

Article

SEXUALITY AND RISKS: GENDERED DISCOURSES ABOUT VIRGINITY AND DISEASE AMONG YOUNG WOMEN OF MEXICAN ORIGIN

Patricia Zavella

University of California, Santa Cruz, CA

Xóchitl Castañeda

California Policy Research Center, Berkeley, CA

Abstract

This paper explores the constructions of sexuality and risk by young Mexicanas in California, comparing high school students and university students. These women are at risk of sexually transmitted infections as well as pregnancy and negotiate these risks in relation to contradictory gendered discourses. In a college environment or in migrant communities, women are exposed to questions about their reputation as “mujeres decentes.” Drawing on focus groups, life histories, and participant observation with young women of Mexican origin, we show how they negotiate contradictory gendered discourses. We argue that in this highly fluid and fraught context, young women have difficulty negotiating safer sexual practices and often make decisions that place them at risk of sexually transmitted diseases or pregnancy.

Keywords

sexuality; young Mexican women; virginity; disease

Introduction

Discourses about sexuality for Mexican women in the US are contradictory, highly fraught and shape the meanings attributed to sexual practices. On the



one hand, the “sex/gender model” assumes heteronormativity, that feminine women are attracted to men, that men play dominant roles and women are passive, and men are superior to women (Carrillo, 2002). An alternative logic of sexual identity, the “object choice model,” assumes that sexual identities are based on sexual attraction and can be heterosexual, bisexual, or homosexual (Carrillo, 2002).

In order to explore how young Mexican women negotiate these complex, contradictory discourses and construct notions of sexuality and risk, we conducted research with two types of young Mexican women: high school students and students from a California university.¹ We selected these two groups as a means of understanding whether university education and training about sexually transmitted infections significantly affected women’s views. Surprisingly, we found striking parallels between the two groups. We focus on the meanings of virginity and sexual transgressions that constitute heteronormative discourse that place young women at risk and we contextualize dissimilarities through their educational differences.² Our data, derived through ethnographic research, do not permit generalizations about the perceptions of virginity and disease among the Mexican-origin young women in the United States. However, the social processes that we identify in our research have important implications for theory as well as public health interventions.

Sexual risk taking by Latino youth is a significant public health problem. Despite declining teen birth rates for all groups, Latinas have higher teen birth rates than African Americans and whites (Brindis *et al.*, 2002). In addition, rates of sexually transmitted infections (STIs) among Latinos, including HIV/AIDS, are escalating (Centers for Disease Control, 2002). Much of the increased risk for teen pregnancy and STIs among Latinas is due to poor protection during sexual intercourse. Research shows that Latinas often are unaware of their risk status or the relation of behavior to risk (Amaro, 1988; Argüelles and Rivero, 1988; Romero and Argüelles, 1993; Hernandez *et al.*, 2004). For example, Latinas have a particular epidemiology for contracting Human Immune Virus: 65 percent of AIDS cases among Latinas are due to heterosexual contact with men (Centers for Disease Control and Prevention, 2001, 13).³ Further, the Human Papiloma Virus causes 99.7 percent of cervical cancer, the second most common cancer for Latinas in California (Walboomers *et al.*, 1999). Yet Latinas sometimes view behavior they consider immoral, such as having multiple sex partners, as causing cervical cancer (Martinez *et al.*, 1997; Chavez *et al.*, 2001). Latino students have lower condom use than African American or white students (Brindis *et al.*, 2002). Further, compared with other adolescent females, Latinas are least likely to use contraceptives and have the longest interval between onset of sex and first contraceptive use (Brindis *et al.*, 2002). Latinas often do not get screened for STIs because of socio-economic reasons (e.g., lack of resources, language barriers, distance from clinics, etc.); however, social and cultural constraints are important as well. Unprotected sex not only places

1 For analysis of sexuality among older Mexican migrants, see Castañeda and Zavella (2003).

2 There were slight age differences as well. The high school students’ ages ranged from 16–18 years, while the university students’ ages ranged from 18–24 years.

