

Imaginary about abortion in a group of marginalized pregnant adolescents in Mexico

Imaginarios en torno al aborto en un grupo de adolescentes embarazadas en situación marginal en México

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Abstract

The objective of the study was to document the imaginary about abortion in a group of pregnant adolescents in a marginalized situation in Mexico, in order to identify whether the continuation and termination of their pregnancies derives from a decision or the absence of options to terminate the pregnancy. This is a qualitative-biographical study, carried out with individual interviews with twelve pregnant adolescents, which were audio-recorded, transcribed and later analyzed using Krueger's methodology. Abortion figures in their imaginary are more a desire than a strategy. Although most of them report having wished to lose the product of conception, none of them attempted to terminate the pregnancy. Guilt, fear and the romanticization of motherhood were the main reasons why they decided to continue the pregnancy. It is concluded that the challenges to accessing pregnancy termination in adolescents are complex because of the context of the existence of many cultural stereotypes built around women's bodies and social role, which contributes to their acceptance of the exercise of motherhood without the physical, psychological and social capacities to do it.

Keywords: Adolescent; Legal Abortion; Induced Abortion; Human Rights; Public Health.

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Resumen

El objetivo del estudio fue documentar los imaginarios sobre el aborto que tiene un grupo de adolescentes embarazadas en situación marginal en México, con el fin de identificar si la continuación y conclusión de sus embarazos deriva de una decisión o de la ausencia de opciones para interrumpir la gestación. Este es un estudio cualitativo-biográfico, realizado con entrevistas individuales a doce adolescentes embarazadas, las cuales fueron audiograbadas, transcritas y posteriormente analizadas desde la metodología de Krueger. El aborto figura en su imaginario más como un deseo que una estrategia. Aunque la mayor parte narra haber deseado perder al producto de la concepción, ninguna intentó realizar la interrupción de la gestación. La culpa, el miedo y la romantización de la maternidad fueron las principales razones por las que decidieron continuar el embarazo. Se concluye que los retos para acceder a la interrupción del embarazo en las adolescentes se complejizan en el marco de la existencia de una serie de estereotipos culturales construidos en torno a los cuerpos y la función social de las mujeres; lo que contribuye a que se resignen al ejercicio de maternazgos sin las capacidades físicas, psicológicas y sociales para hacerlo.

Palabras clave: Adolescente; Aborto Legal; Aborto Inducido; Derechos Humanos; Salud Pública.

Introduction

Talking about abortion is complex; perhaps this is due to the silence that for so many years prevailed on the subject, framed both in religion and in the absence of recognition of women's human rights. Only two countries in the world, El Salvador and Nicaragua, criminalize abortion outright, both in Latin America. On the other hand, although Chile, Uruguay, Colombia and Mexico have created less strict legal frameworks in terms of abortion, they still face important challenges in this regard (Piekarewicz, 2015).

In Mexico, as in other countries of the continent, the issue of abortion has been placed more than once in Congress, and this has contributed to the slow and permanent achievements on the issue. An example of the above is the amendment made to the National Code of Criminal Procedures (Mexico, 2016), which establishes as an affirmative action the recognition of abortion as a "non-serious" crime and provides women with the possibility of regaining their freedom by paying bail and initiating and continuing their trial in freedom (México, 2016). In the aforementioned context and unfortunately, the case of women who pay with jail for not having the means to pay bail continues to be common, or others in which women are forced to exercise motherhood inside the prison, since in some Mexican states not only the realization of an abortion is a crime, but even its attempt (Gire, 2018).

Of the 32 states that make up the Mexican territory, 29 establish as grounds for exclusion the abortion as a result of reckless conduct, 23 when there is danger of death for the woman, 15 when the pregnancy involves a risk to the woman's health, 16 when the product of gestation presents congenital/genetic alterations incompatible with life, 15 when the pregnancy is derived from a non-consensual artificial insemination practice, and 2 when there are no economic conditions to continue a pregnancy (Gire, 2018).

