



Some traditional methods are more modern than others: rhythm, withdrawal and the changing meanings of sexual intimacy in Mexican companionate marriage

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This paper discusses distinctions made by married Mexican women in the USA and Mexico between withdrawal and rhythm, as well as differences between women who use these traditional methods and those who use more 'modern' ones. Findings derive from an ethnographic study of gender and reproductive health in a Mexican transnational community. The primary method used was life histories, complemented by 15 months of participant observation. The sample consisted of 13 systematically selected pairs of women; one woman in each pair lived in Atlanta and the other lived in the sending community in western Mexico. While research on fertility regulation frequently classifies rhythm and *coitus interruptus* as traditional methods, this study showed that those who use these methods may base their classificatory system on other conceptions, including a contraceptive method's ideal properties. Generational changes in ideologies of marriage and intimacy and migration-related changes shape women's ideas about the meaning of sexual intimacy and the symbolic properties of contraceptive methods. This research shows, therefore, that ideology and social context need to be taken into account when exploring how women interpret shared ideas about sexuality.

B: ... well, they can also take care of you.

J: How is that, that they take care of you?

B: That is, I heard about it from a friend. Really nice, we were talking about how to take care of yourself, and she says to me: 'no, he takes care of me', and ... I said, 'what do you mean, he takes care of you?' She said, 'if we have sex, he feels when it is the moment when the sperm are going out, and instead of giving them to me, [he comes] outside ... [and] if you do it that way, you are not the only one worrying about it, he is also worrying about it. He needs to be attentive and alert'. And it seems really nice to me, the idea that he would care about it too, and not just me.

Introduction

In much research on fertility regulation, rhythm, *coitus interruptus* and a variety of other strategies for fertility regulation have been classified as 'traditional'—that is, non-technological and less effective than more recently invented methods such as the oral contraceptive pill. Imposing a traditional/modern taxonomy on these methods distracts us from the possibility that

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those who use them may classify these methods in other ways. This paper explores how the distinctions that married Mexican women make among various methods are shaped by broader changes in gender and marriage. Our research highlights how ideologies of sexual intimacy shape contraceptive practise, and how women deploy these culturally constructed models of sexual relations strategically, depending on the social context in which they live.

Methods

This paper presents results from an ethnographic study involving two generations of Mexican women. Data collection focused on 26 women, ages 15–50, all from the same sending community in Mexico. Half lived in Atlanta, while the other 13 (who are their sisters or sisters-in-law) were interviewed in Mexico. The women in Atlanta were selected to represent the range of diversity in Atlanta's migrant community in terms of age, legal status, English skills, reproductive and labour force experience, and social class in Mexico. These women's mothers, who were between the ages of 45 and 70, were also interviewed,¹ as were some of their husbands. (References to 'younger women' mean the younger of the life history informants; 'older women' refers to those life history informants over age 40 and to their mothers.)

The sending communities were Degollado, a town about two hours from Guadalajara with a population of about 15000, and El Fuerte, a small agricultural community outside of Degollado. In Atlanta, some informants lived in an urban neighbourhoods characterized by small apartment complexes, good public transportation and a heavy concentration of Mexican and Vietnamese immigrants, while others lived in trailer parks on the outskirts of the city.

The primary method was life history interviews, consisting of six interviews: (1) childhood and family life; (2) social networks and stories of US–Mexico migration; (3) gender and household division of labour; (4) menstruation, reproduction, and fertility management; (5) health, reproductive health, sexually transmitted diseases and infertility; and (6) courtship and sexuality.² During 15 months of participant observation in Atlanta and Mexico, the first author came to speak with many more people than the 43 people who were formally interviewed, and these casual conversations were key in ensuring that the words and experiences of the small sample bore some relation to those of the broader community (see Bernard 1994). The process of constructing the sample (Hirsch and Nathanson 1998) and the methods of data analysis³ are described elsewhere (Hirsch 1998).

From *Respeto* to *Confianza*

In their discussion of courtship and marriage, older women made frequent reference to the fulfilment of gendered obligations, describing a marital

bargain (Kandiyoti 1996) be for one's spouse. The idea: women exerted no control (so without appearing to pull n.d.a, see also Stern 1995), gendered form of respect, r marriage, younger women t related either as intimacy or t and non-sexual ways. When otherwise not stand on cer 'with *confianza*', and wome which they feel comfortable

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bargain (Kandiyoti 1996) based on the ideal of separate spheres and respect for one's spouse. The ideal of female submissiveness did not mean that women exerted no control over their lives—merely that a woman tried to do so without appearing to publicly challenge her husband's will (Hirsch 1998, n.d.a, see also Stern 1995). In contrast to their mothers' emphasis on a gendered form of respect, *respeto*, as the key scale along which to evaluate a marriage, younger women talk more about *confianza* (which could be translated either as intimacy or trust).⁴ *Confianza* implies intimacy in both sexual and non-sexual ways. When inviting guests to serve themselves, sit down, or otherwise not stand on ceremony, a host or hostess will advise them to act 'with *confianza*', and women also use the term to describe relationships in which they feel comfortable telling sexual jokes.

In these companionate marriages,⁵ both men and women said that they made decisions together. For example, in response to the question 'Who gives the orders in your house?' ('*quien manda en su casa?*'), they each (interviewed separately) would say that they both do, or that neither one does. For an older woman to voice disagreement with her husband would have been seen as answering back, but the young couples took pride in their more 'modern' style of decision-making.⁶ Second, the gendered boundaries of space between the house and the street have eroded somewhat (Gutierrez 1991, Rouse 1991, Gutmann 1996, Rebhun 1999). When asked what it meant to share *el mando*, the power to give orders, men and women frequently talked about spending time together as a couple and as a family, either at home or on family outings.