3 In addition, 32 percent of AIDS cases among Latinas are attributed to injection drug use (Centers for Disease Control and Prevention, 2001, 13).

Latinas at risk for STIs and pregnancy, but also has implications for increased stress, anxiety and low self-esteem since some Latinas view sexual behavior as inappropriate outside religious-based constraints.

In addition to the effects of migration on local sexual discourses, the global AIDS pandemic shapes the political circumstances that surround sexuality and reproduction and hence the construction of meanings among youth. The choice of perceived life threatening risks and those of lesser value are made by individuals in the context of larger socio-cultural discourses, which establish a hierarchy of values and norms. By socio-cultural discourses we mean the dominant systems of values and actions collectively constructed that aim to express and organize experience and define cultural notions of risk (Bourdieu, 1979). For instance, virginity is a concept that is shaped by dominant discourses yet has multiple meanings for diverse groups and varies according to gender, age, ethnicity, class, marital status, position in the family or in the community, sexual preferences, life cycle, and in some cases, migrant status.

Historically, discussion about STIs has been strongly taboo because they are linked to sexuality, usually explained through metaphors, and located in a context that promotes the creation of myths (Sontag, 1989). Sexually transmitted infections are objects of moral attributes because they provide evidence of sexual activity, which is especially stigmatizing when this activity takes place outside the established canons such as marriage.

As the largest and fastest-growing minority group in the United States, Latinos are not a homogenous group. Although it is common practice to group all Latinos into a single category for analytic purposes, individuals who self-identify as Latino/a represent diverse cultures, national origins, and immigration status. Studies of sexual behaviors within Latino sub-groups indicate that sexual behaviors vary not only by country of origin but also between foreign and US-born adolescents (Padian *et al.*, 2001). Researchers highlight acculturation as a central factor affecting pregnancy and STI risks (McNeely *et al.*, 2002). The research presented here, while exploratory, suggests that young Mexican women negotiate profoundly contradictory gendered discourses about sexual practice that counter acculturation explanations. We illustrate the particular social and cultural notions of virginity and risk that young Mexican heterosexual women negotiate in the context of transnational migration.

Héctor Carrillo (2002) explores the reciprocal relationship between Mexican sexual culture – the norms, values and beliefs about sexuality that prevail in Mexico – and Mexicans' individual sexual identities, desires, ideology, and behavior. He utilizes two key concepts: cultural scripts – which are collective guides, the syntax and understanding of roles and performances presented to individuals by their cultural group that individuals assimilate, reinterpret, and internalize (Bourdieu, 1979; Brindis *et al.*, 2002) – and Bourdieu's notion of strategies, individuals' understandings of the “rules of the game” and how to best participate in the “game” of social relations (Brindis *et al.*, 2002). Sexual

identities are understood to be interpretations made by individuals in response to questions about who they are, sexually speaking, where they fit in their society and are historically and temporally bound and socially constructed (Rodríguez, 1994).

Complementing these norms and beliefs, Catholic doctrine establishes a strict gendered moral code in relation to a woman's virginity, modeled on La Virgen de Guadalupe, which is viewed as sacred and not entirely her own, symbolizing her purity and value as a potential member of a family (Rodríguez, 1994). Even women who are not Catholic are admonished to guard their virginity so as not to appear as damaged goods, out of respect for their families (Hurtado, 1996; Zavella, 2003).

If they follow these intertwined patriarchal, familial, and religious strictures, women should not have intercourse without the blessing of a Church-sanctified wedding, otherwise they contribute to the creation of a polluted female body for this type of intercourse is understood as being for pleasure rather than procreation. According to this logic, male penetration of a virgin out of wedlock is viewed as defilement (*desflorando*) and harmful to her reputation since she is deflowered (*desflorada*). Thus the only way to restore the honor of a woman who has been defiled is through the sacred ritual of a Catholic wedding regardless of the couple's wishes. In addition, the parent's responsibility is called into question when a young woman loses her virginity, for they are responsible for guarding and controlling her honor and solemnly pass on these responsibilities to her spouse during the marriage ceremony. Single women who have intercourse outside of marriage are particularly dangerous in the sense that they are seen as open bodies, available to men who will take advantage, and their sexual activities cannot be controlled (Amuchástegui, 1998).

