rates.

*‘El barrio’ [Potrero Grande] is quite normal, like everywhere else. I feel ok in my ‘barrio’ and I believe that anywhere one can be mugged, anywhere anything can happen. **I believe one makes one’s environment because if I have problems with people, I will have problems for myself wherever I live, but if I don’t have problems, I live well like I do here.** (T2, Paola, 16–20 years)*

In normalising violence, Paola individualised her experience, as “one makes one’s environment”, asserting her own local common sense and agency in managing not to “have problems with people”. This relates to what Nguyen-Gillham, Giacaman, Naser and Boyce (2008) called “normalising the abnormal”. Across the interviews, people distanced themselves from violence, physically, socially and symbolically.

5.2.3. “Locking” futures: fear for children’s-grandchildren’s path.

While women assert they keep away from violence, they express worries about their children or grandchildren’s potential involvement. Many, a *mamita* who lives in another neighbourhood with gang involvement (Mojica) discusses her concerns with “the boys” (gang members).

*There are more good people than bad here. Right now the conflict is that there are ‘the boys’ but they have their own internal issues, **we have no problems with them or anyone.** That is the only bad thing, the conflict is with the boys out there, with the drugs, but apart from that, the rest of the people are good people. But one has to be honest, I do have to tell you that, as the saying goes: ‘in the neighbourhood those who are there are not those that want to be there, but those who have to’. [...] my grandson will grow and one sees so much going on around here, that if my boy is not good, he’ll be bad. But I do wonder: ‘What can I do Lord so that he will not go astray?’ Cause in this neighbourhood things can get massive! (T1, Pair 15, mamita, Many, 40–44 years)*

Mothers and *mamitas* like Many worry about the path children (particularly boys) will follow and how this may “lock” their future. Many’s excerpt contains a mixture of efforts to distance (“we have no

problems”) given the proximity and alluring quality of violence in the area. For a few, this became a most painful reality as the next code reveals.

5.2.4. Deaths by violence and family solidarity.

The locking of violence goes beyond physical boundaries, as it unfortunately encompasses the sharp end of death. Almost one-third of the mothers interviewed had suffered from direct male deaths by violence. In the sample of the 35 mothers who were individually interviewed, there were 10: two fathers of the baby, two grandfathers, three brothers, one uncle, one brother-in-law and one male friend. Three of these deaths (gang related) occurred between T1 and T2 of the fieldwork. Two quotes from a mother (Bernarda) and her *mamita* (Eloína) illustrate this.

Bernarda: My baby's dad died, he was killed two months before he was born.

Natalia: I am deeply sorry to hear that. I cannot imagine what you went and are still going through.

Bernarda: That's what's got me like this [depressed]. [Cries] [...] He could not, he had a disability in the leg and he was caught between bands [gangs], I cannot imagine the fear that he could not run and there and then he got hit by a stray bullet. [...] We were no longer together but at least I have the support from my family and his family, they have been very good and are going to help me. (T2, Pair 5, Bernarda, 21-24 years)

Bernarda expressed the pain of having lost her partner, which has impacted her mental health. Yet, she also relies on the support from his family, which shows how family solidarity counters the storming pushing force of violence. In the following quote, Bernarda's mother, Eloína, depicted her perspective on how the wider kinship network continues to support Bernarda and her baby.

The boy was going to respond [provide support] but things weren't meant... it happened like that so sudden and no ... two months before having the child he died [...] but he had good ties with her. He died in July and she had him in September. He didn't get to know him [baby] [...] but at least her dad helps her a lot and his [father of baby] family too, we're all raising him with what we can all provide. (T2, Pair 5, Eloína, 50–54 years)

In this case, it is important to resituate the baby's father's positioning, as violence has marked his lifelong absence. Yet, Eloína displayed family resilience through the *Pa'delante* (keep going forward) attitude described in Study 1 (see Section 4.4.). Despite suffering from family deaths, Eloína showed that

relatives collectively came together to support both mother and baby and help mother to cope. Family solidarity is a recurrent theme which I further explore in Section 5.4.

The impact of violence in families is shown in the next extract in which Maritza (a *mamita* positioned here as a mother) recounts the profound pain she suffered upon the death of her only son Yeifer, directly killed by a rival gang.

*There has been a lot of pain, sometimes **you try so hard for the children, to raise them, to give them the best of you** [...]. Yeifer was also a very good son in many areas but there was one that was very difficult. [...] No matter how much I talked to him, I wrote him letters [...]. **There was no human power.** He made his own decision and died in August [Cries]. [...] And you would see him and **you could not believe that he could do that, that he would be what people said.** [...] it was in a matter of a few years that he became damaged [going astray], that everything got worse. [...] no mother expects, one creates the children, **one places one's own life to give life to them.** And with sacrifice, with effort, one takes them forward [pa' delante]. All that hurts me, that he is dead, and **it hurts me to think of all that I tried and that he did not listen to me as his mother.** [...] At times I think that he didn't have his father there and that was what was missing for him. [...]. Their father is not a responsible person, is not a scoundrel either, in his own way he has responded [supported them materially] but not the way he should have done and I think he had a lot to do with that.*
(T2, Pair 10, Maritza, 50–54 years)

Maritza encapsulated two central themes: self-reflection on mothering (i.e., contemplating familial reasons to make sense of the challenges imposed by a violent context) coupled with limited fathering involvement (see Section 4.3). She expressed how she placed her children *first* throughout her life: “one places one’s own life to give life to them” but also reflected on her regret and guilt, in terms of “trying” to keep her son away from a violent path: “it hurts me to think of all that I tried and that he did not listen to me as his mother”. She is torn between what she felt she did right in childrearing and the terrible outcome she has endured. The unresolved tensions of trying to make sense of her son’s death continue in her self-analysis with the father’s absence: “At times I think that he didn’t have his father there and that was what was missing for him”. Suffering from this absence, she considered that it may have impacted her son’s tragic trajectory. Although I address fathers’ differing involvement in Study 1, it is a recurrent theme in the dataset. Absence maintains a vacuum given resentment and desire for the

male other, which is left unsettled for many women (as mothers, daughters, partners, sisters, and friends).

5.3. Community Adaptability

Despite painful losses, abandonment and violent experiences, living in the District is also about the responses people create to enable safe spaces of coexistence, sociability and ways of assisting each other. This section illuminates the adaptability shown by local people in community encounters.

5.3.1. Coexistence and sociability: “living in commune”.

Mothers and *mamitas* continuously pointed out that many residents are not involved with violence or crime. Accounts demonstrated that the District is not homogenous; just as there is violence, people also look out for each other, and get together to plan and enjoy community festivities, daytrips and enjoy peer socialising.

We're united in our block. The way of living here is in commune, we're all united, [...] people are out in the street, the neighbourhood is very cool. (T2, Pair 3, Carolina, 21–24 years)

This sense of unity occurs in different modalities. Carolina alluded to a daily physical proximity experienced as some people (particularly youth) spend much of their leisure time on the local street. Housing arrangements also showed that some residents share part of the communal facilities (i.e., a courtyard) when larger houses are divided into rentable flats or rooms. Maria described this:

*In the flat where I live it's a house that was divided into four flats, and the coexistence has been very good, **it's like proper unity** in the complex, everyone looks out for each other. (T1, FG1, Maria, 16–24 years)*

For Maria, her proximity to others enabled day-to-day access to conviviality and the sense of “unity” described. Yet others experienced conflict on their doorstep as there is little separation between more intimate living areas and shared spaces.

Irene: Where I live you can see ugly things going on, that 'so and so had a fight with so and so' and it's hard to not see it, hear it, as it happens right there if you get me? (T2, FG2, 16–29 years)

5.3.2. Community planning: festivities and daytrips.

Coexistence and sociability extend to planned activities where people organise celebrations around Christmas, Mother's Day, decorate the streets or organise outings. This dispenses the challenges of adversity, enabling a cultural way of life centred on festivities, dancing and more recently with access to the natural environment. Pregnant women from FG1 discussed the organic "street parties".

Claudia: We decorate the street for the parties, we put up the festoons, paint the gates, everyone gathers around.

Natalia: And what parties are these?

Cris: They kinda are for Mother's Day, at my street they made a barbecue for Mother's Day which was a lot of fun, for Love and Friendship Day, lots 'round Christmas, with the 'Novenas' [Advent Christmas event with carols], the night of the candles, yeah, many events.

Claudia: Yes, for different days and what we do is that everyone puts up a quota and then one is in charge of, for example, the one that knows more how to cook makes the roast, and the others help to peel the cassava, and so on, so that we all participate.

Diana: And of course dance!

Karina: Yes I like to dance a lot, salsa for sure. I like that they close a street and put the stereo out and that gets even more people out to dance.

*Erika: Yes, we always dance, yeah get that music out and start to **'move the skeleton'**!*

*Although we **do try not to get in the way of 'the boys'**. They respect us a lot because they do not come in so we don't have problems". (T1, FG1 with pregnant women, 16–24 years)*

Dancing is a key activity in street parties as Erika expressed with the saying "move the skeleton"! The District is known as an epicentre of salsa dancing and rhythms from the Pacific coast. Although women speak positively of the parties, the social tension of the omnipresent gang manifestation is voiced by Erika when she highlights that "the boys" *permit* sociability and community participation. This resonates once more with studies in the Latin American urban periphery (see Alvarado Mendoza, 2014; Concha-Eastman & Concha 2014; Jovchelovitch & Priego-Hernández, 2013) where the narcotraffic and gangs exerted dominance over community life. Yet, despite gang patrolling of the boundaries of what is permitted to take place, residents organised and enjoyed what natural surroundings were on offer. This included border crossing to access ecological parks through fieldtrips to *EcoParque Rio Pance* (Pance River), known as "Cali's beach".

*Miyer: We make different outings, on Sundays it's to the river or the Calima lake. Among ourselves, we put a quota that we must all share to pay for the bus, the entrance to the site and everything. Sometimes you go to the corner shop and hear "listen mama, we're going to make a 'paseo d'olla' ['pot outing'] so we say, **'let's get together on x day this week' and we talk among ourselves to decide who takes care of what and then we make it happen.***
(T2, FG2, mothers, 16–29 years)

Miyer described a cultural practice: on Sundays people make a “*paseo d'olla*” (“*pot outing*”), with “*sancocho*” (traditional lunch chicken soup made with plantains, cassava, potatoes and herbs) in a pot, for a picnic. But getting to the Pance river from the District is not straightforward. It is located in the southern hilly outskirts, requiring several bus transfers while carrying heavy pots, camping chairs, footballs, windshields and so on. Thus the outing is deemed worth the organising effort and financial commitment (i.e., bus hiring). Given their often violent and precarious conditions, enjoyment and sociability become key to counteract pressing local challenges. These activities also enable: physical health through dancing, walking or playing sports; psychological health; and emotional wellbeing as people are able to get away from the strains of their urban living, reconnecting with nature (particularly for rural migrants) and recreation with family and friends. Overall people showed a shared intentionality towards a project (Tomasello et al., 2005) permitting residents to connect relationally (Studdert and Walkerdine, 2016). Together, shared meanings and practices produce “modes of being” creating safe autonomous spaces (Studdert and Walkerdine, 2016), displaying the positive social dimensions found in the District, counteracting negative representations and otherising practices. See photograph below (Figure 5.2) illustrating people bathing in the Pance river.



Figure 5.2: Author's photograph of people from the urban periphery bathing in the Pance river

5.3.3. Peer socialising.

Women who were born or arrived as small children to the District have strong local connections not just with family but with lifelong friendships. Many mothers have grown up or known peers as neighbours for most of their lives, as Cindy described below.

Cindy: From 'el barrio' I've grown together with my girlfriends when we were all little. We've known each other since forever! I go out now with some of them as they have children too, we put the children to play with toys and we just chat and hang or go out. (T2, FG1, mothers, 16–29 years)

The *barrio*, in a more localised sense of place, is perceived as the enabler of friendships, developed through proximity, shared childhood experiences and knowledges. Yet, peer relations vary across the dataset. Some mothers have many friends and find their desire to socialise in tension with their maternal responsibilities (see Section 5.4.2.1). Others have a handful of strong friendships but do not participate in socialising outside their close circle. A few feel they do not have friends they can rely on and focus on their families.

5.3.4. The community gaze: “community talks”.

Tight community networks are positively experienced but also expose the Foucauldian “community gaze” discussed in Study 1 (see Section 4.2.3.), where some mothers voiced a generalised lack of acceptance of their pregnancies. This related to social positionings (not just to youth) in relation to material resources, fathering involvement and representations of motherhood. In the FGs, discussions centred on how the “community talks” and exerts power in determining representations of normative behaviour (Shweder, 1992). As a result, some stated they preferred to stay away from the stage and not become the object of talk.

*Johanna: I don't like parties, I don't like to get into problems, I run away, it's good to try and keep your distance, to greet people sure and a chat but not give them too much confidence because that's where gossip starts, the problems [...] I have always lived in 'el barrio' but I **prefer to remain distant** from all of them, I only speak to those that I have to.*

*Vanessa: I seriously hear a lot of gossip, a lot of things that one is better not repeating! I **don't like them talking about me so I don't talk about anyone, so I prefer to stay at home watching television or doing something else.** (T2, FG1, mothers, 16–29 years)*

Johanna and Vanessa opted to keep their community interactions at an arm's length to avoid getting into trouble. This resonates with Bauman's (2001) community work where communities are not just warm and cosy: they exacerbate differences, promulgate tensions, exclusionary practices and conflict. Communities, then, can be supportive as well as oppressive.

5.4. Maternal Adaptability: Family Solidarity

So far I have discussed the community spaces and conditions where families interact. Just as in the ways local women find to come together and surpass daily tensions, there are adaptive ways in which the family steps in when other sources of support are not available, such as a welfare state. In this section I return to the main research topic, local mothering, where I unpack the ways in which mothering/parenting expands from the *mamita*–mother–baby triad (see Section 4.4.2) to include other scaffolding family actors.

5.4.1. Bestowing recognition.

Women as single heads of households are not the only type of family structure encountered in the Colombian periphery (Chant & Craske, 2003). The family unit commonly extends laterally in the region (i.e., aunts, uncles, cousins of differing degrees) and vertically (i.e., with three or four generations living under one roof) (Chant & Craske, 2003; Ferreira Takei et al., 2012; McIlwaine & Willis, 2002). In the DAB, some households are multi-generational, transient and mobile. In the research, about one-third of mothers have transient homes, where they spend the night in one household but eat and live in another, or rotate across family networks, depending on need and availability. A few come from fractured families suffering from forced violent displacement or types of gang violence like Maritza's daughter-in-law who now lives with the family of her late partner (Maritza's son, Yeifer). In extended homes the head of household usually shares the responsibility for the family's children. In the excerpt below, Aurelia (a *mamita*) expands the relational network (Strathern, 1988) where her brother has been supporting her and her daughter Katerine, as well as supporting Katerine's son.

Natalia: How's life at home now with the baby?

*Aurelia: I think my brother from the beginning, if you remember, since he realised [about the pregnancy], he wasn't pleased at all but now you should see him. **It's as if he was the child's father, loves him very much, you should see him.** And he [baby] loves his uncle too. **He loves him as if it were his son, he comes home from work and hugs him and carries him around and the boy also loves his uncle. The father nothing at all but he is like the dad, my brother is like the father of the child.** (T2, Pair 7, Aurelia, 40–44 years)*

Here, scaffolding structures are expanded in shared parenting with the uncle, who has taken on the father's positioning. Mothering (and fathering in this case) is constituted by practices that are enacted within specific sociocultural and economic circumstances (Elliot et al., 2009; Glenn, 1994; Morgan, 1996, 2011). When people live in poverty, family solidarity can be at times a key mechanism of survival. Aurelia and Katerine have had transient jobs throughout their lives, making housing access a struggle. Aurelia's brother supports them by bringing them into his home to share it with his partner and children. Aurelia states her brother: "is like the father of the child", scaffolding the baby not only materially but psychosocially, in terms of attachment and identification. Both Katerine and Aurelia mentioned their appreciation of having a father figure (alluding to the biological father's absence). It legitimises their sharing housing rights since the head of household (the uncle) has been materially and symbolically

“adopting” the child. The head of household has the power to diminish the underlying tension surrounding the unexpected pregnancy in relation to the family “gaze” (Foucault, 1976, 1980) when “young” or “single” motherhood carries a stigma (see Byrd, 2014; Duncan & Edwards, 1997, 1999; Jackson, 2014; Katz Rothman, 1994; Phoenix, 1991, Phoenix et al., 1991; Phoenix, 1996; Silva, 1996). Aurelia’s brother bestows recognition to Katerine, Aurelia and the baby. The practice of shared parenting enables the resolution of the implicit conflict associated with an unexpected pregnancy. This practice was corroborated by others in the research, indicating that pregnancies and infant caring are regarded as an intrinsic part of the family, where: “a pregnancy belongs to the whole family, it is not the mother’s only, it’s part of the siblings, the father, the grandmother, everyone” (Public stakeholder).

5.4.2. “Unintended” consequences of scaffoldings: tensions and positionings in intergenerational dynamics.

In Study 1, I showed how the practice of shared mothering scaffolds maternal transitions. I also demonstrated that close intersubjective relations are inhabited by ambivalence. This section looks at ambivalence by unfolding the “unintended consequences” and tensions inherent in the scaffolding family environment.

5.4.2.1. Mother as “mirror”.

For mothers for whom the circularity of the teenage mothering story continues, challenges relating to the ways in which *mamitas* experienced their own early mothering are retold to their daughters (now as mothers). Surley (a mother) described her perspective:

*Surley: My mum says [...] this to me a lot, that I need to start, that I really need to think things properly through from now on. That to bring a child like this is not easy because **she did suffer, but I have not suffered**, she tells me that. She got pregnant when she was 13, she has four children, my brother's dad left her, he never responded [provided no support] my dad neither [...] so my mum says to me, ‘**see yourself in my own mirror**’, (‘mírate en el espejo mío’) she says that a lot.*

Natalia: [Repeats] “mírate en el espejo mío”...and what do you think about that?

*Surley: That she's right, because if one can just about manage with one [child], imagine more? [...] But **I wish she would stop the constant nagging** and telling me that he [son] is my responsibility and all that. I pray to God everything goes well for me from now on [...] I do think about what she had to go through with us and all that but it's just, all the time the daily nagging! So most of the time we [baby and her] get up, shower, tidy up my room and go to my sister's and spend the day there with her, my son and her children. (T2, Pair 6, Surley, 16–20 years)*

The purpose of the *mamita's* recounting (retold by Surley) can be seen as efforts to help Surley become more conscious of the difficulties in raising a family, hoping to help her rethink her maternal responsibility. However, emerging mothers like Surley (assuming the daughter positioning) regard this at times as maintaining or deepening existing tensions. The relinking and re-positioning is displayed in the ways in which Surley recounts how her mother uses the mirror metaphor. Chodorow (1978, 1989) proposed that the sharing of gender means women share a selfhood where mothers in many ways regard their daughters as extensions of themselves. Surley's *mamita* (Yvonne) used the mirror metaphor hoping that Surley anchored her maternal responsibility to "get ahead [in life] with [her] son". But Surley is also voicing her mother's desire to break the circularity of the mothering trajectory Yvonne (*mamita*) had to go through. Yvonne is working towards enabling the process of handling (in the Winnicottian sense), although Surley regarded this as "nagging". Yet, in practice, Surley assumed her daughter's positioning and disregarded the *mamita's* own mothering (by leaving the house during the daytime she avoids confrontation).

To maintain the intersubjective intergenerational perspective, the narrative below depicts Yvonne's positioning.

*I've said to her: 'You have to learn that you, that you have a child already, you have to start thinking for that child and if you are going to start work or study **it needs to be from your work to your home and from your home to your work** because you know you have a son, a person who is waiting there and **for him he does not think about anyone but his mother** so we have to keep on top of her and her sister oversees it all to keep on top of what's needed for the child so that she actually does what's needed so she has to go: 'Surley, go and wash the baby's clothes, go give the child some food', then we have to keep at it [...] She sometimes forgets, comes and goes, **her friends call her when the baby is asleep and***

leaves, she forgets that the baby exists, so then it is up to her sister, who then takes him.

*That's where I say that **she needs to mature a bit more [...] she still lacks more experience,** because I have seen other girls going through this and they do [...] (T2, Pair 6, Yvonne, 35–39 years)*

Yvonne revealed the tensions inherent in the scaffolding enabled by the *mamitas*. From the *mamita's* perspective, Surley has not assumed her maternal responsibility: “she forgets that the baby exists”, remaining in her adolescent daughter positioning (with a baby), rather than as a mother re-accommodating her life project. Yet by connecting both perspectives we gather the *mamita's* dominant positioning, which shows how they end up assuming the maternal practice: “it is up to her sister, who then takes him”. Their actions in turn limit the emerging mother's (Surley's). However, other mothers (from all of the sample's age groups) asserted a different subject positioning in the family.

*She [mamita] tells me to do this, they [mamita and family] want me to cut his hair, and I will not cut it because they tell me. I tell them, ‘but why does it have to be like that?’ **Just as you learned, you experimented with your children, let me learn, ok?** If they tell me something constructive, go ahead, like ‘do not give this remedy to the child as it's bad’, but no [...] that's why I am here! I tend to him [...] **let me experience for myself this too, so that I learn too.** (T2, Ginna, 21–24 years)*

Ginna wants to learn *with* her child how to care for him, without the *mamitas'* controlling the practice. A local community psychologist described the dynamic: “there is a lot of work we have to do so they [mothers] occupy that [maternal] space and not disappear; support is vital for them to find their own values, their self-worth”. But as findings show, some new mothers are indeed working on establishing their maternal space like Ginna, exercising their own daughtering and mothering as Phoenix and Seu (2013) argued. Authors also suggested that maternal positionings can allow daughters to re-evaluate their relationships with their mothers and see each other's perspectives in new ways (see Lawler, 2000; Thomson et al., 2011). In some cases these opportunities reshape some of the *mamita's* mothering (for both daughter-new mother and grandchild-child) and it may lead to greater mutual understanding, support and acceptance. Yet, depending on the identification, interactions and power dynamics at play, it may exacerbate tensions or distancing (Chodorow, 1978, 1989; Lawler, 2000; Phoenix & Seu, 2013; Thomson et al., 2011). As Phoenix and Seu (2013) highlighted, mothering is in many ways centred in the intergenerational mother–daughter dynamics which are infused with power relations. In the previous chapter I argued that shared mothering is a sociocultural resource for maternal transitions (see Section

4.7.4.) but in this study I show how it also requires negotiating power relations. In some families (i.e., Ginna's) maternal reconfiguration (Thomson, 2009) meant asserting the new mother's positioning to rebalance the intergenerational asymmetry.

5.4.2.2. On being "glued": double differentiation process.

In the previous section I identified tensions in the scaffolding family environment given power dynamics at work. Here I provide a psychosocial interpretation (see Willig, 2012) of what may be at play in terms of affect in the differentiation process. I continue to apply the intersubjective perspective with the mother and *mamita*. I start with Laura, the new mother.

*My mum is always with us, we have been practically always been us three, in the mornings Mariana [baby daughter] spends all the time with me because my mum goes to be with my grandmother. We sometimes come too but most of the time she's with me, when I go out and take her everywhere with me. But **I feel she's too close to me, she has become stuck, glued to me**, wants me to be carrying her, these last two months have especially been like this. (T2, Pair 4, Laura, 18-20 years)*

Laura voiced the tension between maternal attachment and her desire for the mother–daughter differentiation process (Baraitser, 2009; Chodorow, 1978, 1989; Furman, 1982). Interpreting beyond the utterance, "look[ing] beyond the text itself" (Willig, 2012, p. 130), becomes interesting here as I also observed the mutual "gluing" Laura described in their interactions (at home and at the health system). Given that Mariana is still a baby, Laura's positioning helps unpack the symbolic space of the *mamita*–mother–baby triad, where she anticipates the intergenerational continuation of the "gluing" cycle with her daughter.

In relation to the *mamitas*, I have shown how they scaffold their daughters because they do not want them to suffer in the ways many of them did without support, overcoming economic, social and at times painful experiences of violence or abuse. The *mamitas*' own struggles were directly voiced in 11 interviews (out of 15) at T1 and seven (out of 12) spoke again about this at length at T2. With this experiential awareness, they have the process "of letting go"¹² by giving their daughters the space to

¹² This echoes Furman's (1982) infamous phrase "mothers are there to be left" mentioned in previous chapters.

“become” outside the protective environment. Nancy (Laura’s mother) recounted her perspective on being “glued”.

*Nancy: Laura has always **been glued to me** and that is what I say to her: **the day that you go, you’re going to take half of my life away** [pause], actually, I say to her: no mami¹³, it is going to be as hard for you as it will be for me, **you going and leaving me and for me by letting you go**, I tell her this. Because the same thing happened to me and my mother. It would be very hard for me to leave her and it is very hard for me to think on the day that I will no longer have her. [...] so I say the same thing to my daughter: ‘If you want to go, go so that I can detach myself from you and you from me for the same reason’. She says to me: ‘Mami, does this mean you don’t want to have me with you?’ And I say: ‘No mami, I do want to have you but I don’t want you to go through the same thing that happened to me, because the day that your mamita [Laura’s grandmother] will no longer be here is going to be terrible...’ (T2, Pair 4, mamita, Nancy, 40–44 years)*

In other aspects of the interview and in our interactions, Nancy voiced her concern about Laura’s mental health given the clinical depression she suffered prior to the pregnancy (see Section 4.7.3). But Nancy understood that Laura needed to “walk” her own life and does not want her to reproduce her own (lack of) differentiation (see Chodorow, 1978, 1989; Furman, 1982). Yet, psychologically, it pains her deeply to consider letting [Laura] go. Both Nancy and Laura recognised their emotional interdependency, which was suspending Laura’s decision to leave and move in with the father of the baby (who had been fathering Mariana, which is uncommon as depicted in Study 1).

Intergenerational dynamics are thus not linear. Here we encountered a scaffolding environment (with less visible tensions than the Surley–Yvonne dynamic in Section 5.4.2.1), which can be suffocating too. It can act as an impediment for Laura’s possibility to make her own family life through “loosening-up” the maternal–daughter relationship. Unlike Surley, Laura does not need to “escape” her home. Instead, she voices the difficulty Nancy alluded to when we talked about her perspective on leaving. Laura’s desire to leave was seeking to fulfil other dimensions in her life project, such as a long-term intimate partner relationship, couple parenting, greater responsibility, and (potentially) an improved socioeconomic

¹³ Note how the term “Mami” (literal translation is ‘Mummy’) is interchangeably used by *Mamitas* themselves to name their daughters. In the community this is understood as an affectionate term and both mothers and daughters use it to mutually refer to each other. This is another example of how elastic mothering is practiced.

condition for herself and her daughter. These dynamics resonate with Lawler's (2000) description of daughters' subjectivity towards self-regulation, as part of the developmental differentiation process. Yet, local social and cultural practices suggest intergenerational relations are maintained through physical proximity, where "doing family" (Morgan, 1996, 2011) here means adult children live with parents and other relatives; hence, elastic positionings in shared mothering (see Section 4.7.4). The prospect of Laura leaving is thus not a common cultural practice, although forced displacement, violence coupled with economic migration and globalisation have all been shifting these modalities.

5.5. Who can be Trusted with Baby? Trust–Distrust Dynamics and Childcare

In the previous section I discussed the unintended consequences in the *mamita*–mother relation occurring in the scaffolding family environment. I will now discuss the final theme in this study: trust–distrust dynamics in relation to childcare. At the post-birth phase, the need for mothers to go back to work or return to education materialises, where many hope to contribute to the family budget. Mothers would rather not fully depend on the father of the baby (when he is supportive, given differing degrees as described in Study 1), their parents, their *mamitas* or other relatives. The question of who can then be trusted with the baby arises. Various perspectives are found on this central maternal problem, which applies to mothers around the globe. In the District, this focuses on the local public nurseries known as "*guarderías*" and whether they can be trusted or not. Trust and distrust are conceptually connected (see Marková et al., 2008), which became evident in the research. Mothers and *mamitas* live in barrios where generalised distrust, given the violence and differing levels of absence of the state, exhibits a daily tension with trust. In the study, issues of trust–distrust rose in relation to: 1) trust for baby's care and 2) distrust of the generalised other.

5.5.1. "*Guarderías*" or mothers? Representations and decision-making processes.

"*Guarderías*" are mainly run by peer community mothers as part of the ICBF's ECD national programme, which are formally known as *Hogares Comunitarios de Bienestar* (Community Welfare Homes) (see Bernal & Fernández, 2013). They provide local childcare but are generally represented (mainly) by the *mamitas* as places not to be trusted as neglect and maltreatment occur too often to merit the risk. Here, findings show how the *mamita* continues to exert her pivotal role, although mothers regard *guarderías*

in different ways to the *mamitas*. I found three “dominant” representations to *guarderías* based on the question of trust. Marcela illustrates the first example.

*People say that they [guarderías] are not safe because they are not properly watching over each child all day but they are actually good, **the care they provide is good**. I mean, **there are good guarderías, there are also guarderías that are not that good** but children in the guarderías learn many things, I think the children advance a lot there, so yes I would like that, more than staying in the house, the mamita, no ... because they [mamitas] are not like teaching them things much, so that's why I would like it. (T2, Marcela, 21–24 years)*

Marcela is enthusiastically supportive of *guarderías*, while being aware of the more dominating representation circulating in the community. She preferred them to the *mamita*'s childcare practice because she values the cognitive and social development enabled by a more formalised care environment. She is confident “the care they provide is good” while acknowledging there are different quality levels of service provision (“there are good *guarderías*... also *guarderías* that are not that good”). This statement asserts her knowledge on local provision, reflecting an informed-based position.

In the second scenario, mother and *mamita* are aligned in their views. Many mothers like Yani (below) agree childcare should be provided by the mother or the *mamita(s)*.

