The purpose of this text is to analyse the motives of seasonal migrant workers for attempting to get their wives pregnant when they return to Mexico. The meanings attributed to paternity, pregnancy and rearing are analysed from the perspective of the migrant worker and his wife. Ethnographic research was conducted in several Purépecha communities in Michoacán, supported by interviews with indigenous, who travelled to the United States for periods of up to three years, and with their wives, who stayed in Mexico. The migrant workers interviewed consider pregnancy and the paternity derived from it as an important means of male legitimization and sexual control of their wives, particularly valid in their rural communities of origin, where they know they are absentee males. When they return to Mexico they seek sexual relations for reproductive purposes, since they fear their wives will have extramarital relations in their absence. From these findings, it was considered necessary to implement sexual and reproductive health policies with pluri-ethnic and gender approaches that take into account male beliefs and practices regarding paternity and pregnancy in a rural context. The development of sensitizing policies aimed at migrant males during their stays in Mexico is recommended.

INTRODUCTION

Several studies (Cohen and Trussell, 1996; Lalou and Pichet, 1994; Organista et al., 2004; Zavriew, 1994) consider that the Human Immunodeficiency Virus (HIV) is spread through migration, especially between countries with high and low epidemic seroprevalence (Cohen and Trussell, 1996; Lalous and Pichet, 1994). This view suggests that Mexican migrants are being infected in the United States (Martínez Donate et al., 2005; Organista et al., 2004; Sánchez et al., 2004), where the prevalence of HIV is noticeably higher than in the Mexico. While the contributions of these studies explain the epidemiological dynamics of HIV among migrants, the findings could become an argument for categorizing mobile populations
as a new risk group, which reinforces the historical stigma attributed to migrants (Hernández Rosete et al., 2005).

The starting point for this research was the idea that the relationship between indigenous migrants and HIV is one of asymmetrical relationships of power that favor violence against populations that lack social, legal and economic resources (Cáceres, 1999). I thought it important to place the violation of sexual rights at the center of my analysis because it allows us to understand the structural origin of indigenous women’s vulnerability to HIV. In this sense, we can assert that there has been very little study of the ruralization of HIV/AIDS in Mexico, since existing data from the countryside correspond to epidemiological studies from the 1990s (Magis et al., 1995) and only explain the epidemic’s growth.

In addition, I believe that there is insufficient ethnographic research to understand the role that the socio-historical context plays in the dynamic of the virus’ propagation in rural and indigenous Mexico. I should also mention that Mexico is a country whose ethno-linguistic diversity exists in regions with epidemics that reflect different socio-economic conditions, which have yet to be analysed taking into consideration the complexity of their ethnic, linguistic and economic diversity. The extent of HIV ruralization, therefore, is unknown as a health problem that involves at least four variables: ethnicity, poverty, migration and violation of human rights.

There are multiple papers that document the dynamics of the spread of HIV in the United States among Mexican migrants of rural and urban origin (Carrier and Magaña, 1992; Martínez-Donate et al., 2005; Sánchez et al., 2004). These studies suggest that the HIV epidemic among Mexicans is relatively low and stable. Nevertheless, it is worth noting that during their stay, migrants may engage in unprotected sex (Apostolopoulos et al., 2006; Bronfman and Rubin, 1999; Hondagneu-Sotelo, 2003; Organista et al., 2004) in the context of male sexual commerce. Other investigations coincide in pointing out that HIV infection among migrant workers of Mexican origin that work in the United States is attributable to the use of drugs and injectable antibiotics (Strathdee et al., 2005).

Some ethnographic research (Apostolopoulos, 2006; Hirsch et al., 2007; Hirsch et al., 2002) on the ruralization of HIV in Mexico suggests that Mexicans who temporarily enter the United States may be vulnerable to HIV because they become immersed in contexts with more relaxed sexual norms and can therefore experiment with sexual practices different from those they engage in in their places of origin (Gayet et al., 2000). With respect to the women who wait in Mexico, it is worth noting that their belief in their husbands’ faithfulness makes them directly vulnerable to sexually transmitted infections (STI) and HIV in particular (Apostolopoulos et al., 2006; Hirsch et al., 2007; Hirsch et al., 2002).