Third, both in the sending community in Mexico and in metropolitan Atlanta, there has been a generational movement towards 'helping' (*ayudando*), with tasks that these young people's parents saw as clearly gendered. Occasionally sweeping or heating his own dinner—once a source of shame for a man or a comment on his wife's inadequacy—has become of source of pride, even if it remains the exception rather than the rule. Together, these qualities combine to form a new marital ideal.⁷

The increased emphasis on emotional intimacy in these marriages—both in Atlanta and in the Mexican fieldsites—should not be mistaken for gender equality. Love may serve to blunt the edge of socially structured inequalities in power, and even give women a moral language through which to make claims about rights (e.g. Mahoney 1995), but it can also recruit women to subservient roles. This focus on emotional satisfaction may even weaken women's bargaining power, as it can be used to justify a man's desire to walk away from marriage and fatherhood the moment he finds the intimacy unsatisfying.

Although women in both the Mexican and Atlanta communities shared this ideal, the privacy, legal protections against domestic violence, and economic opportunities of life in *el norte* combine to give women more bargaining power than their sisters in Mexico (Hirsch 1999a, n.d.a.). While women in communities on both sides of the border may share these companionate dreams, Mexicans say that in the US, women give the orders. They mean by this that women have the social and economic resources to live without a husband, and thus the power to press for a marriage that is not just companionate but a bit more egalitarian.

Companionate marriage and sexual intimacy

- J: And what do you see as the role of the sexual relationship in marriage? ...
- V: Yes, it's very important, it's half [of marriage] ... The other half is getting along well, but sex is one of the most important things. For me personally, I think that the intimacy I have with [my husband] was worth a lot, to carry us through the big problems we have had ... It was the thing that really helped the most. Perhaps it wasn't so much that we cared for each other, that we loved each other, not even the kids, as it was the sexual relationship that we have.
- J: And why do you think it was so important, how did that work?
- V: I don't know, because we enjoy it. I see that both of us enjoy it a lot. I sometimes ask myself, does everyone enjoy it so much? I ask myself that, because I really do enjoy it.

(A woman in her 30s, married more than a decade, residing in Atlanta)

For the older women, the marital bargain entailed mutual respect and an exchange of a woman's best efforts at social reproduction for her husband's productive efforts. For the younger women, in contrast, marital intimacy, strengthened by exchanges of affection, serves as the foundation of a successful modern marriage. Rather than forming two absolutely distinct groups, women fall along a spectrum: at one end of the spectrum is the understanding that men and women form lasting connections through the production of children, and at the other pole lies the idea that sexual and emotional intimacy create the bonds that unite a couple. Of the 24 married life history informants, the responses of nine were more typical of a reproductively-oriented sexuality, while 15 clustered more toward the modern intimacy end of the spectrum.

To call these two complexes of ideas about sexual relationships 'constructions' makes them seem more concretely separate than they are. Women employ *both* strategies for interpreting their sexual relationships; when they talked about consent, for example, several women said in one breath that sex should be about mutual desire and pleasure, and in the next breath that you have to do your duty (*hay que cumplir*). There were also similarities among all the women: most believed that married women should enjoy sex, and almost all distinguished between decent women and women who have no shame. Younger women, though, may draw the line in a way that permits oral sex, sex with the lights on, or a little racy lingerie.

A striking difference between the two ways of understanding sexual relationships was revealed in women's responses to the question about the role of sexuality in marriage.⁸ Younger women spoke about the ways that sexual intimacy produces a stronger marriage. One woman in one of the Mexican fieldsites responded to the question about the role of sex in marriage by saying: 'Well, it's what keeps us going, no? If you feel good in terms of intimacy, you will feel good in [the rest of] your life ... because when you come—I think that when you end up happy, you get up in the morning happy, you have energy for things'. Those with a more reproductively-oriented understanding of sexuality answered the same question by saying that if a man were not satisfied sexually he would look for another woman. Regardless of whether they seem to have enjoyed sex, many of the older women employ the word *usar*, to use, to describe vaginal intercourse (e.g. they might say 'when he "uses" me' (*cuando el me usa*) to describe sexual relations). The younger women, in contrast, talk about 'making love'

(*hacer el amor*), 'being to *relaciones*).

The older women insist on marriage: 'You went in blind when there was no television; on the other hand, study sex most of them, their wedding intimacy. Furthermore, more biological information on their mothers prepared food and wash. Girls today learn to work of intimacy. The edge of marriage is quite different for the younger generation seems thus that a certain amount

Social changes in Mexico of marital sexuality. Not mentioned enjoying being who might listen. The MeTV in the area a decade ago. Women also like to go to the store windows in Degollado (go to shop), as it is this lingerie themselves are in the pre-marital instructions couples are instructed in strong marriage. One young

the man is like a pickup truck that take a long time to wait this at the time, but now I do

The changes described just an adoption of typical. To be sure, one of these into US-Mexico migrant influence of those migrant lingerie that is reshaping Mexico; it would be a mistake these changes are solely a

Most of the women who after 1960), and none were marked influence on a woman on the bonds of pleasure with her husband. For example, jealous the one time she told her desire she risked loss (shame) without any corollary

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(*hacer el amor*), 'being together' (*estar juntos*) or 'having relations' (*tener relaciones*).