*Yani: My mum says that as long as she is alive and able I can leave her [child] with her. Thanks to God so far, I have always been able to leave her with her. **‘Mamá es mamá (Mother is mother) and no one else compares** because I do not like the guarderías. She [mamita] said to me: she [child] is very small, how are you going to send a little girl so little to a guardería? **The distrust of putting her in the guardería would be too much, no care compares to that of a mother**, where one is pending, watching over them. It cannot be compared. They are recommended by Family Welfare [ICBF] and all but thanks to God my mum says that she will take care of her [while Yani attends her course]. (T2, Yani, 16–20 years)*

Yani's fundamental trust of the *mamita* shows a trust-scaffolding relation I found in the community, where some consider there is a fundamental difference between caring for an(other) child compared to one's own. “Care for one's own” is found in the *trusted* scaffolding family environment whereas the unknown other (childcare provider) lies outside. Here *mamitas* commonly propose: “I will take care of

[child] so you can go to work” (T2, Pair 8, Maria Cristina, 40–44 years) which protects the child and maintains basic trust by keeping her away from the risk of neglect or maltreatment. Trust for baby in this scenario is kept within the family.

The third perspective is voiced by Laura below, where she is open to the social benefits of *guarderías* but maintained an ambivalence given her awareness of her *mamita(s)* opposing views.

*Laura: If I work I tell my mum that she can help me take care of 'la niña' [the little girl], although she sells lunches but said that when I get a job she will no longer sell them to help me with la niña. But I tell her **it would be good to put her in a guardería so she can start to detach a bit from us. In a guardería she can interact with other children, not just us, so that I'm also not as glued to her, I don't want that either.** That's what I tell her [mamita] but she says no, she prefers to have her all day, that over there [guardería] they might beat them and all that. And so she tells me that while I have her it's best to leave her [child] with her.*

Natalia: And what do you think then, about them [guarderías]?

*Laura: Well my aunt has a theory. She doesn't like them very much, she told me not to place her in a guardería so quickly, because they are all so small and so disobedient and cry a lot, that they [providers] then won't have the patience and all that with them and beat them or do something to them, so then **it might be best to wait until they can speak [...]** Although close to the house there is one. My little brother went there. My mother always had a good experience there and it's good. That's the guardería I was considering but it's very hard to find a place in that one. We'll have to wait and see what we'll do. (T2, Pair 4, Laura, 16–20 years)*

The tension Laura narrated between herself and her *mamita* presents different perspectives around the object: *guarderías*. If we consider social change shaping intergenerational dynamics, Laura is from a generation who grew up seeing their own mothers using *guarderías* (including hers). The new maternal generation expresses types of trust which differ to the *mamitas'*. In Laura's narrative, the inner other(s) (both mother and aunt) voiced through her, reject external childcare provision by adopting a powerful positioning (as many *mamitas* did with the pregnancy, (see Section 4.4.1.) in decision making in the *mamita*–mother–baby triad. This impacted Laura's ability to act. First by her own mother: “but she [mamita] says no, [...] that while she has me it's best to leave her [child] with her”. When I asked Laura

about her views on the object (*guarderías*), she retakes her second *mamitas'* position: her aunt's, which reinforces her mother's, alluding to the child's vulnerability given her pre-linguistic developmental age ("it might be best to wait until they can speak"). Laura identified with the *mamitas'* dominant perspective, which is supported by the directive and functional force of culture (Shweder, 1992; Duveen, 2007). This legitimises the waiting required for the child to be less vulnerable, given generalised distrust (Gillespie, 2008; Marková et al., 2008). Locating the data in context shows how negotiating life decisions attests to the practice of elastic mothering. Ultimately, Laura does not consider this is her individual decision but one she shares with Mariana's other mothers.

To summarise, I found three main scenarios about maternal choices in relation to whom they can trust to care for their baby. In the dataset, about a third of mothers and more than half of the *mamitas* discussed this theme.

- *The first scenario:* mothers actively assert their subject-based positioning through accepting *guarderías*, regardless of whether they were aligned or not with the *mamitas*. Half were 21 years or above or had completed secondary school, others were 16–20 years old and had some secondary education.
- *The second scenario:* both mothers and *mamitas* are aligned: they share a distrust of *guarderías*, the *mamitas* are able to fulfil childcare needs and both opt for this smooth solution. Mothers were spread across age groups. *Mamitas* were unanimous in rejecting the option of placing the child in a *guardería*.
- *Third scenario:* intergenerational tensions are found where mothers consider *guarderías* a viable childcare option but the *mamitas* do not. Mothers are thus ambivalent about choosing external childcare provision as their *mamitas* are their key scaffold and usually maintain a dominant positioning in the triad. Mothers were 16–20 years old and two had completed secondary school.

The vast majority of mothers who were supportive of *guarderías* or considering this decision (first and third scenario) did not all have *mamitas* or family support at hand. Reasons given in favour were: the child's overall positive development, including improving social skills through peer interaction, and enhancing their overall socialisation process. Reasons for rejection included: fear of maltreatment, neglect and abuse or fear of poor peer modelling (e.g., vicarious learning from other children's negative

behaviours). To make sense of the childcare scenarios, social representations as outlined by Jovchelovitch (2007), help us to understand how the symbolic function of representations is at play here. Jovchelovitch (2007) highlighted that “representations are not a [passive] copy of the world outside but a symbolic construction of it” (p. 26). In SRT, the symbolic dimension permits understanding of the construction of the social world, which in this case attests to the production of a dominating representation circulating around the object (*guarderías*) as places not to be trusted. But this, as the examples above show, is not so simple. A few mothers like Marcela have positive perceptions of *guarderías* and would like to use these spaces to return to the public domain and address their current unemployment or other unmet dimensions in their life project. Yet in other cases, the maternal perspective supporting external childcare is left with limited routes to rework this in the triad. In the following diagram (Figure 5.3), the relationship across trust and distrust is illustrated showing the interdependencies across the scaffolding environment where the self-other or the Ego-Alter relation in Marková’s (2007) term, mediates the connection with the object. Specifically, it shows how the *mamitas*’ dominant positioning (displaying distrust concerning *guarderías*) acts as gatekeeper for mothers and babies, not permitting other care experiences outside the scaffolding environment. However, mothers like Marcela are able to open up trust towards the outside, regardless of their alignment with the *mamitas*. Some circumvent the *mamita* and rearrange their positioning reflecting more of their emerging maternal subjectivity (Figure 5.3 illustrates this route). They usually are supported by the father of the baby or peers who may already have their children attending *guarderías*. Such decision making reflects a maternal capacity to entrust the most precious other (baby) by reflecting on the benefits that early years training and community-institutional spaces provide. It depicts an understanding of the human need to be exposed to peer interaction from early on. Yet careful balancing in the decision making is contemplated by mothers, given the likelihood of risk exposure stemming from representations of generalised distrust.

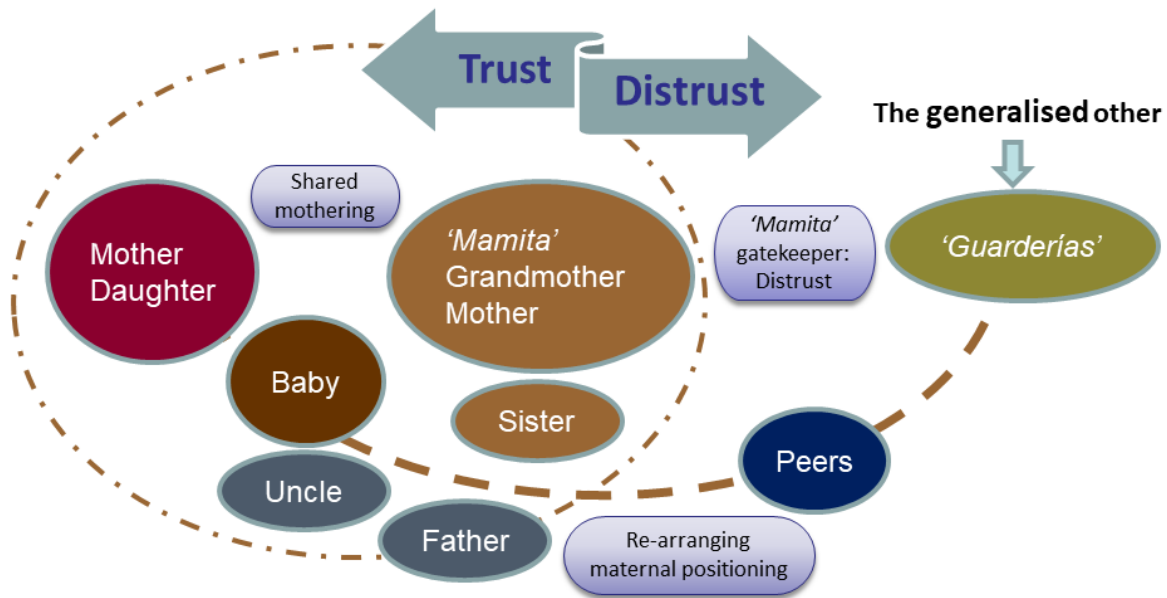


Figure 5.3: Scaffoldings and trust–distrust in relation to childcare

5.5.2. Distrust of the generalised other.

When exploring the trust–distrust dynamic, the high level of violence found in the District is a strong acting force impacting a generalised distrust. When distrust comes to the fore, it extends to unknown authorities, gangs, but also to family members. Although this was not conveyed across the sample, an extension of distrust was expressed by women who had suffered direct experiences of violence and abuse. In what follows I bring out Gloria’s voice, a *mamita* who has fostered children from the community. She was caring for a 2 year-old boy (the son of a neighbour), her own children and grandchild at the time of fieldwork.

The hardest thing with kids is when I have to go to the doctor; I don’t know what to do, if I should wait for someone to come or what to do? Because the problem is that I am very ‘desconfiada’ (distrustful), I am a very suspicious person because there are so many things that one must be wary of, things that may have happened to one in one’s childhood where one does not want by nothing in the world for that to happen to them. Because with my daughters I never left them in another’s company, I would always rather leave them on their own, and despite living with their father I always came home and I asked them: ‘Did he touch you, did he look at you?’ No, no [they would say]. But I’ve always been

*very distrustful because I say I can't let anything happen to any of my children who are so small, and if I realise? It would traumatise me for life and they...well it doesn't bear the thought! I therefore don't have a relationship because I do not see the cause for anyone to hurt a baby, but then I think about that often. Even with my nephew, he tells me: 'I can stay with them' but he tells me: **'I won't change their nappies, I won't look at them, if they are dirty, so be it. So if you come and find them burnt or with a rash don't say anything to me, I'll leave them as they are'**. And I'm always one of those people who arrives and when I bath them I check them because you know that a young man will be a young man [alluding to the saying 'a man is a man after all'] and you know you may have your children and you can teach them good behaviour but no one knows when their mind might twist. (T2, Pair 3, Gloria, 40–44 years)*

Having been a survivor of child abuse herself, Gloria's greatest fear is to relive it in her children, which she projects onto a generalised distrust of men. But given inevitable daily commitments, she has to rely on her family network for childcare. Although Gloria keeps childcare within the family confines (like other *mamitas*, she distrusts *guarderías*), the pain of her past experience maintains a distrustful relationship with men, including those who are part of the family. Gloria's distrust ("I am very '*desconfiada*' [distrustful] [...] and when I bath them I check them [...]") illustrates what Gillespie (2011) pointed out as the need to be "cross checking everything" (p. 213), protecting the structure of meaning by closing down the possibility of basic trust to emerge. Gillespie's (2008) meta-perspectives are also at play here with the self's recounting the perspective the other has on the self. Gloria's account (self) of her nephew's childcare practice alludes to his (other) awareness of Gloria's (self) distrust. Yet, distrust impacts childcare practices beyond perspective taking. First, Gloria recounted her preference to leave her daughters in the house alone: "I never left them in another's company, I would always rather leave them on their own". Second, Gloria has an implicit understanding with her nephew where he is not required to change the child's nappies, despite health implications (in Cali's heat nappy rash can easily occur). Fear of opening her children's vulnerability by bodily exposure displays another example of risk avoidance. Knowing her children were alone or keeping their nappy on at all times while they are in contact with a young man is a needed reassurance, or protection in Gillespie's (2008) term, of remaining "untouched". The distrusting example illustrates the commanding role of the generalised other in generating vulnerability in trust–distrust dynamics (Gillespie, 2008; Jovchelovitch, 2008; Marková et al., 2008). Salgado's (2013) extension of Marková and colleagues' (2008) trust model is applicable here as

he placed conceptual or “reflective trust” (Marková et al., 2008) as having an underlying emotional quality. For Salgado (2013), the process of reasoning inherent in “reflective trust” (Marková et al., 2008) is in itself fuelled by feelings driving the self’s assessment of trustworthiness on the other (given constant doubts): oscillating between positions of trust and distrust (Salgado, 2013, pp. 107–08). In Gloria’s distrusting example, she trusted her nephew enough for leaving her children in his care, given his family positioning in the private trusting domain (Jovchelovitch, 2007), but she still does not display the “basic trust” (Marková et al., 2008) she holds with her daughters (key actors engaged in shared mothering). Gloria’s distrust places her nephew first in the public domain but permits some movement into the private.

A generalised distrust of men is not just found in *mamitas* who were survivors of abuse. Three of the mothers who were single voiced an anticipated fear of an imagined potential intimate partner in terms of the risk of exposing their child to maltreatment or abuse.

*I ask God to give me wisdom to raise my child and **to stay alone** because **one sees many things in the street**, sometimes one finds a man but one does not know what intentions he brings so that scares me. **Fears that he might do something to the child, that he may rape him, that he bullies him, that he maltreats him. All that scares me.** As my mother says, when one’s child gets hurt, one [mother] gets hurts at the core. I would even be able to kill for my son so I don’t want to have to reach those extremes. (T2, Patricia, 21-24 years)*

Patricia feared exposing her child to men to the point she is opting “to stay alone” by raising her son without a future male intimate partner. Her concerns are based on what she “sees [...] in the street” and relates to community representations circulating around maltreatment and abuse. Throughout my contact with her she did not disclosed direct experiences of violence or abuse. Yet as I have shown in this chapter, living in the District places challenges on women, including direct or indirect frequent exposure to violence and social vulnerability. Within this environment, mothers express a latent fear and basic distrust of the unknown but powerful other: not only centred in *guarderías* but in a few cases extending to men. From a psychosocial perspective, violence and absence produce a general atmosphere of distrust, which they objectify onto the other (men) and the object (*guarderías*), ultimately resulting in disengagement.

5.6. Discussion and Conclusions

I opened the second empirical chapter with the question: *How do mothers make use of psychosocial resources to adapt their mothering in a context of violence and sociability?* I depicted how the acting force of violence (practiced mainly by local gangs) polices the boundaries for the rights of: 1) mobility; 2) sociability; 3) development; and ultimately 4) life. In extreme cases violence means no future for children, as they die young. Living in such conditions creates differing levels of maternal engagement with the community. Yet, people come together to share activities permitting the expansion of referents through social relationships (Mejía Mejía, 2002), producing positive sociability, resonating once more with Jovchelovitch and Priego-Hernández's (2013) research. In this study, collating maternal voices enabled the visualisation of a shared lifeworld similar to the one described in Jovchelovitch and Priego-Hernández's (2013) study, where people are capable of suspending a chaotic social reality for the moments in which coexistence and sociability are practiced. Such realities show how people make use of their social and cultural resources to produce within violent and adverse constraints, a liveable, supportive and enjoyable environment. Simmel's (1950) notion is also applicable in this Latin American territory, demonstrating its transferability to diverse environments in the South. Yet despite sociability, residents also displayed various perspectives of community interactions, reflecting a system of unequal power relations within (i.e., gangs, dominant family positions), which enact wider societal inequalities. This reflects how communities are not unidimensional (Bauman, 2001) and corroborates sociocultural psychology research depicting their heterogeneity (Howarth, Cornish, & Gillespie, 2015), with their messy contradictions and tensions (Nolas, 2014). In the previous study I provided an account supporting the de-essentialising argument applied to mothers, away from the centre of normativity; in this study, I connect it to their lifeworld.

In relation to intergenerational dynamics, I illustrated how family members step in to scaffold mothers and children where other sources of support do not exist, such as a welfare state. Specifically, family solidarity meets maternal needs through a scaffolding environment expanding the *mamita*–mother–baby triad presented in Study 1 through other kinship. They also reveal “unintended consequences” and ambivalence, as other sides of intergenerational dynamics. This shows how psychosocial resources not only act as support structures for mothers. By building on the psychosocial scaffoldings findings from Study 1, the psychosocial interpretation permitted a closer approximation to the non-linearity and emotional dimension of human relations (see Frost, 2009; Frost & Nolas, 2011; Willig, 2012). It particularly helped uncover the power dynamics dimension that Phoenix and Seu (2013) outlined in

intergenerational positionings, which I had not initially considered in my inquiry. This was evidenced by analysing the intergenerational differentiation process that Chodorow (1978, 1989) particularly addresses, as the powerful position of *mamitas* mediates decision making for daughters, which can impact their life projects. In this sense, findings resonate with Phoenix and Seu's (2013) research as "daughtering" entails engaging with confronting the struggles for subjective differentiation practiced in a culturally interdependent kinship environment. Yet, despite intergenerational tensions, which have been outlined in other mothering studies (Elliot et al., 2009; Thomson, 2009; Thomson et al., 2011), family support in some cases does not address the old maternal problem of balancing work/education and childcare. This can be seen as mothers and *mamitas* adapt by restricting access to their children by unknown others. Their response to the violent context is to be risk averse by protecting their babies given their vulnerability to not be cared for outside their scaffolding environment. In the next section I situate these dynamics by using concepts in sociocultural psychology theory.

5.6.1. On trust–distrust dynamics and childcare.

In this chapter I found a link between trust and psychosocial scaffoldings, which came directly from what the data revealed in relation to the (third) other in the *mamita*–mother–baby triad. In this section I outline this conceptual connection. Although the need for trust is pronounced in Jovchelovitch and Priego-Hernández's (2013) study, for mothers it becomes a central condition as they have to consider entrusting the other with their baby. This consideration impacts maternal trajectories for two reasons. First, mothers contemplate who they can trust at the most basic level. This can be explained by the "ontogenic basic trust" that Marková et al., (2008, p. 12) identified in their trust model. The authors described this primary modality of trust as "an ontological source of the self/other relation [...] It is the special quality of the mother–infant relationship that engenders trust" (Marková et al., 2008, p. 13). Keeping a symbolic thread to appreciate these processes, I draw on Salgado's (2013) affective dimension to analyse the forms of trust distinguished by Marková et al. (2008), where he emphasised the importance of resignifying (in adulthood, through the psychotherapeutic encounter) primary trust in attachment for long-term "ontological security" (Giddens, 1991) and self-development. Mothers then revert to the ontological trust enabled by their mothers. This is where trust links with psychosocial scaffoldings, as the process occurs through a relational engagement with the other, which symbolically relives in some respects Bowlby's (1969, 1973, 1980, 1988) attachment relations, which require trust. As Salgado (2013) explained, trusting requires the act of "leaning over" the other (Salgado, 2013, p. 107) and in psychosocial scaffoldings, "leaning" is provided through containment, holding and handling (Bion

1959; Douglas, 2007; Winnicott 1965, 1971, 1985), which mothers *also need*. As I have shown, in the research this position is mainly occupied by the *mamitas*. In addition, as exponents of the concept have defined, trust is in tension with distrust (see Marková et al., 2008; Marková & Gillespie, 2011), where trust–distrust modalities are shaped by the social environment, providing background knowledges situating the interaction (Marková et al., 2008). When it comes to childcare, this provision is a delicate matter for mothers. Drivers of decision-making processes around childcare show how the trust–distrust dynamic reveals how the affective and trusting dimension of the home (Arruda, 2015) compares with an environment of generalised distrust. Predominantly, many mothers and *mamitas* feel only the other(s) who has provided a scaffolding environment can be trusted (at Marková’s and colleagues’, 2008, basic level) to have *access* to the child. This may be more prominent in this context compared to mothers with greater access to material and social resources, who can access trust by other modes of reasoning. They may consider criteria on the cognitive reflective level described by Marková’s et al. (2008), including “trust-producing organisational behaviours” (Roberts, 2011, p. 695). Factors include assessing the professionalism, transparency, experience, safeguarding policy, observations, interactions and practices of childcare providers (see Roberts, 2011). If these are largely met, mothers are more likely to entrust childcare providers with their baby (Roberts, 2011).

My analysis demonstrates how a violent environment fosters conditions of distrust and shows the usefulness of psychosocial scaffoldings (understood as psychosocial and cultural resources) as a strategy for coping and as a foundational model for “doing family” in adverse contexts, particularly enacted in intergenerational dynamics. Here, the *mamita* also acts as an interlocutor and controller: holding power over ways of mothering and future direction for mothers-daughters and their children. But materially and practically, if childcare is kept within the confines of the family, it keeps one of the mothers (*mamita*/mother) out of work. Therefore, trustworthy childcare remains an unmet need for many. This resonates with research looking at maternal challenges to balance childcare with work in other Latin American contexts like in Guatemala’s urban periphery (see Hallman, Quisumbing, Ruel, & de la Briere, 2005). In my study, the positioning of the *mamita* shows how she will endeavour to protect her family (as she has throughout the maternal trajectory), even if this impacts their daughters’ emerging maternal subjectivities. The case of *guarderías* illustrates on the one hand the *mamitas*’ maternal responsibility (Baraitser, 2006, 2009), by ensuring the child’s protection from the potential danger of the generalised other (Marková’s et al., 2008). But on the other, it limits the child’s access to other avenues of social development, as well as the mothers’ re-access to work, education and other life dimensions. Yet, external childcare provision is considered to potentially exacerbate the child’s vulnerability. Ultimately,

risk avoidance becomes a common outcome (with few exceptions like Marcela, who may circumvent the *mamita* and decide to balance the benefits of accessing childcare with the likelihood of risk). A recent Colombian study found that the psychological consequences of experiencing violence impacts risk aversion (see Moya, 2018). Although the research did not focus on mothers, the results resonate with this study, where risk aversion restricts external access to childcare or the possibility of engaging in future intimate partner relationships.

5.6.2. Concluding remarks.

Overall, findings contribute to a better understanding of the role of trust in the scaffolding process in two different modalities. When scaffolding has developed (as in the family environment) then it mediates trust. However, in an environment of distrust, trust mediates scaffolding. In other words, when there is distrust, there is less likelihood of scaffolding to occur. For the *mamitas* and those who have experienced the sharp end of a violent context, including family violence and abuse, it becomes difficult for trust to develop into any potential scaffolding from the other (extended kinship or community), as the doubt in women remains regarding the risk of who might be going to be looking after the child. Thus, in conditions of distrust, scaffolding remains distant and difficult to develop. Although maternal dynamics are framed by a violent context impacting the trust–distrust relation, the tensions found in the intergenerational differentiation process support one of the central arguments I make in this thesis: to recognise the psychological subjectivities of women in the peripheral South. Finally, results make evident that finding a trusted scaffold limits mothers' prospect of rejoining the public domain of work and/or education. This highlights the structural problem of gender and other inequalities in Latin America (Nieto-Álvarez et al., 2012; Chant & Craske, 2003; Gideon & Molyneux, 2012; Thomas, 1996), which remains as a global issue for women living in the world's peripheries (Chant & McIlwaine, 2015; Chant, Klett-Davies, & Ramalho, 2017). Chodorow (1978) argued back in the 1970s that a basic premise of the feminist movement regarding the unequal gender division of labour is that women are the primary childcare providers. Decades later and focussing in Colombia, this is still the case regarding childcare, impacting women's participation in the labour market. Although more women who have lower incomes are in employment in Colombia (World Bank, 2012), this research has shown that there are still women like Marcela and Laura who face difficulties in balancing childcare with work or education for better job and financial prospects.

The final empirical study (Chapter 6) is next. It connects this study and the previous one to the final interface explored in the research: community-institutional encounters in relation to maternal health provision. It is informed by knowledge encounters from the sociocultural psychology tradition.

CHAPTER 6

Maternal Health Provision:

Community–Institutional Encounters and Divergent Realities

Study 3

When considering maternal health provision (prenatal, childbirth and postnatal care), an understanding of the psychosocial processes that mothers undergo has shown how support systems are essential to counteract difficult experiences (particularly in childbirth) impacting wellbeing, future choices and mental health (Christiaens & Bracke, 2007; Crompton, 2003; Karlström, Nystedt & Hildingsson, 2015; Prinds, Hvidt, Mogensen & Buus, 2014; Yeo & Chun, 2013). As important as health indicators are to address the SDG #3 (maternal health) and SDG #5 (gender equality), the need to improve maternity care has shown that cultural and psychosocial factors impact women’s use, perceptions and satisfaction with maternity services (Camacho, Castro & Kaufman, 2006; Langer, Campero, Garcia & Reynoso, 1998; Sosa, Kennell, Klaus, Robertson & Urrutia, 1980; WHO, 2005, 2011). Depending on the ways in which structural, psychological and physical health conditions are experienced, they impact the capacity and resources mothers have to engage in the maternal transitioning process (Thomson et al., 2011). When explored from a sociocultural psychology perspective, maternal health provision goes beyond the measurement of maternal and infant health (WHO, 2005, 2011). Thus, looking at sociocultural and psychosocial dimensions through an understanding of different knowledge systems serves to present a different angle on this global health issue, which WHO has recognised (see WHO, 2005, 2011). From an applicability point of view, collating users’ perspectives on maternal and infant provision can provide evidence-based pointers to local health services to be more reflexive and consider ways in which they can be improved.

To this end, it is important to explore the knowledge systems between the maternal community and the health institution to examine the ways in which they interact and, in turn, impact maternal trajectories.

This final empirical chapter thus builds from the previous two studies by addressing the final interface in the research: community–institutions. The aim of this final study is to unpack the ways in which community–institutional encounters are practiced and experienced from both perspectives, to see how they impact maternal health. Thus, to address this encounter, I was directed by the question: *In what ways does maternal health provision support or contest the maternal experience?* To guide the inquiry I drew on Jovchelovitch’s (2007) concept of knowledge encounters, which applies a SRT lens. I first explored the community’s perspective by looking at mothers’ knowledges, expectations and experiences surrounding childbirth, postnatal and infant care. Then I gathered the institutional perspective through the voices of public and community stakeholders that work in the District with mothers. Findings are presented in three main parts. First I show how childbirth expectations were centred on accessibility, perceptions of risk and safety. The second section used the maternal data from the second wave to cover the spectrum of childbirth, comparing the expectations with the actual experience that mothers recounted. The third segment outlines postnatal care, depicting local cultural practices in the early mothering days. Then, in relation to infant health provision, I present maternal and institutional accounts to compare the knowledge systems between the community and the health institution. I end the chapter by identifying institutional challenges centred on social and psychological aspects and conclude by proposing a reflection for policy makers to engage more critically with the divergence found. But before I present the empirical analysis, I provide a brief summary of knowledge encounters to revisit what I outlined in Chapter 2 (see Section 2.5).

Knowledge encounters, as defined by Jovchelovitch (2007), reflect the diverse knowledge systems and positionings that people carry and practice in communication in a given social field (see Section 2.5). The concept particularly depicts dialogical outcomes when knowledges and positionings differ from one another, where asymmetrical power relations come to the forefront of interactions. Drawing on SRT and on Benjamin’s (1988, 1994) psychoanalysis of domination and recognition, Jovchelovitch (2007) depicted knowledge encounters as a way of grounding modalities of dialogical communication in the triangle of mediation of the self-other-object or Ego/Alter-object in SRT (Marková, 2003, 2007). When focusing on the modalities reflecting domination, she showed that the subjectivity of the other is denied in what she refers to as “non-dialogical encounters”. On the other hand, dialogical encounters enable mutual recognition, the latter requiring perspective taking and decentring. Analysing encounters between health staff and patients has also shown how they are embedded with asymmetrical positions which constrain health communication, in terms of the acceptance of each perspective and input put forward by social actors in the encounter (Gillespie & Cornish, 2010). Research in territories of

contextual adversity can be informed by adopting a discussion of knowledge encounters applied to health from sociocultural psychology theory. This lens permits exploring the representations and positionings that shape health practice and how such advice is received and actioned, particularly in cases where knowledge may constrain communication. It ultimately supports interpreting what occurs in the daily practices of participants compared to the health prescription they receive and apply from the hospital or health centre.

6.1. Methodology

Three data sources inform this final study. The community's data comprises the maternal individual interviews ($n=35$ at T1 and $n=21$ at T2) and the interviews with *mamitas* ($n=15$ at T1 and $n=12$ at T2). In this chapter, the institutional data covering the interviews with the professional stakeholders who work in the health system and in the community are presented ($n=17$) (see Section 3.6.3.). Stakeholder interviews serve to provide an account of the institutional positioning on communicative encounters. In addition to the interviews, reflexive fieldwork diaries I maintained during the fieldwork serve to better inform the verbal data recorded and provide contextual understanding of the operational and interactional dynamics found (see Appendix C).

6.1.1. Topography of the data and analysis.

This final study maintains the thematic analysis adopted throughout the thesis, which adopts Fereday and Muir-Cochrane's (2006) deductive-inductive hybrid approach (see methodology, Section 3.8.). Codes forming this analytical interface are structured under four main themes: 1) Childbirth: risk perceptions (T1); 2) Expectations of childbirth options (T1); 3) The childbirth and postnatal experience (T2); and 4) Infant care (T2) (see Table 6.1). The following section addresses each of these themes, starting with perceptions of childbirth.

Table 6.1: Study 3: Maternal health provision, list of themes and subthemes

Theme 1: Childbirth: risk perceptions (T1)
• Accessibility
• Safety equates with health risk avoidance
• Contextualising representations of risk: quotidian death in the District
• Situating representations of risk in North–South dynamics
Theme 2: Expectations of childbirth options (T1)
• Compliance: silencing of pain
• Institutional perspective of health provision
• Professional stakeholders’ perspective: privilege versus rights
Theme 3: The childbirth and postnatal experience (T2)
• “Quick and doable” births
• “First and last baby”
• High risk complications during childbirth and finding reparation
▪ Reparation: cultural scaffolding practices in “la dieta” (<i>the diet</i>)
Theme 4: Infant care (T2)
• Positive postnatal and infant care
• Divergent local realities
• Institutional challenges: call for relational care

DAB=District of Aguablanca

6.2. Childbirth: Risk Perceptions (T1)

When we discussed childbirth at T1, perceptions of risk mediated pregnant women’s expectations, which covered accessibility, safety and risk avoidance (all of which appear frequently in the T1 interviews). Maternal healthcare is provided (free) to women from the subsidised SISBEN (Colombian social classification system) regime (classification 1–2), a service which the *mamitas* did not necessarily have (see Section 1.6.). The first section of the analysis focuses on these perceptions, starting with accessibility.