Recent studies on the ruralization of HIV in Mexico (Apostolopoulos et al., 2006; Hirsch et al., 2007; Organista et al., 2004; Sánchez et al., 2004) appear to coincide in the fact that migrants display strong resistance to the use of condoms when they return to their places of origin. These findings sparked my interest in analyzing the motives that seasonal migrants of indigenous origin have for engaging in sex without a condom and for reproductive purposes with their wives when they return to Mexico.

Furthermore, studies on masculinity reveal that some expressions of masculine violence originate in the fear of feminine infidelity (Garda, 2007; Rodríguez and De Keijzer, 2002) and of its relationship with ideas regarding the desecration of male honour (Badinter, 1993; Bourdieu, 1998; Godelier, 1986; Rivas, 2004). Although there was no intention of conducting a study on masculinity, it became convenient to revisit certain conceptual assumptions regarding maleness. It was especially important to identify the model of male dominance1 as a factor that may compromise not only the health of the men themselves (De Keijzer, 2001; Seidler, 2000), but can also affect the paternal relationship (Gutmann, 1996; Guyer, 1998) and conjugal life (Badinter, 1993; De Keijzer, 1997).
By way of a hypothesis, I surmised that the resistance to the use of condoms could be connected to the significance that some seasonal migrants attribute to pregnancy. With regard to this premise, I formulated some questions: What do the wives who stay in Mexico think of the father-child relationship when the migrant returns? How do the indigenous women experience the return migration? Is there some model of conjugal negotiation regarding sexual relations when the migrant worker returns home?

METHODS

The research was formulated phenomenologically, from the standpoint of social constructivism, where oral accounts take on sociological importance precisely because they allow us to know the motivational meanings and universes (Berger and Luckmann, 1989). In addition, my starting point was that reality exists as a network of meanings that are valid in the local and structural context of power in which daily interaction occurs (Thompson, 1990). The fieldwork consisted basically of recorded conversations with the consent of the speakers and direct observations in the field, aimed at discovering the beliefs and needs that feed social interaction. Life stories and in-depth interviews, therefore, were the principal resources employed to understand some of the meanings surrounding paternity, pregnancy and family life during the period of the migrant workers’ return.

The interviews were seen as narratives that not only explain the subjectivities of the individuals who tell them, but also allow us to understand the impact that geographic and social contexts have on creating the individual’s story (Anderson, 1965).

Although they are personal statements that situate analysis in the spoken word, the interviews helped us to understand the responsibility of the actor in the face of the structural processes that oppress him (Bourgois, 1998). In this investigation, therefore, the interviews were not included solely as ethnographic technique, but as an anthropological recourse since they allowed us to understand where society places the individuals and how they may respond reflexively (Giddens, 1985) through deliberate choices and actions.

FIELDWORK AND STUDY UNIVERSE

One of the study’s most complex anthropological challenges was defining the ethnographic profile of the subject population taking into account its ethnic condition. Above all because in Mexico census approaches that erroneously conceive the indigenous as an ethnic condition limited to the use of language still persist. To avoid this problem I took into account anthropological categories to suggest that indigenous identity cannot be attributed solely to the fact of speaking or not speaking a language of pre-Hispanic origin. In the first place, I revisited Max Weber (1978), for whom indigenousness has to do with the belief in a common ethnic origin and not only on feelings of belonging attributed to linguistic habits and customs. Therefore, persons were considered of indigenous origin if they were born in communities located on the Purépecha plateau and considered themselves as belonging to the Purépecha people, regardless of whether their mother tongue was something other than Spanish. Another factor taken into account was the fact that in the Purépecha environment there are forms of indigenous identity that value paisanaje (the quality of being from the same home town or region), which in this case is understood as the feeling of belonging to places and regions of the Purépecha plateau (Anderson, 2004). This phenomenon operates as a legitimizing mechanism of indigenous culture, since territorial affiliation is a structuring factor of
social life (Warman, 2003). Other important traits taken into account are the forms of sacredness attributed to agricultural cycles and to membership in systems of positions of responsibility, in particular the case of *mayordomías* (stewardship), which persist as forms of community organization (Bartolomé, 2004; Whitecotton, 2004).