Community members with moral authority – such as religious or civil leaders, physicians, educators, parents, or peers – also shape sexual discourses about virginity (Weeks, 1985). As members of the immediate social group to which young women belong, they produce certain acceptable “truths” about sexuality that young women then relate to them with different degrees of appropriation or resistance (Amuchástegui, 1998). In this regard, sexuality is locally constructed and deconstructed through relations among community and family systems that are regulated and defined locally, influenced by national and even transnational value systems (Hirsch, 2003). In the communities of origin of migrants, the Catholic Church as well as conservative Protestant churches has institutionalized religious marriage in order to regulate sexual relations and virginity as a key mechanism for preserving the patriarchal family structure (Castañeda *et al.*, 2001). Also, relations outside of heteronormativity are heavily stigmatized as “abnormal,” and silences about sexuality function alongside prescriptions that overtly regulate control over women's bodies (Fine, 1993; Castañeda and Zavella, 2003; Hurtado, 2003; Zavella, 2003).

4 Chicana artists have reconfigured La Virgen as a representation of contemporary women's concerns and empowerment. Yolanda M. López, for example, produced the Guadalupe series with three generational images of La Virgen in the guise of everyday life, while Ester Hernandez's serigraph on the cover of *Chicana Lesbians* (Trujillo, 1991) established La Virgen as a lesbian icon.

5 Within this model, homosexuals can be passive or active, masculine or feminine, although Carrillo is silent about bisexual women.

6 Flores Ortiz (1993) discusses cultural freezing in relation to domestic violence; however, we argue that the solidification of norms can occur in relation to other family processes as well.

However, Mexican women also engage in opposition and even resistance to the discourses about purity through virginity that brings honor for their families and some challenge heteronormativity (Argüelles and Rivero, 1988; Hurtado, 1996; Trujillo, 1991; Zavella, 2003). La Virgen is not perceived solely as a role model for Catholics and some view Her multiple meanings as sardonic or playful (Castillo, 1996).⁴

Those who identify with the object choice model often consider themselves more modern, have higher educational levels, are younger, self-reflexive, and/or bisexual.⁵ Carrillo (2002) argues persuasively that regardless of which model subjects identify with, the use of condoms for prevention of sexually transmitted infections in the context of a relationship would mean a loss of trust. His argument is important since it suggests that intervention practices that exhort safer sex through condom use may miss the cultural logic where subjects negotiate identity, practice, or fidelity.

Scholars find that transnational migration transforms norms related to sexuality. González-López (2003) suggests that Mexican immigrant women “unpack their gendered sexuality luggage within their US communities as part of their immigration experience” and “[s]ome of them promote sexual emancipation, autonomy, and personal agency in terms of sexuality through sexual literacy and education” (González-López, 2003, 218; 221). Further, “across generations they replace an ethic of *respeto a la familia* [respect for the family] that enforces premarital sexual abstinence with a new ethic of *protección personal* [personal protection] that promotes sexual moderation for their daughters” (González-López, 2003, 235 translations ours). Further, young women in migrant-sending communities in Mexico are invested in ignoring evidence of infidelity by their migrant partners (Hirsch *et al.*, 2002).

We draw on Carrillo's analysis of oppositional sexual models and discuss the implications for Mexican women in the United States. Additionally, we explore what social psychologist Yvette Flores Ortiz (1993) characterizes as cultural discourses that become “frozen” when families cross the border. She suggests that some migrant families experience a process of “cultural freezing,” where traditional norms that were expected in Mexico become solidified, reified, or protected after migrating to the United States.⁶ We ask, how do young women negotiate beliefs and practices in relation to cultural discourses about sexuality in the context of transnational migration? We argue that in this highly fluid and fraught context, young women have difficulty negotiating safer sexual practices and often make decisions that place them at risk for sexually transmitted diseases or pregnancy.