6.2.1. Accessibility.

When thinking about childbirth, maternal preferences centre on accessibility to healthcare to meet safety concerns, given perceptions of health risk. To mitigate these concerns, a few mothers discussed the importance of health accessibility as they compared this to the rural conditions they experienced prior to migrating to the city.

We lived in a small town where one had to find transport and it took about two hours to get to a hospital, hard! In that sense I like hospitals here because I live a block and a half from this one, very close. Although there were many good things in the country, to be able to go to a hospital, one had to travel far, imagine in an emergency? There was a health centre but only once a month a doctor came, only once! (T1, Pair 13, Viviana, 16–20 years)

Viviana welcomed the accessibility she has to health services in her neighbourhood (see Figure 6.1). The proximity of the institutions providing local health services in the DAB's barrios means that most women from the research were able to reach them in a relatively accessible manner. But accessibility is not the only aspect mothers considered. Risk reappears as a driver in this study, building from Study 2. It is addressed in the next subsection.



Figure 6.1: Author's photograph of a health centre in the District

6.2.2. Safety equates with health risk avoidance.

The main issue voiced by pregnant women in relation to childbirth was an association with either high health risk (i.e., infant or maternal mortality) or to mitigate potential physiological risks. Both are voiced below.

Yency: I am very afraid of childbirth.

Natalia: What is it that scares you?

*Yency: **That something is going to happen to me or my baby, that's my fear, not the rest.***

My sister's cord got tangled and her baby almost died so I want to have it here [local hospital] to be safe. (T1, Yency, 16–20 years)

Largely mediated by fears based on tales about negative childbirth experiences in the family or community, women (like Yency) expressed their desire to mitigate any complications as they associate childbirth with infant mortality or their own mortality. Sensitivity to health risk seems to be associated with a general preference by all pregnant women for a hospital-based delivery as Ginna indicated in the next extract.

***It is better in hospitals** because what if one would have it at home and you see the baby and think, 'Oh, he's okay', but he may have a condition. Here they tell you what he may have, if he needs to be left in the incubator or not. I want my baby to come out healthy. If I become unwell or the baby **no one can help me at home, whereas here [local hospital] it is at hand.** (T1, Pair 10, Ginna, 21–24 years)*

Ginna alludes to two benefits she regarded as central in the hospital-based scenario: 1) immediate accessibility for medical help if required; 2) medical assessment for diagnosis. These two advantages are specific to the institutional healthcare and professional setting in comparison to her home, where she would be alone and feel vulnerable. Fear of childbirth is a dominating concern in pregnant women (Stoll, Fairbrother, & Thordarson, 2018), which is corroborated in the maternal interviews. Yet, the medicalisation preference found in the community was, to me, an unexpected finding. By coming from the UK, where the “natural turn” in childbirth has gained some currency (see Crossley, 2007), finding a generalised preference for giving birth at the hospital made me wonder what contextual conditions may be driving this choice, apart from the fear of childbirth. I discuss this below.

6.2.3. Contextualising representations of risk: quotidian death in the District.

Local women's hospital preference to give birth was connected to the notion of risk, which is prevalent in the data given how people in the District live with violence and quotidian death (see Study 2). They seem to have a higher sensitivity to risk compared to those living in safer societies, as Colombian research has identified (Moya, 2018). Death permeates much of local thinking and representations of the local health institution are not divorced from this.

*Do you know how people talk about this hospital in the neighbourhood? As "Javier Dead".
(T1, FG1, mothers, Lorena, 16–20 years)*

As Lorena tells us, people refer to the local hospital as "Javier Dead" (which in Spanish produces a play on words). This encompasses the representation of the hospital being inefficient and unresponsive to life-threatening situations. The negative representations of the hospital associated with this label are a pressing issue for medical staff as the following extract indicates.

*Something which I have struggled with is to remove the stigma, because many patients I would send here [local hospital] tell me: 'no, don't send me to Javier Dead!' And why do you say that? 'Because everyone knows that it's "Javier Dead there!'" What happens is that they think of **cases from people with fatal bullet wounds that arrive or are dropped here** or in their case, women arrive who are diabetic or hypertensive, having missed antenatal appointments and that becomes complicated because we are level 1 [basic level of healthcare] [...]. But the hospital's stigma has to be changed. (Public stakeholder)*

These representations were mainly anchored on specific cases augmented in the local public consciousness of bullet wounded patients dying in the hospital's Accident and Emergency (A&E). The power of social representations is at play here as mothers mainly anchor cases of A&E deaths with their own maternal care. Moscovici's (1984) explanation of how social representations are enacted alludes to this with the process of anchoring and objectifying (see Section 2.5). In relation to risk, Douglas (1992, 2002) identified that people's perceptions of risk relate to the social conditions in which they construct their worldview and views of themselves. In addition, the social psychology of priming shows that people tend to be more attuned to objects in their environment if they had prior exposure or diverse

sources of knowledge “leading” them to relate or connect their experience with the social object¹⁴ (Weingarten, Chen, McAdams, Yi, Hepler & Albarracín, 2016). The idea of priming serves to anchor how a similar representational logic is applicable here, given the higher sensitivity local people have towards health risk and fears of mortality, which is informed by a lifeworld of quotidian death. This is what Joffe (2003) argued—building on Douglas’ (2002) conceptualisation of risk—could be better understood with a social representational lens. On the ways in which people construct risks, Joffe (2003) described dynamics of meaning making involving attachment, group belonging and the imagery people have been exposed to (the imagery in this sense is what I argue provides the “priming” function). She pointed out that “[t]hese elements do not distort a ‘real risk’. Rather, they are the ‘reality’ in the minds of those who look upon the risks” (p. 68). As such, she centred her argument in demonstrating how beliefs are mobilised intersubjectively (Joffe, 2003). Fox (1999), from a similar sociocultural standpoint drawing on Douglas (1992), reflected on what is considered risky, together with its degree of severity; Fox (1999) indicated that “risky” can be perceived differently depending on the social groupings people belong to and the disasters or negative events that occur within that lifeworld. This serves to provide another example of how everyday life situations construct a specific social milieu, where SRT can be a good explanatory tool demonstrating how a given context can become fertile ground for some representations to have more currency. In the next section I retake the analysis to maternal choices and how they situate in North-South dynamics.

6.2.4. Situating representations of risk in North–South dynamics.

Despite representations of risk found in relation to the hospital, in the end, maternal choice is swayed by medical expertise where they accept the institutional limitations and regard the hospital as a cold but necessary space for childbirth (see Section 6.4.). Situating this preference shows that there are diverse views across the globe in relation to this issue, where it is interesting to note how some women, depending on location, seem to be travelling in opposite directions. In the economically privileged scenario in Latin America and in the Global North (taking the UK as example), some women are following the resurgence of the “natural turn”, opting for non-medicalised births to retake childbirth from obstetric medicine (see Crossley, 2007; Malacrida & Boulton, 2012; Johnson, 2014; Thomson et al., 2011). Yet the majority of women from poor urban Latin American communities such as the DAB prefer

¹⁴ Although social psychological experimental studies of priming tend to not be based on health services and are generally criticised given the “replication crisis”, the concept is useful to elucidate the dynamics found here. It is beyond the scope of this thesis to enter into a discussion around the debates found in this literature.

to give birth at a hospital rather than at home. In general trends, health psychology and maternal research corroborate pregnant women's preferences across social strata for a hospital-based delivery as it equates with safety and mitigating risks (Cahill, 2000; Thomson et al., 2011). Yet, given the unanimous preference in the women I interviewed for a hospital-based delivery I questioned whether this could be linked to a recruitment issue, as I accessed mothers only through the health network (see Section 3.4.). I thus explored this issue with public stakeholders, who confirmed that the majority of local pregnant women give birth in the health system.

The absolute majority of births are attended in hospitals [...]. This has contributed significantly to the decrease in maternal mortality. The general health security system implemented in Colombia guarantees prenatal care at no cost to the patient who does not have resources. (Public Stakeholder)

The above statement corroborates municipality reports, which indicate that out of all *recorded* deliveries, 98% are institutionally based (Secretaría de Salud Municipal, 2015). Women's preference aside, the data show that hospital-based deliveries have significantly reduced maternal mortality rates in recent years: from a rate of 52 per 100,000 in 2012 to 29 in 2014 (Secretaría de Salud Municipal, 2015). These figures undoubtedly reflect the health systems transition that Colombia has undergone, similar to what Scheper-Hughes (2013) found in Brazil (see Section 1.4). I now turn to discuss the conditions pregnant women expected for childbirth and then connect them with their experiential reality.

6.3. Expectations of Childbirth Options

Childbirth is a pivotal event in the life of women who choose to embark on this path. Childbirth has been shown to have implications well beyond women's health, particularly for those giving birth for the first time (Bramadat & Driedger, 1993; Crossley, 2007; Karlström et al., 2015; Simkin, 1991; Thomson et al., 2011; Thorsell, Hertfelt, & Ekstrom, 2013; Waldenström, Borg, Olsson, Sköld & Wall, 1996), where a difficult experience can have a long-lasting impact (Mukamurigo, Berg, Ntaganira, Nyirazinyoye, & Dencker, 2017). Women report feeling like failures when their expectations do not meet the actual reality of the experience (Crossley, 2007; Gibbins & Thomson, 2001). This has been shown to contribute to postnatal depression (Crompton, 2003; Parsons, Young, Rochat, Kringelbach & Stein, 2011; Waldenström, Hildingsson, Rubertsson, & Rådestad, 2004). If experienced positively, however, it is empowering for mothers (Karlström et al., 2015; Lavender, Walkinshaw & Walton, 1999). Thus it is key

to explore childbirth expectations connected with the experience to better inform maternal trajectories, particularly when psychosocial processes are considered.

6.3.1. Compliance: silencing of pain.

Apart from choosing a hospital-based delivery, I explored what expectations pregnant women had of the process of childbirth itself. Options have a limited ascribed meaning in this context due to a lack of maternal choice for a birth plan, including pain relief for low risk deliveries. Physiological risk assessed by medical staff is what determines the type of childbirth women receive. Pregnant women are given an epidural only if they require a medicalised assisted delivery. As such, not having the luxury of choice means that pregnant women do not find themselves contemplating conflicting discourses and positionings regarding the medicalisation of childbirth as in more economically privileged contexts in both North and South (see Crossley, 2007; Malacrida & Boulton, 2012; Johnson, 2014; Chaves & de Sousa Bastos, 2013). Instead, they endeavour to adapt to the situation, which is largely mediated by social expectations of compliance. Carolina reflected this in her extract below:

*Carolina: My sister told me that the pain is like a super strong colic but that **you cannot scream, you cannot cry because then the doctors cannot treat you, [...] they tell me that they are though [contractions] but that I have to calm down.***

Natalia: And why does she say you cannot scream?

*Carolina: Because **supposedly when you scream, doctors don't like it, so then doctors do not treat you fast.** (T1, Carolina, 21–24 years)*

Carolina voices community knowledges circulating in light of expected patient compliance, which focuses on not verbalising childbirth pain out loud. This was a frequent theme discussed during childbirth expectations where they indicated that screaming meant being neglected by nurses and medical staff. As a result, some pregnant women are additionally worried about their ability to remain silent.

Given the lack of choice or pain relief options for low risk deliveries, some (like Karen) opt to not engage with future projections of childbirth and face it when it comes, as it comes.

I prefer not to think about it and wait until my time comes because sometimes I'm afraid, I'm afraid that it will hurt a lot and that I may not be able to take it. It's best to have no idea about anything, just take it when the time comes. (T1, Pair 8, Karen, 16–20 years)

However, for pregnant women who have particularly faced or are facing challenges, childbirth fears or the prospect of pain is a taken for granted issue that does not scale up compared to their daily concerns (e.g., compared to precariousness or different forms of violence).

I have already been through so much, with the death of my brother and so much more that I think whatever comes [in childbirth] will suit me, I feel I have to go through whatever is needed. (T1, Pair 15, Darlin, 16–20 years)

Violence reappears here as a contextual condition setting childbirth into perspective. Although this is not mentioned in the extract, Darlin's brother was killed and her family went through similar processes as those described in Chapter 5 (see Section 5.2.4.).

However, a few others represented childbirth focusing on the mother–baby emerging relation, as a process that culminates in a great gift (the baby), making the birthing process worth it. This provides another example of how the baby is visualised, demonstrating the scaffolding mothers receive from the baby (recall Section 4.6.3).

I see so many friends and they say that yeah it hurts and all that but I see them so happy with their baby now that the reward is much greater, what one suffers there [childbirth] is nothing compared to the happiness that comes by bringing one's baby into the world, this is my big hope. (T1, Maria, 16–20 years)

The happiness that Maria anticipates with the baby's arrival helps her to counteract the potential pain, which she seemed to dismiss ("they say that yeah it hurts and all that but....the reward is much greater"). On the whole, variations were voiced in relation to fears or anxieties depending on the ways in which women represented, visualised and assumed the impending reality of childbirth. The imposition Carolina and Karen mentioned points towards expected positionings during the childbirth process from all parties involved. The professional–patient dynamic ultimately denotes unequal positionings among the woman experiencing labour, the nurse and the doctor (Christiaens & Bracke, 2007) where women, it seems, have little to say. Apart from the pain's physical manifestation, fear of being shamed (Spangler &

Bloom, 2010) adds a social psychological barrier to childbirths. Yet, from an institutional perspective, it can be argued that when women scream in pain, it disrupts the institutional structure of care and impacts other pregnant women who are also experiencing childbirth. Yet, what remained common across the views expressed is that despite the expected imposition, they all opt to have hospital-based deliveries, even if they had fears propagated by representations. All in all, they placed themselves in the hands of professional medical staff. This is regarded as a good option particularly when compared to previous conditions (i.e., accessibility, higher maternal or infant mortality risks) experienced by previous generations. This reflects what Marková (2016) called “epistemic authority”, where the self consciously recognises the other’s capacity (pp. 102–03), denoting the professional’s authority, given their medical knowledge and experience, for a safer delivery. Medical staff are thus trusted to manage childbirth. This displays a different trust relation compared to the one described regarding childcare in Chapter 5 (see Section 5.5.). In this case, mothers apply the reflective type of trust in Marková and colleagues’ (2008) model, relying more on cognition than attachment.

6.3.2. Institutional perspective on maternal health provision.

Moving on to look at the stakeholders’ perspective, I found their knowledges are also fragmented as in many other institutions with diverse perspectives and intentions (Reader, Gillespie & Mannell, 2014). Some providers talked about women in ways that represent them as objects, others are less asymmetrical, a few are critical of healthcare and (the lack of) more relational approaches. Here I report on the institutional perspective on provision.

6.3.2.1. Professional stakeholders’ perspective: privilege versus rights.

Findings from the maternal community reflecting the silencing of pain and the expected social compliance were unexpected, something which “jumped” at me, which needed further exploration. As stated in the methodology (Section 3.3.), I followed a hybrid interpretative strategy across the research process, which includes deductive but also inductive, data-driven approaches (Fereday & Muir-Cochrane, 2006). In relation to compliance, I followed this up with a few stakeholders, where I found those who were working with the community directly were critical of the imposition and equated compliance with invisibility.

In the city it is always said that ‘screaming in childbirth or expressing pain is very badly seen’ and we have to ‘give birth all dry’, when in other cultures this is allowed because that

*is where there is a cry of life, when you scream in pain, there is life! And that gives you the option to take responsibility for what is happening, it does not become totally impersonal, but everything is focused on the fact that **the woman is not, does not appear, she is mediated by the word of another.** (Community stakeholder)*

This extract sheds light onto the different knowledge systems facilitating the urban frontiers between the city, which represent formal knowledges and social norms from the more economically privileged sectors of society (“screaming ...is very badly seen”), and the periphery, with lack of recognition for local women: “the woman is not, does not appear, she is mediated by the word of another”. Her quote alludes to the underlying gender and intersecting inequalities, which are prevalent in the country as a whole (Chant & Craske, 2003; Escobar, 2011). A few of the public stakeholders also questioned the separation and cited lack of material resources, funding and other institutional constraints such as paperwork management, work overload and time.

Others defended the lack of provision for pain management from a pragmatic standpoint, in relation to prioritisation: in actuality they attend few births at the local hospital.

Here at the hospital, since we are level 1 [basic level], we provide, I do not have the exact figures [...] a delivery around every three or four days. Most first-timers are referred to level 2 or 3 hospitals [e.g., hospitals with more technical resources and senior medical staffing]. (Public stakeholder)

Regardless of low numbers of deliveries at the local hospital, a few connect low risk with a lack of priority for the management of pain. One stakeholder directly dismissed the lack of pain relief and reiterated expectations of compliance, reflecting the objectification and lack of recognition voiced by the community.

*Part of the problem that does not let them see it [childbirth] differently is because of the pain, in their mind they come with the image of pain [...] But with my first baby, I got up to 7 dilation and it did not hurt, I did not scream and I tell them that. You know pain is here in the mind. **I try to take so many cobwebs out of their heads, clear their mind of preconceptions, false expectations, I tell them not to listen to the one whose baby died.** (Public stakeholder)*

The lack of recognition of the knowledge of the other (Jovchelovitch, 2007) is evident here. We see how the modality of “displacement”, which was extended into a typology of knowledge encounters (Jovchelovitch & Priego-Hernández, 2015b) describes the mothers as having “cobwebs” in their heads that need to be cleaned out (“clear their mind”). This reflects North–South dynamics particularly from a Northern top-down developmental perspective where one type of knowledge (which is usually enacted from a position of power) can “clean” outdated knowledges, which is usually those deriving from common sense as Moscovici (1961/2008) outlined. A knowledge encounters’ lens permits us to see how the stakeholder disregards women’s knowledge as “inferior” (based on a representational framing of a hierarchy of knowledge systems). Such displacement “locks” the possibility for her to adopt a more contextual awareness of how local perceptions of risk mediate childbirth fears, given quotidian death (see Section 6.2.3). In relation to maternal health provision, Pollock (1999) highlighted that doctors dissuade mothers from listening to difficult birthing stories to maintain compliance. Transferring this to the Colombian context shows how the community–institutional encounter seems to be impacted by knowledge recognition.

Yet, from a material perspective, a handful of stakeholders reinforced the undeniable advantages given the state’s widening health strategy to cover people suffering from poverty through the SISBEN regime (see Section 1.6). Although one stakeholder used the material argument to dismiss other community perspectives, as the following quote shows.

*I tell them: ‘first of all **the government is giving you everything** [pre and postnatal healthcare] **for free. The care you receive is worth millions to assist you**, everything we are doing for you is more than the delivery, you will have support for the baby through the Plan of Development and Growth, you have a government that is going to give you family planning’ [...], then they start to see things from a different point of view. (Public stakeholder)*

It is evident that the medical staff regards health provision awarded to women suffering from poverty as a privilege (“the government is giving you everything for free”) making questioning the quality of care a problem. I argue this is framed by a *privilege versus rights* discourse. When healthcare is viewed as a privilege and not as a right, it becomes difficult to engage in a dialogue of recognition to address the psychosocial dimensions of care (e.g., could the mother be offered pain relief when giving birth if she chooses to, regardless of the health risk, or accepting the diversity of knowledges found locally).

So far I have portrayed perceptions of risk and childbirth expectations from the T1 data. In the next section I describe maternal childbirth experiences from T2.

6.4. The Childbirth and Postnatal Experience (T2)

When I returned to talk to women about the actual birth experience, I found that all had their babies within the health system, as they had indicated in T1. Findings demonstrated that the act of childbirth is not a uniform experience. It covers a wide spectrum ranging from “quick and doable” to “first and last baby,” encompassing many modalities in between. This is corroborated in maternal research where even mothers who have had more than one birth recount very different experiences (Thomson et al., 2011). In my research, many mothers considered they had received adequate healthcare to address childbirth complications (10 either had pre-eclampsia, an emergency caesarean or other complications and four had pre-term babies or babies with low birth weight). The vast majority delivered at central hospitals in the main city (2–3 or 3–4 levels of care). On the whole, regardless of the complications, many indicated they had received adequate or good healthcare to address maternal or infant conditions. In this regard, many were satisfied (with a few exceptions) with the institutional healthcare received. In the codes below I draw out a few cases depicting the more common modalities of childbirth experienced by mothers.

6.4.1. “Quick and doable” births.

On the event of childbirth, about a third reported having “quick and easy” deliveries without complications or suffering from high levels of pain. A few of these new mothers had previously highlighted concerns over handling pain during their pregnancy, in light of compliance (see Section 6.5.1). Yet, they recounted no difficult or painful experiences.

*Everything went well, nothing like what they had told me. **The pains, I even almost did not feel them.** When I arrived at the hospital I was in 6 dilatation, and in just a moment she was born, most of all it was the final pains that were a little stronger, but at first not at all. (T2, Laura, Pair 4, 16–20 years)*

Natalia: How was the birth?

Karen: It went super! She was born on July 31, the pain began...no, I didn't have pain, it all started at 5 in the afternoon and I had her at 9 o'clock at night [...] very fast, it was just a moment the pains, she was born in no time! (T2, Karen, Pair 8, 16–20 years)

Feeling in control of the process has been associated with the management of pain (Karlström et al., 2015). Yet, out of the mothers who recounted positive childbirth experiences like Laura and Karen, none identified their agency as a factor. Their tales mainly centred on how their bodies took over (“The pains, I even almost did not feel them”). Their stories thus centred on a positive embodiment surprise, rather than endurance. This reflects another way in which women experience childbirth across cultures and social backgrounds.

6.4.2. “First and last baby”.

However, others had a very different experience. Complications during childbirth were traumatic for a few. These mothers specifically expressed they did not want to have another child as the prospect of having to go through the birthing process again was not in their life project. One mother decided to permanently sterilise herself when her baby was 7 months old because she did not want to face childbirth again in her life.

It was very traumatic for me, it was my first baby, but that's made it for me, because I had an awful experience, I did not dilate. It was a long time, almost a day and a half, I was first given some pills to dilate, [...] but it did not move fast. (T2, Pair 5, Bernarda, 21–24 years)

First baby and last, with no desire to have more! The Pitocin, I don't wish that on my worst enemy [...] I had it on all day on that Saturday, all night, can you imagine? On Sunday at one o'clock in the afternoon if one of my sisters does not go to the reception they don't make the decision to take me to surgery! My child had already ingested meconium, they should have hurried! But I say, God also knows how he does his things, I say the one who helped me was God because it was so terrible. At that moment I only remember they were applying anaesthesia, I felt that I convulsed a bit there [...] then the doctor, the boss said that it had been negligence. I don't want that on my worst enemy, for me, first baby and last. (T2, Cris, 21–24 years)

Cris highlighted the experience of birth trauma, which was shared by a few others like Bernarda. Her story started with her memory of pain (“The Pitocin, I don’t wish that on my worst enemy”), reflecting the poignancy that pain brings to body and mind. Pitocin is a medication, the generic name is oxytocin, which is used to cause contraction of the uterus to start labour. Difficult birth experiences associated with pain have been found to have a central role in maternal trajectories, challenging the view that labour pain has little influence on subsequent satisfaction with childbirth (Garthus-Niegel, Knoph, von Soest, Nielsen, & Eberhard-Gran, 2014; Pollock, 1999; Waldenström et al., 2004; Waldenström & Schytt, 2009). Yet, Cris’ story goes beyond pain management to focus on questioning the lack of promptness of care she received given health risk. Research has shown that childbirth and labour dissatisfaction may affect emotional wellbeing to the point that it may dissuade women from having a second baby (Shorey, Yang, & Ang, 2018; Waldenström et al., 2004). This not only gives prominence to the psychosocial impact that childbirth has but also calls for maternity services to engage more widely with support structures in relation to the ways in which they handle labour.

6.4.3. High risk complications during childbirth and finding reparation.

Findings pose questions about the ways in which the health system addresses the birthing process when complications arise. In the next extract Carolina disclosed that birthing pain was not an issue, despite her concern during her pregnancy about her ability to manage the silencing of pain (recall Section 6.5.1.). Instead, the problem she faced entailed a more complicated situation given her high risk delivery due to pre-eclampsia.

*When the pain came, the contractions, would I say that the pain that I had was bad? No, I spent most of the time sleeping. But [...] I had pre-eclampsia, I was very swollen, I lost too much blood, they say that I **almost ‘stayed there’** [died] in the delivery because I lost **too much blood, rags, more rags** [...] I was hospitalised eight days, I had high blood pressure. ‘La niña’ [baby girl] was fine, the only ill one was me, and I **almost stayed there** [died]... [pause], the high blood pressure and the pre-eclampsia did not let me deflate until I got home, **only with my mum’s baths**, you know how it is, that is **the only thing that helped me, that’s how I was cured.** (T2, Carolina, 21–24 years)*

Carolina's birth experience was traumatic: she expressed twice ("*I almost stayed there*") making use of another Colombian idiom depicting her mortality risk. Drawing on these expressions demonstrated how local women regarded the hospital as a necessary place for childbirth given medical expertise (see Section 6.3.), where they place trust in the professionals given their "epistemic authority" (Marková, 2016). Yet a few like Carolina, did not feel protected during their high risk delivery. She relied on professionals to address her physiological condition but felt uncared for. Carolina's trust was broken and as such she detaches from the hospital (I almost "stayed there") illustrating how the hospital, being the epicentre of Carolina's trauma, remains nameless. For reparation, Carolina relied on her mother's baths back in her home space to heal ("*only with my mum's baths, [...] that's how I was cured*"). The baths she describes are a component of cultural scaffolding practices known as "*la dieta*" (*the diet*), a common community knowledge and practice, which is described below.

6.4.3.1. Reparation: cultural scaffolding practices in "*la dieta*" (*the diet*).

In relation to community knowledges, findings revealed that health is in many ways understood as hot and cold polarities during the post-birth. Health knowledges show that after giving birth, a woman loses blood, which is considered the warm fuel of the body. Carolina mentioned this: "I lost too much blood, rags, more rags". Cultural practices are carried out to bring her back into a warm state and restore her hot-cold bodily balance (Cosminsky, 1976; Lang & Elkin, 1997). The hot and cold polarity is a representation which has been historically maintained in Latin America and in other continents, such as Africa and Asia in different modalities (Cosminsky, 1976; Jordan, 1993; Kim-Godwin, 2003; Manderson, 1981, 1987; Martínez, 2008). Forty days (although duration varies across cultures) are commonly regarded as the "*cuarentena*", a post-birth period of confinement (Lauderdale, 1999; Nahas & Amashen, 1999; Cosminsky, 1976). Cultural commonalities include resting, a specific diet, hygiene and practical infant care procedures, which acknowledge that childbirth and early mothering are crucial moments in maternal trajectories (see Cosminsky, 1976; Kim-Godwin, 2003; Lauderdale, 1999; Nahas & Amashen, 1999).

In the research, cultural scaffolding practices extend our understanding of the post-birth experience by showing the importance of intersubjective relations and community knowledge for maternal health and wellbeing, enacted usually by the *mamitas* or experienced mothers. *Mamitas* have been instituting what is known in Colombia as "*la dieta*" (*the diet*) as a cultural requirement for generations. Cultural representations and practices motivate people to act through a force that shapes courses of action in a given community (Shweder, 1992). The directive force of culture operates at different levels as warnings

or by providing justifications for action (Shweder, 1992). In this case, it provided the framework for guiding protection and support for maternal and infant wellbeing during the initial post-birth days. In the study, new mothers received special care in which they do not eat certain things, go out or receive “*el sereno*” (the cool air from dusk and the evening). “*Serenarse*” induces the cold and is considered to affect the flow of breast milk. The negative polarity of the post-partum cold should not be underestimated. Some mothers regard it as a force that can be passed on through breast milk, cause a spasm and kill the baby.

At the end of the diet, there is a ritual which entails immersing the new mother in steam protection herbal or sweat baths, which originate from indigenous Mayan cultural practices (Cosminsky, 1976; Jordan, 1993) to help her regain heat and finally restore her hot–cold bodily balance. For Carolina, this awarded her reparation. The rituals are prominent in the community where plants and herbs are used to protect mother and baby from getting ill or from general harm. In the research, the baby is swung by the mother to quickly receive some of the healing herbal smoke and is then passed on to the experienced women carrying out the ritual. The two excerpts below provide the intergenerational perspective I have provided where possible in each study. Here they reflect how they are passing from the enabler (*mamita*) to the receiver (new mother).

*Jenny: It is good to bathe with herbs like common rue, Artemisa (mugwort), sour orange leaves, what's that one called? [Thinking] I forget, ah yeah, nacedero (an indigenous leaf Trichanthera gigantea), with so many hot herbs, you put fresh things as well. Eucalyptus and orange are fresh and go in it as there are already many hot herbs. There are some flowers that smell awful, the buttercups, but they are very good.[...] Oh and also you add chamomile. And guanábana (soursop), the guanábana leaves are added to a pot and in there you cook all that and once it's simmered you have a bath with that. That's the day that celebrates the end of the diet. **My grandmother taught it to me and then one is left to carry on the custom.** Once you are bathed then they pass the baby to you three times through the bottom of the legs which then you hug and then you give her back.*

Natalia: The baby as well?