The older women insisted that they knew nothing about sex before marriage: 'You went in blind, because in that time there was no television, when there was no television we didn't know anything'. Their daughters, on the other hand, study sexuality intently in preparation for marriage.⁹ For most of them, their wedding night is hardly their first moment of physical intimacy. Furthermore, most reported having received at least rudimentary biological information on reproduction in the final year of grade school. Their mothers prepared for marriage by learning how to cook, clean, iron, and wash. Girls today learn all this but also how to be their husbands' lovers. For these young women, being an open-minded sexual partner is part of the work of intimacy. The edge of anxiety in how girls talk about preparing for marriage is quite different than their mothers' fear of the unknown; the younger generation seems to fear instead that they will not measure up, and thus that a certain amount of study and preparation is necessary.

Social changes in Mexico have promoted these new ideas about the meaning of marital sexuality. Neolocality—now possible primarily because of the migrant remittances—promotes conjugal intimacy; several couples mentioned enjoying being able to have sex without worrying about in-laws who might listen. The Mexican media, particularly since the arrival of satellite TV in the area a decade ago, is a major purveyor of information about sexuality.¹⁰ Women also learn about sex by shopping: sexy lingerie hangs in store windows in Degollado and La Piedad (the town where people from the *rancho* go to shop), as it does in Atlanta, and women discussed both buying this lingerie themselves and receiving it from their husbands as gifts. Even in the pre-marital instruction that the Catholic Church requires, young couples are instructed in the importance of mutual sexual pleasure for a strong marriage. One young woman, for example, recounted being told that:

the man is like a pickup truck, that heats up right away, and that women are like big trailer trucks that take a long time to warm up, so you need to turn them on ahead of time. I didn't understand this at the time, but now I do see that we are like that, that we do need caresses and kisses.

The changes described here reflect Mexican social processes, rather than just an adoption of typically North American modes of sexual relationships. To be sure, one of these Mexican social processes is an intense integration into US-Mexico migrant circuits, and the social, economic, and cultural influence of those migrants. But the sex education, satellite antennas, and lingerie that is reshaping these young women's lives is all produced in Mexico; it would be a mistake to argue, as others have (Grimes 1998), that these changes are solely a reflection of migrant influence.

Most of the women who talked about sexual intimacy were under 35 (born after 1960), and none were over 40. Although generation seemed the most marked influence on a woman's choice of sexual style, a woman's emphasis on the bonds of pleasure rather than the bonds of children also depends on her husband. For example, a woman whose husband became angry and jealous the one time she tried to initiate sex learned quickly that by showing her desire she risked losing the moral power of acting with *verguenza* (shame) without any corollary gain of intimacy through *confianza*.

Table 1. Current method use among life history informants.

Women in Atlanta ID #		Women in Degollado/El Fuerte ID #	
1	Rhythm	1A	Currently pregnant
2	IUD	2A	Surgical sterilization
3	Pills	3A	<i>Coitus Interruptus</i> (CI)
4	CI & Condoms, Rhythm	4A	CI & Rhythm
5	Pills	5A	Currently Pregnant
6	CI	6A	CI & Rhythm
7	Pills	7A	Surgical sterilization
8	Infertile	8A	N.A. (not married)
9	Surgical sterilization	9A	N.A. (not married)
10	Depo Provera	10A	Rhythm
11	Pills	11A	Currently trying to conceive
12	Rhythm	12A	CI
13	Rhythm & condoms	13A	CI

Migration experience also plays a role—albeit a minor one—in women's adoption of this new set of sexual strategies. The experience of working outside the home in a factory exposed some women to a range of casual conversations about sexual variety and sexual pleasure which is rare in semi-rural Mexico. Furthermore, the woman in Atlanta who asserted that she was 'owner of her own body' said she learned that idea from a domestic violence counsellor with whom she has an ongoing telephone relationship. Both of these sexualities—the more reproductively-oriented one, and the more intimacy-focused one—are strategies through which women create themselves as sexual beings in response to the specific demands of marital relationships.

This is not a story about a generational shift from sexual oppression to liberation. As many have pointed out (Foucault 1978, Gallagher and Laquer 1987, Weeks 1989, Giddens 1992), modern sexuality is diffusely regulated by ideologies, discourses, and institutions which normalize certain sexual behaviours and relationships and places others in the category of transgression. That sexuality remains every bit as constructed as it was in the past becomes clear if we think about how women are rarely encouraged to explore their sexuality outside marriage, or in a way that emphasizes pure lust and passion divorced from emotion.

Cultural logics of contraceptive choice

Migration-related differences

Women interviewed in Atlanta were much more likely to be using technological methods (see table 1).¹¹ Several women in the Mexican field sites had tried technological methods for birth spacing, but only one had used such a method for any length of time. In contrast, seven of the 12 fertile women interviewed in Atlanta have used either pills, Depo or the IUD, and six of the 12 were using them currently.

Most life history informants, whether in Mexico or Atlanta, believed that technological methods of fertility regulation were extremely dangerous.

Women mentioned the 'pe foetus' forehead (*encarnac* mark of his or her mother). Oral contraceptive pills, which women said that Mexican women became permanently infertile, the dangers of the pill (see *Depo-Provera* causes women's menstrual periods).

Women in Atlanta did not try, but they focused on the dangers of the pill. They mentioned by their sisters one woman in Atlanta, who

Pills give me a bad feeling ... that I got thinner or fatter, I use the natural method, Billir ... and it seems to me like and I'm not like that ... [I do] how to regulate it.

Women in Atlanta weigh the newly perceived risk of ectopic pregnancy.