Methodology

We base this analysis on exploratory research that used ethnographic methods, a critical approach for identifying the meanings of concepts, beliefs, and practices

associated with sexuality and risk. We addressed the research questions through multiple ethnographic techniques, including focus groups, individual life stories and participant observation.⁷ The focus groups were based on a dialogic process (Morgan, 1993) designed to elicit women's views on the themes of changing expectations regarding gender, sexuality, and Mexican-origin women's vulnerability to STIs in the United States. These groups were socially constructed discursive spaces that we helped frame by screening a film set in Mexico about women's HIV risk and by bringing refreshments to establish an informal atmosphere. The students were recruited with the help of school staff. We asked the women to honor confidentiality, allow each woman to take a turn speaking, and to share their perceptions and observations rather than their experiences. Within this discursive space of anonymity, women performed various identities and represented various stances, accepting or contesting the viewpoints of parents and others in positions of authority as well as each other's statements. During the follow-up, we did in-depth interviews (in English or Spanish) with 12 individuals who volunteered. Whether in the focus groups or interviews, the young women often disclosed personal experiences and feelings that were highly charged. Thus, any names that we use here are pseudonyms.

After we explained the purpose and ground rules about confidentiality, we screened the Spanish language film, "*La Vida Sigue*" (Life Goes On, 2000), produced by the Mexican Department of Health. The film served as a springboard for discussion of migrant Mexican women in US communities. The film, designed to educate heterosexual women in rural areas in Mexico about HIV risk in relation to men who migrate to the US, uses a *telenovela* (soap opera) format that is familiar to women in both countries. The film presents a dramatic narrative about a married woman whose husband returns home after having spent time working in the US and dies from a mysterious illness: She discovers that she is HIV positive and has contracted the illness from him. The film illustrates various challenges that women with HIV have to negotiate – stigma, homophobia, educating their children, and protecting themselves if they have sexual relations.

We also did participant-observation in the communities where we conducted the focus group discussions: we frequented businesses and public places that have large numbers of migrants; we toured farms, distribution warehouses, and canneries; and we attended public protests led by political organizations.

We focus here on four of the groups: two with high school students and two with undergraduate students. The research participants were of Mexican origin and from the working class whose parents had migrated from Mexico or they had migrated themselves (two students were of mixed heritage). The migrants came from four Mexican states with high emigration rates – Jalisco, Michoacán, Guanajuato, and Zacatecas – as well as Mexico City. (There were no indigenous women among our research participants.) The migrants reported that they came to the United States for varied reasons – because of poverty, labor displacement

7 We organized seven focus groups with a total of 68 women of Mexican origin between 1998-1999, based on a focus group guide with questions we wanted the participants to address and we discussed issues the women brought up. All focus groups and interviews were transcribed.

of their parents, accompanying their families, seeking adventure, or to better their lives; most had multiple reasons for migration. The women lived in predominantly Mexican communities in north central California agricultural regions – the Pájaro Valley in Santa Cruz County, the Salinas Valley in Monterey County, and the San Joaquin Valley in Fresno County.

In the process of conducting the research, many women plied us with a range of questions linked to sexuality, and we realized that their interpretation of us as neutral researchers could potentially close off discussion, so by necessity we were open about our views about sexuality. Research about these topics invades, directly and indirectly, some of the most vulnerable and fragile human domains: sexuality and private lives. We highlight the importance of being aware of the effect that research on sexuality can have on participants, especially when using techniques that invite people to relate personal perceptions and describe memories, feelings and events that are subjectively relevant to them, even when protected by anonymity.