Jenny: Yes but you don't leave it there! This has to be quick for the baby because the smoke is very strong, she cannot be delayed in that room. That way children don't keep the 'sereno', that expels it out, leaves the child healed. And once all's done, they give you, my grandmother used to make me a hot milk chocolate, without any water, just chocolate,

milk, nutmeg, cinnamon, cloves with a little white wine and egg, the egg you can't taste, it tastes great. And that takes the last of the cold away because one starts to sweat, sweat and sweat and sweat and they even give you a piece of cheese, I do not know what that does but then you cannot leave the room or get wet for the rest of the day as it can hurt you [...]. I told my grandmother, 'this is the best day, and that is the last day they give you'. (T2, Jenny, Pair 13, mamita, 40–44 years)

The diet I passed it at home, my mum took care of me, as you can't go out, and those early days were hard but I was looked after [...] The last day of the 40 days they gave me the herbal baths with the incense, I had to stay enclosed in my shelter [...]. It all did me well, to follow the diet. In the end one feels that all of that left you full of energy to continue. (T2, Pair 5, Bernarda, 21–24 years)

The practices described by Jenny and Bernarda exemplify the idea of liminality (Turner, 1967, 1984), as rites enacted within transitions (Van Gennep, 1960/2011). Liminality describes important rituals in life transitions as it depicts living in the “in-between”, where previous identities have been disrupted, particularly for those who reported complications during childbirth like Carolina and Bernarda. The practice situates the maternal trajectory in a cultural perspective, culminating in the bathing ritual, as the day closing the diet means that mothers (and their newborns) can rejoin the public sphere. Bernarda’s quote particularly shows us how the “relative transient liquidity” (Stenner & Moreno-Gabriel, 2013, p. 242) of the liminal temporal space (Turner, 1967, 1984) has given her the opportunity to repair the disruption suffered during childbirth, as Bernarda says: “one feels that all of that left you full of energy to continue”. The research reframes the more traditional concept of post-birth confinement by integrating once more the concept of psychosocial scaffoldings (Jovchelovitch & Priego-Hernández, 2013). Here its explanatory power shows the importance of symbolic holding and containment (Bion, 1962, 1963; Douglas, 2007; Winnicott, 1965, 1971, 1985) to aid emotional and physical healing in the transitioning. From a maternal perspective, mothers are intrinsically connected with the child, from pregnancy to birth to breastfeeding, to holding and handling (Winnicott, 1965, 1971, 1985). But as Raphael-Leff (2010) has highlighted, the challenges of “mothering a sentient infant [...] involve a great deal of emotional effort” (p. 7). Experienced mothers like Jenny know the psychological effort that is ahead and have been providing containment to new mothers across the Global South throughout the ages with these practices (“My grandmother taught it to me and then one is left to carry on the custom”). The diet involves “giving”, with the *mamitas* “lending” themselves to new mothers as they will then “lend” themselves to their child. For life re-writing periods like becoming a mother, the

transitioning is enabled through a scaffolding environment that is contained by the *mamitas*, the holders of the practices.

However, it is worth noting that the diet practices are not unanimously accepted or endorsed. Intergenerational disagreements and positionings are enacted when some mothers recount their negative perceptions of the experience, particularly of the herbal baths.

*I did not like it, the fumes, because they felt like I was drowning, **the smoke drowned me** but they (mamitas) made me a hot chocolate for the last day, that's what I drank. But it was the heat too, so much heat! I wanted to go out get some fresh air but no, I had to stay indoors all day! (T2, Yeimy, 16–20 years)*

Yeimy's account reflects that the herbal baths are not embraced by mothers in the ways in which their own mothers did. Her suffocation ("the smoke drowned me") and enclosure were lived as confinement. Her account connects to the theme of how the *mamita* remains a controller in mothering (see Section 5.4.2.), leaving few avenues for the daughter-mother to exercise a different approach to the post-birth. Importantly, these accounts reflect the sociocultural intergenerational transition of new mothers in relation to the cultural practice. They illustrate the different ways in which women experience the herb baths, where some accept and embrace it, while others do not. These diverse relations with the object demonstrate a form of cognitive polyphasia (Moscovici, 1961/2008), which characterises the hybrid modernity of Latin America, where people take on different positions on the different knowledges they possess and practice. Just like in Study 2, findings corroborate the heterogeneity of communities (Howarth et al., 2015) and knowledges (Moscovici, 1961/2008). The hybridity of knowledges and the ways in which people position themselves against them also applies to stakeholders, who often situate themselves apart from community knowledges given the modernisation paradigm, which is particularly salient in the institutional setting. Indeed, the institution "frames" them to adopt a "professional" position (Moore, et al., 2011), which jars with community knowledges, where the biomedical knowledge system prevails.

Returning back to the institutional space, this study found that many women felt they needed to be compliant, silent and invisible. Clark and Mishler (1992) indicated that this is as an important issue patients face, which applied in this context means women are not being regarded as full subjects with rights. Some felt disempowered and isolated as they endured to fit into institutional requirements. Additionally, findings resonate with research indicating the multiple ways in which childbirth is

experienced and perceived, impacting satisfaction (see Christiaens & Bracke, 2007; Thomson et al., 2011). Expectations and the reality of childbirth were aligned for the ones who were told pain would be a challenge, which they confirmed as a difficult bodily experience to endure. In contrast, for those experiencing “quick and easy” births, concerns regarding pain, its management and difficulties were dismantled by their *actual* experiences. The dissipated fears meant they felt positive and empowered by the process. However, for those that experienced high risk deliveries or severe complications, childbirth was traumatic and the disruption (see Section 4.6) was relived. The scaffolding home environment through the rituals of the diet were what brought *reparation* for a few. For one mother, the trauma was the reason she expressed for her decision to undergo permanent sterilisation. This echoes with maternal research indicating that obstetrically based deliveries with a breakdown in care produce negative childbirth experiences (Crossley, 2007; Thomson et al., 2011). In the final section I discuss doctor–patient interactions by using two cases relating to infant care.

6.5. Infant Care

As a mother is intrinsically connected to the child (Benjamin, 1988, 1994, 1995; Hollway, 2001; Thomson & Baraitser, 2018), the following examples illustrate how mothers felt their babies had been cared for when they suffered from health conditions. In the second wave, some of the interviews focused on difficulties or struggles impacting their baby’s health. For many though, infant care had been relatively straightforward. Their babies were healthy, smiling, a few were walking at 10-months old and loved to dance. Yet, some had to bring their babies to the health system for different conditions. They generally reported feeling satisfied with services (i.e., postnatal appointments, a few home visits, and infant provision). Grettel discussed her experience in relation to satisfaction.

*Grettel: I bathe him [child] in the evening because he sweats a lot and because it’s in the evening, **he gets the ‘sereno’ so I didn’t know that the ‘sereno’ was bad**, and so one evening he was burning with fever, and the acetaminophen that I gave him didn’t lower it so I had to bring him here [hospital] and had him tested, he had bronchitis.*

Natalia: And how did you find the service when you had to bring him here, with the high fever, how was that?

*Grettel: It was very good, how they treated my son here [...] they ask for documents and they tell you to go up and wait for them to call you and you sit down and wait, for a little while, it’s just a little bit, as expected, but **they took care of him** and they tell you what was wrong*

with him and the remedies needed so that 'el niño' (the child) gets better. (T2, Pair 2, Gretel, 16–20 years)

In the first section of Gretel's quote she alluded to the knowledge of the "sereno" which I described earlier as being central to hot/cold polarities regarding the body's balance. This knowledge is deeply embedded not just in the community but is part of the national psyche. It is not surprising that she attributes the bronchitis to her child been exposed to the "sereno". Then she described the conditions of care meeting her child's needs ("they took care of him"), as well as highlighting short waiting times. In other similar cases, the health problem was addressed and mothers expressed satisfaction with health provision.

6.5.1. Divergent local realities.

Although many mothers described positive experiences with the health institution, there were others who highlighted barriers in communication. Health research has highlighted that patients may feel they have the right to challenge a doctor's decision, yet few do so in practice (Beisecker, 1990). Although exercising health rights may not be as pronounced in the community as it is in other health systems, a few women voiced how their expectations were not necessarily met in some appointments. Many health staff working in the District are not from the District (particularly medical staff) and/or may be not fully attuned to the precarious conditions many women face daily. The discrepancy between medical practice and patient expectations is a common problem in doctor–patient communications, which has been identified in the health literature (Beisecker, 1990; Williams & Wood, 1986). In the local health system, I found a gap persists between the health provider and the mother's lifeworld and I provide two maternal examples to demonstrate this issue. One voiced by Marcela on infant feeding and the other by Cindy, on nappies. Both show how precariousness impacts health.

*I told the paediatrician to change my milk for a more economical one and no, he said [...] let's wait for the child to turn one, and I told him I'm not working and the milk is very expensive, if you could change it for a more economical one, I would appreciate it but he said for the child's welfare another milk is not recommended.[...] But they changed him, right now the new one [paediatrician] told me: **'here where you see I am "a punta de puro chocolate" [based on pure chocolate], but because the child has that skin allergy let's leave it that way [with current milk] but once we cure the allergy, change it, that I'm here is***

*thanks to pure chocolate, alive and kicking!’ But when I don’t have any work it comes down to juice, mango juice, guava, so that’s how I keep him [baby] **but I won’t go and tell that to the paediatrician that I give him only mango juice.** (T2, Marcela, 21–24 years)*

Marcela had to silence her actual infant feeding practices in her encounters with paediatricians given a disconnection between her social reality and optimal health provision. Marcela’s economic hardship when she is not working (she relies on transient and low paid jobs such as housekeeping by the day) forced her to resort to feed her baby fresh juice instead of milk. Marcela withholds her actual practice from all doctors, including one she considers to be more attuned to precarious realities (i.e., the “chocolate” doctor). Not disclosing information regarding behaviours that are deemed unhealthy by those from a position of power (doctors) means that patients do not always report the full accounts of what they have exposed their children to. Although the paediatrician showed Marcela that he endured similar circumstances (i.e., was raised in a way which contravened medical advice without any long-term consequences), he still prescribed the unattainable product (“powdered milk”). Although through perspective taking (Gillespie, 2006), the paediatrician shows relatedness towards a dialogical encounter (Jovchelovitch, 2007), Marcela still could not accommodate the unaffordable milk to cure the allergy. The doctor’s relatedness though, helped her justify (to herself) giving her baby the most affordable alternative; but in the end, the institutional advice did not align with the mother’s material reality. Compliance in asymmetrical positionings given power dynamics (Jovchelovitch, 2007) shapes the extent to which provision enables health behaviours. Gillespie and Cornish (2010) argued that when encounters between health professionals and clients are misaligned, challenging practices are difficult because they challenge identities. Marcela endeavoured to preserve her identity as providing mother: mango juice is what she can do. But to remain a maternal provider, she cannot apply the medical advice of the recommended milk. Thus the health advice is not applied. However, the consultation has arguably one outcome: it relieved maternal concerns regarding optimal provision (thanks to the doctor’s chocolate story, Marcela’s identity as maternal provider is not largely challenged).

I considered this required further exploration with the institutional perspective. As such, following ethical procedures concerning anonymity and confidentiality, I described the case to managerial staff. The institutional response is presented below.

*From the point of view of the ESE policies, we cannot accept one paediatrician after another following their own personal beliefs. First, why would a baby not be breastfed? Is there **any valid reason for having quit breastfeeding**? If there is one, then let's discuss what options are available. Of course bottle milk is an option, but we have to think if they can afford it. If not, **we have a policy in place** to help the mother with the bottle. We are a public institution that serves local people that are mostly poor. But second, we do not know if there is evidence that any alternative to milk is an adequate decision. Juices are fine only depending on the baby's age. Allergies and other complications may arise which is why we focus on milk for the baby's health. This is core to our policies. (Public stakeholder)*

Two problems are worth highlighting from the institutional response. First, the basic but central issue of material resources. Many of the women were indeed in receipt of state food banks, which primarily include “Bienestarina”, an infant micronutrient supplementation developed in Cali, which has been rolled out through the “Cero a Siempre” (Zero to Ever) ECD national public strategy to families experiencing poverty (Comisión Intersectorial para la Atención Integral de Primera Infancia, 2013). Yet, Marcela was not in receipt of any additional funds to support purchasing the recommended milk. The public stakeholder mentions having “a policy in place” but policies do not necessarily trickle down to meet many daily maternal or infant needs, particularly as health staff encounter poverty on a daily basis. Second, there is the health expectation on the mother to breastfeed (a similar policy to the UK’s “breast is best” has been implemented in Colombia). The stakeholder defended the position of the health service to promote health outcomes, showing that an institutional response cannot advocate mango juice as acceptable advice to meet infant health.

In the second example, Cindy, described how her child suffered from a fungus given Cali’s heat. There is a need for frequent nappy changing given heat and humidity but this makes it very difficult when people are experiencing poverty.

He [child] got a fungus due to the heat, and the doctor told me I had to change his nappies from Winnie [more affordable Brand] to Pequeñín given the fungus. Pequeñín is another brand of nappies, gentler, you see, but it's much more expensive. The father sent me 30 nappies to supposedly last him a month, 30 nappies don't last a month! The doctor told me if he wees, change him, if he poops you have got to change him! Because if you are not ready to change him frequently you can give him that fungus again. So nappies barely last me these days. (T2, Pair 9, Cindy, 21–24 years)

Cindy's lack of frequent nappy changes was common in a few of the babies. When I saw them it was evident some needed a new nappy but given the expense, mothers think twice before doing so. The practice of pro-cloth reusable environmental initiatives has not re-reached Colombia in the way it has in some segments in the Global North. Without getting into the debate surrounding parental attitudes and behaviours around pro-cloth nappies (Pendry, Mewse, & Burgoyne, 2012; Uzzell and Leach, 2003), (to my knowledge) there are no green nappy-changing services in Colombia. Regarding knowledge systems, Cindy's and Marcela's examples relate with what Williams and Wood (1986) indicated regarding how doctors and patients diverge in their goals (targets vs. meeting daily needs based on challenging lifeworlds), which is corroborated by Reader et al. (2014). These cases call for the need to have basic needs met. Let us recall how Mary Seacole, the Jamaican nurse who migrated to Britain back in the 1800s, realised that injured soldiers were not going to recover without food and warmth. Her British hotel provided warm soups and blankets for soldiers who started to recover from their injuries. In a similar vein, Marcela needs a health programme that grants her baby the milk to recover from his skin allergy; Cindy needs a scheme providing subsidised nappies to prevent a return of the severe fungal infection her baby developed. Yet, this calls for a wider welfare provision, a scaling up and reallocation of state resources, which is unlikely to occur in Colombia's current national policy programme.

6.5.2. Institutional challenges: call for relational care.

The cases previously reported highlighted institutional challenges when health is provided to people suffering from poverty. Now I will address issues that are more directly the remit of the health system, discussing the psychosocial dimensions of care, voiced by a few of the hospital's staff. Institutions, just like communities, are infused with different perspectives and positions (Reader et al., 2014) enacted by the practices, services and discourses circulating in them. A few stakeholders are critical of the biomedical focus of care (Crossley, 2000), recognising work towards improvement is complex and will take time and shifting.

*A short appointment is not enough for the professional to tell her what he needs to and she cannot understand. [...] To me this seems very serious. With the health reform there are now **many intermediaries, a lot of computers and few doctors, nurses, promoters.** [...] Maybe from here [institution] we have not integrated, we have always kept **the problem of care for women that is only about health.** (Public stakeholder)*

The stakeholder identified the need to address health beyond the aetiology of disease towards psychological and social determinants (Crossley, 2000). Yet, doctors, given institutional constraints and discourses, tend to focus on the biomedical aspect, which is misaligned with the patient, who seeks to make sense of the health situation and accommodate it in their life (Williams & Wood, 1986). In the current context, health staff are constrained by the apparatus of the system (“many intermediaries, a lot of computers and few doctors, nurses, promoters”), creating bureaucratic layers, impeding the provision of a more holistic, on the ground model of care. This issue was identified by Mishler (1984) as “the voice of medicine” being at odds with “the voice of the lifeworld”, which has been extended in the health literature in various modalities (see Barry, Stevenson, Britten, Barber, & Bradley, 2001) but in essence resonates with the divergence I found.

6.6. Discussion and Conclusions

By unpacking the community–institutional interface in the DAB, I looked at maternal health provision through the lens of knowledge encounters. The chapter was guided by the question: *In what ways does maternal health provision support or contest the maternal experience?* The extracts presented in the analysis exemplified meanings and positionings of common sense knowledges by portraying what “they do” (Howarth, 2006) for the maternal community, supporting maternal transitions. They also show that encounters impact maternal trajectories, particularly for the few that lived through difficult childbirth experiences or whose precarious conditions do not let them action institutional prescriptions.

The identification of knowledge encounters deriving from SRT has been a productive exercise in unpacking how the community and the local institution display the processes of anchoring and objectifying of representations (Moscovici, 1984) through their positionings. For instance, the hospital is represented as “Javier Dead”, where cases of bullet wound patients are anchored and then objectified (i.e., transferred) to maternal health provision, despite the differences in the conditions and care provided in both scenarios. This reflects how representations frame knowledge encounters between providers and patients. The study found that the institution is in many ways also trapped by its own logic, resources and representations, which can be seen to silence and objectify pregnant women and mothers from the periphery. Knowledge encounters are a good explanatory tool because they illustrate the meaning-making dynamics at play when people encounter difference. Importantly, in community knowledges – just as with childcare and hospital care – diverse modalities were found illustrating how mothers relate to the cultural practices of the diet. Findings revealed that some accept and embrace

some knowledges, whereas others reject them, showing how individuals internalise aspects of culture in different ways (Mathews, 1992; Moscovici, 1961/2008). This interdependent connection depicts more generally how people relate to the social object by taking on different positions, using knowledges depending on the conditions shaped by the social situation (Jovchelovitch & Priego-Hernández, 2015b; Marková, 2003, 2007, 2016). In SRT, knowledges are not binary; they are not fully embracing or excluding. In this sense, the intergenerational transitions shown in this study make evident how Moscovici's (1961/2008) cognitive polyphasia reflects the hybrid modernity shaping Latin America, showing how people contain both biomedical and traditional knowledges and enact diverse positions in relation to them (Jovchelovitch & Priego-Hernández, 2015b).

The themes connecting the community with the institution also demonstrate the multifaceted enactment of social knowledges and how, in turn, they shape self-other, Ego-Alter relations (Marková, 2003, 2007, 2016). Specifically, they illustrate a different aspect of how trust and distrust is shaped by representations. For instance, mothers depicted a general maternal preference for hospital-based deliveries. Yet, the women distrusted and trusted the hospital. They distrusted it when they connect the salience of bullet-wounded patients with quality of healthcare but when contemplating their birthing options, they trust health professionals, as they embody "epistemic authority" (Marková, 2016) given their biomedical knowledge. In this sense, medical staff are trusted to deliver both mother and baby safely (Cahill, 2000). This displays a different dynamic compared to the trust and distrust found in relation to childcare presented in the previous chapter. With the health institution, mothers applied the reflective type of trust in Marková and colleagues' model (2008), which in this case relies on cognition more than attachment. Grossen and Salazar Orvig (2013), revealed that when trust is examined in practical encounters, it can convey conflicting aspects, particularly when dealing with dilemmas. This interdependence was evident in the previous study when I presented how mothers negotiated who they could trust with their child. In this analysis, mothers, as patients, trust their doctors and health professionals with their lives. But as Marková et al. (2008) highlighted, to trust equates with taking risks, as people become dependent on the other to act on their behalf. For many, trust was maintained throughout the maternal and infant care they received, reporting an overall satisfaction with health services, despite the knowledge barriers and unequal positionings previously identified.

Yet, doctor-patient dynamics illustrate how social distancing can be understood by the notion of "displacement" (Jovchelovitch & Priego-Hernández, 2015b), although in this study, this does not entail the overall picture. Relational aspects are apparent in doctor-patient interactions, particularly in the

case with the “chocolate doctor”. To shed light onto these interactions by applying trust–distrust dynamics, Simão (2013) connected trust with intersubjectivity where self–other relations can impact various aspects of social recognition when communication barriers arise. Simão (2013) called for dialogical encounters to be understood as being more open to plasticity. The idea of plasticity serves to explain how the polyphasic dimensions of knowledge encounters reflect more movement, particularly in relation to displacement. This more dynamic approach connects with the elasticity of positionings I argued for in the previous studies.

In relation to psychosocial scaffoldings, findings from this chapter demonstrated that in cases where mothers’ trust in the health institution was broken, post-birth cultural practices were found to scaffold the biological mother to heal with a relational and cultural embodiment ritual, repairing difficult childbirth experiences in the warm home space. I have shown in the previous studies that psychosocial scaffoldings serve to better understand the adaptive ways in which mothers are supported during maternal transitions. In this final chapter, this is evidenced by the ways in which cultural practices scaffold new mothers in the early mothering days. The diet enables the new mother to repair the disruption of childbirth and supports her during the transitioning, containing some of her uncertainty and anxieties by instituting the liminal period as a cultural requirement. *Mamitas* and experienced women in the community, including traditional birth attendants, regard these knowledges and practices as part of a broader cultural context that interlink the maternal body with the wider hot/cold balance, which maintains an inclusive scaffolding kinship network enacting local ways of life. By being embedded in culture, the practices do not necessarily depend on the kinship’s strength in intersubjective dynamics. This shows how the directive force (Shweder, 1992) and the functional role of culture (Duveen, 2007) have psychosocial reach. They permit an externalisation process where the closeness of the *mamita*–mother relation does not depend on their dynamics per se but lies instead at the community and cultural level. Some *mamitas* rely on the practices as a route of support and a space to get closer to their daughters and grandchildren when family fractures or other issues are at hand, thereby allowing the *mamita*–mother–baby triad to continue reconnecting (see Studies 1 and 2). They thus show how for some mothers, community knowledges and practices address psychosocial family needs beyond physical health. For others, the value of the practices is questioned given the polyphasic aspects of the hybrid modernity characterising Latin America.

In relation to the institutional perspective, tensions also arise from the logic that in many ways maintains institutional practices (i.e., rationality and bureaucracy driven by targets and constrained by

budgets) as Gillespie, Reader, Cornish, and Campbell (2014) identified. Institutional pressures detach staff from relating to the other's lifeworld, which results not only in distant encounters but in a devolved responsibility towards understanding the human complexity of the other. This was exemplified through a few stakeholders' approaches, where they experienced difficulties relating to the divergent realities of the women they treat. Data also showed the plurality of institutional knowledges and positionings, where some recognised this problem by questioning the bureaucracy now demanded by complex health systems (Prada & Chaves, 2018). They had differing views about the maternal care and treatment they provide, as well as how much of the new health national policy has generated greater distance in terms of contact with the communities they treat, despite pivotal improvements in physical health outcomes (Prada & Chaves, 2018). People working in the health system are self-reflexive and have good intentions. Part of the problem is that structured societal inequalities based on class, sex and race still get played out in the community–institutional encounter. Some of the stakeholders create symbolic distances from the community (even though a few may come from it) given the formal health knowledge they have acquired through their profession. So they “move out” of the community physically and psychologically, particularly when they are in the institutional space, distancing from its stigma. In this regard, they go through a process of community de-identification, given social mobility. Lawler (2000) described this dynamic when looking at social mobility of daughters compared to their working class mothers. Although the stakeholders I am referring to did not directly verbalise this in the interviews, it became apparent in their treatment of local women, represented as carriers of “outdated” knowledges that are at odds with the medical knowledge, which is expected to be practiced in the institution. This runs the danger that a few stakeholders highlighted of further marginalising the women of Aguablanca, the message becoming that of a more linear assimilation and not interculturality (Tervalon & Murray-Garcia, 1998).

Findings also showed that knowledge systems accommodate different needs. On the one hand, the hospital addresses the physical dimension (no maternal or infant mortality occurred) and despite a few health issues, without discounting their severity, none of the mothers or babies seemed to be experiencing any severe health threat that would be visible to me. On the other hand, the cultural practices in the scaffolding environment of the home served to help repair the breakdown of care and the psychosocial pain of difficult experiences in maternal trajectories. Given the lens of knowledge encounters I adopted in this study, focusing on the tensions and contradictions found helps to expand the maternal health literature by bringing concepts from SRT, such as cognitive polyphasia and

knowledge encounters. These perspectives underscore how health delivery is not divorced from context. I address this problem from an applicability approach in the final section below.

6.6.1. Applicability: equality or equity? Social determinants of health or health equity.

The qualitative evidence showed how healthcare within the institutional good practice framework follows an equal approach: healthcare for all. But the data question whether the health system addresses the more contextual needs of the people living in the District. For a few mothers, poverty constrains the maternal provision they are able to offer to their children. Healthcare is built upon an absolutist framework to meet best practice standards for the population, regardless of their social circumstances or income levels. But the local social realities make evident the diversity of people's lifeworlds and as Arturo Escobar (2008, 2011, 2015, 2017, 2018) has illustrated echoing the Zapatistas, "we live in a world where many other worlds exist". To accommodate "other worlds", one could argue that a different set of guidelines could be considered for people living different social realities. However, this is problematic for health provision as it undermines the edifice of public free optimal healthcare for all. Yet, findings exposed the extent to which contextual barriers constrain the usefulness of a generalised health advice. The policy target is for the health service to meet the needs of the subsidised and the PPNA (see Section 1.6.). But, the health system does not have formal procedures or the vast resources required to offer subsidies to mothers on a daily basis; nor is this its remit. Frontline staff encounter realities in territories dominated by poverty and different forms of violence. Yet, the ideological concession of different levels of healthcare depending on income levels can be problematic because it puts the pragmatics of context driving health. Yet, as Micheal Marmot and colleagues identified, health provision requires a contextual understanding where social determinants are a central underlying barrier for health (Marmott & Wilkinson, 2001; Marmot, 2004). But the broader problem related to health inequalities (Marmott & Wilkinson, 2001; Marmot, 2004) lies outside the health service's delivery remit. However, potential integration with an overarching government strategy (such as ECD), providing material support for infant feeding could provide a small but manageable solution.

6.6.2. Concluding remarks.

I now finally turn to present some concluding thoughts. The analysis highlighted how work remains to be done by the health system to better meet local needs. Regardless of the health insurance policy, maternal and child health provision has meant that infant and maternal mortality rates have decreased significantly in Colombia (see Section 1.2.1). Yet, by applying the concept of knowledge encounters

through an SRT lens, this study provides qualitative evidence from both local patients and stakeholders suggesting the need to address social distancing and on-the-ground complex needs. Although this is a vast, long-standing problem which has been tackled by scholars in psychology working on community health (Aveling & Jovchelovitch, 2014; Campbell, 2014; Campbell & Cornish 2012, 2014; Campbell & Jovchelovitch, 2000; Crossley, 2007; Nolas, 2014), every case we bring to the dialogue helps inform another aspect of the complexity. Could health delivery adopt a more flexible approach to tailor provision to meet differential needs, and in turn be less divorced from grounded realities questioning dimensions of its effectiveness? Local academics working in these communities are aware of the divergence emanating from social, economic, gender and health inequalities, between those that live in the periphery and those that are in the city (Vanegas-Muñoz, 1998; Sanchez & González, 2006). The question that has been highlighted by critical health community psychologists regarding enabling receptive environments for health, calls for revising conceptualisations and approaches to include the relational and cultural aspect of knowledge production, particularly when working with people suffering from inequalities (Campbell, 2014; Campbell & Cornish, 2010, 2012). This final study closes the empirical section of this thesis, leading on to the final discussion and conclusions where I situate the research and my overall thoughts to engage with the literatures with which I seek to speak.

DISCUSSION AND CONCLUSIONS

PART III

CHAPTER 7

Discussion and Conclusions:

Reconsidering Maternal Trajectories

This monograph has integrated a sociocultural psychology and psychosocial approach illustrating maternal trajectories from the self to the extended sociality of family, community and the local health institution. It shows how we need to pay attention to the psychological experience and sociocultural realities of people living in adverse urban contexts, particularly by foregrounding the subjectivity of the excluded mother. In this final chapter, I retake the overarching research question: *How do first-time mothers who are living in a Colombian adverse context transition into mothering? What are the challenges faced by first-time mothers in such contexts, and what types of support are in turn available to them?* To this end, I map out the conceptual integration developed in the overall project, connecting the three interfaces of the analysis with the dynamics found on the ground. The research questions that I set out to help me unpack the overall aim were:

1. How is the maternal "becoming" experienced from: a) the reception and trajectory of the pregnancy to the visualisation of mothering to then recount b) the experiential reality of becoming a mother in the first months of infancy?
2. How do mothers make use of psychosocial resources to support their mothering in a context of violence and sociability?
3. In what ways does health provision support or contest the maternal experience?

Each question has been addressed in three connected interfaces in the empirical section (Chapters 4–6). In the first study, I mapped out maternal trajectories from the self's perspective by unpacking the distancing–closing of relational encounters centred on the baby, mediated by "pushing and pulling" acting forces, where disruption ("pushing" force) is countered by psychosocial structures of support, a

“Pa’delante (keep going forward) attitude and local ways of “doing mothering”. In Study 2 I expanded the investigation into the community interface, by looking at the resources and scaffoldings available to mothers living in an adverse violent context. Finally, in Study 3, I looked at the community’s knowledge as it encountered the prescriptions of the health institution, from the hospital (based on biomedical care and impacted by institutional constraints) to the home (exhibiting post-birth cultural practices). The three studies revealed findings that called for connections to expand the notion of psychosocial scaffoldings. Thus in this final chapter, I re-take the propositions espoused in the studies and then outline my argument for the integration of the theoretical concepts used, in light of the findings, to build three main arguments. The first two are empirically-based, proposing conceptual sharpening and the final one, whilst also anchored in the data, centres on disciplinary connections. I start by reinstating how the findings led me to develop the proposed expansion of psychosocial scaffoldings, by showing how the notion covers a) symbolic b) intersubjective and c) sociocultural dimensions. Then, I revisit the empirical model of elastic mothering presented in the first study. The final argument situates the theoretical concepts used in academic disciplines, proposing to continue building existing connections in sociocultural psychology debates to incorporate psychosocial insights centring on an interdependence lens. The chapter then presents the research’s limitations and ideas for future research. It ends by providing implications, touching upon its potential applicability, reconnecting with the research problem of motherhood, mothering as it relates to gender inequality in Latin America. Local recommendations are then suggested for policy to address some of the issues uncovered in the research. To build the final propositions presented in this chapter, I begin by briefly revisiting the journey that has brought me to this end.