Women in the Mexican field sites because of problems with general (Chavez *et al.* 1992) care in Mexico than they who wants to take the pill an appointment (in English translator in case one is brave a pap smear in order Department of Human *Depo*, she needs to do this natural methods are available smear or transportation is targeting rural women see contraceptive pills. Even in where women do not face it

A key social-context that regulates sexuality and Mexico. The Catholic Church can field sites in a way that Mexico excitement clusters the church, and most far attending Mass. Although on the church for spiritual things like Sundays in Mexico

Degollado/El Fuerte

Currently pregnant
 Surgical sterilization
 Coitus Interruptus (CI)
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Women mentioned the possibility that an IUD might become stuck in a foetus' forehead (*encarnada*), thus causing the child to be born bearing the mark of his or her mother's recklessness in a way that cannot be hidden. Oral contraceptive pills, women said, cause the uterus to 'rot' (*puerir*), or to become permanently incapable of accepting sperm. Intriguingly, many women said that Mexican physicians had been the ones to tell them about the dangers of the pill (see Potter 1999). Condoms break, women say, and *Depo-Provera* causes weight gain and uncomfortably long, irregular menstrual periods.

Women in Atlanta did not deny the dangers of using technological methods, but they focused on the dangers of the ones they were not using or had not tried: women who liked the pill spoke about how sick they got when they tried *Depo*, and those who had been happy with an IUD were emphatic about the dangers of the pill. Furthermore, they referred to a risk less frequently mentioned by their sisters in Mexico: the risk of a mistimed pregnancy. As one woman in Atlanta, who went on the pill before her wedding, said:

Pills give me a bad feeling ... imagine that they made me feel bad, or that they affected me, ... that I got thinner or fatter, like the experiences that I have seen. The nun told us that we should use the natural method, Billings. I was looking into it and she gave us a pamphlet that I was studying, and it seems to me like the most appropriate, the best method, but it's not secure, it's risky, and I'm not like that ... [I don't menstruate] every 30 days, my cycle can get shorter, I don't know how to regulate it.

Women in Atlanta weigh the fear of contraceptive side effects against the newly perceived risk of exercising less-than-perfect control over pregnancy timing.

Women in the Mexican field sites do not choose rhythm or withdrawal because of problems with access to other methods. As is true of health care in general (Chavez *et al.* 1992), women have better access to reproductive health care in Mexico than they do in the US (Hirsch 1998). In Atlanta, a woman who wants to take the pill needs to find out where services are offered, make an appointment (in English), have money to pay for the office visit, bring a translator in case one is not offered, arrange for transportation, and then brave a pap smear in order to get six months to a year's worth of pills (Georgia Department of Human Resources 1994, Sebert 2000). If she wants to use *Depo*, she needs to do this every 3 months. In Degollado, in contrast, hormonal methods are available over the counter; no office visit, translator, pap smear or transportation is required. In El Fuerte family planning campaigns targeting rural women send health promoters door to door, offering oral contraceptive pills. Even IUDs are easier to get in the sending communities, where women do not face the barriers of language and transportation.

A key social-context related difference is in the way the Catholic Church regulates sexuality and reproduction (both directly and indirectly) in Mexico. The Catholic Church shapes the rhythms of daily life in the Mexican field sites in a way that it does not in the US. On Sundays in rural Mexico excitement clusters in the plaza and the public spaces just outside the church, and most families plan their Sunday leisure activities around attending Mass. Although some Mexican women in Atlanta continue to rely on the church for spiritual and social support, Sundays in Atlanta are nothing like Sundays in Mexico. For many women, it is the only day of the week

that they and their husbands do not work from dawn to dusk; Sundays are the day for weekly food shopping and the chance for a meal in a restaurant, rather than for Mass followed by tacos in the plaza. Women who are not especially religious may have gone to church anyway in Mexico, even if only to see who had new shoes, but Atlanta offers ample other choices for entertainment.

Not attending church regularly means foregoing the weekly reminder of having to sit while others stand to take communion, perhaps the moment when women feel their transgression most acutely—and at least some who do attend Mass in the US continue to take communion even if they are using a technological method. In Degollado and El Fuerte, in contrast, women using technological methods (or men whose wives are doing so) are prohibited from taking communion. The only life history informant in the Mexican fieldsites who had used a technological method had to discontinue because she and her husband had been invited to be godparents; though the priest instructed them in the rhythm method, she got pregnant almost immediately after having her IUD removed.

Women in Atlanta also have more privacy. This may be the only way in which technological methods are more 'accessible' in Atlanta: most service providers do not speak Spanish, much less know women's families, so a woman's neighbours are much less likely to know about her decision to adopt a modern method.¹² Women in Atlanta also seem to regard both their bodies and their potential fertility less as something held in joint ownership with their husbands. Women were asked if they would use a contraceptive method to which their husband objected and if they would use a method secretly. Women responded in four ways: the husband should decide; the couple *must* decide together; the couple *ought* to decide together but secret use is better than an unwanted pregnancy; or women should decide because they are the ones to suffer from high fertility. Those who said that contraceptive use should be a joint decision were split between the Mexican and US field sites, but all who said it should be the man's choice alone were in Mexico, while most of those (nine out of 12) who said that if push came to shove she would use a method in secret were in Atlanta. Mexican women in the US may be re-imagining their bodies and their fertility as individual property, rather than looking at them as a conjugal resource.