An advance achieved from the work of academic networks and feminist activism was the update in 2016 of the Mexican Official Norm 046 for the attention of family, sexual and violence against women. It reiterates the State's obligation to

guarantee Legal Termination of Pregnancy (ILE - *Interrupción Legal del Embarazo*) to women who become pregnant after rape without having to report to the police, and that any girl over the age of 12 can request access to ILE without having to be accompanied by a mother, father or legal guardian.

In the above context, the challenges to decriminalize abortion continue to be one of the most important for the sexual and reproductive health of Mexican women. It is documented that in this country 71 pregnancies per 1,000 women of reproductive age are “unplanned”. (Juárez et al., 2013). Mexico occupies the dishonorable first place among the countries that make up the Organization for Economic Cooperation and Development in teenage pregnancy, with a recorded rate for 2018 of 77 pregnancies per 1,000 young women between 15 and 19 years old (Save the Children, 2016). For this reason, the country is positioned as one where one-fifth of births are from adolescent women, twice the global proportion (Ipas México, 2018).

In Mexico, moreover, it has been documented that more than half of unplanned pregnancies are resolved with abortion, with an estimated rate of 38 abortions per 1,000 women. (Marván; Orihuela; Río, 2018). Other bibliography indicates that approximately half of all unplanned pregnancies in the country are solved by induced abortion, not always under sanitary and safe conditions for women’s lives (Juárez et al., 2013).

Given this scenario, it is pertinent to generate evidence that contributes to the decriminalization of abortion, understanding this as a matter of social justice and public health. A social justice issue because criminalization particularly affects poorer, younger women with less access to education, perpetuating their conditions of social disadvantage (Donoso, 2016). A public health issue mainly associated with teenage pregnancy, since the risk of maternal death in children under 16 years old is four times higher compared to adult women (Blanco; Guerra; Cedre, 2015), in addition to being directly linked to perinatal, infant and maternal deaths (Menkes; Suárez, 2003).

In this sense, the objective of this research was to document the imaginary about abortion in a group of pregnant adolescents in a marginal

situation in Mexico, in order to demonstrate whether adolescent motherhood is the result of a choice or rather the consequence of an absence of options to terminate pregnancy.

Methods

This is a qualitative study in which the biographical method was used to recover the reports of pregnant adolescent women. This approach was considered pertinent considering that verbal memory makes it possible to reconstruct social phenomena in both their personal and collective dimensions.

The informants are from a locality classified as urban-marginal, understanding under this term contexts inserted in the urban area but disadvantaged in terms of geographic, cultural and economic access to education, health and social development services in general. The decision to work with a population in these conditions was made because other authors have pointed out that, in these contexts, teenage pregnancy is not only frequent, but is also considered a life project. Once living in a family and regulatory context where the existence of family violence and the lack of conditions to continue going to school make the early search for a partner and the formation of a family seem desirable (García et al., 2017).

The narratives were obtained through individual interviews based on a semi-structured interview script, which was elaborated with the intention of evoking reflective discourses on abortion. The girls were contacted via State Health Services. Those who attended prenatal follow-up at one of the health centers with the highest demand in the city of Morelia, capital of Michoacán, Mexico, were invited to participate. In this city, a woman who voluntarily causes an abortion is subject to six months to one year of community service, and is only sanctioned when the abortion was consummated. Criminal liability for the crime of abortion is excluded for only four reasons: (1) within the first twelve weeks when the pregnancy is the result of rape, non-consensual artificial insemination, non-consensual assisted procreation or a precarious economic situation;

Article 146 of the Criminal Code of the State of Michoacán stipulates that these causes must be duly justified; (2) if the abortion is not induced, the pregnant woman is in danger of serious damage to her health; (3) when the product presents a serious malformation in its development according to medical opinion.; and (4) when it is the result of reckless conduct by the pregnant woman.

The criteria sought in the participants were to be between 15-19 years old, to be experiencing their first pregnancy and to have a gestational age equal to or greater than 20 weeks. The girls were found by intensive purposive sampling, since it was decided to prioritize the depth of the phenomenon rather than the size of the informant population. Although the sample was reduced in its numerical amplitude, we consider that the narratives make it possible to identify consistently the categories and subcategories of analysis, given that the participants manifested the phenomenon intensely (Miguellez, 2006).