7.1. The Research Journey: from the Framework to Empirical Insights

I started the investigation by looking at issues of motherhood and mothering in relation to contextual adversity. I found that when my disciplinary field, sociocultural psychology, investigated the problem of motherhood or mothering it had—to a large extent—not addressed mothers from a subject-based position. I found that scholarship on theorising emotional and unconscious dynamics in motherhood, mothering or maternal studies is still in its infancy in sociocultural psychology. Much of the interpretation that is available focuses on meaning-making, semiotic tools, dialogical positions or cultural practices (see Carvalho, et al., 2008; Cavalcanti et al., 2012; Oliveira & Bastos, 2000; Duarte & Gonçalves, 2012; Ferreira Takei et al., 2012). These interpretations provide sociocultural and meaning-making insights but do not necessarily explore issues of intrapsychic and intersubjective relations

through an affect lens. I expected sociocultural processes to be worth unpacking in a study looking at the maternal becoming in a territory experiencing contextual adversity but I also considered that the psychosocial transitioning that mothers would undergo would need to be symbolically explored. Given that I did not find many works in my field uncovering these processes, I found feminist psychoanalytic theories, which have informed psychosocial studies (Hollway, 2016), to be enlightening. As I outlined in the first chapter, these literatures have been building a programme since the 1970s to render visible the psychological processes and the positioning of mothers from their own subjectivities, by problematizing motherhood and mothering. I uncovered that the theoretical and research programme developed from this platform is vast; thereby, I focused my attention on feminist work that integrated a psychoanalytic interpretation in maternal dynamics. I found Benjamin's intersubjectivity (1988, 1994, 2010, 2018) and Parker's (1995/2005, 1997) maternal ambivalence specifically informative for the research, as they enabled unpacking the emerging mother–baby relation and the contradictions inherent in the maternal becoming from a subject-based position, uncovering challenges and gratification.

Then, to continue the exploration and find out how the mother-baby relation goes beyond the dyad, I investigated intergenerational dynamics. Once again the feminist approach provided insights to explore this dimension with the work of Chodorow (1978, 1989), with psychosocial research which was developed later by looking at how practices shape maternal transitioning with an intergenerational consideration (Elliot et al., 2009). As informing as these theoretical and empirical pieces were to unpack the mother-mamita relation, in my work I needed to locate the research in its territory, as neither of these relevant research pieces were located in the *barrios* of the South. This led me to look for motherhood or mothering studies conducted in Latin America. The research by Tenorio (2012), building on previous work conducted with her colleague (Tenorio & Sampson, 2000), was informative because it uncovered the dynamics coming from the ground, such as shared mothering with mothers-grandmothers, which supported the empirical development of the elastic mothering model revisited in Section 7.3.1., as well as the unpacking of intergenerational dynamics (mainly) constituting a mother-baby-mamita triad. The work of Tenorio (2012) was particularly illuminating in showing how Latin American families comprise a strong interdependence, which is practiced in many cultures in the Global South. In addition, I expected contextual adversity to largely shape the conditions under which people and families live in the District, informed by intersubjective and sociable processes. In this vein, the work of Scheper-Hughes (1992) was critical to understand the symbolic distancing that a few mothers expressed regarding their encounters with the baby. Her research also served as a strong contextual

reminder throughout the inquiry about how the lack of material conditions constantly affects the possibilities that mothers have to offer their children, impacting health and potential futures in life trajectories.

Another central aspect of adversity found in the research was violence, a forefront theme in many interviews and a key topic explored in the FGs. It demonstrated the experiences of women who have lived the rawness and pain of violence, from imposed mobility restrictions to the sharp end of death. It provides further evidence of the continuous violent and patriarchal conditions women live under in the Latin American periphery (see Chant & Craske, 2003), which impacts their maternal trajectories and adaptability in manifold ways. From Study 1, different degrees of fathers' involvement were found and in Study 2 I showed how this in some cases is shaped by youth male violence. Yet, the resilience that people exhibit, both in family solidarity and in participation in community life and sociability reflect the continuous human capacity to suspend adversity and enjoy much of the fun and beauty that social relations can offer, corroborating the value of affect in understanding human relations in everyday life (Frosh, 2003, 2015; Baraitser & Frosh, 2008; Jovchelovitch & Priego-Hernández, 2013). In this vein, I demonstrated how sociability reflects a sense of belonging, where leisure activities enable a social attachment to place with a twofold function: 1) to the District and 2) to the wider city, enabling border crossing. The study thus corroborated the transferability of Simmel's (1950) sociability, understood as a sociocultural resource of the lifeworld in territories of exclusion, as Jovchelovitch and Priego-Hernández's (2013) research showed. Crucially, sociability demonstrates another example of the importance of taking a temporal dimension into account, as people engaged in sociability are living in the present, which enables the suspension of the infinite liminality of constantly reliving pains from the past/or of real current or future worries; in short, a "relief" from the various "locking" dimensions of violence found. In sociocultural psychology theory, sociability can be linked with what Valsiner (2018a) described as the tension between "being here" and "WANTING to be non-here" (p. 12). Connecting with this symbolic tension reflects how sociability in adversity enables modes of present "beingness", creating temporal safe spaces, away from violence. This suggests the power of human contact enacted in pleasurable experiences, displaying not only the positive human dimensions uncovered in the District but people's responses to counteract the "locking" of violence, negative representations and otherising practices. In terms of positionings, the study corroborates the heterogeneity of communities (Howarth et al., 2015), where people display various perspectives on interactions, reflecting a system of unequal power relations within (where the omnipresence of gangs comes out in these shared spaces, as well as

dominant family and social positions), which enact wider societal inequalities. Yet, examples of sociability reflect border crossing to access ecological parks through fieldtrips, enabling the possibility for people to reconnect with nature. Apart from sociable forms found in the urban periphery, the study uncovered an interdependence between trust and psychosocial scaffoldings, which I turn to next.

The violence experienced, whether directly or indirectly, set-up a background of distrust leading the research to explore how trust-distrust dynamics operate in peripheral territories. In this vein, the findings called for connecting with Marková et al.'s (2008) trust-distrust model in sociocultural psychology theory (see Section 7.3.2). Their model, as informative as it was to unpack the context with the interactions uncovered in the community and institutional interfaces, did not offer the relational affective aspect to help me reconnect the study with what I found in the home environment. As such, the findings enabled me to expand the interdependency between trust-distrust and psychosocial scaffoldings. Finally, to understand how the maternal community relates to the local institution, Jovchelovitch's (2007) knowledge encounters informed by an SRT lens, served to unpack the communicative healthcare interactions found. These encounters revealed a connection back to trust-distrust in terms of epistemic authority (Marková, 2016), which added another dimension to maternal pathways in relation to institutions, the community and the return of mothers to the home space. The study also presented the tensions that a precarious context brings to maternal and infant health. The analysis, guided by knowledge encounters, sheds light onto the interaction among representations, positionings and power dynamics situating this final interface in the research. Knowledge encounters offer an explanation of the difficulties inherent in recognising the other, giving asymmetrical positionings, where the appropriation and enactment of health advice becomes a problem when precariousness pushes mothers into adopting crude pragmatics (Scheper-Hughes, 1992). It points to an appreciation of misalignments in the community–institutional lifeworlds. Colombia's urban periphery also reflects how the country is an upper-middle income country transitioning into peace building, reflecting generational differences. The mothers I interviewed come from a generation that wants to study and better themselves, out of the few who were internally displaced by the internal armed conflict, the vast majority do not want to go back to rural life and prefer to access the resources and opportunities the city can offer. Latin American societies, like many other emerging societies in the South, contain the hybridity of modernity, where knowledge systems circulate in polyphasic modalities (Moscovici, 1961/2008; Jovchelovitch, 2007a; Jovchelovitch & Priego-Hernández, 2015b). In addition to situating the sociocultural psychological literature, the study calls for focusing on its practical

applications. In a recent study applying a research-implementation methodology with the ESE health system on sexual health (see Torres Agredo et al., 2017), we found that providers and patients voiced contradictions, where health staff reported there were no barriers to the service compared to women's views. Yet, women reported institutional, social and psychological barriers. They felt they had to deal with bureaucracy (i.e., long queues and going through different steps to access an appointment), as well as highlighted how care had not been sensitive to social, cultural and psychological aspects. Together these constraints impeded the incentivisation for a few to come to the health service. This research connects with the study as it corroborates the need for a more practice-based vision so providers can better "fit" with the divergent social realities they encounter in peripheral territories. This is supported by research mapping the Colombian health system (Correa, 2016), which found that from a users' perspective, the more human dimensions of care were not evident in the ways in which health providers care for patients.

So far in this discussion, I have revisited the project's journey by demonstrating how the studies were connected to the literatures that informed, corroborated and sharpened an understanding of the dynamics uncovered on the ground. Overall, the analytical path called for me to integrate critical approaches from feminist psychoanalytic theory and psychosocial studies to inform sociocultural psychology. The thesis thus connected concepts emanating from these platforms to meet the aim of the research: to explore the trajectory of biological first-time mothers as they relate and interact with the family, community and the health institution.

Methodologically, the design included a temporal dimension, where women who were mainly in their teen-aged years and their twenties voiced their starting maternal trajectories from the pregnancy phase (first wave of data collection), to a year later, capturing their early post-birth experience (second wave). It also gathered the maternal voice from grandmothers (*mamitas* in the research), enabling an extension of maternal transitions towards trajectories, as *mamitas* describe the maternal becoming as a lifelong process. The analytical approach also adopted a psychosocial intersubjective interpretation, where extracts from the mother and *mamita* were placed in dialogue discussing specific issues. This demonstrates how adopting an intersubjective lens provides insights into data placing intergenerational dynamics in dialogue. The analytical interpretation was theoretically informed by psychoanalytic feminist insights from Chodorow (1978, 1989), which served to expose intergenerational dynamics illustrating the tension between scaffoldings and differentiation towards maternal subjectivities. Finally, to capture the health institutional voice, stakeholders from the local health system, as well as those

working in the community were interviewed. Their data were crucial to inform Study 3 to discuss the perspective from the local health system. In terms of presentation, I provided diagrams to illustrate the interrelation among themes in the empirical studies. As this is the final chapter wrapping the thesis, in the next section I turn to address the research's limitation and propose ideas for future research.

7.2. Limitations and Ideas for Future Research

A set of questions remains to be addressed in future research. One is in relation to the sample, which highlights the absence of the voice of fathers in the study, particularly as *mamitas* were included. Although I am investigating maternal trajectories, I acknowledge that by missing their voice, the analytical narrative cannot provide a more nuanced account incorporating the direct fathering perspective around themes regarding their limited involvement in particular. Another limitation of the sample and recruitment has to address the need to have a wider reach in the community, including pregnant women and mothers who do not attend the health institution. A potential for a future research project would be to examine the childcare problem identified with *guarderías*, as well as conducting a more continuous longitudinal study following the children to include their own accounts on the intersubjective dynamics found. Below I discuss these shortcomings.

7.2.1. Sample and recruitment.

The aim of this thesis is to focus on mothering, rather than fathering or parenting, given that mothers continue to be the main actors involved in childcare (Hollway, 2015), as the current study found. I also have identified that in the DAB's context more than half of households are headed by women (Alcaldía del Municipio de Santiago de Cali, 2015). I have argued throughout this thesis for the need to render mothers visible, providing them subject recognition from a *maternal place*. Given the focus of the research coupled with the social realities I found and the practicalities of fieldwork, I did not interview fathers. Yet, by focusing on mothers, I do not have fathers' accounts to counterpoint the evidence I found from women about their involvement. I seek to address this in future research because it would be interesting to explore their own perspective on the modalities of involvement found. Although I recognise this would move the aim from this being a maternal study, questions about fathers' involvement remain an issue requiring attention in urban peripheral territories. The other pressing limitation regarding recruitment and the sample was that I did not interview women who were not receiving institutional healthcare. I unfortunately excluded women who are not reached by the health services, who may experience different trajectories in

the District. Finally, the research also calls for a new project to explore the conditions and daily practices taking place in *guarderías*. As I show in Study 2, I found distrust issues in the community in relation to the local childcare they provide. A future study could focus on collecting site-based observations in *guarderías*, interviews with peer mothers who provide childcare and mothers who have children attending *guarderías*. This latter point is central and I connect in at the end when I discuss the practical implications of the research (7.6). In the following paragraph I discuss the design's limitation.

7.2.2. Continuity of the longitudinal design.

Critics of psychoanalytic explorations of maternal subjectivity (see DiQuinzio, 1999) argue that they need to move further from only analysing early stages of the mother-infant dyad. In the research I found that maternal transitioning is a lifelong process as *mamitas* identify, where the maternal becoming can take a lifetime, expanding into a trajectory. However, due to resource limitations, this research was only able to follow mothers within the first year of the child's life. However, taking these considerations into account, my research includes the *mamita's* perspective on mothering both on their daughters and children-grandchildren (by shared mothering). By including the triad, I was able to demonstrate how the traditional focus on the dyad expands into an intergenerational trajectory of mothering and kinship networks, as I have outlined throughout. Having addressed the research's limitations, in the section that follows, I further develop the theoretical dialoguing I propose to continue building bridges across sister disciplines in psychologies where interdependence, heterogeneity and context matter. I now turn to address the arguments outlined for this final chapter, starting with further unpacking the potentialities of psychosocial scaffoldings.

7.3. Expanding Psychosocial Scaffoldings

I start by presenting how I followed the findings' call to unpack different relations which could expand the notion of psychosocial scaffoldings to better understand maternal trajectories. Given that conceptual debates about psychosocial scaffoldings in sociocultural psychology are still in their infancy, this research builds on its explanatory power by uncovering how it served to connect with: a) elastic mothering (Studies 1-2); b) linking it with Marková et al.'s (2008) trust-distrust dynamics (Study 2) and c) by enabling reparation through cultural practices (Study 3). Although the concept was found to be able to accommodate the three interfaces and fits with the frameworks adopted, there were dynamics and

connections identified in the data which had not been outlined in Jovchelovitch and Priego-Hernández's (2013) original study. This thesis demonstrated how the concept operates at the symbolic, intersubjective and sociocultural dimensions in differing modalities to its original proposition. It uncovered various support structures (from baby to *mamita* to the community) supporting the mother. First at the symbolic dimension, findings showed that the more traditional mother-baby dyad, usually unidirectional, depicts mother scaffolding baby. Yet, the research found that the baby also became a symbolic scaffold for the mother, during both the pregnancy and post-birth for re-writing life trajectories. This enabled the study to illustrate the complexity and deep intersubjectivity of the emerging mother-baby relation, as well as the explanatory power of the symbolic dimension (Jovchelovitch, 2007) in psychosocial scaffoldings. Then findings exposed how maternal dynamics are supported beyond the mother-baby dyad. Specifically, to enable the move from disruption into a "*Pa'delante*" attitude for encountering the baby, mothers were found to be scaffolded by their own mothers (the *mamitas*). From these dynamics an intergenerational triad of *mamita-mother-baby* emerged where each self, depending on their positionings, supported each other intersubjectively in the home environment. It is worth revisiting that a central finding displays how mothers are supported by their own mothers. Mothering "forces" new mothers psychologically to use their memories and experiences (psychosocial resources) on the different modalities in which they were mothered and by whom. This corroborates Chodorow's (1978, 1989) daughter-mother intergenerational work and expands it: from the baby, to the *mamita*, to cultural practices, the scaffolding mothers receive permits expanding psychosocial scaffoldings, providing insights into intergenerational dynamics practiced in the South. This empirically-based expansion is illustrated in Figure 7.1 below.

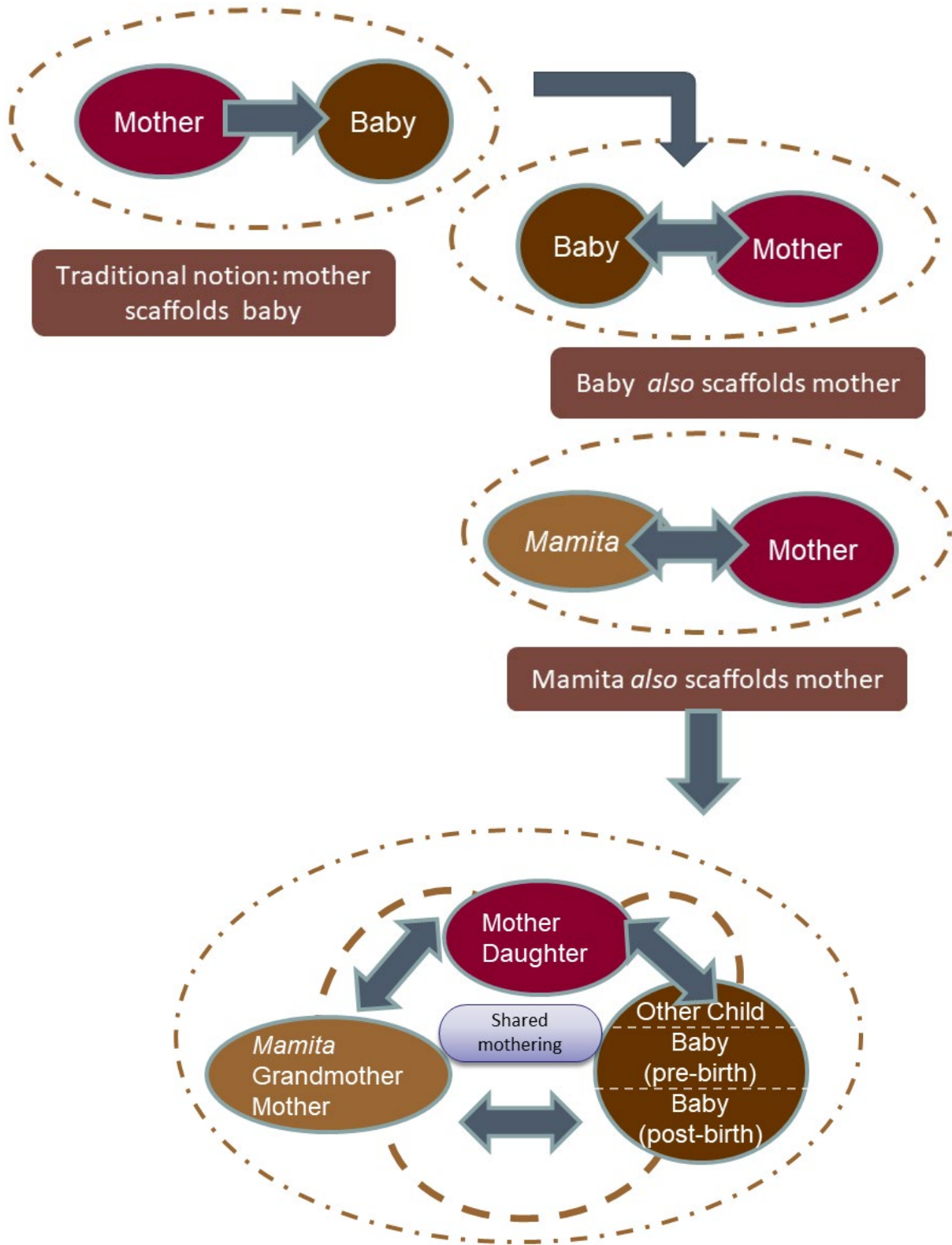


Figure 7.1: Empirical development of applying psychosocial scaffoldings in intergenerational dynamics

7.3.1. Elastic mothering.

After having revisited the empirical development of psychosocial scaffoldings in intergenerational dynamics, in this section I turn to discuss how the studies adopted an intersubjective lens, as the maternal trajectory illustrates the core interdependency of human relationships. This has been argued by proponents of intersubjectivity in psychoanalysis (Benjamin 1988, 1994, 1995) and by dialogical sociocultural psychology (Aveling et al., 2014; Gillespie & Cornish, 2010; Gillespie et al, 2008; Gillespie & Zittoun, 2010; Marková, 2003, 2007, 2016). Here I describe how this approach gives insight into the dynamics found. In the first study (Chapter 4), I explored how the self holds the tension between pushing (disruption) and pulling (scaffolding and *pa'delante attitude*) forces, which were identified as sliding the emerging mother into temporal encounters closer-to-and-away-from the baby. Following the psychoanalysis of Benjamin's (1988, 1994, 1995) intersubjectivity, the maternal relation with the symbolic other shows how the baby provides the scaffolding that fuels maternal agency at a symbolic dimension as early as the pregnancy phase. The mother (to-be at this stage) allocates the resources she needs to the baby to enable her to disrupt risky practices. In T2, the relation continues to form with the symbolic other where the baby becomes a recognised physical differentiated other, no longer within the ambivalent embodiment of pregnancy, as described by Tyler (2000). Psychosocial scaffoldings were found to operate intersubjectively at the symbolic dimension, where support is also received from a "less able" other, as Figure 7.1 illustrates above. This application of the concept shifts Bruner's (1983, 1986) scaffoldings in the Vygotskian zone of proximal development from the child as the main focus to instead look at the impact on the other (this time as self). It is here, in the relational space of Benjamin's mutual recognition that the mother and child situate themselves (see Benjamin, 1988, 1994, 1995). Stone's (2012) analysis of Benjamin's (2005) maternal space (continuing with the mother, not just the child, which let us not forget is where Winnicott centred his attention) touched upon the potential space in the mother. The mother contains her tensions between her subjectivity (i.e., desires, intentions to engage in various life dimensions) and those of her child (see Benjamin, 2005). The expansion of psychosocial scaffoldings when viewed from an intersubjective lens, connects with the argument recently proposed by Thomson and Baraitser (2018) to move child from object in maternal studies so that mother and child do not remain in dichotomous places. Instead, they are situated in a relational movement occurring in everyday practices.

Continuing with the intersubjective lens, the *mamita* mobilises in-and-out of the scaffolding environment and then mutually expands it at other temporalities with the daughter-mother. This I

found reflects elasticity in positionings (see the intergenerational triad in Figure 7.1). I thus propose the “elastic mothering” metaphor to capture the movement between relational encounters. Elastic mothering integrates: 1) maternal ambivalence, 2) psychosocial scaffoldings and 3) identity positionings. It shows how human social subjects stretch out to support each other (*mamita* scaffolding mother and daughter-mother scaffolding *mamita* through the practice of shared mothering) at different temporalities depending on need and circumstance. Subjects are then able to resume other positionings spontaneously after being stretched. The elasticity illustrates reaching-out-and contracting to reflect the movement in intergenerational dynamics found: from *mamita*-mother-to-baby-and-back. I argue that elastic mothering shows the resilient and flexible ways in which mothering is played out in this context. It highlights how a) some mothers who were experiencing their first pregnancy were *not* “first-time” mothers and; b) sharing the maternal positioning permits elasticity in the practice, serving as a psychosocial and experiential resource. The concept of elastic mothering can be applied beyond mothering into elastic positionings as it informs self-other/Ego-Alter dynamics by focusing on temporalities in social relations. Instead of looking at the salience of identities or how they “switch on and off” depending on spaces (i.e., hospital or home), the metaphor of elasticity shows how identity positionings remain centred on subjectivities based on temporalities, expanding and retracting throughout life trajectories. This corroborates the context-sensitive aspect of social identities understood as a construct (Wetherell, Laflèche & Berkeley, 2007). Although being able to theorise on the ways in which social identities become salient as a function of the situational context has been central in social identity theory in social psychology, particularly relevant in the SRT programme (Howarth, 2002, 2010), the data revealed the need to connect space (i.e., the situational context) with a temporal perspective. This shows that identities continue “moving” in a given space. For instance, at home, a daughter-mother can adopt a maternal positioning with her younger siblings when her own mother is working and then retract when the mother is present and vice versa. Elastic positionings show how people experience different moments within the same social space and signify different relations with the other.

The idea that identity positionings operate at a symbolic, meaning-making dimension, which denotes more fluidity in a particular social space, has been developed in sociocultural psychology theory adopting a dialogical lens. The dialogical positioning theorising extends identities into looking at symbolic and intersubjective processes underpinning positionings, outlined as multivoicedness (e.g., Aveling et al., 2014; Gillespie et al., 2008; Grossen, 2010; Grossen & Salazar Orvig, 2011; Moore et al.,

2011; Salgado & Gonçalves, 2007; Salgado, 2013; Valsiner & Rosa, 2007; Valsiner & Cabell, 2012). Multivoicedness is rooted in Hermans' dialogical self theory (see Hermans, 1999, 2001; Hermans & Gieser, 2012); I connect multivoicedness with the empirical finding of elastic positionings. First, I provide a brief account of the dialogical concept. As outlined in Chapter 2, the notion of dialogue has been revived with the works of Bakhtin's (1979/1986, 1984, 1990) in sociocultural psychology, where self is infused and anticipates the other (Linell, 2009). I consider Aveling and colleagues' (2014) analysis of multivoicedness, permits unpacking "a play of the self" (Coleman, 1969), showing the multiplication of the other-in-the-self in terms of an internal audience, permitting a reflective distance of the self. This interpretation opens the communicative dimensions of psychic life in action by unpacking the positionality and tensions of diverse voices. It acknowledges a multiplicity of contested meanings stemming from different perspectives. Importantly, it provides an insight into how the self carries the knowledge and culture of its context. A dialogical perspective on multivoicedness enables a closer approximation to an understanding of the non-linearity of the intersubjective positionings and power dynamics found in *mamita*-mother relations. Given the maternal focus of the research, the point I am making by connecting to multivoicedness is that if we take the case of Surley (from Chapter 5, see Section 5.4.2.1) with her older sister and mother, we see how they interact, internalise and identify with different maternal positionings (depending on the intersubjectivity between mother–daughter, sister–sister and *mamita*–sister relation at different temporalities). This then may expand into relations beyond the family, including the baby's father, kinship actors, other life influencers, the community, and so on. The ways in which they psychosocially interpret, socially adapt and situate within the constraints and resources of their societal context assembled at different temporalities bifurcates into different life trajectories and developmental outcomes. All of which in turn will mediate their own maternal becoming. Adopting a dialogical perspective to elastic positionings gives prominence to the intergenerational and knowledge drivers that shape the self, allowing the research to illustrate the reorganisation of the self–other dynamic, particularly with the *mamita*–mother relationship.

Combining a dialogical understanding of multivoicedness with elastic positionings can help anchor ambivalence in relationships, as they move in-and-out of encounters. In the research, this serves to demonstrate how maternal becoming is a lifelong process, going from transitions to trajectories, as trajectories enable taking time into account, as other motherhood research has shown (see Thomson, et al., 2011). Time is unphysical but "irreversible" (Valsiner, 2018a) and reflects the flow of the present, where people engage with the present by recalling relational encounters, which shape life trajectories.

Emphasizing the temporal infinity informing relations has been addressed by both psychosocial (see Baraitser, 2015; Frosh, 2015) and sociocultural psychology frameworks (Zittoun, 2017, 2018; Valsiner, 2018a, 2018b). In this thesis, I have provided evidence of incorporating an understanding of temporalities with examples of relational encounters and positionings in everyday life, from encountering the baby and sociability. With a temporal dimension, we can apply a different view to maternal health work, away from condemning mothers, enabling a more grounded experiential understanding of Parker's (1995/2005, 1997) maternal ambivalence, where a mother can have hating feelings for the baby at any given time and move back to love her at another. This grounds the psychological messy psychic reality of close relations, helping to disseminate Parker's (1995/2005, 1997) maternal ambivalence by anchoring the concept in everyday temporalities.

In addition to intergenerational dynamics, the research explored the extended sociality of the self, including going beyond the triad, where the study uncovered an interdependence between trust and psychosocial scaffoldings, which is what I turn to address next.

7.3.2. The interdependency of trust and psychosocial scaffoldings.

In Study 2, I found a link that (to my knowledge) has not been connected previously, between trust and psychosocial scaffoldings, which came directly from what the data revealed in relation to the (third) other in the *mamita*-mother-baby triad. This interdependency with trust, as findings demonstrated, mediated decision-making processes. The wider violent environment creates conditions of distrust, which impacts the ways in which trust–distrust dynamics are assumed and practiced by mothers and families. Marková and colleagues' (2008) model provided insight into how trust–distrust dynamics operate in contextual conditions found in adversity. In the research, this was evident in the ways in which trust–distrust operated from hospital care to childcare, to scaffolding structures practiced by kinship in the home environment. In this section, I unpack how these modalities took shape in the research, to corroborate or sharpen the trust–distrust notion, particularly by linking it with psychosocial scaffoldings. Trust contains modalities that include “epistemic trust”, which also helped explain some aspects of the relation between self-other/Ego-Alter (Marková, 2016) in knowledge encounters. But it is also connected to its opposite, distrust, which is found given adverse violent conditions in the DAB. The triangle of self-other-object or Ego-Alter-object, which also applies an intersubjective lens as outlined by Marková (2003, 2007, 2016) helps to situate how the self questions: Who has the knowledge and ethics to be trusted? In the home environment, there is trust in the other. However, this was found to be

largely limited to those who provide maternal scaffolding. As such, the scaffolding received enables maternal trust (see Marková et al., 2008; Salgado, 2013), with *mamita* as the protector of maternal vulnerability (the baby). The mother is open to “*encomendar*” (entrust) her child to the other(s) because of the care she herself received, thereby maintaining the scaffolding environment, which, as I argued in Study 2, enables basic trust (Marková et al., 2008). Yet, I also found how the scaffolding–trust interdependency can be suffocating too. For some new mothers, the “cosiness” of the scaffolding environment enabled by the *mamita* can in its own way “tie them down”, impacting the differentiation process (see Chodorow, 1989) for their own life trajectory. This dynamic was unpacked through an integrated approach drawing on a psychosocial analytical interpretation. Let us recall that in developmental terms we go from an “undifferentiated symbiotic unity” (Chodorow, 1989, p. 102) (or an egocentric relation with the “not-me” in Winnicott) to a recognition of the object world (see also Jovchelovitch, 2007). This process brings to light an intersubjective exchange continuing into the life course practiced in close relationships and relived [or-reconfigured in Thomson’s (2009) use] with mothering. The intergenerational reconfiguring produces conflictive positionings in relation to each subject’s desires and intentions, where each (*mamita*/mother) receives (scaffolding) and suffers psychosocial losses (the “gluing” discussed in Section 5.4.2.2, impedes maternal subjectivity and social access) from the other, which crystallises in many ways intergenerational dynamics. The mothering dynamics I found resonate with Thomson and colleagues’ (2011) intergenerational research between mothers and daughters, which they argued enables identification but can also produce ruptures. The conceptual connection sheds light into both concepts (trust-distrust and psychosocial scaffoldings), by illustrating how they operate in different pathways from the community, to the institution and the home environment. Having presented this conceptual link, I now turn to discuss the academic literatures, which I hope this thesis’ findings can speak to.