The ethnographic data was gathered in February and March of 2004 in the communities of Ecuandureo, Gómez Farías, Chilchota, Tangancicuaro and Zamora, all Purépecha communities in Michoacán that are providers of seasonal migrants (Anderson, 2004) and are also categorized as entities with high levels of marginalization (Ávila, 2001), with registered cases of acquired immunodeficiency syndrome (AIDS), in terminal phase, among the indigenous population (Secretaría Estatal de Salud de Michoacán, 2003). The work was conducted by three female sociologists, two anthropologists and one philosopher, who worked under the supervision of one of the anthropologists. The in-depth interviews implied the design of three different tools: 1) a guide for interviewing migrants; 2) a guide for interviewing the wives of migrants; and 3) a guide for interviewing local informants (teachers, doctors, nurses, social workers).

Direct observations were carried out with the participation of the entire team. We attended family gatherings and observed certain dynamics of family life. The sociologists created bonds of confidence with the grandmothers, that is, the mothers of migrants who, for purposes of care-giving, watch the grandchildren, but also the daughters-in-law, who, in the temporary absence of their husbands, are immersed in a system of vigilance that seems to invade even their private lives, so that only the sociologists were able to talk to them. This turned out to be especially interesting, since the interviews with indigenous women were conducted in the context of several women who accompanied each other.

A good deal of the information regarding the beliefs and positions of the women with regard to return migration was obtained from nurses, doctors, social workers and grade school teachers. We were able, nonetheless, to explore the meanings attributed to unprotected sexual practices by listening to the stories of the women themselves who await the return of their spouses.

One of the most complex problems of this research concerns the gathering of information through oral accounts. Very often the most valuable information came up after the tape recorder was turned off and the interview had concluded. In the informal conversations that take place after the interviews significant data may appear that aren’t always perceived when the anthropologist is trying to stick to the interview guide. Informants, especially indigenous women, tend to free themselves of inhibitions they feel when they know they are being observed during taping. This is especially true because certain subjects that are normally taboo, dealing with private matters and intimacy, are discussed during the conversations. In these cases, the field diary turned out to be a fundamental support tool for documenting accounts and statements that came up after the taping. The data that complement the interviews were documented in the field diaries and are mentioned in those cases where they were consulted.

To delimit the ethnographic universe different social actors were taken into account. However, special care was taken to contact migrant workers who travelled by themselves for periods of up to three years with return stays in Mexico that fluctuated between two and four months. In addition, the women arranged contact with homes that were referred to us by the local authorities as places of residence of absent migrant males.

The study universe was comprised of forty-one individuals who were interviewed in depth for an hour and were classified into four groups according to their social-demographic profile. (see Table 1.) Eleven males of Purépecha origin between the ages of 18 and 45 with seasonal migration habits were included in Group I; in Group II are 15 women between the ages of 18 and 45 who are wives of seasonal migrants and who identified themselves as
In the communities that were studied the resistance to the use of condoms does not depend solely on the quality of the information regarding the adequate use of a prophylactic or the Catholic religion as a factor inhibiting its use. It was also a decision linked to beliefs, fears and anxieties that migrants experience knowing that their wives remain alone in Mexico. These results made me realize that the extent of the problem has little to do with moral precepts regarding conjugal loyalty. Rather, we are dealing here with a scenario of male dominance that may favour the spread of viruses that foster HIV infections, as is the case with the Human Papillomavirus (HPV) and Hepatitis C.

One obvious ethnographic characteristic in the communities that were studied is that pregnancies among adolescents exist as an accepted condition through the meanings and practices that fuel the rural marriage practices that I detected.

In the communities that were studied, female virginity is closely related to the ideals of the woman as mother and wife; that is, marriage is a result of a process of selection of women that depends on male beliefs regarding female sexual purity. It is a principle of symbolic violence that affects the sexual and reproductive health of women who initiate their sexual lives with males who do not use condoms and could have been in contact with HIV, HPV and other STIs. In this sense, there are notable differences by sex with regard to sexual initiation; these inequalities cancel the right to health both in women as well as in men, precisely
through social mandates that are very rarely questioned, since men are pressured socially to initiate themselves in contexts linked to non-reproductive sex, while the women is expected to initiate her sexual life for reproductive purposes and, additionally, in the context of marriage.

I interviewed teenagers who told me they were fathers and who lead their lives within the narrow confines of a fatherhood that does not express itself through ties with their children, but rather from a sense of a socially acquired honour. Fatherhood, in this sense, is like a newly acquired status that confers on the teenager legitimacy in the presence of other males as an adult person:

When I return and see my children already grown, sometimes they don’t remember me. It’s a shame when one returns because your children don’t want to see you. But I also feel very proud because I get satisfaction when I send money over here (Purepecha migrant, Chilchota, 20 years old).