While conducting the interviews, we were challenged to understand how notions like virginity functioned as catalysts in the internalization, rejection, or negation of risk perception and behavior in relation to STIs. We found that indirect discussion approaches – like collective analysis of a soap opera or the telling of a story about an adolescent who has become pregnant – helped counter women’s initial hesitation in discussing these highly charged issues. For example, young high school students who often did not talk about sexuality in a way that might jeopardize their reputations as virgins would reveal their own concerns, fears, desires, and personal adaptation to social norms when talking about a third person. Since sexuality is linked to emotions and a series of prescriptive institutions, STIs are propitious fields for the creation of myths.

All of the young women were born between 1975 and 1983, after the 1965 Immigration and Nationality Act allowed for family reunification and changed the gender composition of Mexican migrants from predominantly male workers to the more visible women and children (Hondagneu-Sotelo, 1994). They came of age after President Reagan’s slogan “Just Say No” was part of popular vernacular. In the 1990s, when they were adolescents and teenagers, there was a “nativist backlash” toward immigrants (Perea, 1997), especially in California with the passage of Proposition 187 (later overturned by the courts) that would “Save Our State” from supposed immigrant abuse of social services and education. The passage of the Illegal Immigration Reform and Immigrant Responsibility Act of (1996), which stipulated new grounds for exclusion and removal, carried these anti-immigrant sentiments nationally. Most of the students knew these contradictions first hand. During the focus groups they mentioned experiences running from *la migra* (INS), having schoolmates who were undocumented, or visiting relatives still in Mexico. In addition, the 1990s was a time of increased public concern with the “problem” of teenage

pregnancy. “In the 1990s, over half of the 15- to 19-year-olds in the United States are sexually active. By age 20, 75% of females and 80% of males have had intercourse, most premaritally” (Erickson, 1998, 9). Even though teen pregnancy rates were declining for whites and blacks during the 1990s, President Clinton declared war on adolescent pregnancy in 1995 as the prelude to ending “welfare as we know it” with passage of the Personal Responsibility and Work Opportunity Act of 1996. The public debate about immigration and teen pregnancy undoubtedly influenced the focus groups.

The discussions were bilingual and wide ranging, moving from HIV risk for women left behind in Mexico (the subject of the film), to fidelity, the double standard, contradictory practice by their parents, patriarchy, promiscuity and their need for better training related to risk. We were impressed with the careful way in which these young women did not generalize beyond their own observations and how they looked for nuances among women. Their comments tell us much about their own lives as well as those of women in their communities.

Findings

High school students: virginity as tenuous passports to marriage

The high school students used terms such as “*señoritas*” to refer to virgins, while “*solteras*” (single women) signified more independence. Further, they discussed the overwhelming silence about sexuality, recognizing that silence is an integral part of social control. Jennifer said: “One thinks that it is bad if you don’t hear anything about it [sexuality].” For recent migrants, their sexual reputations are jeopardized merely for the act of migrating, for women are at risk for sexual assault. Migrants were aware of the folklore that women must take contraceptives to avoid impregnation by *coyotes* (smugglers) or fellow migrants (Falcón, 2001). Further, some see migration itself as an indication that women are “fallen,” in inappropriate circumstances: “They speak badly of a woman who comes here; they think that we work as prostitutes.” Angelica pointed out: “Since I’m single (*soy soltera*) and in Mexico they know that I live alone, they say ‘she has to have a few [men], how else can she have a car, a house and everything?’ ”