7.4. Towards an Emotional Interdependence Psychology

In the thesis, the interdependent lens connecting psyche and context enables approaching pathways among trust-distrust, knowledge encounters and psychosocial scaffoldings, as well as by grounding maternal ambivalence through an illustration of the elasticity of positionings, with an understanding of temporalities constantly shaping relational encounters. Synthesising these approaches further unpacks meaning making in relation to affect, beyond cognition. I thus regard this thesis as contributing to sociocultural psychology by weaving in the emotional aspect of deep intersubjectivity and by enlarging psychological boundaries by incorporating findings from the South. Pragmatically, instead of maintaining

divisions, fields of sociocultural psychology and psychosocial studies sharing a critical perspective away from the old individual-social binary and positivism, could conduct more collaborative opportunities under a larger umbrella to defend their space against mainstream academic psychology. This is nothing new and has been proposed and tried out within the different perspectives in psychology leading to different cycles of “crises” in the UK (for a review, see Zittoun, Gillespie & Cornish, 2009). Yet, in line with Zittoun, Gillespie and Cornish (2009), collaboration is precisely a way forward to prevail over these crises. I find their proposal to focus on “nodal concepts” (p.111) useful to enable the bridging of approaches because to understand the complex social issues particularly affecting Latin America, such as inequalities related to conflict and different types of violence, we need a more holistic and complex unpacking of other social realities. As such, a discipline that encompasses various forms of psychology centred on a node or concept provides different angles and suggestions for tackling these problems. In this vein, a few social representations theorists have been known to use psychoanalytic notions by accepting that the defence from anxiety is generally the driver of representations, which are externalized and objectified (Joffe, 1996, 1999, 2002). Jovchelovitch and Priego-Hernández (2015a) have highlighted how the theory recognises that emotions are powerful components of representations underlying their manifest content. In doing so, I consider it valuable to contribute to strengthening, following Salvatore and Zittoun (2011), the importance of how processes of meaning-making and self-transformation are mediated by affect in intrapsychic and intersubjective dynamics (Salvatore & Zittoun, 2011). Additionally, as Zittoun et al. (2009) point out, one example that has enabled this integration in sociocultural psychology is dialogicality, which has been applied in research looking at social representations, semiotics, Bakhtinian dialogism and even psychotherapy. In turn, as my research looks at the experience of mothering in context, it integrates psychological thinking aligning along the interdependence node. Interdependence is the central tenet of Marková’s (2016) dialogicality and enables the fluid, holistic and unfinishable processes of cultural psychology as exposed by Valsiner (2018a, 2018b).

Additionally, given the interest in exploring other orientations, Valsiner (2011) has indicated that the field is “courageous enough to recognize the relevance of psychodynamic perspectives for understanding how cultural phenomena organize our psychological functions” (p. vii). Valsiner, with Salvatore and colleagues (see Salvatore, Valsiner, Strout-Yagodinsky & Clegg, 2009), further suggested that the field does not have to be reduced to psychoanalysis but instead can be enriched by it, contributing to the umbrella of an idiographic science of psychology. Recently Valsiner (2018b) has

highlighted that to understand “the agentive human psyche” we need to not only study the self’s intentions and objectives but look at affective and reflexive processes as they shape such intentions and objectives. In line with this argument, I found that women make sense of their maternal becoming largely through the emotional interdependence they develop with the baby and their mothers (the *mamitas*). They make sense of mothering and internalise such meanings into emerging positions by emotionally engaging with the child, the *mamitas* and in a few cases with the fathers of the baby and other kinship.

In this vein, it is relevant to note that if sociocultural psychology can be regarded as bringing the social into the psyche and back, the other perspective shedding light on this thesis addresses the psyche by connecting with the social: the UK’s psychosocial stream, which is informed by psychodynamic interpretations (Frosh, Phoenix & Pattman, 2003). Frosh and Baraitser (2008) argued that the psychosocial position is a way of asserting that the individual and the social are “two sides of the same thing” (p.349). Their argument contrasts the psychological—social dualism where “the psychic” is not completely internal. Instead, psychic reality is a hybrid temporal space in which the subject lives (Frosh & Baraitser, 2008, p. 354). In line with Stenner (2015), psychodynamic insights are not exclusive to the psychosocial and following Frosh (2003), they are intrinsically interdependent. In Frosh’s (2003) words, psychosocial studies move away from reductive divisions between the Scylla and Charybdis and instead provide “a space in which notions that are conventionally distinguished – ‘individual’ and ‘society’ being the main ones – are instead thought of together, as intimately connected or possibly even the same thing” (p. 1547). Frosh recognised the difficulties of understanding this “fused-together whole” (p. 1547). Yet, Frosh, Stenner and others (including Phoenix and Hollway), convened on the usefulness of psychoanalytic insights applied to cultural and social issues. As Frosh (2003) has described, psychosocial studies are located in British academia within sociology or social work rather than psychology. In fact, he states that psychosocial studies, as a discipline, has developed outside of mainstream psychology.

Thus, I argue that intergenerational research in sociocultural psychology, addressing emotional interdependence by been informed by psychosocial insights, can continue unpacking the drivers of decision-making processes in life trajectories in context. Processing emotional interdependence is central to understanding people’s decisions as this research found, where I demonstrated how some mothers rely on their mothers in ways in which they will not surpass their dominant positioning and follow their decisions. Yet others do. *Emotional interdependence* shows that mothers are *pulled* and *pushed* away from relational encounters by different forces acting at any given temporality, with the

metaphor of elastic mothering (see 7.3.1.). On the whole, interdependent thinking also connects with other relevant disciplines used in this work such as a Global South lens (Escobar, 2008, 2011, 2015, 2018). Perhaps we could join forces instead of maintaining the divisions under an *interdependence psychology*.

Having addressed the “nodal concepts” (Zittoun, et al., 2009, p.111) to continue strengthening connections, I turn towards a final visitation of the conceptual integration applied to the research. Overall, the thesis hopes to have contributed to sociocultural psychology by demonstrating the usefulness of adopting Benjamin’s (1988, 1994, 2010, 2018) intersubjective lens to psychosocial scaffoldings, which helped explain the ways in which mothers are supported at the symbolic, intersubjective, social, cultural and practical dimensions from a Global South place. Amplifying intersubjective processes by connecting them with community and institutional interfaces situates maternal trajectories in the South, which still have had little currency in Global North psychology literatures, although sociocultural psychology’s programme has made efforts over the years to incorporate ‘other’ cultural learnings (see for example, Almeida et al., 1994; 1998, Oliveira & Bastos, 2000; Cavalcanti, et al., 2008; Ferreira Takei, Bastos & Mendonça, 2012; Guimarães, 2011; 2017). The thesis thus argues that research from the South enlarges the boundaries of theories; instead of framing difference as deviant or atypical as Phoenix (2010) pointed out, they add to the kaleidoscope of motherhood and mothering, as well as family and community lifeworlds. In this vein, I have shown above how sociocultural psychology has argued that we should de-essentialise communities (Howarth et al., 2015), particularly those that have been largely otherised by uncovering various dimensions of their lifeworlds (Jovchelovitch & Priego-Hernández, 2013), an argument which aligns with the relational nature of institutions (Reader et al., 2014). The main tenet being that research should address the hybridity and complexity that communities and institutions hold within, with their messiness and contradictions (Nolas, 2014).

7.5. Situating the Research from the South

In this final section I address applicability, retaking my aim to move away from disciplinary barriers and instead consider synergies between them. Following Escobar’s (2011, 2015, 2018) argument, instead of reducing the world to the Eurocentric rational one that dominates academic research and practice, we could open up the one world view to a plural one, by continuing to render visible perspectives from the Global South. My thesis fits with the Global South programme (see Santos de Sousa, 2014; Escobar,

1995, 2008, 2011, 2015; Mignolo & Escobar, 2011) as it shows the relational and contextual ways of being in spaces (i.e., family, community, institutions, urban periphery) and time (trajectories with elastic mothering). I also join academics speaking from Latin America who highlight the importance of social justice in research, particularly when it concerns people living in the margins (see Santos de Sousa, 2014; Escobar, 1995, 2008, 2011, 2015; Mignolo & Escobar, 2011). We cannot ignore unequal relations, particularly the continuous marginalisation of Latin American women suffering from inequalities. This view aligns with critical and feminist approaches criticising heteronormativity in the psychologies of the North (Collins, 1994; Katz Rohman, 1994; Phoenix, 2010; Phoenix & Seu, 2013) to broadening sociocultural research to engage more directly with ethics (Marková, 2016). Hence, my decision of doing a maternal project focusing on mothers from their *maternal place*, seeking to reclaim local cultures, practices and rights, which then engaged in a practical conversation with local policy regarding their needs. I thus regard the current research to have scope to be applicable to join the Latin American place-based approach in the wider sense of politics of recognition, which enable an appreciation of the interrelations of community knowledges and practices (Harcourt & Escobar, 2005; Escobar, 2008), which I consider crucial in Colombia's current peace building post-conflict era. To this end, the theoretical propositions of decolonial thinking, particularly the work of Escobar (1995, 2008, 2011, 2018) has provided a sharper vision of the territory in the research, constantly providing a critical eye for me to maintain a decentring approach to recognise the value of difference.

I was able to illustrate Tenorio's (2012) study on mother-grandmothers, which identified the practice of shared mothering in Colombia. Her other research (with Sampson in 2000) also depicted how families in Latin America go beyond a nuclear structure, introducing extended kinship networks, going not only vertically but laterally. In their research, the community adopted a collective childrearing understanding, where children and biological mothers had a relation that was not focused on the dyad but rather expanded into the community. Tenorio (2012) herself identified that when she encountered these other ways of being the psychological theories she knew could not help her fully explain the maternal complexity and difference she encountered in excluded territories. For that, she had to turn to social and cultural approaches, which could accommodate difference. In this vein, her analysis showed that connecting with cultural studies addressing adversity in Latin America was useful to identify its impact on mothers, families, communities and institutions. In particular, Scheper-Hughes' (1992) classic study served to illustrate how severe precariousness impacts mothering when living at the sharp end of adversity. Both of these studies enabled the research to unpack other emerging dimensions in the

mother-baby relation, such as disembodiment, where mothers constitute a symbolic distance from the baby. Connecting the thesis with research speaking from a Global South place permitted identifying contextual insights specific to Colombia and/or Latin America, while still maintaining a connection that associated findings with more generalised processes and experiences in motherhood or mothering research in the Global North. Striking this balance between North-South dynamics to depict the grounded perspectives found in the field, while endeavouring to let them speak from their locale was only possible thanks to my adoption of a Global South lens.

7.5.1. Back to the research problem of motherhood and mothering.

Finally, I point out that the feminist position has enriched the criticality of the research throughout. Recognising the explanatory power coming from feminist insights resonates with Hollway's (2016) recognition of how feminist theory has informed the topic of motherhood and mothering since the second wave. Having a feminist understanding also allowed me to not lose sight of the societal disadvantage and impositions on local mothers by regarding representations as complex architectures that maintain power and asymmetries (Jovchelovitch, 2007). In patriarchal societies, the polarities of representations of motherhood negate the extent to which mothers in many cases have the option to participate fully in formal society and the labour market (see Climent, 2009a; 2012; Thomas, 1996; Chant & Craske, 2003; Puyana Villamizar, 2000). Societal participation aside, these representations fundamentally negate the intertwined spectrum of mothering, leaving the subject (mother) to position herself against motherhood and unsurprisingly, she may strive to find adaptive ways to react against the ideal (Baraister & Noack, 2007). The tension between gender inequality and infant human development remains central in motherhood and mothering. Women are in some sectors of the global society, Colombia included, accepted as subjects but when it comes to mothers we fall back onto ideas of the feminine and motherhood (Thomas, 1996), which dissociates women (and their rights and participation in modern society) from mothers. On the one hand, mothers are the cornerstone of human development. From a developmental psychology perspective, humans cannot develop socially without the other. In this vein, I follow the intersubjective psychoanalytic perspective, which argues that a baby needs a subject to become a subject herself (Benjamin, 1988, 1994, 2010; Hollway, 2001). In many cases, such a subject is the mother (Hollway, 2015). Additionally, feminists applying a decentering approach, have been calling for the need to attend to variation, away from the centre of normativity (Glenn, Chang & Forcey, 1994; Phoenix, 2010; Phoenix & Seu, 2013). Most of the feminist works

presented in the Chapters 1 and 2 question the patriarchal ideal of idealised motherhood (see Collins, 1994; O'Reilly, 2008, 2010; Rich, 1976; Rothman, 1994, 2000), as by placing the onus on the mother the father can disengage from adopting a more active positioning in fathering, predominantly remaining as producer of wealth to support the family (when he is not absent) (Rothman, 1994; 2000). Yet the paradox remains of “single” mothers being considered a “problem” by this representation (Silva, 1996; Phoenix, 1990; Phoenix et al., 1991). Mothers from the Latin American periphery continue to face manifold challenges, where in practice, many fathers from these territories are often absolved of the responsibility of child provision (Chant & Craske, 2003; Climent, 2009a, Climent, 2009b). The current research corroborates this notion as it found many fathers whose involvement with mothers and their children to be often limited, where a few negated their paternity or provided minimal support. As Chant and Craske (2003) identified more than a decade ago, power asymmetries in households and families continue to enact gender inequalities. Today the situation has not changed much. Across the Colombian strata at the representational dimension, patriarchal expectations of idealised “normative” families perpetuate the heterosexual nuclear dual parent structure as social and economic success (see Nieto-Álvarez, et al., 2012). As Escobar (2011) puts it, “the very fact that sexism continues to be one of the most pervasive, and seemingly intractable, problems in Latin American societies should be reason enough to engage with feminism” (p.49).

The community represented in this research serves as a microcosm exemplifying how the othering that takes place reflects the social and cultural negation of women’s reproductive and sexual rights, which remain in the Colombian trenches and throughout the region (Gideon & Molyneux, 2012). This emanate from the female ideal fixed on the Virgin as the central face, promulgated by the Catholic Church, acting as a regulator of knowledge and normative behaviour (Thomas, 1996). A few mothers who were actively involved with the local Church found its otherising gaze, which illustrated its social normative function. The structural pushing forces of inequalities pressing on non-white mothers who are not sitting in centres of social and economic privilege are strong and promulgate hegemonic representations, which many mothers inevitably reproduce, as they try to find ways for their children to survive the tides of the system. Despite bottom-up cultures of resistance from the civil rights, feminist movements and beyond, Collins (1994) argued that assimilation into the system inevitably shapes identities. Transferring this to Latin America, scholars from the region such as Anzaldúa, Alvarez and Thomas aligned with Collins indicating that mothers continue unwittingly to become conduits of such ideologies. This was apparent when some women initially reacted to the disruption and the gaze when mothers, their families and community found out about their pregnancies (see Section 4.2.). Yet, others were less affected by this

and instead welcomed the news, given that mothering in their age group was common in the community. Notions of the life course may portray other conceptions of temporalities, where some people are known to assume a shorter life trajectory (Jones, 2005). This approach to life trajectories has been evidenced in previous research with young people in the DAB (Concha-Eastman & Concha, 2014; Vanegas-Muñoz, 1998; Bosch et al., 2017). However, what the welcoming example of the baby also demonstrated is how peripheral territories display resourcefulness (Jovchelovitch & Priego-Hernández, 2013), where they may react to the global imposition differently, particularly in relation to age or singleness in motherhood. Despite the community gaze found in relation to the pregnancy, families adapt to the news, support and embrace both mother and baby as the maternal trajectory unfolds. Crucially for many, the maternal project became the scaffolding source that took them away from a life of risky practices. They thus connect and constitute human relations, although these vary depending on context and dynamics, as Latin American mothering studies show (Castro Franco & Peñaranda Correa, 2011; Climent, 2006, 2009a, 2009b, 2012; Scheper-Hughes, 1992; Tenorio, 2012; Tenorio & Sampson, 2000; Villalobos Valencia, 2014), reflecting the heterogeneity of communities (Howarth, et al., 2015). These hybrid dynamics shaped by context resonate with Harcourt (2006) where she pointed out that nothing is either completely global or local; instead, the constant oscillation and interconnectedness of the local-global-local features in this study. As I have outlined in Chapter 2, I am not negating the problem of structural inequalities; with these examples I am simply recognising that despite hegemonic representations and structural challenges, local people adapt to their circumstances and relations in ways reflecting the plasticity in which people make sense and practice their everyday life.

7.6. Local Implications

In terms of applicability for maternal health in the Global South, findings point towards informing policy by highlighting what a psychosocial and sociocultural perspective can offer to better understand the ways in which local provision is perceived and experienced by communities. It particularly enabled unpacking the barriers and their underlying drivers constraining communication (Gillespie & Cornish, 2010) by providing a pathway illustrating dynamics explained by knowledge encounters, risk, trust-distrust and epistemic authority. Together, the interpretation underscores the importance of addressing material, social and psychological dimensions in health (Campbell & Cornish 2012, 2014; Reader et al., 2014). Ultimately, it is hoped that the research can be incorporated into policy to: a) give mothers a deserving place and 2) address issues related to childcare and health provision support, enabling women who mother in precarious conditions to have greater access to the labour market and to society at large.

In Study 3, I provided evidence of how current understandings of maternal health provision could be potentially improved by identifying resources and pathways to help better address the wider societal issues found on the ground relating to economic and social needs. Community health psychology scholars who also work from a social psychology tradition (see for example, Aveling & Jovchelovitch, 2014; Campbell & Cornish 2012, 2014; Campbell & Jovchelovitch 2000; Crossley 2007; Nolas, 2014; Priego-Hernández, 2017), discussed the need to recognise the resource that community networks offer to better support health practices of people living in adverse contexts. Following this line of thinking, this study engages with the continuing efforts to devise potential—locally situated—applications. Local health services could consider implementing other forms of working with the community to potentially improve community-institutional encounters bridging the divergent realities identified in the research.

Overall, the thesis maintains, following feminists, the need to question the limited access and opportunities that women in the periphery have to construct a maternal project of inclusion, which in the research was found to be enacted in the problem of childcare provision. Local stakeholders indicated that the District does not include community-based or health programmes including *mamitas*. Yet this research has shown that they play a defining positioning that mediates maternal decision making, for example, access to childcare. Even though *guarderías* have increased across Colombian peripheral neighbourhoods and formally meet aims from the Government's Early Childhood Comprehensive Care Strategy (2013) of "*De Cero a Siempre*", they are not generally trusted at a representational level by *mamitas* and some mothers (policy makers working in similar contexts should consider that quantity does not mean quality). Existing evaluations were conducted at a national level to meet the Early Childhood Comprehensive Care Strategy (2013) but this research found that the institutional perspective is largely misaligned with the community's. A few health providers recognise peer mothers take on more children than they should but all those I interviewed denied knowledge of malpractice, particularly regarding the severity of maltreatment or abuse. A handful of stakeholders highlighted that accountability procedures are low and acknowledged the need to address this fundamental issue. Yet, as I pointed out above (see Section 7.3.1.), this research did not gather observational data regarding the conditions and daily practices taking place in *guarderías*. It has nonetheless provided qualitative evidence supporting an urgent call for an evaluation project to further uncover what is occurring in practicality in local *guarderías*. Service providers must not ignore the role *mamitas* play in the family in building communities and trust when implementing any community-based maternal or capacitating interventions. Local policy supporting programmes in an overall effort to

improve children and family outcomes could make use of this evidence to consider reframing their approach from a child-centric (standard in ECD policy, research and implementation) to a family systems track.

7.7. Final Thoughts

The usefulness of continuing efforts to integrate psychodynamic insights with sociocultural psychology (see Salvatore & Zittoun, 2011; Zittoun, 2017; Simão, et al., 2015; Rosebaum, 2018; Jovchelovitch, 2007) emphasises the interconnected nature of psychological and social life by giving more prominence to affect (see Frosh, 2003). The monograph presented a closer approximation of the psychosocial and sociocultural reality of maternal trajectories in peripheries of the South. My overarching argument centres on contributing to existing efforts to revive the idea that emotional dynamics drive behaviour by paying attention to adversity, which could be accommodated in sociocultural psychology. One thus remains hopeful that a more holistic and humane approach will play its part in the recognition to the women from the Latin American periphery who collectively are raising the next generation after all.

As a closing reflection, the doctoral project has been an enriching learning journey, which has also forged my thinking and positioning both inside and outside academia. I have come to face the difficulties inherent in providing an account speaking from a *maternal place*, as it remains a challenge to give voice to women from the periphery from their own local standpoint, without imposing my knowledge and referents acting as benchmarks. This remains a challenge in my work and I would argue for other researchers working with similar communities, as many of us simply do not breathe the local air. Yet, as I have stated throughout this thesis, I join Global South thinking into working towards uplifting the voices from peoples in forgotten territories so that our contribution, as minor as it might be, can continue to help build bridges with policy and governments aiming to address the societal inequalities that mothers, children and families suffer in similar areas. This thesis presents another case to build connections from the grassroots to local and national institutions, as well as to the Global South but importantly, by expanding borders of understanding in the North. I thus end this thesis with the current peaceful social discourse of hope for Colombian people to one day have that long awaited second opportunity on this earth¹⁵.

¹⁵ This is a popularised reference to the literary novel “One hundred years of solitude,” written by the Colombian Nobel Laureate Gabriel García Márquez. The phrase directly refers to the last sentence in the novel.

REFERENCES AND APPENDICES

PART IV

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Appendix A: Sample Profile - Individual Interviews (T1 & T2)

Maternal profiles at T1 (N=35) & T2 (N=21)

ID	ETHNIC BACKGR OUN	AGE	EDU LEVEL	PLAF	FoB	SCAFFOLD	GESTATION & SEX	DIRECT VIOLENCE	MENTAL HEALT	BIRTH
M1	MI	16-20	Some SS	NO	Living with FoB	FoB and Mamita (in-law)	7.5 months - Girl	Intrafamily & community, father in prison, gang involvement.	None	Vaginal birth. Normal, unexpectedly quick.
M2	AC	16-20	Some SS	NO	Single no FoB support	Grandfather	7 months - Girl	Family.	Clinical depression - Attempted suicide	NO T2
M3	AC	16-20	Graduated SS	NO	In relationship with FoB	FoB and Mamita	7 months - Boy	Brother killed by narcotraffic related gangs.	None	NO T2
M4	MI	21-24	Some SS	NO	Limited FoB support	Mamita and brother	7 months - unknown	Direct contact with gangs or other violent groups.	Depression	Complications. Emergency C-section, pre-term baby.
M5	MI	21-24	Coursing HE technical module	NO	In relationship with FoB	FoB and Grandparents	6.5 months - Boy	None	None	Pre-term baby. Vaginal birth with minimal assistance.
M6	MI	16-20	Some SS	NO	Single no FoB support	Mamita	8 months - Girl	None	Depression	Vaginal birth, quick and easy birth
M7	AC	16-20	Some HE/Technical course	NO	In relationship with FoB	FoB only	8 months - Boy	Family was displaced by violence.	Depression	NO T2
M8	AC	21-24	Completed HE Technical course	YES	Married to FoB	FoB and Mamita	6 months - unknown	Brother killed by gangs	None	Vaginal birth. Pre-term. Pain of childbirth was traumatic. She does not want more children (says solely) for this reason.
M9	MI	21-24	Graduated SS	NO	Limited FoB support	Mamita	7 months - Girl	Family was displaced by violence.	None	Vaginal birth. Complications (Pre eclampsia and pre-term 8 months).
M10	AC	16-20	Some SS	NO	Single no FoB support	Mamita	7.5 months - girl	None	Depression	Planned C-section.
M11	MI	16-20	Some SS	NO	In relationship with FoB	Grandparents (Mamita mainly) and FoB	6 months - unknown	Family was displaced by violence.	Clinical depression - Attempted suicide.	Positive experience, quick normal birth.
M12	AC	25-29	Some HE/Technical course	NO	In a relationship with FoB	FoB	6.5 months - Boy	None	None	Emergency C-section, breakdown of care. Baby ingested meconium. Pitocin administered for all night and day, found childbirth very painful.
M13	MI	16-20	Some SS	NO	Single no FoB support	Mamita	6.5 months	None	None	NO T2

AC=Afro-Colombian, FoB= Baby's father, MI= Mixed (mestizo), SS= Secondary school

ID	ETHNIC BACKGR OUN	AGE	EDU LEVEL	PLAN	FoB	SCAFFOLD	GESTATION & SEX	DIRECT VIOLENCE	MENTAL HEALTH	BIRTH
M14	AC	25-29	Graduated from HE/Technical course	NO	Single no FoB support	Mamita	8 months - unknown	None	None	NO T2
M15	MI	16-20	Some SS	NO	Single no FoB support	Great GM (Mamita absent at T1)	7 months - Girl	Direct contact with local narcotraffic ("Collection" agencies).	Depression - Risk of giving baby up for adoption.	Vaginal birth, pain was considered possible to endure.
M16	MI	16-20	Some SS	NO	Single no FoB support	Paternal great grandparents	6.5 months - Boy	Direct contact with gangs/violent groups. Father killed when she was a child.	Depression	NO T2
M17	AC	16-20	Finishing SS	NO	Single no FoB support	Granfather and Mamita	7.5 months - Boy	None	None	NO T2
M18	MI & AC	21-24	Coursing HE technical module	YES	In relationship with FoB	FoB, Mamita mainly and grandfather	7 months - Girl	Family was displaced by violence.	None	Complicated, developed pre-ecamplesia.
M19	Mixed AC	16-20	Some SS	NO	Single - no FoB support (FoB killed)	Mamita and family	7 months - Boy	FoB killed by gangs.	State of grieving	Vaginal birth. Normal.
M20	AC	21-24	Coursing HE/Technical course	NO	Single no FoB support	Mamita and family	8 months - Boy	None	None	Vaginal birth. Normal.
M21	Mixed AC	16-20	Graduated SS	NO	In a relationship with FoB	Sister	7 months - Girl	None	None	NO T2
M22	AC	21-24	Some SS	NO	FoB support but physically absent	Mamita	6 months - unknown	Displaced family.	None	NO T2
M23	MI	16-20	Some SS	NO	Single no FoB support	Mamita	7.5 months - boy	None	Use of psychoactive substances.	NO T2
M24	MI & AC	21-24	Coursing HE technical module	YES	In a relationship with FoB	Mamita and grandfather (FoB in T1).	7 months - Boy	FoB killed by gangs.	None	Vaginal birth. Complications (unstable blood pressure).
M25	MI & AC	16-20	Some SS	NO	Living with FoB	Sister in law (Mamita equivalent)	Girl - 7 months	Direct contact with gangs. Male friend killed by T2.	None	Vaginal birth. Normal, virtually no difficulties with pain.
M26	MI & AC	16-20	Some SS	NO	Living with FoB	Mamita	7 months - girl	Displaced family.	None	Planned C-section.

ID	ETHNIC BACKGR OUN	AGE	EDU LEVEL	PLA	FoB	SCAFFOLD	GESTATION & SEX	DIRECT VIOLENCE	MENTAL HEALT	BIRTH
M27	AC	21-24	Finishing SS	NO	Single no FoB support	FoB and Mamita	7.5 months - Girl	Ex-boyfriend killed. Family was displaced by violence.	Depression	NO T2
M28	AC	16-20	Graduated SS	NO	Single no FoB support	Mamita	7 months boy	Brother gang involvement and was killed by T2.	None	Severe pre-eclampsia, hospitalised prior to birth. Emergency C-section. Baby came out 'purple.'
M29	MI	16-20	Some SS	NO	Single no FoB support	Mamita	8 months - Boy	None	None	NO T2
M30	MI	21-24	Graduated from HE/Technical course	NO	Single no FoB support	Mamita	8 months - girl	None	None	Vaginal birth.
M31	AC	16-20	Some SS	NO	Single no FoB support	Great grandfather & great grandmother	6.5 months - girl	Use of psychoactive substances	None	Vaginal birth, some medical assistance.
M32	MI & AC	16-20	Finishing SS	NO	Relationship with new partner - No FoB support	Mamita & new partner (who has adopted FoB role)	7 months - Girl	Displaced family: GM's partner disappeared by armed conflict.	None	Emergency C-section, baby normal. Had to be referred (strangulation by umbilical cord).
M33	AC	21-24	Graduated SS	NO	In a relationship with FoB	Mamita	7.5 months - unknown	None	Depression	Vaginal birth, no complications.
M34	MI & AC	16-20	Some SS	NO	In a relationship with FoB	FoB & Mamita	6 months - boy	None	Depression	NO T2
M35	AC	25-29	Graduated SS	NO	Single no FoB support	Mamita	8.5 months - boy	None	None	NO T2

Mamitas profiles at T1 (N=15) & T2 (N=12)

ID	ETHNIC BACKGROU	AGE	EDU LEVEL	INTIMATE PARTER RELATIONSHIP/ DAUGHTER'S FATHER (DF)	DIRECT VIOLENCE	T2
Mother M4	MI	45-49	Some SS	Single limited DF support.	Direct contact with gangs or other violent groups	YES
Mother M5	MI	35-39	Coursing HE technical module	Intermittent relationship with DF in the past. Now they are together and support M5.	None	YES
Mother M6	MI	35-39	Graduated SS	Some DF support. Multiple partners.	None	YES
Mother M8	AC	50-54	Some primary	No GF support.	Son killed by gangs.	YES
Mother M9	MI	40-44	Graduated SS	Single limited DF support.	Family was displaced by violence.	YES
Mother M11	MI	40-44	Some SS	DF support.	Family was displaced by violence.	YES
GM M15	MI	55+	Some SS	Raised children on her own. Children from multiple fathers.	Direct contact with local microtraffic ("Oficinas").	YES
Mother M18	MI	40-44	Some primary	Living with DF and both support daughter.	Family was displaced by violence.	YES
Mother M19	AC	35-39	Some SS	Multiple partners. No longer in contact DF.	FoB killed by gangs.	YES
Mother M20	AC	40-44	Some primary	Raised children on her own. Children from multiple fathers.	None	YES
Mother M24	MI	50-54	Some primary	In a relationship with DF.	FoB killed by gangs.	YES
Sister in law M25	AC	30-34	Finished HE technical module	M25 doesn't know her father or mother. Male partners support them both economically.	She is very concerned as M25 has contact with gangs and has had friends killed by gangs and oficinas.	YES

AC=Afro-Colombian, MI= Mixed (mestizo), SS= Secondary school

ID	ETHNIC BACKGROU	AGE	EDU LEVEL	INTIMATE PARTER RELATIONSHIP/ DAUGHTER'S FATHER (DF)	DIRECT VIOLENCE	T2
Mother M27	AC	40-44	Graduated SS	Separated from DF.	Daughter's ex-boyfriend killed. Family was displaced by violence.	NO
Mother M28	AC	40-44	Graduated SS	DF was dissapeared by armed conflict.	Son killed by gangs.	NO
Mother M29	AC	40-44	Graduated SS	Living with DF and both support daughter.	None	NO

Appendix B: Pack of Ethical Documentation

Institutional letter of support – ESE Oriente



MUNICIPIO DE SANTIAGO DE CALI
RED DE SALUD DEL ORIENTE
EMPRESA SOCIAL DEL ESTADO
NIT. 805.027.337-4



1.03.01.036.