The number of interviews was delimited according to the criterion of theoretical saturation; interviews were suspended once the information began to show redundancy and the categories and subcategories were strengthened with sufficient narratives to guide the analysis. (Álvarez, 2012). The fieldwork was carried out from March to August 2016, and the interviews were conducted in locations previously selected by the girls. Although they were given the option of going to their homes, none of them indicated that this option was desirable, particularly because they considered that talking about their pregnancies would not be comfortable in front of their relatives, so some interviews took place in a cafeteria near the health center, while others were conducted in a university lecturers' room.

The interviews were conducted by only one of the researchers and lasted approximately 90 minutes. Since the narratives flowed smoothly and the girls were enthusiastic about sharing their experiences, it did not require more than one meeting with them. Based on informed consent, the interviews were audio-recorded and subsequently fully transcribed, protecting confidentiality by using pseudonyms.

Once the recordings were transcribed, they were destroyed to ensure the confidentiality of the information. The analysis of the data was a continuous and cyclical process, in order to obtain not only a deeper understanding about what was studied, but also to make visible emerging data not foreseen at the time of the initial creation of the semi-structured interview script (Taylor; Bogdan, 2009).

The incorporation of this “unforeseen data” or “emergent data” is a requirement within a feminist epistemological and theoretical position, interested in problematizing reality by recovering the perspectives and experiences of groups that have been historically silenced. It promotes the construction of a “situated knowledge”, in which the discourses for its analysis must be placed in a framework of understanding of the interests and strategies of social order that seek real and symbolic inequalities and inequities that contribute to various kinds of oppression (Cebotarev, 2003). In this case, we were interested in what contributes to gender and life stage oppressions, the latter also called “adultcentrism”.

The analysis of the information was carried out according to Krueger's methodology, based on four stages (Álvarez, 2012). First stage: A complete transcription of the interviews was made. Second stage: The information was captured, organized and managed, complemented with field notes obtained by the researcher. Third stage: The information was coded according to the categories and subcategories that emerged as protagonists or substantive. Fourth stage: Open, axial and selective coding was carried out. In open coding, portions of text or words that stood out or were significant were pointed out, and notes were made on the codes, which included comments on the category and some properties and dimensions. Axial coding identified the categories and subcategories or families of codes that were related to each other, in order to finally, through selective coding, explain the relationships through theoretical contrast.

To carry out the data collection, review and approval of the research protocol was requested by the Research and Bioethics Committee of the Health Sciences and Engineering Division of the Universidad de Guanajuato, Campus Celaya-Salvatierra, with

registration number CIDSC-2480205. The project was also requested and approved by the authorities of the Ministry of Health in Michoacán.

Results

Characterization of the reporting population

Table 1 lists some of the main sociodemographic characteristics of the participants. Among the

12 participants, the average age was 16.6, with a minimum of 14 and a maximum of 18. One third had a high school education, none of them were engaged in paid work, all of them were single and all of them came from an urban region. As for the characteristics of their families, five shared housing with their parents, four were living alone with their partner, two lived with their partner but with their parents or in-laws, and one lived alone with her mother.

Table 1 – Sociodemographic characteristics of the participants

Participant N.	Age	Schooling	Occupation	Marital status	Type of household	Type of family
1	17	Second year of high school	Homemaker	Single	Urban	Extended
2	18	Completed high school	Homemaker	Single	Urban	Stepfamily
3	18	Incomplete technical school	Homemaker	Single	Urban	Stepfamily
4	18	Completed middle school	Homemaker	Single	Urban	Single-parent
5	14	Second year of middle school	Homemaker	Single	Urban	Extended
6	15	First year of middle school	Homemaker	Single	Urban	Extended
7	17	Complete elementary school	Homemaker	Single	Urban	Extended
8	16	Complete middle school	Homemaker	Single	Urban	Nuclear
9	17	Complete middle school	Homemaker	Single	Urban	Extended
10	16	Complete middle school	Homemaker	Single	Urban	Nuclear
11	16	Incomplete elementary school	Homemaker	Single	Urban	Nuclear
12	18	First semester of college	Homemaker	Single	Urban	Nuclear