Traditional methods in the service of a modern marriage

In contrast, women who use rhythm and withdrawal like the way they emphasize that fertility regulation is a joint decision. The word that women use most commonly to talk about all contraception is *cuidar*, to take care of.¹³ Women use the phrase *el me cuida*, he takes care of me, to refer to both *coitus interruptus* and rhythm, and 17 of the 23 fertile married women have tried being taken care of by their husbands. Their explanations of their method preference suggests that they are referring both narrowly to their joint commitment to regulating fertility and more broadly to the idea that they are being 'taken care of' by their husbands (see Santow 1993, Schneider and Schneider 1996). (We refer to the rhythm and withdrawal as

non-technological, in contrast here all of what are usually modern/traditional terms together as 'traditional' distinguish them in pursuit of modern

Women gave three reasons. First, they referred to the practical methods. Those who used the rhythm method because of the danger to their shared resources.¹⁴ Others also referred to their side-by-side control and possibilities while their sisters in Mexico made control decisions with their husbands, a different value for women in the US. In the Mexican fieldsites, women have more fertility than they are about to have; women have resources other than their bodies as much of a resource as their extended families and (at least in the US) time work in the formal sector.

Second, women want to control their own bodies—both those who use the pill and those who rely on the rhythm method, the theological superiority of natural methods, and the hubris of trying to have too much control. The possibility of side effects in modern methods, discomfort or resulting infertility, or a prohibited method could be a sign of inefficiency of technological methods. Women promise to accept all the consequences, more difficult to receive than in other words, contributes

In addition to the health concerns, women see a kind of *marriage* socially and economically defined by taking by claiming fertility domain. These methods redefine marriage has been redefined. When a woman's husband's physical way her husband's reproductive sexuality. These methods, so a woman is protecting her husband of a child he desires to you, "why don't you want to have a child?" The physical restraint of desire, the goal of having a more modern

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drawing like the way they on. The word that women on is *cuidar*, to take care es care of me, to refer to 23 fertile married women ds. Their explanations of referring both narrowly to more broadly to the idea bands (see Santow 1993, rhythm and withdrawal as

non-technological, in contrast to 'technological methods' which includes here all of what are usually called 'modern methods'. We avoid the usual modern/traditional terminology because methods that are usually lumped together as 'traditional' differ in important ways in terms of how women use them in pursuit of modern relationships.)

Women gave three reasons for preferring non-technological methods. First, they referred to the perceived risk of infertility due to use of technological methods. Those whose husbands forbade them to use a technological method because of the danger experienced this as a tender shepherding of their shared resources.¹⁴ Of course, women who used technological methods also referred to their side effects. That women in the US value the individual control and possibilities for sticking more closely to a specific number, while their sisters in Mexico emphasize the importance of sharing fertility control decisions with their husbands, suggests that fertility has a slightly different value for women in the Mexican field sites than it does in Atlanta. In the Mexican fieldsites, women are less worried about controlling their fertility than they are about impairing it; it is a precious resource. In Atlanta, women have resources other than fertility, and it is less clear that fertility is as much of a resource as it would be in Mexico: they are isolated from their extended families and (at least for some of them) trying to co-ordinate full-time work in the formal sector with child care and other domestic responsibilities.

Second, women want to use a method that is not a mortal sin. All of the women—both those who use or have used non-technological methods and those who rely on the pill, the IUD, *Depo* or condoms—acknowledge the theological superiority of non-technological methods. Women fear that by using a technological method, they will provoke divine wrath through the hubris of trying to have too much control over fertility. Women see the possibility of side effects in moral as well as physiological terms; any physical discomfort or resulting infertility that might occur as a result of using a prohibited method could very well be read as divine punishment. The inefficiency of technological methods means that women are not reneging on their promise to accept all the children that God sends, but only making it a little more difficult to receive them. The technical failure rate of these methods, in other words, contributes to their appeal.

In addition to the health and the moral risk of technological methods, women see a kind of *marital* risk—that is, the risk that women who are socially and economically dependent on their husbands feel they would be taking by claiming fertility as an individual, as opposed to a jointly-held, domain. These methods resonate with the way sexuality within companionate marriage has been redefined as a crucial element of the conjugal bond. When a woman's husband 'takes care of her', she experiences in an intensely physical way her husband's commitment to developing a shared, non-reproductive sexuality. These methods depend on co-operation and communication, so a woman is protected from the accusation that she is depriving her husband of a child he desires: as one woman said, 'like that, he does not say to you, "why don't you want any more kids", you are not fighting with him'. The physical restraint of desire becomes a private performance of the shared goal of having a more modern family.

Some traditional methods are more 'modern' than others

Women refer to rhythm and withdrawal the same way—as being taken care of—but of the 11 using non-technological methods, four strongly preferred *coitus interruptus* (CI), while seven favoured rhythm. Among those who prefer rhythm, most abstain completely during the fertile days in the middle of their menstrual cycle, while a few of the couples use CI or condoms during that time. Some couples abstained for up to 6 days on either side of the estimated day of ovulation, while others only did for 3 days. For all of them this was in addition to the other monthly period of abstinence during menstruation. Women who favour rhythm say that sex with condoms and withdrawal is not as satisfying, but they also say that only using rhythm is impossible. As one woman said, neither she nor her husband could hold out for this additional week: 'how could I stand it?' (*como me voy a aguantar?*) she asked, laughing.

Withdrawal means a woman never has to say no to her husband; in contrast, those who use rhythm organize their sexual intimacy around a shared ability to restrain desire. This latter choice implies that for somewhere between 1 and 2 out of every 4 weeks, men and women will be able to dominate their sexual urges. Those who prefer rhythm tend to place a premium on the quality of sex, on the idea that both partners must be physically satisfied, rather than on the frequency of sex. As one said, 'once a drop or two has come out of him, who would want to miss the best part?' (*ya con un chorrito que se le sale, quien va a querer perderse lo mejor?*). As another said: 'Look, talking frankly, I don't like withdrawal, because you end up halfway there (*se queda uno a medias*), and they can maybe come but what about you?'. Others talked more about their husband's dissatisfaction with the method, or said that men did not have the self-control: 'Do you think that right then, in the middle of things, that they'll pull out? Well, no—what's the whole point?'