Ethics committee
Institute of Social Psychology
London School of Economics
Houghton Street
London, WC2A 2AE

January 8th, 2013

Dear LSE ethics committee:

It is my pleasure to express our institutional support to the MPhil/PhD project currently been conducted by **Natalia Concha** on **Transition of the emerging maternal self**, living in the District of Aguablanca (DAB) in Cali, Colombia.

As Manager of *ESE Oriente* (East ESE), which serves the people living in DAB and close neighbourhoods, I want to confirm our support to Natalia in helping her access pregnant women and their mothers through the ESE Oriente. I believe in the importance of having more research conducted by an external researcher with Natalia's experience so that evidence can be collected of how women from the DAB engage in the process of becoming mothers. We also share her project's aim of understanding what community resources are important to support mothers so that we can better inform our own policies and practices.

As we understand that Natalia will not be involved at all with the prenatal care or at delivery, we do not foresee any ethical concern.

We are familiar with the method proposed on her project and would like to inform you that we will collaborate with Natalia throughout the fieldwork process by providing documentation and support required to access her participants. We are aware of how our cooperation is critical to ensure her project collects the data required. We foresee no ethical issues for our service users in the project as Natalia has described it. We at the *ESE Oriente* are pleased that Natalia has chosen to return to her hometown from London to conduct research in the District of Aguablanca for her doctoral project at the London School of Economics as it will



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RED DE SALUD DEL ORIENTE
EMPRESA SOCIAL DEL ESTADO
NIT. 805.027.337-4



not only provide us with local qualitative evidence but also further our psychological understanding of motherhood.

Please do not hesitate in contacting me should you have any questions.

Sincerely yours,

Dr. Javier Arévalo
Manager
ESE Oriente
Address: Calle 72U # 28E-00
Barrio el Poblado
Cali, Colombia
e-mail: jatamayo@gmail.com
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Appendix B: Pack of Ethical documentation

Consent form (T1)



Title of research: Mothering in Colombia

Research question: How do women experience the process of becoming mothers for the first time in Cali, Colombia?

Summary: This study follows Colombian women from when they are pregnant in the second/third trimester (Time 1) until their babies are up to a year old (Time 2). Through a psychosocial approach, that is, using psychology and the social, the study is interested in capturing any changes in women who become mothers in this local urban community. It considers it important to give women the opportunity to voice their experiences and to have a space for reflection, provided by the interviews. It explores what women's environment, in their community and their families are like. Information will be gathered with: a) public and community practitioners, b) interviews during pregnancies and then a year later, when the babies will be around a year old, c) interviews with some grandmothers and d) groups with pregnant women who will become mothers and some grandmothers.

Name of researcher: Natalia Concha

Natalia Concha is a social psychologist carrying out this doctoral research based at the London School of Economics, a University in London. This project is aimed at understanding how women become first-time mothers and what role community and public resources play in supporting them, specifically those living in Cali, in the Eastern Zone. If you have any questions about the study please contact Natalia on + (57) 310 465 9004 or by email on N.Concha@lse.ac.uk.

Please read/listen to the following before you agree to participate:

I have had the details of the research explained to me and willingly agree to take part.

My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

I understand that I will remain anonymous and that all the information I give will be used for this research only.

I understand that I may withdraw my consent for the interview/focus group at any time and to decline to answer any particular questions.

I agree/do not agree to the interview being audio recorded.

I understand that I have the right to ask for the audio recording to be turned off at any time during the interview.

I confirm that I am over 16 years of age.

Name.....
(Participant)

Signature.....

Name.....
(Researcher)

Signature.....

Date.....

Thank you very much for your consideration and participation.

Consent and reminder for Time 2 (individual interviews)

Now that we have carried out the first interview, I would like to return, with your permission only, to ask you similar questions like the ones from today to ask you about your experience with childbirth, life with the baby and about the health services you received (if relevant).

I have had the details of the research for Time 2 explained to me and willingly agree to take part.

I agree to be re-contacted in about a year to have another interview with Natalia Concha to complete the research.

Name.....
(Participant)

Signature.....

Name.....
(Researcher)

Signature.....

Date.....

If agreed, please provide your contact details

My contact details are:

Telephone (Main): _____

Other telephones: _____

Address: _____

Appendix B: Pack of Ethical documentation



Consent form (T2)

Title of research: Mothering in Colombia

Research question: How do women experience the process of becoming mothers for the first time in Cali, Colombia?

Summary Time 2: This study followed Colombian women from when they were pregnant in the second/third trimester (Time 1) until their babies are up to a year old (Time 2). Through a psychosocial approach, that is, using psychology and the social, the study is interested in capturing any changes in women who become mothers in this local urban community. It considers it important to give women the opportunity to voice their experiences and to have a space for reflection, provided by the interviews. It explores what women's environment, in their community and their families are like. Information gathered includes interviews or discussions with a) public and community practitioners, b) interviews during pregnancies and then a year later with new mothers, when the babies will be around a year old, c) interviews with some grandmothers and d) groups with: pregnant women and others who are new mothers. The first interview (Time 1) was carried out with pregnant women first and then some of their mothers (or equivalent) were also interviewed last year. Natalia Concha, the researcher you met last year, has returned to have another discussion with you for Time 2.

Name of researcher: Natalia Concha

Natalia Concha is a social psychologist carrying out this doctoral research based at the London School of Economics, a University in London. This project is aimed at understanding how women become first-time mothers and what role community and public resources play in supporting them, specifically those living in Cali, in the Eastern Zone. If you have any questions about the study please contact Natalia on + (57) 310 465 9004 or by email on N.Concha@lse.ac.uk.

Please read/listen to the following before you agree to participate:

I have had the details of the research explained to me and willingly agree to take part.

My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

I understand that I will remain anonymous and that all the information I give will be used for this research only.

I understand that I may withdraw my consent for the interview/focus group at any time and to decline to answer any particular questions.

I agree/do not agree to the interview being audio recorded.

I understand that I have the right to ask for the audio recording to be turned off at any time during the interview.

I confirm that I am over 16 years of age.

Name.....
(Participant)

Signature.....

Name.....
(Researcher)

Signature.....

Date.....

Thank you very much for your consideration and participation.

Appendix C – Pack of Data Collection Instruments (T1)

Interview guide with pregnant women

Individual interviews were introduced in the following way:

- Researcher and the doctoral project
- No right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1hr individual interviews)

Experience of pregnancy

- What has been your experience of the pregnancy so far?
- Has anything changed now that you are in the (second/third) trimester of your pregnancy?
- How do you think you will feel in a few months' time?

Childbirth

- Let's talk about child birth. What have you heard about childbirth?
- What are your views about childbirth?
- What do you think it would be like for you?

Introduce vignette

Ángela María is expecting her first child, her due date is approaching. She lives with her mother and her two little brothers. Today Ángela María just had a fight with her mother. Her mother insists that she has to be careful with "el niño" [the unborn child].

- What do you think about Ángela María situation?
- Why do you think they had a fight? Explore: views on interaction between mother-daughter, perceptions of family support.

Relational dynamics

- Who do you currently live with?
- Can you talk to me about your relationship with your family?
- Who is the father of your baby? Can you talk to me about him?
- Is there anyone you can rely on when you need help?

The community context

- What is life in your community like?

Health Provision

- *Organisational resources*
 - How long have you been coming to [ESE network]?
 - What service(s) do you receive here?
 - What are your views on the support you have received?

Close

- Is there anything you would like to suggest to a woman from this area, who is around your age group and is starting her pregnancy?
- ***Do you have anything else you would like to add?***

Comments and feedback, reminder and consent for interview at T2, collect contact details, thank you and token of appreciation.

Appendix C – Pack of Data Collection Instruments (T1)

Interview guide with grandmothers

Individual interviews were introduced in the following way:

- Researcher and the doctoral project
- No right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1hr individual interviews)

Experience of mothering and daughter's pregnancy

- What has been your experience of being a mother? How many children do you have apart from [daughter/equivalent]?
- Tell me about your daughter's pregnancy.

Introduce vignette

Ángela María is expecting her first child, her due date is approaching. She lives with her mother and her two little brothers. Today Ángela María just had a fight with her mother. Her mother insists that she has to be careful with "el niño" [the unborn child].

- What do you think about Ángela María situation?
- Why do you think they had a fight? Explore: views on interaction between mother-daughter, perceptions of family support.

Relational dynamics

- Who do you currently live with?
- Can you talk to me about your relationship with your daughter/family?
- Who is the father of your daughter's baby? Can you talk to me about him?
- Is there anyone you/your daughter can rely on when you need help?

The community context

- What is life in your community like?

Close

- Is there anything you would like to suggest to: either a mother whose daughter is around your daughter's age group/to the daughter directly, who is starting her pregnancy?
- ***Do any of you have anything else you would like to add?***

Closing comments and feedback, reminder and consent for interview at T2, collect contact details, thank you and token of appreciation.

Appendix C – Pack of Data Collection Instruments (T1)

Focus groups with pregnant women

Focus groups were introduced in the following way:

- Researcher and the doctoral project
- No right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1.5hrs focus groups)
- Round table introductions [name, age, gestation, place of residence (*comuna*)]

Pregnancy and Childbirth

- What has been your experience of the pregnancy so far?
- Let's talk about childbirth. What have you heard about childbirth?
- What are your views about childbirth? Are they similar/different to what you have heard?
- How do you think you will feel in a few months' time?

The community context

- How long have you been living here?
- [If not born in the DAB], where do you/your family come from? Explore: rural area/IDPs
- What is life in your community like? What sort of things do you do here?
- How would you describe your *barrio* (neighbourhood) to someone who has never been there before? What would they need to be aware of?
- What happens in your family/community when a baby is born?

Health Provision

- *Organisational resources*
 - How long have you been coming to [ESE network]?
 - What service(s) do you receive here?
 - What are your views on the support you have received?

Close

- Is there anything any of you would like to suggest to a woman from this area, who is around your age group and is starting her pregnancy?
- ***Do any of you have anything else you would like to add?***

Comments and feedback, thank you and token of appreciation.

Appendix C – Pack of Data Collection Instruments (T1)

Focus groups with grandmothers

Focus groups were introduced in the following way:

- Researcher and the doctoral project
- No right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1.5hrs focus groups)
 - Round table introductions [name, age, place of residence (*comuna*)]

Introduction: Mothering and Childbirth

- What was your experience of being a mother? How many children do each of you have?
- Let's talk about childbirth. What was your experience of childbirth? Have things changed for your daughters from what you had to experience?

The community context

- How long have you been living here?
- [If not born in the DAB], where do you/your family come from? Explore: rural area/IDPs
- What is life in your community like? What sort of things do you here?
- How would you describe your *barrio* (neighbourhood) to someone who has never been there before? What would they need to be aware of?
- Are there things you do in your family/community during the early days?

Close

- Is there anything any of you would like to suggest to: either a mother whose daughter is around your daughter's age group/to the daughter directly, who is starting her pregnancy?

Do you have anything else you would like to add?

Comments and feedback, thank you and token of appreciation.

Appendix C – Pack of Data Collection Instruments (T1 & T2)

Interviews with stakeholders (T1 & T2)

- Researcher and the doctoral project
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
 - Duration & housekeeping (~1hr individual interviews)

The interviews with stakeholders were adapted to the relevance of stakeholders' roles and organisations. Each interview was guided by the following questions or topics:

Description of role and organisation

- What is your role here [organisation]?
- What is your [organisation's] and [your role's] connection to the maternal community in the DAB? What services you provide for them?

Explore their knowledge and experience of the local maternal community:

- The profile and trajectories of the local pregnant women in the area

Explore their knowledge and experience of delivery work:

- Perceptions and experience of statutory and community work with mothers
- Perceptions and experience of:
 - Barriers to working with the maternal community
 - What they think/ found “works” in health/community delivery work

Practical fieldwork issues:

- Perceptions of credible “gateways” and issues of access
- Negotiate support (if required)
- Discuss other practicalities

Suggestions and recommendations

- Discuss issues towards improving research/policy/ local work with young mothers.

Close

- ***Is there anything else to add you might consider important to discuss?***

Comments, update on fieldwork and feedback, thank you.

Appendix D – Pack of Data Collection Instruments (T2)

Interview guide with new mothers

Individual interviews were re-introduced in the following way:

- *Wave 2*: Returning to the field, catch up, meeting the baby
- Reminder of no right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Reminder of Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1hr individual interviews)

The birth experience

- Tell me how was the birth? How was that experience for you? How did it compare to what you thought before (remind her of her expectations if relevant)?
- Where did you have your baby?

Post-birth and mothering

- How were the early days after the birth?
- How has it been for you to care for your baby? How have you found it?
- Have things changed in your life since you had him/her?
- How have you felt throughout?

Relational dynamics

- Who do you currently live with? A year ago you told me you were living with: (mamita/baby's father/other)? Has that changed or is it still the case?
- Has your relationship with them changed?
- Who has helped you with the baby?

Health provision

- Apart from [childbirth (if relevant)] what other health service(s) have you accessed this last year?
- What are your views on the service you have received?

Close

- Is there anything you would like to suggest to a woman from this area, who is around your age group and has become a new mother?

- *Do you have anything else you would like to add?*

Discuss Wave 1 findings, comments and feedback.

Thank you and token of appreciation.

Appendix D – Pack of Data Collection Instruments (T2)

Interview guide with mamitas

Individual interviews were re-introduced in the following way:

- *Wave 2*: Returning to the field, catch up, meeting the baby
- Reminder of no right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Reminder of Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1hr individual interviews)

Daughter's birth experience

- Tell me how was the birth for your daughter?
- Where did she have the baby?

Daughter's post-birth and mothering

- How were the early days after the birth for her?
- How has it been for you?
- Who takes care of the baby? How have you found it?
- Have things changed in your life since she had him/her?
- How have you felt throughout?

Relational dynamics

- Who do you currently live with? A year ago you told me you were living with: (daughter/grandfather/other)? Has that changed or is it still the case?
- Has your relationship with your daughter changed?
- Who has helped her with the baby?

Close

- Is there anything you would like to suggest to: either a mother whose daughter is around your daughter's age group/to the daughter directly, who have become a new mother/mamita?
- ***Do you have anything else you would like to add?***

Discuss Wave 1 findings, comments and feedback.

Thank you and token of appreciation.

Appendix D – Pack of Data Collection Instruments (T2)

Focus groups with new mothers

Focus groups were introduced in the following way:

- Researcher and the doctoral project
- No right/wrong answer, interest lies on capturing their views and experiences (semi-openness approach)
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
- Duration & housekeeping (~1.5hrs focus groups)
- Round table introductions [name, age, gestation, place of residence (*comuna*)]

The birth experience

- I would like to start by asking: who would like to share their experience of the birth? How did it compare to what you thought/had been told before?
- Where did each of you have your baby?

Post-birth and mothering

- How were the early days after the birth?
- How has it been for you to care for your baby? How have you found it?
- Have things changed in your life since you had him/her?
- How have you felt throughout?

The community context

- How long have you been living here?
- [If not born in the DAB], where do you/your family come from? Explore: rural area/IDPs
- What is life in your community like? What sort of things do you do here?
- How would you describe your *barrio* (neighbourhood) to someone who has never been there before? What would they need to be aware of?
- Are there things you do in your family/community during the early days?

Close

- *Do any of you have anything else you would like to add?*

Comments and feedback, thank you and token of appreciation.

Appendix D – Pack of Data Collection Instruments (T1 & T2)

Interviews with stakeholders (T1 & T2)

- Researcher and the doctoral project
- Confidentiality and anonymity (all information given will be treated in complete confidence – no one will be identified in any reporting and their views will remain confidential, all transcriptions and extracts will be anonymised)
- Informed consent
 - Permission to record interview (audio-taped)
 - Duration & housekeeping (~1hr individual interviews)

The interviews with stakeholders were adapted to the relevance of stakeholders' roles and organisations. Each interview was guided by the following questions or topics:

Description of role and organisation

- What is your role here [organisation]?
- What is your [organisation's] and [your role's] connection to the maternal community in the DAB? What services you provide for them?

Explore their knowledge and experience of the local maternal community:

- The profile and trajectories of the local pregnant women in the area

Explore their knowledge and experience of delivery work:

- Perceptions and experience of statutory and community work with mothers
- Perceptions and experience of:
 - Barriers to working with the maternal community
 - What they think/ found "works" in health/community delivery work

Practical fieldwork issues:

- Perceptions of credible "gateways" and issues of access
- Negotiate support (if required)
- Discuss other practicalities

Suggestions and recommendations

- Discuss issues towards improving research/policy/ local work with young mothers.

Close

- ***Is there anything else to add you might consider important to discuss?***

Comments, update on fieldwork and feedback, thank you.

Appendix D – Pack of Data Collection Instruments (T2)

Example of anonymised (unedited and personal) fieldnotes from my T2 diary (July 15)

Collecting family, community, institutional life, interactions and reactions as my daily reflections.

Comuna/Place: Local health centre

Activity: (July 15) – Notes on data collection of interviews with two mothers and their mamitas with the babies.

Reflexive fieldnotes: Things have been complicated today as I've come to the health centre in the pm after working in the hospital in the morning. I've been negotiating finding a quiet room with health staff, to conduct the final interview of the day. The room I have is next to one of the managers and this week has been stressful as they have demanding targets to meet and are being reviewed by the board soon. I've informally heard he has to deal with other issues (which were disclosed in confidence) that although are not related to maternal services do impact working practices. When he raised his voice we could hear him as the doors are adjacent to the interview room. There was nowhere else I could go for this last interview unfortunately. But, on the other hand, fortunately at the time we were not discussing a sensitive topic that could have broken up the flow. I am very grateful that they are willing to accommodate me all these days where I take up a whole room, which they could be using for delivery. Their support has been invaluable and I have to accommodate myself to the realities of the institution. But it is harder to work here compared to the hospital. It has been after all a one off. In the first wave they seemed to be less busy as I had that other lovely room which was quiet and away from the hustle and buzzle of the daily running of services. One thing that keeps me concerned is that women are not showing up... Keep missing pairs each day from the crucial 15 where I am hoping to be able to maintain at least half of the sample. Today was a good day as I had a great turn-out. One thing that has been wonderful to see is the ways in which some of the mothers have changed with the babies. Seeing Laura come in and her face just lighting up was a bodily expression of how this relation has impacted her. It was great to explore that in the interview with them both. I also find it very touching how they have brought the babies on their best outfit. Baby girls all have headbands and are wearing little dresses. A few told me they have used the little baby grow I gave them in T1. It is pleasing to know that. It surprises me how a few of the babies are walking already and a few are already dancing. It is amazing to see the Cali culture in action, where: "the rhythm is in the blood." [Local sayings are so rich with meanings, it has been a revelation encountering and re-encountering many]. Yet, outside of the area people do not want to know about "Aguablanca." "Be careful when you go there." Yet, that has changed, years ago the divisions were a lot starker. This reminds me of the porosity of borders from the favelas. There's more border crossing now, it is interesting how in one of the FGs they talked about their visits to *rio Pance*, knowing that people who do not have access to pools can go and enjoy something better right there with nature. The health and sociable benefits of that cover many dimensions.

The other thing that was interesting, well many are, so many it's going to be a challenge fitting this richness in! But one thing that strikes me is when Grettel was talking to me yet again about the 'sereno.' It is a testament to how deeply ingrained these knowledges are across the country. But I would have liked to have explored that further with her. This is one of those moments where I tell myself I should have unpacked this a bit more. This remains the constant challenge of doing qualitative interviewing but I still think that having adopted the semi-open endness approach has been invaluable for the women. They've been able to focus on the things that matter to them so I'm not fully imposing my perspective on them and the topics. Again I think this has facilitated uncovering this diet ritual that I didn't know was so rich and prominent!? I'm still baffled as to why I had never heard about this? I wonder why Tata or Maria never mentioned it to me? Even Abelardo didn't know about the rituals, after all the years he spent in the area. He was as interested as I was about this. In a way it is yet again another testament confirming why we have to come to people, breathe as much as we can their local air (although we really don't but still...we have the choice to leave, most of them don't) it's a way to open-up their lifeworlds...

Appendix E: NVivo Draft Coding Frame (T1 & T2)

1.0. The self in transition

1.1. The Pre-birth experience

1.1.1. Misalignments: *pushing forces*

- 1.1.1.1. Reception of the pregnancy
- 1.1.1.2. Initial consideration of termination
- 1.1.1.3. Disruption: *'A child ties you down'*
- 1.1.1.4. Precarious situation
- 1.1.1.5. Family or community gaze
- 1.1.1.6. Ultimate misalignment: Disembodiment
- 1.1.1.7. Immediacy of the present

1.1.8. Alignments: *pulling forces*

- 1.1.9. 'Pa'delante' attitude
- 1.1.10. Child birth: medicalised assistance
 - 1.1.10.1. Birthing conditions
- 1.1.11. Assuming responsibility
- 1.1.12. Maternal readiness
 - 1.1.12.1. Questioning capacity
 - 1.1.12.2. Shared mothering

1.2. The point of recognition

- 1.2.1. Baby as symbolic scaffold

1.3. Voicing maternal ambivalence (pre-birth)

1.2. The reality of mothering: the post-birth experience

- 1.3. Alignments and misalignments in the practical reality of mothering
 - 1.3.1. Experience of childbirth: *pushing and pulling forces*
 - 1.3.2. Practical care: *pushing and pulling forces*
 - 1.3.3. Voicing maternal ambivalence (post-birth)

2. The self-other relational dynamic

- 2.2. Family structure

- 2.2.1. Transient and extended households
- 2.3. Key actors
 - 2.3.1. The Grandmother/equivalent: the real unconditional referent and scaffold
 - 2.3.2. Grandchild: the second opportunity
 - 2.3.3. Grandmothers' maternal experience
 - 2.3.3.1. Circularity of the maternal story
 - 2.3.4. Mother-daughter relationship
- 2.4. Father of the baby (FOB)
 - 2.4.1. Role and relationship
 - 2.4.2. FOB absence
 - 2.4.3. FOB legitimacy
- 2.5. Key scaffolds
- 2.6. Other relations

3. The community context

- 3.2. Maternal practices
 - 3.2.1. Cultural practices of containment
 - 3.2.2. Ceremonies
- 3.3. Representations of motherhood
 - 3.3.1. Responsibility
- 3.4. Local context
 - 3.4.1. Violence, gangs and drugs
 - 3.4.2. Lifeworld normalised
 - 3.4.3. Sociability
 - 3.4.4. Participation
 - 3.4.5. Peer support

4.0. Institutional resources

- 4.1. Experience of provision
 - 4.1.1. Quality of care
- 4.2. Barriers to provision
 - 4.2.1. Access
- 4.3. Choice and social compliance

4.4. Stakeholders' representations

4.4.1. Relation with the community

4.4.1.1. Marginalisation of community midwives

5.0. Suggestions and recommendations

1.1. Mothers

1.2. Grandmothers

1.3. Stakeholders

Appendix E: NVivo Final Coding Frame (T1 & T2)

1.0. Maternal becoming (self-other)

1.1. Disruption (pushing forces)

- 1.1.1. Reception of the news
- 1.1.2. Manifestation in language: 'A child ties you down'
- 1.1.3. Precarious situation: poor and violent context
- 1.1.4. Family or community gaze
- 1.1.5. The impact of disruption: termination, its consideration and attitudes

1.1. Involvement from fathers (pushing and pulling forces)

- 1.1.1. 'Not responding'
- 1.1.2. Sporadic contact
- 1.1.3. Questioning long-term commitment
- 1.1.4. Fathering engagement

1.2. Scaffolding and Pa'delante: adapting to the disruption (pulling forces)

- 1.2.1. The Mamita: a central scaffolding source
 - 1.2.1.1. The second opportunity: the emerging Mamita-Mother-Baby triad
 - 1.2.1.2. Pa'delante attitude (going forward)
 - 1.2.1.3. It's up to us: assuming responsibility
 - 1.2.1.4. Shared mothering: not 'first-time' mothers

1.3. Encountering the baby

- 1.3.1. Visualising mothering
- 1.3.2. Disembodiment
- 1.3.3. Embodiment of two

1.3.4. Scaffolding from baby: baby as object of transformation

1.4. Post-birth: Recounting the experiential narratives

1.4.1. Early mothering: representations-reality gap

1.4.2. Persisting relational difficulties with fathers

1.4.3. Post-birth relation with the baby: maternal responsibility

1.4.4. Elastic positionings with Mamas

1.4.5. Maternal transitioning: ongoing temporal process beyond childbirth

2.0. Adversity and scaffolding (family-community)

2.1. The 'locking' of violence in the District

2.1.1. 'Locked' inside

2.1.2. 'Locked' outside: 'Caliente' neighbourhoods and security

2.1.3. 'Locking' futures: Fear for children's/grandchildren's path

2.1.4. Deaths by violence and family solidarity

2.2. Community adaptability

2.2.1. Coexistence and sociability: 'living in commune'

2.2.2. Community life: festivities and daytrips

2.2.3. Peer socialising

2.3. Maternal adaptability

2.3.1. Family solidarity: bestowing recognition

2.3.2. 'Unintended' consequences of scaffoldings: tensions in intergenerational dynamics

2.3.3. Mother as 'mirror'

2.3.4. On being "glued" and the double differentiation process

2.4. Who can be trusted with baby? Trust-distrust dynamics and childcare

- 2.4.1. 'Guarderías' or just mothers? Representations and decision-making processes
- 2.4.2. Bringing the childcare scenarios together: back to positionings and subjectivities
- 2.4.3. Distrust of the generalised other: men

3.0. Knowledges in maternal health provision (community-institutions)

3.1. Childbirth: risk perceptions (T1)

- 3.1.1. Perceptions of Childbirth: accessibility and health risk (T1)
- 3.1.2. Accessibility
- 3.1.3. Safety equates with health risk avoidance
- 3.1.4. Contextualising representations of risk: Quotidian death in the DAB
- 3.1.5. Situating representations of risk in North-South dynamics

3.2. Expectations of childbirth options (T1)

- 3.2.1. Compliance: silencing of pain
- 3.2.2. Institutional perspective of health provision
- 3.2.3. Professional stakeholders' perspective: privilege vs rights

3.3. The childbirth and post-natal experience (T2)

- 3.3.1. 'Quick and doable' births
- 3.3.2. 'First and last baby'
- 3.3.3. High risk complications during childbirth: finding reparation
- 3.3.4. Reparation: cultural scaffolding practices in 'la dieta' (the diet)

3.4. Infant care (T2)

- 3.4.1. Positive postnatal and infant care
- 3.4.2. Divergent local realities
- 3.4.3. Institutional challenges: call for relational care

Appendix F: Draft Coding Book Example of Pre-birth Phase (Study 1):

Theme	Code	Subcodes	Data examples
The pre-birth experience: The category describes the pregnancy experience.	Reception of the pregnancy: The code describes the ways in which the news of the unexpected pregnancy was received.		<p>“The pregnancy that I carry was not desired, I just ended up pregnant” (T1, Pair 9, M4)</p> <p>“For me it was very hard because I was not going to have babies, nooo, I used to think maybe perhaps, later. I have two aunts, one is 30 and the other 32 and they have not had babies, and do not want to have babies, I used to think like them. I was going to start [family] planning when ‘I got the package’” (T1, M1).</p> <p>“When the doctor at 5pm [...] just comes out and tells me: ‘miss, you are positive’ and I just cried and cried and cried and cried inconsolably and the doctor, all he did was hold my hands because I was shaking a lot and I said right there, ‘my life is now over’” (T1, M10).</p>
	Initial consideration of termination: The code discusses the consideration of terminating the pregnancy, mediated by representations of abortion.		<p>“I thought bad things, I thought ‘God, I do not want’ and I had the chance to abort but thank God my mum found out and did not let me because I was going to do it behind her back” (T1, Pair 3, M9).</p> <p>“I don’t agree with it because it is a life and one knows one has to accept the consequences, besides, it is a sin that God does not forgive. I am not with that and I never considered it, no” (T1, Pair 14, M16).</p> <p>“I am enraged with women who do that, rage, hatred, hatred towards them [...] if they are going to be pulling out a life that has nothing to do with this, why?” (T1, M21).</p> <p>“I just wanted an abortion. And that’s it. Now well, now I have to [silence]. I was in Bogota and I didn’t have economically how to pay for it. I: <i>If you had, would you?</i> M: Yeah.”(T1, Pair 6, M15).</p>
	‘A child ties you down’: This describes the disruption in the life project with the unexpected pregnancy. It misaligns them from engaging with the transitioning.		<p>“[Responding to the vignette]: She might be thinking she is making a mistake having this baby because this may have frustrated things she had planned to do and the arrival of the child has created an obstacle for her and the goals she thought could move her forward” (T1, Pair 7, M20).</p> <p>“I had started to study but when I realized I was pregnant I didn’t continue because I thought the pregnancy was going to be though, so I decided to postpone it” (T1, Pair 9, M4).</p> <p>“When I found out it was really hard for me because I wanted to study, I did not want a child, my plan was not to have, not to get pregnant. This depressed me a lot, I was very depressed; it hit me hard.” (T1, Pair 3, M9).</p> <p>“M11: I was going to start a job but that’s when I found out I was pregnant. I couldn’t then go because they said that they would no longer take me if I was pregnant. Interviewer: They told you this directly? M11: Yes” (T1, Pair 4, M11).</p>

“You get tied down, life changes, your life gets demarcated” (T1, Pair 14, M16).