Although the migrant’s affective intentions with his children may be important, the child’s relationship with the father reflects an emotional conflict related to his absence. I discovered that children may reject their father because, in the best of cases, they had spent some years before their previous departure, but in more complex contexts there were children who didn’t physically know their fathers, that is, in the experience of the child who remains behind, it is a stranger who is assuming the role of father:

At first he would go every year. He would stay up there for months and would come back for the festival of the patron saint or he would be here by the time of Day of the Dead and would spend the holidays here with us. He would leave after February, but the last years he comes every now and then, every two or three years, until his youngest won’t pay any attention to him because he doesn’t even know him. He came in December and the child didn’t want to see him. He was bashful with him and didn’t want to be with him because he would cry as soon as he carried him (Migrant wife, Tanganciúaro, Purepecha, 21).

Migrants come back more concerned with their absence as spouses than as fathers. Moreover, they delegate their responsibility as fathers to other masculine figures while they are away. Grandfathers, for example, generally take on the role for raising the children, since they take them to school. They appear as substitute masculine figures, thereby lessening the image of the absent father. Nevertheless, the ties that are established in the framework of intimacy between father and son can hardly be substituted by the grandfather. Therein lies the complexity of the emotional conflict when the migrant returns and is rejected by his children:

When my husband says he is going to return, he lets us know beforehand. He says I’m going on this or that date. That’s why we know when he’s coming. Then the children get very tense. I think they don’t want their father to come (Migrant wife, Chilchota, Purepecha, 20).

In some cases migrants had returned to attend festivities that imply obligations as godparents, such as first communions. I could see that they were ceremonies that not only involve the celebration of a sacrament, but also the readjustment of the domestic group to the presence of a family member who is seen as a stranger, as someone who is alien even to the life of the community and the neighbourhood.

The migrants we interviewed face challenges to integrate themselves into family life every time they decide to return to Mexico, perhaps because they have as yet to accept themselves as absentee fathers and because they live fatherhood more as a code of rights and male honour than ties of affection.
Migrants perceive themselves as men who are absent from their communities of origin and for this reason live in fear that their spouses will have extramarital relations. They believe that pregnancy and the attention that rearing demands during the first years of the baby’s life can keep their wives from experiencing sexual relations with another person.

Despite the fact that some of the women interviewed possess qualified information about preventing the risks of STI/HIV, most are faced with their husband’s intentions to control their sexuality. Consequently, it is difficult for them to have sex with the use of a condom. One woman told us of the need to interject the community doctor’s viewpoint as a way to mediate sexual contact when her husband returns:

> Every time he comes back he wants to have another child, but I don’t trust him and I worry that he might be infected, because I think he could have had something to do with a woman over there. A woman never knows. I tell him that he should go to the doctor to see if he’s healthy (Migrant wife, Tangancicuaro, Purépecha, 32).

Pregnancy as a means for the male to control the woman represents one of the main conjugal conflicts. One of the women that I interviewed, for example, told me that she did not want to have more children. Nevertheless, her fear of provoking a conflict in her marriage forces her to accept sexual contact for reproductive purposes when her husband returns:

> I think that if I could choose, I wouldn’t have more children. I’m scared every time he comes back because it’s always the same problem. I don’t want to get pregnant again, but I can’t argue constantly with him when he comes (Migrant wife, Zopoco, Purepecha 27).

Despite migrants’ intentions of achieving new pregnancies every time they return to Mexico, the women find ways to avoid them. The problem is that they may be forced to have sex without the use of a condom, and are therefore exposed to the risk of STI/VIH:

> When he comes he wants to have another child, but I’ve always thought that he has another woman over there and I get more scared of how he is going to react and I don’t want to make problems when he returns. I’m very afraid of AIDS and everything, but sometimes I can only avoid pregnancy. I can’t tell him to use a condom (Migrant wife, Zopoco, Purépecha, 29).