Those who preferred withdrawal agreed that neither men nor women experienced the same degree of sexual satisfaction as when the man ejaculates inside the woman's vagina—nor did they even argue very strongly for the method's efficacy. As one woman said:

These ways that he takes care of me, we've been doing it since the first, and now I have seven, and if he keeps taking care of me like that I'll end up with 12 ... I think it's hard for them, because it's the time when they are most excited, ... so sometimes they slip up ... It's just when it feels the best for them, and even for you.

Withdrawal-users spoke proudly of their husbands' sacrifice. In the words of one: 'They say that they do not enjoy it as much as with nothing—so then let them not enjoy it. Supposedly they do not feel the same ... but let them take care of it'. Another talked about how she liked feeling that he put her welfare before his own pleasure: 'I feel that he is very responsible ... Many men do not want to take precautions this way because they do not get the same satisfaction or something, and well, you don't either, but life is not all about pleasure' (*pero no toda la vida es gozar*).

Compared to those women who liked rhythm, the four who preferred withdrawal had marriages that were much more focused on *respeto* and less

on *confianza*. They said that this deference to men's dearchical marital style. They seemed overly enthusiastic of withdrawal therefore of companionate marriage, strengthen the marital tie. tion is just one more of the

In contrast, rhythm-users They spoke about the timing their preference for difficulty of enduring ab withdrawal to speak their *Coitus interruptus*, which while complicating mutual Rhythm, which teaches men sex but then values pleasure a traditional way of expressing

All of these younger women emotional intimacy in marriage choices within this discursive social context—especially relating sexuality and reproduction that characterize migrant women, but not of marriage and modern sexual methods.

Conclusions

Our research highlights the behaviour—married sexual stances. Looking back on and anthropology of sexual marginal sexualities. People boring—as to be invisible energies towards heterosexually problematic. There is about marital sexuality: are becoming infected with HIV term partner. It will not appropriate prevention program of married sex.

We hope to have demonstrated Mexican couples understand *confianza*. Women in this united by bonds of love and make room for the conjugal

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on *confianza*. They said that this method was their husband's choice, and this deference to men's decision making was emblematic of their more hierarchical marital style. Three said they had been forced to have sex, and none seemed overly enthusiastic about their sexual relationship. Their discussion of withdrawal therefore draws on *some* of the ideas in the discourse of companionate marriage, such as the value of non-procreative sexuality to strengthen the marital tie. However, ultimately it seems that sexual satisfaction is just one more of the services a dutiful wife must provide her husband.

In contrast, rhythm-users were building more egalitarian relationships. They spoke about the importance of their own pleasure, both in explaining their preference for rhythm over withdrawal and in describing the difficulty of enduring abstinence. They were more likely than users of withdrawal to speak their minds, and to have husbands who would listen. *Coitus interruptus*, which allows men constant sexual access to their wives while complicating mutual sexual satisfaction, is much more 'traditional'. Rhythm, which teaches men and women to force their bodies to wait for sex but then values pleasure over self-control during actual intercourse, is a traditional way of expressing modern ideas about sexuality and marriage.

All of these younger women spoke about the importance of sexual and emotional intimacy in marriage, and they all interpreted their contraceptive choices within this discourse of marriage, pleasure and intimacy. However, social context—especially the role of the Mexican Catholic Church in regulating sexuality and reproduction, and the increased privacy and autonomy that characterize migrant women's lives—was critically important in leading some women, but not others, to express their desire for companionate marriage and modern sexual intimacy through the use of technological methods.

Conclusions

Our research highlights the way that the most normalized category of sexual behaviour—married sexuality—is produced by specific historical circumstances. Looking back on over two decades of studies on the social history and anthropology of sexuality, the vast majority have focused our gaze on marginal sexualities. People may think of married sex as so normal—or so boring—as to be invisible and irrelevant, but refusing to turn our critical energies towards heterosexuality means naturalizing it in ways that are politically problematic. There is also an urgent public health reason to learn more about marital sexuality: around the world, most women's greatest risk of becoming infected with HIV comes from having sex with a husband or long-term partner. It will not be possible to build gender-sensitive, culturally-appropriate prevention programmes until we know more about the meanings of married sex.

We hope to have demonstrated through the arguments above that younger Mexican couples understand sexual intimacy as a key route to building *confianza*. Women in this transnational community are imagining families united by bonds of love and they are building those families in ways that make room for the conjugal intimacy that nourishes those bonds. This

generational transformation, however, is marked by the differences between the social settings. Mexican women in Atlanta were more likely to try to use a technological method for birth spacing and to understand their reproductive potential as subject to their own individual will. The comparison group in Mexico was less committed to a firm separation of sexual intimacy from reproduction and more invested in emphasizing the shared control of fertility. Both approaches to building a marriage and a family fit squarely within the discourse of the Mexican companionate marriage, but at the same time they show how women highlight those aspects of the discourse most useful to them, given their circumstances and resources.