“It’s a burden; a child closes your doors, a child ties you down” (T1, Pair 13, M27).

(+) :

“A girlfriend tells me: 'oh no, my son, I have to take care of him and I'm skint and this and that' and I say to her: 'you have a pretext for everything, your child is not the one who is tying you down, you tie yourself down’ (T1, Pair 15, M18).

“For me this isn’t about tying oneself down. By having a child you have to stop because you cannot keep thinking of going out and leaving. Later on one can go back to going out but I don’t see this as lacking. I don’t think a child ties you down” (T1, Pair 2, M19).

Precarious situation: The code depicts the precariousness that women living in poverty have to face with the arrival of a baby.

“I see him [FoB], he’s very thin, I see him enduring hunger and I would not want my child or myself or someone in my family suffering hunger. As time passes and the belly grows, every day I say, ‘my God I beg you so that he can find a good job in a few months” (T1, Pair 9, M4).

“When one is pregnant one gets very hungry. I always need to leave the house with a bit of bread or at least \$1,000 pesos [equivalent to £.30p] and that’s just being pregnant, can you imagine with nappies, milk, all the things that a baby needs? (T1, M17).

Misalignment: pushing of forces: The category describes the pushing forces that slide the mother-to-be into misalignment, away from her unborn baby.

Family or community gaze: The code describes the stigma or social rejection of the unexpected pregnancy.

“I cried on the day because I was afraid that my grandfather would kick me out of the house, if he had, where was I going to go? I couldn’t go to my mum because my mum does not work, he [father of step sister] gives her what she needs for the girl and with that she just about pays the rent, so if my grandfather kicked me out, where was I going to go? So then I called my grandmother and told her to tell my grandfather. When I arrived my grandfather was angry, he did not speak to me, he said I could not get out of the house, but then he said the house was also mine and stopped speaking to me for a month but that was it” (Pair 14, M16).

“When I became pregnant obviously nobody expected this of me and from there they [family and relatives] started talking and when I was going to somewhere they said 'oh no but Katherine with that belly, this, that and the other,' and it bothers me to this day and now I look at them with anger. [...] On top of that I had no boyfriend, so it hit them hard, and they started talking as I’m telling you and it was horrible. The first thing is that as I wasn’t working ‘what are you gonna do, what will Katherine do with that baby’. It dropped them like a bucket of cold water” (T1, Pair 7, M20).

“Mostly by the sisters of the Church, those girls, the comments, of being a Christian girl to be pregnant and unmarried, well yes at first that affects you, but later on I thought what people say on the street should not affect me because the important thing to consider is what your family thinks, and if no such comments happen in one’s family, what’s the point in worrying about others [...] well, first yes that was affecting me, but not after. The unmarried bit and everything else, mostly in the Church because it is a principle that young girls there come out married. Well, yes, first it affected me, but not later on. I do not care, really, what people think” (T1, M12).

“I don’t go out, it’s not the same, my friends see that as I’m pregnant and going out is not the

Misalignment:
pushing of forces: The category describes the pushing forces that slide the mother-to-be into misalignment, away from her unborn baby.

same." (T1, M23).

"To be honest I couldn't care less what people think because people do not provide anything other than criticisms, everyone sees everyone else's mistakes but no one sees people's personal things" (T1, M1).

Ultimate misalignment:
disembodiment: The code touches upon the greatest symbolic distance that the mother-to-be experiences in relation to her unborn baby.

"Now I have to have it and will have to just carry it.

I: Who do you see raising the child?

M: Well, I don't know yet" (Pair 6, M15).

"It is a deep emptiness, I miss everything, my mum, my brothers, but not that they are far away or dead or anything, is just that because as I feel lonely, depressed, I don't feel my baby, I feel like I have an empty belly. I don't want to do anything, not shower or anything, I just cry for nothing, I don't want to rub my belly, do not even feel like talking to my baby or anything, the depression is strong, strong, horrible [...]. It all started from the pregnancy, it has been strong" (T1, M34).

"I am really very afraid, very afraid, very insecure, because as I say 6 months and a half and you can barely notice the belly, I do not feel my baby, every time I try to listen, to feel that yes there is a baby, because my inexperience, with my age and not knowing what to do with a little one" (T1, Pair 13, M27).

Immediacy of the present:
the code describes young women living just in the here and now, with no projected future.

"Truth be told, I try to imagine, try to visualize a future and never get anywhere, I always see all goals as too difficult to reach, I always see myself in limbo, and now that my baby is going to be born, this is worse, after a while I wonder if I will still be with my partner, if my baby's going to make it? I don't know, I'm afraid, I get depressed, I'm afraid that suddenly something may happen, that it might come out suddenly after a bad strength, then I wonder, will I meet him? (T1, M34).

"I see myself in an uncertainty, of not knowing if I will continue living in the house, what will happen after a year, I don't see it, I don't know" (T1, M16).

The start of the alignment: the self fights back: the category marks the moment that shifts for the mother, when pulling forces start aligning her towards the pathway to recognition.

'Pa'delante': The code discusses how the women stand up and carry on, how they keep going forward.

Child birth: medicalised assistance: the code presents expectations and views around childbirth. It shows how young women opt for medicalised assistance.

Birthing conditions: pain: This describes views in relation to birth pain and how to deal with it, as well as how childbirth is a taken for granted needed process.

"The pregnancy caught me off guard but here we are. Be it alone or with someone else but I will keep going forward" (T1, Pair 3, M9).

"The first thing I thought when I got pregnant is 'what am I going to do'? But now with the help of God I need to keep going forward; I made a mistake and I must simply face this and keep going forward" (T1, M29).

"It was hard at first, because for one to suddenly find out one is going to be mother was scary, very. But now it's the hope of thinking about my daughter, I see babies out there and I think when will I have mine?" (T1, M31).

"If one is a woman who had the trousers to put one's legs where one shouldn't, then one has to also have the trousers to keep going forward on one's own legs. If my mum managed single with five, why couldn't I keep going forward on my own with just one? (T1, M10).

"I want my baby to come out all healthy, well, that I can finish my pregnancy completely. I don't want it at home no, because if something serious happens to me or my or baby there is no one I could get assistance from" (T1, M35).

"Better here in the hospital because it is better in hospitals because what if one would have it at home and you see the baby and think, "Oh, he's okay," but he may have a condition. Here they tell you what he may have, if he needs to be left in the incubator or not" (T1, Pair 10, M8).

"I'd like it here because is just as well that they serve women. At home it's a big danger, if the baby or something is not well accommodated, there are times when babies come with the cord all tangled up. It is a big risk" (T1, Pair 5, M24).

"I'm afraid my baby might die suddenly as there have been cases where they have died or are born with problems" (T1, M1).

"My sister's cord got tangled and her baby almost died" (T1, M21).

"It is an impressive pain, it will hurt a lot. Sometimes they sleet you with a knife, that sleet hurts. That scares me" (T1, Pair 11, M25).

"There are some that scream in such a way that they [medical staff] do not pay attention to you. The more you shout the less they'll take care of you" (T1, M33).

"I've been told 'whatever happens, try to be quiet, do not make a scandal as that's worse'" (T1, M22).

"I prefer not to think about it and wait until my time comes because sometimes I'm afraid, I'm afraid that it will hurt a lot and that I may not be able to take it, I'm afraid. It's best to have no idea about anything, just take it when the time comes" (T1, Pair 8, M6).

"I have already been through so much that I think whatever comes [in childbirth] will suit me, I feel I have to go through whatever is needed, I have to take it all in to be able to give birth"(T1, Pair 15, M18).

"I see so many friends and they say that yeah it hurts and all that but I see them so happy with their baby now that the reward is much greater, what one suffers there [childbirth] is nothing

<p>The start of the alignment: the self fights back: The category marks the moment that shifts for the mother, when pulling forces start aligning her towards the pathway to recognition.</p>	<p>Assuming the responsibility: the code describes the declaration of responsibility of mothering, pushing them closer to align with their baby, away from the disruption.</p>	<p>compared to the happiness that comes by bringing one's baby into the world, this is my big hope" (T1, M17).</p> <p>"It is a responsibility that one has to assume and one that we must know how to assume" (T1, M12).</p> <p>"Now I have to work to give her the best I can" (T1, M21).</p> <p>"It is a responsibility that will fall on me, I don't have the father's support and I cannot pass him on to my parents. I cannot create an extra load for my mother" (T1, M13).</p> <p>"It is the responsibility to fight for him, even though I have the father's support, still, mother is one and only, and the child will always be with his mother. It will always be me who will take care of him, if he gets sick, it'll be me running out of the door with him" (T1, M33).</p> <p>"It's wonderful, a beautiful experience, I think it will be pretty complicated but nothing is easy" (T1, M14).</p> <p>"I feel it is a role that is beautiful, that it's difficult, that it's a responsibility, where one has to have certain maturity, that I cannot be thinking only of myself. I think it's a challenge, I feel it is a new experience that I hope goes well" (T1, Pair 10, M8).</p>
	<p>Maternal readiness: the code shows how women start to engage with the reality of mothering, discussing how 'ready' they feel to be mothers.</p> <p>Questioning capacity: the subcode details the questioning that pregnant women make of their maternal readiness.</p>	<p>"I say hopefully my God will teach me to be a good mum and give me the heart because I do not know if I'm going to be a good mum, how I'm going to be, as it is the first time I do not know" (T1, Pair 8, M6).</p> <p>"My aunt, who is a [older/more mature] woman, her baby drowned and died so that scares me. I sleep heavily and I'm afraid that the same thing will happen to me, or that I may not get all his burps out or that something covers his face, I am very nervous, when they are so little I am afraid of their hanging head, that it doesn't end up hanging, not to carry them properly, that's my fear with my own baby. I think at night sleeping, something may cover him up, they say cot death that's called or something like that, that they die from trapped gas, that's what makes me think, or a bug that might bite him or something, as there are so many things in the street. I'm afraid that in my sleep, I turn and squash the baby" (T1, Pair 14, M16).</p> <p>"Uyyy, it's hard, it's hard to be...One sees it, it's hard to be a mother. Noooo, on top of one being a minor, that makes it harder because one, one thinks sometimes that one doesn't know how to do things and babies can...sometimes you see the baby sleeping and think she is ok but they can choke if they vomit in their sleep" (T1, Pair 11, M25).</p>

The start of the alignment: the self fights back: the category marks the moment that shifts for the mother when pulling forces start aligning towards the pathway of recognition

Shared mothering: the subcode describes how women, many from the 16-20 age range, have shared mothering of their siblings or other children.

“Here where you see me I know how to change nappies and I know how to bathe them, I learned because of my sister. When my sister was born I was like 9 or 10 years old, my mum went to work and I stayed with her, to me it’s beautiful to have a baby, when my sister learned to walk I was the one who taught her how to, when she said her first words, when she said ‘mama’ she said it to me and not my mum. I imagine my daughter when she will say ‘mama’ to me. My sister is now 9 years old now calls me ‘Mamita’, time has passed so quickly and I look at her and see her so big, she is 9 years old!” (T1, M31).

“I have a little brother who is a year and a half, he’s almost two years and I’ve always been responsible for him, I have been responsible for him and yes it is difficult because we don’t usually have how to buy him everything but it’s not complicated to know what a baby needs, it’s not so hard, it’s just what’s normal” (T1, M17).

“My mother lives here in Mujica, she has a little girl she cares for, the daughter of her landlady, as she didn’t have anyone to leave her with, my mum took her from early on and we have been caring for her. My mum has always had babies and I’ve helped her care for them” (T1, M23).

“Well, in some way or another I am a mum already because of my smaller brothers, my brothers I love them because we basically lived almost just us four. Basically I took care of the little ones because my mum was single and she had to work to sustain us, as usually the eldest plays the part of caring for her siblings I think that in some way I’ve already been a mum” (T1, M7).

“It’s a tough but beautiful experience because at least, I say, at first, the first week, I cried and cried and cried and cried. Yes, I cried and cried and cried, and there was no one who could contain me. I used to said ‘I am going be a mum and I find that’s [silence]. But then I said, ‘what would it be like when she kicks?’ Because as each month goes by one starts to see, you feel like that energy, something so beautiful, it feels at first as odd but then it’s something so beautiful because the crying just happened to me the first few weeks” (T1, Pair 12, M32).

“I’ve been sad, because I didn’t want, I have had to accept him, at first I did not accept him, but now, I feel better, I feel well” (T1, Pair 4, M11).

The point of recognition: this captures a key moment in the transitioning process. It catches how the mother coincides with her unborn baby by recognizing her: *seeing her*.

“The day that I had the ultrasound, when I saw him for the first time it was very beautiful because by seeing his head, seeing all of him, because you could see all the bones and everything and hearing the doctor say it was a very healthy baby and all, that strengthened me a lot and there I changed my way of thinking. Yes, for me right now my son is the best thing because he is what I most long for and what I am waiting for, although yes a lot of fear but he is what I want most” (T1, M7).

“I can already imagine my baby, I want to hold her, I want to carry her, this is something so great that I can’t really explain it with words” (T1, M31).

“By the time I realized I was pregnant I didn’t want to have it at that instant and one thinks of incoherent things but then, a month later, when I started bleeding I got really worried, and now yesterday, he started moved three times in the morning and at night, I began to feel him touching me up here, that’s when you learn to feel that you are a mother, right there, that’s

	<p>when, when you feel him. I was crying and couldn't even talk" (T1, M13).</p> <p>"One should not miss out on the most beautiful moments of a baby's life, when they begin to crawl, when they say the first little words, when they walk. I'm really going to love being a mum" (T1, M3).</p> <p>"Many things will change, for the arrival of a baby is hard but I have great expectations for my baby. I want to get to know him and want to have him very soon. I want to put his clothes on, everything that I have for him" (T1, M7).</p> <p>"I imagine when my baby starts walking, or sometimes as I'm walking down the street and see a child walking or a child crying or yelling, "Mum", "Dad", then I imagine my son. Or I imagine how he'll be, if he will have his [father's] hair, his eyes, that's what I imagine" (T1, M12).</p>
<p>Baby as symbolic scaffold: this portrays how the baby <i>supports</i> the mother in the sharing of a project so they both keep going together.</p>	<p>"Now I am not on the streets, no drugs, if it wasn't for my pregnancy where would I be today?" (T1, M23).</p> <p>"[...] it is for my daughter that I am quitting drugs. Truth be told I don't know what would have happened because I was a person too involved with drugs. I have left drugs for my daughter. My daughter is a gift that God gave me to come out of that world" (T1, M31).</p> <p>"My way of being is really bad tempered, very intolerant, that is something that my baby is helping me change, I tend to have little patience, I despair easily but I'm becoming more relaxed because of my baby" (T1, M34).</p>
<p>Voicing maternal ambivalence (pre-birth): This is mainly an analytical category that may be voiced by a few women depicting the coexistence of negative and positive feelings.</p>	<p>"I feel happy and scared. Frightened by the responsibility and at the same time happy because this is happiness" (T1, Pair 1, M5).</p> <p>"Sometimes I'm fine with my cousin I care for him, I care for him deeply and we're together and all good, normal, all cool. And then suddenly he stresses me out at any given moment I want to shout at him, and I want him out of here! [...] I don't want to do these things with my son which is when I get stressed and I when I get stressed I say to people hurtful words, oh no, horrible" (T1, Pair 7, M20).</p> <p>"I think a baby is joy, however difficult the pregnancy or childbirth, a baby is always joy" (T1, M28).</p>

Appendix F: Final Coding Book Example of Pre-birth Phase (Study 1):

Theme	Code	Data examples
<p>Disruption (pushing forces): the disruption captures the 'break' that many felt upon finding out they were pregnant. It conveys the ambivalence many felt with the pending reality of becoming a mother and what that would mean to their lives.</p>	<p>Reception of the news: this starting point collects the ways in which the news of the pregnancy was received.</p>	<p>"For me it was very hard because I was not going to have babies, nooo, I used to think maybe perhaps, later. [...] I was going to start [family] planning when 'I got the package' (T1, M31). "For me it was very hard because I was not going to have babies, nooo, I used to think maybe perhaps, later. I have two aunts, one is 30 and the other 32 and they have not had babies, and do not want to have babies, I used to think like them. I was going to start [family] planning when 'I got the package'" (T1, M1). "When the doctor at 5pm [...] just comes out and tells me: 'miss, you are positive' and I just cried and cried and cried and cried inconsolably and the doctor, all he did was hold my hands because I was shaking a lot and I said right there, 'my life is now over'! (T1, M10)." "I want to have her now! It was time and I wanted to study but she decided to come now and he [FoB] accepted it and became very happy and as we have been together for 2 years now, then it was time" (T1, M26). "All my friends have children, there is not one who does not have a baby. I was the last one missing" (T1, M19). "They [daughters' friends] all have had a baby since they were 16 as they say they're keen to get to know 'la pinta' (the offspring's look), because that's what the girls say out there, that they want to know 'la pinta'" (T1, Pair 2, A2).</p>
	<p>Manifestation in language: 'A child ties you down': the Colombian saying describes the meaning in language terms of how mothers express the disruption.</p>	<p>"It's a burden; a child closes your doors, 'un niño amarra' (a child ties you down)" (T1, Pair 13, M27). "[Responding to the vignette]: She might be thinking she is making a mistake having this baby because this may have frustrated things she had planned to do and the arrival of the child has created an obstacle for her and the goals she thought could move her forward" (Pair 7, M20). "For me this isn't about tying oneself down. By having a child you have to stop because you cannot keep thinking of going out and leaving. Later on, once they start sleeping and they get older one can go back to going out but I don't see this as lacking" (T1, M2).</p>
	<p>Precarious situation: poor and violent context: this describes the impact on the material conditions of families already suffering poverty.</p>	<p>"I see him [baby's father], he's very thin, I see him enduring hunger and I would not want my child or myself or someone in my family suffering hunger. As time passes and the belly grows, every day I say, 'my God I beg you'! So he can find a good job in a few months" (T1, Pair 9, M4). "When one is pregnant one gets very hungry. I always need to leave the house with a bit of bread or at least \$1,000 pesos [equivalent to £.30p] and that's just being pregnant, can you imagine with nappies, milk, all the things that a baby needs?" (T1, M17).</p>

Disruption (pushing forces): the disruption captures the 'break' that many felt upon finding out they were pregnant. It conveys the ambivalence many felt with the pending reality of becoming a mother and what that would mean to their lives.

Family or community gaze: the code describes the stigma or social rejection many felt when people criticized the pregnancy.

"When I became pregnant obviously nobody expected this of me and from there on they [family members] started talking [...] and it bothers me to this day. [...] On top of that I had no boyfriend, so it hit them hard, and they started talking as I'm telling you and it was horrible. [...] It dropped on them like a bucket of cold water" (T1, Pair 7, M20).
"Bit by bit I assimilated things, people talking [...], it was hard at the beginning ...I had no desire to go anywhere, none, I kept myself 'encerrada' (confined)" (T1, M28).
"Mostly by the sisters of the Church, those girls, the comments, of being a Christian girl to be pregnant and unmarried, well yes at first that affects you, but later on I thought what people say should not affect me because the important thing to consider is what your family thinks, and if no such comments happen in one's family, what's the point in worrying about others? [...] well, first yes that was affecting me, but not after. The unmarried bit, mostly in the Church because it is a principle that young girls there come out married. [...] I do not care, really now, what people think" (T1, M12).

The impact of disruption: termination, its consideration and attitudes: the code extends into a discussion about societal attitudes and intentions against abortion (mainly).

"M15: I just wanted an abortion. And that's it. Now well, now I have to [silence]. I was in Bogota and I didn't have economically how to pay for it.
Natalia: If you had, would you?
M15: Yeah" (T1, Pair 6, M15).
"I don't agree with it [termination] because it is a life and one knows one has to accept the consequences, besides, it is a sin that God does not forgive. I am not with that and I never considered it, no" (T1, Pair 14, M10).
I am enraged with women who do that, rage, hatred, hatred towards them [...] if they are going to be pulling out a life that has nothing to do with this, why?" (T1, M21).

Involvement from fathers (pushing and pulling forces): the theme explores the modalities of involvement found from the baby's father

'Not responding': the code denotes a Colombian saying meaning "did not respond." It denotes the lack of involvement were fathers do not assume their fathering and abandon women to raise children on their own.

"When I told him he did not want to respond. He said it's not mine and I said to him: 'fine, don't respond!' I'll get ahead with my child and stormed out! And everyone asks: and the father? And the father? And I say to them: 'no, he doesn't know,' but he does know, he just didn't want it" (T1, M20).
"The baby's dad says that he had a problem, that he had surgery and that he then became sterile, and so because of that he is going to do the [paternity] test as soon as the baby is born but that during the pregnancy he wasn't going to help. But I'll have to wait and see if it's true that after the test he will help us. Because now he says that he is not sure that it is his. And I just say to him: "and who else do you think I have been with if not him!?" (T1, M16).
"I also come from a home of 'solely mama' because my mum was mum and dad. I never knew my dad and I did not want that for my children. For my children I did want them to have a father here, permanently here" (T1, Pair 2, A2).

	<p>Sporadic contact: this describes limited involvement through sporadic contact.</p>	<p>“M9: Truth be told we see him very little. In a month, once, we might see each other. I think he’ll have very little contact [with baby]. Natalia: And would you like this to be the case or to change? M9: Of course to change! Not because of me but because of my baby, because as soon as she feels him, is as if she already knew. The few times he has felt her, it’s like she knew him and I know she will need him, need her father a lot, but if he cannot give her anything, it’s no longer up to me” (T1, Pair 3, M9).</p>
	<p>Questioning long-term commitment: along this code mothers question the continuity fathers will remain involved with them and/or the babies once they are born.</p>	<p>“He says that yes, that he wants a baby, but I believe that one shows one’s intentions with facts ... He says yes, that he really wants ... according to him, what he has said, that he is looking into arranging things with work so we can all go and live in a flat [...] but will have to see, then, if things do happen as he says” (T1, M34).</p>
	<p>Fathering engagement: this modality describes the extent of engagement from fathers, from financial provision, to been in a relationship or co-habiting with them.</p>	<p>“He has always [FoB] told me everything is going to be okay for us [...] He greets him [foetus], kisses my belly, touches me and squeezes me, and every day at night he speaks to him, for he has already named him” (T1, M33). “He loves her, has been there for her. He is a good boy, we both like him very much” (T1, Pair 1, A1).</p>
<p>Scaffolding and Pa’delante: adapting to the disruption (pulling forces): the theme encompasses the scaffolding structures and resilient attitudes that mothers assume</p>	<p>The Mamita: a central scaffolding source: this describes the ‘Mamita,’ the mother of the pregnant woman (i.e., grandmother of the baby) and the key support she provides to her daughter. Given her prominence, the code also reveals her power.</p>	<p>“I’ve always lived with my mum. My mum has never left me alone. She has always been there, she has never abandoned me. She has always been taking care of me. She was the one who gave me my education. She is the one that has kept me going forward. What I have, is all thanks to her. My mum is my everything. It was her who gave me ‘mis quince’, my secondary school graduation, everything. She has not turned her back on me” (T1, Pair 2, M6). “When I said I didn’t want to have it she [Mamita] said that she would not allow it and would never forgive me, if I didn’t want to have it, she would help me raise it” (T1, Pair 2, M6).</p>

	<p>The second opportunity: the emerging Mamita-Mother-Baby triad: this code describes how the mamita regards the pregnancy as a second opportunity to be a mother.</p>	<p>“I say to her [Mamita], since you did not live everything with me when I was little, now that I have my belly you can spend a little bit of time with me, help me out to get through this. And she tells me that she will help me, that she will be there for me” (T1, Pair, M5). “With her [her daughter], I didn’t know how to be. We will see through the eyes of that child. For me the truth is that it will mean to learn to be a mother, because with my daughter, the truth is, I didn’t know how to be” (T1, Pair 1, A1).</p>
	<p>Pa’delante attitude (going forward): Another Colombian saying which appears frequently, showing how women respond to the disruption.</p>	<p>“As I became pregnant and I told her [Mamita], she was the one that gave me enough strength to assume things. She tells me that, obviously, it would have been better than this would have come later, but, as the saying goes "A lo hecho pecho" (<i>no point in crying over spilt milk</i>) and ‘pa’delante’ (going forward)” (T1, M28).</p>
	<p>‘It’s up to us’: assuming responsibility: this reveals how mothers and Mamitas alike feel the responsibility lies in them as women to raise the child, regardless of the conditions of the father’s involvement.</p>	<p>“It is my responsibility to fight for him, even though I have the father’s support [...]. It will always be me who will take care of him, if he gets sick, it’ll be me running out of the door with him” (T1, Pair 1, M5).</p>
	<p>Shared mothering: not ‘first-time’ mothers: this was an unexpected finding as it reveals how shared mothering is commonly practiced and thus questions the ‘first-timeness’ of mothering.</p>	<p>“I am a mum already because of my smaller brothers, my brothers I love them very much because we basically lived almost just us four. Basically I took care of the little ones because my mum was single and she had to work to sustain us, as usually the eldest plays the part of caring for her siblings [...]. I’ve already been a mum” (T1, M7). “Here where you see me I know how to change nappies and I know how to bathe them, I learned because of my sister. When my sister was born I was like 9 years old, my mum went to work and I stayed with her. To me it’s beautiful to have a baby, when my sister learned to walk I was the one who taught her how to, when she said her first words, when she said ‘mama’ she said it to me and not my mum” (T1, M31). “My mother lives here in Mujica, she has a little girl she cares for, the daughter of her landlady, as she didn’t have anyone to leave her with, my mum took her from early on and we have been caring for her. My mum has always had babies and I’ve helped her care for them” (T1, M23).</p>
<p>Encountering the baby: describes the first symbolic encounters</p>	<p>Visualising mothering: this illustrates how mothers start visualising the baby, by <i>seeing her</i>, which can be a physical picture (through an ultrasound) or a</p>	<p>“It’s a tough but beautiful experience because at least, I say, at first, the first week, I cried and cried and cried and cried. [...] and there was no one who could contain me. I used to say ‘I am going to be a mum and I find that’s... [silence]. But then I said, ‘what would it be like when she kicks?’ Because as each month goes by, one starts to see, you feel like that energy, something so beautiful, it feels at first as odd but then it’s something so beautiful” (T1, Pair 12, M32).</p>

<p>symbolic representation.</p>	<p>“I can already imagine my baby, I want to hold her, I want to carry her, this is something so great that I can’t really explain it with words [...] She is a little ignited light” (T1, M31). “The day that I had the ultrasound, when I saw him for the first time it was very beautiful because by seeing his head, seeing all of him, because you could see all the bones and everything and hearing the doctor say it was a very healthy baby and all, that strengthened me a lot and there I changed my way of thinking. Yes, for me right now my son is the best thing because he is what I most long for and what I am waiting for, although yes a lot of fear but he is what I want most” (T1, M7).</p>
<p>Disembodiment: this code conveys a stronger emotional reaction, where the baby, although consciously known to be physically growing within, elicited a very limited symbolic engagement despite her presence.</p>	<p>“Now I have to have it and will have to just carry it. I: Who do you see raising the child? M: Well, I don’t know yet” (T1, Pair 6, M15). “It is a deep emptiness, I miss everything, my mum, my brothers, but not that they are far away or dead or anything, is just that because as I feel lonely, depressed, I don’t feel my baby, I feel like I have an empty belly. I don’t want to do anything, not shower or anything, I just cry for nothing, I don’t want to rub my belly, do not even feel like talking to my baby or anything, the depression is strong, strong, horrible [...]. It all started from the pregnancy, it has been strong (T1, M34).”</p>
<p>Embodiment of two: staying well and pressures: this reveals a profound physical and symbolic impact of one body carrying another.</p>	<p>“Natalia: If you could say something to another pregnant woman like yourself, what would you say to her? M32: [...] that maternity is the most beautiful thing, I would encourage every pregnant woman to enjoy it, to feel their baby, to love them, to talk to them so the baby feels the voice of the mother and connects with her. I would encourage her to take care of herself, to take care of herself properly because another being depends on her. I’m trying to not get upset now, to stay calm (T1, Pair 12, M32). “With my cousin I care for him, I care for him deeply and we’re together and all good, normal, all cool. And then suddenly he stresses me out at any given moment I want to shout at him, and I want him out of here! [...] I don’t want to do these things with my son which is when I get stressed and I when I get stressed I say to people hurtful words” (T1, Pair 7, M20).</p>

Scaffolding from baby: baby as object of transformation: this finding is central as it reveals how the baby also supports the mother, including behavioural change.

“Since the pregnancy I haven’t felt those anxieties, about the things to do with my mum. And although I didn’t think I was going to get pregnant, it is for my daughter that I am quitting drugs. Truth be told I don’t know what would have happened because I was a person too involved with drugs. I have left drugs for my daughter. My daughter is a gift that God gave me to come out of that world” (T1, 31).

“I don’t want my daughter to grow up next to a person that is unable to quit drugs, that’s why I left him, so she doesn’t grow up seeing that” (T1, M23).

“My way of being is really bad tempered, very intolerant, that is something that my baby is helping me change, I tend to have little patience, I despair easily but I’m becoming more relaxed because of my baby” (T1, M34).