Regarding their sexual and reproductive history, four became pregnant less than a year after becoming sexually active and seven in the first year. Half became pregnant in relationships with adult men and, at the time of data collection, just over half were in a relationship with the father of their children, not living with them. Only a quarter of the young women said they had become pregnant using a contraceptive method (25%), although all 12 recognized their pregnancies as “unwanted,” two were threatened with preterm delivery, and one had been informed of a high probability of congenital malformation of the product.

From the content analysis work, two categories were identified as relevant for theoretical contrasts: (1) Abortion as a desire and not as a strategy, and (2) Abortion as guilt.

Abortion as a desire and not as a strategy

Most of the girls agreed in their disbelief and wish that being pregnant was a nightmare; several admitted that it was at this moment that abortion appeared in their minds for the first time as a desire: *“At that time I was thinking about an abortion or I was thinking many things, that it was a dream, not a dream, but a nightmare”* (P6, 18 years old).

The reason why abortion appeared as an option was identified as being associated mainly with two situations: first, with the fear of dying because of contemplating childbirth as a situation associated with death and pain, then with an anticipation of the fact that motherhood represented the demand to give up their personal and school project. In the following narratives, the first situation is evident: *“I have always been very fearful and I think I am going to die in childbirth”* (P2, 18 years old); *“I got scared, I said, “I’m going to die in childbirth!”* (P1, 17 years old).

None of them thought about the option of adoption, mainly because in their mental schemes and social experiences, the imaginary of “giving birth” and “motherhood” are not disassociated: *“I said, what am I going to do, what about school, I want to continue studying!”* (P1, 17 years old); *“I feel that with a baby... How could I study? I could not, I feel that I would neglect it”* (P7, 17 years old); *“I find*

it very difficult [to continue in school], I will have to go to work.” (P6, years old).

The desire for abortion emerged as a response to a desire to not want to be a mother rather than to give birth, but also as a possibility of resistance to the plans that others establish for their lives. However, abortion was not represented as a possible strategy. Not even in the case of a girl who became pregnant after being raped and forced into a sexual encounter under the influence of alcohol. Nor in the case of a girl who was informed by her doctor about the possibility that her child might have congenital malformations incompatible with life, two grounds for decriminalization of abortion in the all Mexican territory.

None of them tried it, not even the one who had heard about how to do it or who had accompanied others to have an abortion. However, they know how to do it and describe it in detail, they even seem aware that they are in possession of valuable information, even if they speak it “quietly” because it is “forbidden” information. At first they hesitate to share it, aware that getting it out of their minds and putting it into words displeases most of society, including the State and its institutions: *“In fact, she [friend] drank a tea, which was rue tea with chocolate and oregano, you just drink it if it happens to you”* (P2, 18 years old); *“When [a friend] told me that she was going to take the pills, I went with her to buy them”* (P3, 18 years old); *“She drank teas and once fell down the stairs, twice, and lost the baby”* (P4, 18 years old); *“I remembered that my cousin was going to have it removed, a person who did know, a doctor”* (P10, 16 years old); *“I saw many cases, many of them aborted, yes, we know”* (P12, 18 years old).

They talk about doses, care and strategies to “lose” the baby without being suspicious, of knowing people who practice it and are paid for doing it. That is, the information on how to do it exists. However, there is also the representation that, in terms of a patriarchal morality, to do it is not right, since a “good woman” is sooner or later a mother and that being a mother makes “good women” better.

It is pertinent to reflect on the vulnerability that these young women assume in relation to their pregnancies and on how a misunderstood morality is the one that holds their action to perform abortions.