Our research has implications beyond explaining the specific patterns found in these communities. Over the past decade, anthropologists have argued persuasively that in order to understand fertility trends and differentials we must begin by 'situating fertility' (e.g. Bledsoe *et al.* 1994, Greenhalgh 1995, Kertzer and Fricke 1997). Absent from even these finely detailed explorations of the local meanings of reproduction, however, is much acknowledgment of the fact that when women and men make choices and strategize about fertility, they are also having sex—frequently messy, sometimes passionate, occasionally forced, but always a physical and emotional experience of some immediacy. Sexuality is usually invoked to explain patterns that are seen as problematic—e.g. the reluctance of men to use condoms is often described as due to some local cultural construction of sexuality. We argue here that sexuality deserves a much more central role in our analyses of contraceptive behaviour. Sexuality is clearly not the only factor that influences method choice—obviously, political-economic factors (such as access to health insurance and medical facilities) play a part, as do broader structures of gender inequality. But to understand why some traditional methods are more modern than others, or why Blanca in Atlanta uses the pill while her sister Beatriz in Degollado prefers rhythm, we need to remember that fertility goals are interwoven with other short- and long-term objectives: individual and mutual pleasure, the strengthening of intimate relationships, and the construction of a modern self.

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Notes

1. Many others have discussed the importance of the social setting and cultural context (see Greenhalgh 1995).
2. The classic life history method (see Gordon 1990, Simmons 1990). This modified method, of course, involves a lot of interviewing, shows members of the cohort in their own words, but the larger sample allows some generalization.
3. The data consist of over 4000 pages of text. Data were analysed using hierarchical clustering and principal components analysis of reproductive health practices (see Hirsch *et al.* 2001).
4. For a more complete discussion, see Hirsch *et al.* 2001.
5. The study from which this paper draws is Hirsch *et al.* 1992, Gordon 1990, Simmons 1990.
6. All of those interviewed may have been in a certain way, but older men were the last word on all matters of domestic cooperation and domestic cooperation.
7. It is problematic to infer cohort differences from these same changes in individual behaviour. Our claims are also supported by other data on women's courtship stories, correlates of education, later age at first marriage, and the fact that some of the couples were relatively long time, so presumably they had had some experience.
8. Cohort differences emerged as well as individual differences in pleasure, sexual activities other than intercourse, and so on.
9. This is reflected in the relatively high interest in sexual relations among women. At these bridal showers, enormous interest in—sexual relations.
10. For example, the June 1997 issue of *Family Change* has newsstands throughout Mexico, and the authors have to tell men how to keep their sex lives interesting to their permanent editorial staff, and new men.
11. The National Survey of Family Change shows that 12.3% of women in Mexico use the pill, while 3.7% in the US report using the pill. This is combined with those classifying 'other' as a method among Hispanic women. The number of problems with the pill is high, as well as those whose mothers are of Hispanic origin. The need to see in the traditional methods needs to be seen in the

IUSSP meeting, 'Social Categories in Population Studies' in Cairo, and at a seminar at the University of North Carolina's Population Center in February of 2001. For thoughtful comments along the way, we thank Gigi Santow, Bill Hanks, Simon Szreter, Susan Greenhalgh, Gillian Feeley-Harnik, Peggy Bentley, Ivonne Szasz, Arthur Murphy and Tom Fricke. Our deepest debt is to the women and men who opened their homes and their hearts throughout the course of this study; we cannot acknowledge them by name, but we hope at least to have been true to their stories.

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1. Many others have discussed the value of an ethnographic approach to these questions of local meaning and cultural context (see Greenhalgh 1990, 1995, Kertzner and Fricke 1997).
2. The classic life history method focuses only on one person (e.g., Mintz 1960, Behar 1993, Shostack 1981). This modified method, which combines a focus on a small number of people with much wider interviewing, shows members of a society as real people struggling to find satisfaction in their lives, but the larger sample allays some concerns about generalizability.
3. The data consist of over 4000 pages of narrative text from the transcribed interviews and field-notes. Data were analysed using hierarchical coding in order to highlight social and cultural factors shaping reproductive health practices (see Hirsch (1998) and Miles and Huberman (1994)).
4. For a more complete discussion of the transition from *respeto* to *confianza*, see Hirsch 1999b and Hirsch n.d.a, n.d.b.
5. The study from which this paper explores the literature on companionate marriage (e.g., Giddens 1992, Gordon 1990, Simmons 1973, Trimberger 1983) in greater depth (see Hirsch 1998, n.d.a).
6. All of those interviewed may have been trying deliberately to create an impression by answering questions a certain way, but older men strove to prove that they exercised control over their wives and were the last word on all matters, while younger men made of point talking about joint decision-making and domestic cooperation.
7. It is problematic to infer cohort change from cross-sectional data, but other ethnographic research has noted these same changes in gender and sexuality in Mexico (e.g., Amuchastegui 1996, 2000). Our claims are also supported by participant observation, analysis of the narratives that shape women's courtship stories, corroborating evidence of these social transformations (such as rising rates of education, later age at first union, declining fertility and overall increases in longevity), and the fact that some of the couples who had these more companionate ideals had been married for a relatively long time, so presumably the honeymoon was over.
8. Cohort differences emerged as well in their responses to questions about initiating and refusing sex, pleasure, sexual activities other than vaginal intercourse, and styles of communication between spouses.
9. This is reflected in the relatively new practice, in the Mexican fieldsites, of bridal showers for young women. At these bridal showers, unmarried women play games that reflect some knowledge of—and enormous interest in—sexual relations.
10. For example, the June 1997 issue of *Men's Health/Hombre Saludable*, a men's magazine sold on newsstands throughout Mexico, carried an article titled '*Satisfacción Sexual Garantizada*', purporting to tell men how to keep their sexual partner happy. The masthead includes a sexologist among the permanent editorial staff, and nearly every issue features some similar article about sexual 'success'.
11. The National Survey of Family Growth and the Mexican Consejo Nacional de Población (CONAPO) show that 12.3% of women in Mexico report using 'traditional methods', while only 3.7% of Hispanic women in the US report using periodic abstinence (Peterson 1995 and CONAPO 1999). Even if this 3.7% is combined with those classified by the NSFG as using a non-specified method ('other') on the assumption that 'other' means withdrawal, this would still mean that the total use of 'traditional' methods among Hispanic women in the US is 8.8%, much less the 12.3% in Mexico. (There are a number of problems with the comparison; Hispanic women includes women who are not of Mexican origin at all, as well as those who are second generation and excludes women whose fathers but not mothers are of Hispanic origin.) Our emphasis on the symbolic importance of non-technological methods needs to be seen in the context of the striking rise in overall method use and the relative