High school women would like to preserve their virginity until they get married, and indeed view virginity as a necessary attribute for getting married. Virginity symbolizes her prestige as a “valuable” woman and constitutes a form of social capital, confirming other research on migrant Mexican women (González-López, 2003). These young women were given precautions about avoiding pregnancy, but in the form of mixed messages. In the appearance of openness, their mothers offered support if they were to get caught (*fracasar*): “My mom tells me “I would support you’ but she’s really telling me, ‘don’t run

and do it.” Yet the pressure to have sex at a young age can be overwhelming: Mari talked about waiting at a Planned Parenthood Clinic: “Sometimes I see young girls in there. They look really young. This one girl looked 11 or 12. They looked so little and they were going for appointments. It was sad.” Alternatively, the power of negative example is telling. Veronica talked sympathetically about a friend who “got caught,” became pregnant as a teenager and lost her youthful freedoms: “You have to be around the house all the time. You can’t go out or anything. I was talking to a friend who has a baby and the baby was like crying, ‘Mooom.’ She wanted her Mom so she [the friend] couldn’t talk on the phone. She’s [the friend] like, ‘Sorry, the baby is bothering me.’” Mari’s story about her cousin illustrates how women feel they must strategize if they lose their virginity:

It’s funny, my cousin... she did [have sex], you know, and then she was like ‘Oh my God, my boyfriend is going to go to Mexico so I think I should dump him.’ But then she says she loves him and she gave it [virginity] up to him, but then she says, ‘I think I should dump [him] because what if he cheats on me when he goes?’ I’m thinking, ‘where is the love there?’ I mean, no commitment.

To these women, having sex without a commitment of marriage means that women are vulnerable to the limitations of their freedom or losing men on the move who devalue “used” women. Virginity was something of a “passport” for a socially sanctioned marriage.

Further, getting an abortion to end an unplanned pregnancy was seen as an extreme response by these women: Mari said: “I’m against abortion. I’m like, ‘don’t have an abortion. It’s stupid. You shouldn’t have opened your legs in the first place,’ you know. But they ended up having kids anyway. They shouldn’t have done it in the first place or at least use protection.” Latina adolescents are less likely than white or black adolescents and less likely than older Latinas to have abortions, although this may be related to underreporting (Erickson, 1998, 31; Aguirre-Molina *et al.*, 2001, 123).

The fragility of these “passports” to marriage was seen in the way that women’s reputations could be sullied. Maria explained what happened to an acquaintance:

I think a lot of girls in middle school think it will make them look older, more popular. More cool. Because they go out and do all this stuff with all these guys. And all the guys are doing is laughing at them and saying, ‘Ha, ha, I did this and that with her.’ And she gets a bad reputation and by the time she gets in high school no one wants to go out with her because they’ve already been there and done that. Or if you hang around with her they think you do the same thing. People do judge you, they do. If she’s like that, then you must be

like that too. Girls get dirty and then get a reputation. They go on who you hang out with.

Veronica elaborated: “Yeah the older guys go after them, they know which ones are virgins and stuff.” In the system of gossip and reputation, guilt by association carries heavy consequences, for being labeled a whore meant that men would not see them as marriage partners. Nelly said: “The majority of Mexican men that I know say ‘when I marry I’m going back to Mexico because the women there are not like you.’”

High school women often internalize negative self-images and fear the repercussions of transgressions. Maria stated: “We don’t believe that we are capable of doing what others do. We watch others to see how they act.” Nancy was more stoic referring to her relatives’ advice: “They say we should wait for what God sends us (*lo que Dios manda*).” In addition, when asked directly if there was more emphasis on avoiding pregnancy than sexually transmitted infections, women agreed: “They talk more about pregnancy.” Angelina said: “They say, ‘take care of yourself and you won’t have any more kids’ is the advice that they give us.”

In addition, most women’s parents came here seeking work and they expect to work full-time themselves. There is a tension between the expectation that women be the ideal wives who remain at home and their experiences as part-time workers with their own income, opinions, and independence, since most of them now drive in contrast to the sheltered experience of many young women in Mexico. Hence, women are hyper vigilant about guarding their reputations as good women (*mujeres decentes*), especially in small communities in California where their jobs or mobility take them outside the home. It was considered even worse to be knowledgeable about sexual matters if they are unmarried since this challenges the social order that keeps women largely uninformed. Susana said: “There are men who think that if you ask them anything about sex, that it’s bad.” The simple matter of speaking about sexuality and sharing information can put their virginity in doubt. For a woman to seek information about sexually transmitted infections or contraception can have dangerous consequences because of their symbolic association with sexual desire. Women fear the stigma of being labeled an “easy woman” (Castañeda and Zavella, 2003).