It is pertinent to reflect on the vulnerability that these girls assume in relation to their pregnancies and on how a misunderstood morality is the one that holds their initiative to perform abortions. Such a fragile condition represents a latent risk for the practice of abortions that in their representation of “incorrect” must be performed in a halo of clandestinity, without professional or adult supervision, which emerges as a risk of illness and death for women. The acceptance of pregnancy does not always occur within a framework of autonomy. The case of a girl who was the victim of an attempted abortion by her mother was documented, a situation that the adolescent identified and refused it: “*She left me a tea, I think it was for abortion, but I didn’t drink it, I threw it away, well, because she left [she refers to her mother]*” (P3, 18 years old).

The criminalization and penalization of abortion has historically focused on the women whose bodies abort, and although the Criminal Codes in force establish penalties for those who collaborate in carrying out the act, it is the women whose bodies suffer abortions who pay with imprisonment and are publicly exhibited. It is not considered that these girls are subject to multiple power relations, even with their own parents or caregivers, who have the moral authority to decide about their bodies under the precept that they are not old enough to decide what is best for them.

Abortion as guilt

Adolescent girls face a double discourse around pregnancy, most grew up hearing convincing speeches about the impertinence of early pregnancy. However, once it is known that the girl is pregnant, partner, family and friends show not only social acceptance, but happiness. They begin to make plans and changes in the life of the future mother, which of course do not consider the possibility of this girl deciding to have an ILE.

This confusing social attitude generates a feeling of guilt in girls who would like to have an abortion and who feel confused, even guilty, for not sharing the happiness caused by a gestation that “in theory” was not desirable for a series of actors who are now making plans for the young mother to

live “one of the best stages of her life”: “*We found out [about the pregnancy] and then he [her partner] told his parents and his parents were not angry, no, nothing, they were very happy*” (P1, 17 years old); “*He did want it, he... happy, he was happy [father of her child]*” (P10, 16 years old); “*My mother-in-law is very happy, it’s her first grandchild*” (P7, 17 years old); “*She [her mother-in-law] said ‘congratulations daughter, how nice’, because she had asked God as a sign that if I was pregnant, I was her son’s wife*” (P4, 18 years old).

Motherhood is recognized as a social good expected and desired by others. Although for the girls, it appears as undesirable from the beginning. I say ‘from the beginning’ because, as the pregnancy progresses, this idea that something will happen and “they will not have to be mothers” is a hope that the girls continue to cherish. While they are in the womb, embryos are considered as a collective good, of the families, of the community. Based on this and on the fact that girls are underage and most of them lack the recognized autonomy to decide about their pregnancy and their life project, the families decide about the life trajectory of the girls and their children. In this sense, the family think fundamentally about a utopian life project for embryos and fetuses, rather than about the real life conditions of women as citizens: “*First we are going to see what our parents are will talk about it, we don’t know what we are going to do yet.*” (P4, 18 years old); “*Because his parents wanted to talk to my mom [to discuss the pregnancy situation], let your parents talk to my mom and then decide what to do*” (P1, 17 years old).

It also happens that families are unaware or consciously or unconsciously prefer not to report that their daughters became pregnant as a result of sexual abuse. Such is the case of the following girl, who reported in a tone of disappointment that she felt alone in her post-rape pregnancy experience: “*The people from whom I expected the least support [friends], were the ones who supported me the most, you know? And those from whom I expected the most, were those from whom I received the least support, so, well, I can only accept it... [her family]*” (P12, 14 years old).

Discussion

The adolescents with whom we worked in this research have characteristics that have been pointed out as potentiating the risk of having a pregnancy in adolescence. Among these is the low level of schooling, a variable that has been shown to be strongly correlated with the experience of adolescent pregnancy, not to mention that pregnancy at this stage of life reinforces and aggravates the prognosis of educational backwardness (Villalobos et al., 2015).

The fact that all of them became pregnant less than a year after starting an active sexual life is considerably higher than the 36% reported by Copado (2011) regarding the percentage of adolescents who become pregnant before 24 months after starting an active sexual life.