- decline in reliance on non-technological methods in Mexico: more than 65% of contraceptive users in Mexico rely on either the IUD or sterilization. From 1976 to 1997, the percentage of women in union ages 15-49 using any method rose from 30.2% to 68.5%, and the percentage of users who rely on traditional methods declined from 23.3% to 12.3% (CONAPO 1999).
12. Women with limited English skills sometimes need to call on a neighbour or friend to help them get to a clinic or to translate for them, and this certainly can compromise their privacy.
 13. *Cuidar* refers not just to fertility regulation but also to many of the same things that 'taking care of' refers to in English—that is, *cuidar niños* means to take care of children, and *cuidado!* means 'be careful!'. The verb can be used either reflexively, as in 'yo me cuido', I am taking care of myself, or transitively, as in 'el me cuida', he takes care of me.
 14. The fact that the women themselves seemed to have experienced their husband's preferences as an expression of caring rather than of control should alert us to the culture-bound nature of the assumption (almost universally made by family planning programmes) that 'female-controlled' methods are automatically empowering to women. In situations such as the one described here, women may feel that marital fertility is an important resource precisely because of men's investment in it, and thus that there are real benefits to using a method that is not female controlled (see also Luker 1975 and Nathanson 1991).

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Résumé

Cet article examine les distinctions faites par des femmes mexicaines, mariées et vivant aux USA ou au Mexique, entre la méthode du retrait (coïtus interruptus) et celle basée sur le cycle de l'ovulation, ainsi que les différences entre les femmes qui ont recours à ces méthodes traditionnelles et celles qui ont recours à des méthodes plus modernes. Les résultats proviennent d'une étude ethnographique sur le genre et la santé reproductive, menée au sein d'une communauté mexicaine transnationale. Les histoires de vie constituent la principale méthode utilisée, complétées par 15 mois d'observation participante. L'échantillon est composé de 13 couples de femmes, sélectionnés systématiquement; pour chacun de ces couples, l'une des deux femmes vit à Atlanta, l'autre, dans l'ouest du Mexique. Alors que la recherche sur la régulation de la fertilité classifie fréquemment le cycle de l'ovulation et le retrait parmi les méthodes traditionnelles, cette étude montre que les femmes qui y ont recours peuvent baser leur système de classification sur d'autres conceptions, parmi lesquelles les propriétés idéales d'une méthode contraceptive. Les modifications générationnelles des idéologies du mariage et de l'intimité, de même que celles qui découlent des migrations, influencent les idées qu'ont les femmes de la signification de l'intimité sexuelle et des propriétés symboliques des méthodes contraceptives. Par conséquent, cette recherche montre que l'idéologie et le contexte social doivent être pris en compte lorsqu'on explore la façon dont les femmes interprètent les idées partagées sur la sexualité.

Resumen

En este documento, se analizan, las diferencias reportadas mujeres mexicanas casadas en EUA y Mexico, sobre los métodos anticonceptivos del ritmo y diferencias entre mujeres que utilizan estos métodos tradicionales y las que optan por otros más 'modernos'. Los resultados se han obtenido a partir de un estudio etnográfico sobre género y salud reproductiva en una comunidad mexicana transnacional. El estudio se basó esencialmente historias de vida y se complementó con 15 meses de observación participante. La muestra consistió en 13 pares de mujeres, sistemáticamente seleccionadas; una que vivía en la comunidad en el oeste de México y la otra en Atlanta, pero procedente de la misma comunidad. Si bien los métodos del ritmo y *coïtus interruptus* se consideran tradicionales en muchos estudios sobre control de fecundidad, se demostró que las que utilizaban estos métodos podían basar su clasificación en otros conceptos, incluyendo las propiedades ideales de los métodos anticonceptivos. Los cambios de una generación a otra en cuanto al concepto de matrimonio e intimidad, y los cambios relacionados con la inmigración dan forma a las ideas que las mujeres tienen sobre el significado de la intimidad sexual y las propiedades simbólicas de los métodos anticonceptivos. Por consiguiente, este estudio demuestra que al analizar de qué manera interpretan las mujeres ideas compartidas sobre la sexualidad, deben tenerse en cuenta la ideología y el contexto social.

Making sense of HIV

ALISON MOORE
and GUENTER J.

This paper examines how patients show that the term 'viral load' is the HIV positive body, but the presence, of patient compliance, and because they index multiple and which inform HIV medicine a experience. These are descriptive patterns to illustrate how practice, what a viral load result doctor in terms of their respect discursive shifts should be considered particularly as a means of support decision making.

Introduction

In the context of HIV 'viral RNA' (Stewart 1997 'blood' (ACON website). The pathology techniques has clinical tool for managing (Berger 1996, Sharpe 1999) ity, but also because it is and hope, the success of implementing HIV health means.

All language—not just making and extending in viral load result is there involving both doctors and in response to results of meaning and significance conversation about particu

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