In these cases pregnancy is not a condition that is defined as a result of a marriage partnership. It is a response to male concerns that view fatherhood as a way of being present. This paternity entails beliefs and representations that appear to be linked solely to male prestige created through fathering multiple children. Nevertheless, it involves forms of oppression for the women who remain behind in Mexico. This is very much related to the socio-historical profile of the community context in which they occur, since religious norms persist as defining factors of a fundamentally reproductive sexuality. This not only makes it difficult to prevent pregnancies which, as was seen, are not always desired by the woman, but it also hinders taking preventive measures with regard to the propagation of STI/HIV.

It is necessary to emphasize that these are norms that coexist with the critical position of some women, who resist in a sexual culture centered on reproduction. It seems to me that this phenomenon demonstrates a vulnerability to STI/HIV among men who have yet to assume sexual and reproductive health as a shared responsibility.
CONCLUSIONS

Gender inequality may favour the ruralization of STI/HIV in the communities that were studied. For example, sexual relations before marriage are common among males; in the case of indigenous women, on the other hand, virginity continues to be a socially necessary condition for acquiring a husband. What's more, in the conjugal environment sexual practices maintain a pronounced reproductive character, even when the women know that their spouses may have had sexual contact with other persons.

This implies a notable differentiation in lifestyles in the face of vulnerability to STI/HIV. Moreover, when the variables of migration and maleness are included, the risk framework becomes even more complex. It was discovered that migrants experience anxiety and fear that their wives will engage in extramarital relations. Jealousy appears as a consequence of knowing that they are absent from the communities where their spouses remain alone. It is an experience that envelops them in a spiral of suspicion which leads them to believe that pregnancy and rearing of the baby are acceptable options to avoid a possible extramarital relation on the part of the woman. We found that several of the women interviewed reported that, when they return, their husbands want to get them pregnant. Therefore, they engage in sexual relations without a condom.

The idea persists that male honor is attributed to the status of fatherhood; in addition, it is obvious that fatherhood functions as a resource for dominating and controlling the wife who remains behind in Mexico. In fact, for the women interviewed, the return of their husbands fosters contexts of depression and anxiety that have to do with at least two aspects. On the one hand, there is the problem of the interaction of the father with his children, who do not always greet him with affection and may even show resistance to the encounter. On the other hand, sexual contact for reproductive purposes is experienced as an obligation that affects women's mental health insofar as they are conscious of the risks of STI/HIV to which they may be exposed with every relation without a condom.

In the communities that were studied an HIV infection heightens conditions of poverty and can trigger the appearance of new forms of social oppression based on discrimination and stigma. This complicates the social oppression that affects populations that have been historically stigmatized; I refer especially to indigenous populations, which also are severely affected by poverty.

Rural Mexico is not prepared to face the challenge implicit in epidemics of HIV/AIDS discrimination. We need to implement preventive policies that do not include only a gender approach, understood as a framework that explains women's socio-historical condition. We urgently need to design intervention policies that include an analysis of masculinity for the purpose of including cultural aspects linked to what it means to be a man in rural communities, that is, we need to take into account the beliefs and meanings that males have regarding their ways of experiencing and legitimizing their own masculinity, with an emphasis on the idea that rural masculine identity exists as a complex and diverse collection that remains subordinated to an exclusive conception of dominance of what it means to be a man.

The objective is to think about interventions aimed at male populations. This opens the possibility of promoting educational policies where sexual and reproductive rights acquire a comprehensible meaning for migrant males, who do not always accept that sexuality can be an area where women can also exercise rights.

It is also fundamental to take into account that the success of community intervention does not depend solely on an approach that implies a purpose based on the evidence seen in the stories of indigenous migrants. It also depends on the personal work of local midwives as well as nurses and doctors who live in the communities. This research allowed us to under-
stand the importance that medical personnel have for rural and indigenous communities. This is especially true when they are sensitive to the life stories of the people who are immersed in migration, HIV and poverty.

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NOTES

1. Male dominance is a cultural model assumed as the only way to be a real man (Gutmann, 1996). As an ideal type, it presupposes that males always have to be economic providers, heterosexual, homophobic and removed from any feminine trait (Badinter, 1993), such as crying, expression of affection and emotions attributed to femininity, for example, fear. It is a social construct; in other words, it implies a mode of gender and identity that presuppose precepts (Seidler, 2000) that operate on the subjectivity of males who believe in it. This is why it tends to favour risks for their mental and physical health (De Keijzer, 2001).

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