On the other hand, the fact that at least half of the girls became pregnant as a result of a relationship with an adult man corresponds to a figure above that reported in the last National Health Survey in Mexico, which reported an incidence of 34.3% of girls pregnant by a man over 19 years of age (Ipas México, 2018). In addition, only a quarter of the girls reported having become pregnant using a contraceptive method (25%), a percentage that is almost half that reported by Allen et al. (2013) on the use of contraceptive methods in sexual relations in urban areas (63.9%) and even lower than that reported in rural areas (53.1%).

With regard to the emerging categories of analysis, it was identified that abortion figures in the imaginary as a desire but not as a strategy, that is, they wish to lose the product of conception, although they do not show initiative to seek the termination of the pregnancy. This is contrary to what has been found in other studies, for example, one conducted in Brazilian slums, which states that the autonomy gained by girls over their own bodies and feelings encouraged them to seek the means to access abortion, regardless of the economic and social conditions in which the experience was framed (Ferrari; Peres, 2020).

In this case, the informants did not show the autonomy to have an abortion. Although they desired the loss of the pregnancy, they were

not able to seek it, which may be influenced by the sociodemographic characteristics of those who participated in this research. Indeed, other authors have reported that it is women with lower age, educational level and in greater conditions of poverty who are less likely to seek abortion, even when there are congenital anomalies or their pregnancies are the result of rape (Laza; Castiblanco; Urrego, 2018).

In this context, several of the informants reported having thought about it and having the information on how to do it by their own means and at home, which coincides with other research that has documented how abortion is a “horizon of possibility” for an increasing number of girls and young women (Peres; Heilborn, 2006).

On the other hand, while it is true that the literature produced around the phenomenon indicates that the decision-making process regarding the outcome of a pregnancy is extremely complex, multifaceted, with several layers and conjugated elements of structural order. The existence or not of a conjugal partner (Garcia et al., 2017), the timing and form of the revelation of the pregnancy (Ferrari; Peres, 2020; Magnabosco; Fortunato, 2018), and the individual and relational projects are very important elements to be considered (Escalona, 2018). This study also identified that pregnancy represents a moral conflict for these girls; although they do not wish to be pregnant or assume the maternal role that this implies, in their imaginary pregnancy is an experience that provides them with a form of social legitimacy. All the girls reported having received the confirmation of the pregnancy within an experience saturated with ominousness, using the term “ominous” from Freud (1989), who defines ominous as an experience even more unpleasant and uncomfortable than anguish, given that it becomes guilt-ridden when framed in a moralistic context.

“Becoming pregnant” results in an undesirable and shameful situation, since it is based on the premise that this situation could have been predicted, it depended on a specific action, but it was not avoided. This ominousness makes it complex to think of abortion as a right, and even

leads these adolescents to feel guilt for the mere fact of wishing for it to occur naturally, rather than being induced.

Abortion appears desirable in the face of the imaginary of a maternity represented as a situation with the potential to make them vulnerable not only physically (when giving birth even implies the possibility of death), but also psychologically and socially. This is because motherhood implies giving up school knowing that they will give birth in a society that does not provide the policies, resources and/or networks to do it. Besides the fact that in contrast to paternity, maternity, in Spanish, becomes a verb. A woman becomes a mother not by the mere biological act of giving birth, but by “demonstrating” that she cares for her child (Chodorow, 1978) through a series of behaviors that are not instinctive, but a product of the socialization to which women are incorporated from early childhood, thinking that maternity is their destiny.

This research documented, as other research has done, the involvement of third parties in the provision of induced abortions. Mothers stand out especially as promoters and not in an act of accompaniment, but of imposition (Ribeiro et al., 2013). The act of abortion is intended to be carried out in order to safeguard moral issues and revictimize the girls. Moreover, it was identified that participants do not develop their imaginary about abortion limited to the physiological process of pregnancy, but rather from the construct of motherhood as a social experience that goes beyond the limits of the body and is inscribed in particular socio-historical frameworks. From this perspective, the aforementioned practice is not represented as a strategy that depends on a personal initiative, since the reproductive processes are constructed from the imaginary as a collective matter, in which being a mother determines more than a biological experience, a whole identity for women and, with it, a necessary role for society.

With motherhood - from the imaginary of patriarchal societies - women are no longer conceived as people with fragile temperaments, but as loving reproducers, useful in society to the extent that they can serve to care for other people (Federici, 2013). Motherhood is then

instituted as a power device (Foucault, 2008), which is a result of the existence of a network of discourses and imaginaries coming from both formal institutions (laws, norms, policies) and informal ones (individuals, families, social groups).

In this case, motherhood, even if it is a “risky motherhood” due to the women’s stage of life, reinforces a previously established social order that tends to maintain the status quo. Having identified cases such as that of the girl who was pregnant because of a rape, gives evidence of how families seem to be more willing to assume the upbringing of an unwanted child rather than accompanying the process to access justice. The family is positioned more from a moral-religious framework than from a legal one, and the woman is seen more as a means for reproduction than as a citizen. In addition motherhood is accepted not as a choice but as a destiny of a woman subject to the biological and sociocultural nature of “being a woman”, from a perspective in which motherhood determines the life trajectory of her, usually in a constricting manner (Barrón, 2004).

The lack of empowerment of young women about their human rights and their own bodies and life trajectories was also identified. This disempowerment emerges because of the action of a society that socializes women under conditions that do not promote the development of personal, social, economic and political skills that allow them to manage an adequate quality of life (Tolulope; Richard; Foluso, 2015). In other words, this disempowerment is not limited to a legal or regulatory framework, but to a moral one, in which the practice of abortion is seen as a social fault and not as an action of self-determination within a context in which motherhood is seen as a gender mandate.

Not attempting abortion derives more from an attitude of obedience to the gender mandates of an existing social order (patriarchal) than from fear of committing a crime that is punishable by imprisonment or from fear of death due to a complication associated with the practice of abortion. They are detained by a moral issue so fragile that some manage to circumvent it and end up having abortions that in their clandestine

condition cost their lives or freedom. They renounce the practice of abortion because its performance implies not only exercising a self-determination for which they have not been culturally trained, but also opposing an ethic of care that has been generated as exclusive to women (Figueroa; Sanchez, 2000), women raise children, women should be mothers.

In the context described above, a hopeless scenario of “forced maternity” prevails, understanding that the constrictive situation is not limited to the course of pregnancy and childbirth, but is prolonged for a lifetime of care for the women (Chodorow, 1978). This constitutes a risk for their health and life projects. Motherhood must almost invariably be exercised in contexts in which the raising of children is absolutely attributed to women. As if motherhood were the sanction that society imposes on the transgressive practice of a woman exercising her sexual rights, or even, and more openly, in which the victims of sexual abuse (relating to adult men) are the ones who must pay for their lives, giving their vital energy and time, in the name of the violation of their own rights (Gómez; Castello; Cevallos, 2017).

Final considerations

This research shows the complexity of the exercise of women’s right as citizens to seek a termination of pregnancy. The reading of the narratives is the result of the interweaving from gender and human rights perspectives, from a perspective of criticism of the conservative policy that continues to prevail on the issue of abortion not only in Mexico, but in Latin America in general.

We consider it pertinent to highlight the methodological limitation that may represent in the exploration of the phenomenon: the informants are women who are already in a relatively advanced stage of pregnancy (at least 20 weeks of gestation). This means a greater possibility of having created bonds with their products of conception and that the assimilation of the pregnancy event would be consolidated or beginning to happen.

Another issue that should be considered is that the informants in this study are adolescent women from a marginal urban context, which

other authors have pointed out as areas in which teenage pregnancy is culturally acceptable or even encouraged.

We believe that it would be of great to try similar approaches in girls who have been informed of their pregnancies recently, as well as in those who are assigned to contexts with other socioeconomic conditions, such as rural and non-marginalized urban areas.

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Contribution of the authors

Rangel-Flores was responsible for advising the research work, constructing the data for the analysis, contributing to the theoretical discussion and constructing the initial proposal for the article. Jiménez-Arroyo designed the protocol, collected the data, contributed to the discussion and improved the initial version of the article.

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