These women were aware of the risk of HIV/AIDS among migrant men and often learned about risk from public service announcements on television or the radio. However, within the hierarchal social order on both sides of the border, it is important that men have no doubts about a woman’s virginity. For a woman to have a condom on her person indicates a lack of sexual innocence and is perceived as an unfeminine identity, that of a woman actively seeking sex. For example, one woman explained: “First, I will be very embarrassed...what will he think of me if I ask him to use a condom? I’d rather die!” More pointedly,

these women asserted that asking their partner to use a condom would be a risk-taking action that they could not afford because it would jeopardize their reputations as sexual neophytes and hence their future marriage possibilities. There was virtual unanimity that “men are dominant (*los hombres son machistas*)” and that “Latino men don’t like them [condoms].” Susana was bitter about the gendered double standard: “We come from a country where there is a lot of machismo, where men can leave and work and return later. But when you come here, that is when men fear what women will learn.” Even speaking openly about sexuality, as we did in the focus groups, is socially unacceptable: “If a woman speaks like this, openly as we are talking now, they think that she is promiscuous (*anda con todos los hombres*), that she is a prostitute (*mujer de la calle*).”

Social control over women’s bodies is exercised through the protection of their virginity, which not only controls the individual body but also the social body (Scheper-Hughes, 1994). In the context of silence about sexual matters, señoritas and solteras need to demonstrate their “purity” through an image that projects a lack of sexual knowledge and experience. In schools, for example, a woman could be informed about the danger of unprotected sex, but in her private life, she may very well not be in a position to use condoms (or even negotiate with her partner to use or to purchase them independently) for fear of his negative reaction. By doing so, she jeopardizes the social expectations regarding marriage.

Information about STIs transgresses local Christian religious norms that establish the limits of what are “good” and “pure” and questions assumptions about fidelity in relationships. For some women, requesting that a potential spouse use precautions is unthinkable, as Nelly explains: “All of the information that we have about this [HIV risk]; all that they explain in the announcements, but the same old thing happens.” Similarly, Norma who was married sounded defeated: “I don’t even talk to my husband, that’s the problem. I don’t count on my husband.” Some religious authorities stigmatize even the provision of information about sexuality that includes sexually transmitted infections, and they see such information as a way of encouraging experimentation outside the institution of marriage. Local priests and preachers identify, condemn and equate sexual pleasures even with divine punishment, which sinners deserve for having done “what God forbids.”

Women high school students maintain the veneer of virginity until marriage and hold their tongues and guard their reputations, which provide prospects of the economic benefits of marriage. They are aware that they may be at risk for sexually transmitted infections if men have had multiple partners or are unfaithful after marriage. In contrast to González-López (2003), who finds that migrants who enforce virginity and respect originate mainly in Jalisco, we found this stricture to be salient for young women whose families come from varied locations in Mexico.

University students: hedging their bets about virginity

Among the university students, some were born in the US while others migrated here as children. For the most part, they were the children of migrants as well as the first generation in their families to attend college. Their families settled in working class barrios with Chicanos, Central Americans, black people, and white people, although a couple of women's families had moved to more middle class neighborhoods. They attended a university relatively friendly to students of color, feminists, and queers. There are colloquia or conferences that include Latina researchers; the Women's Studies Department has renowned scholars and teachers, and taking Introduction to Feminism as well as a biology course on the female body are seen as *de rigueur* for all budding feminists. Students' identity politics are worked out in several Latino/a organizations, a Gay, Lesbian, Bisexual, and Transgender Center for students, as well as a plethora of individuals expressing their identities through brightly colored hair, tattoos, piercings or insignia related to varied affiliations, with fraternities and sororities in the decided minority. In this context, students are encouraged to celebrate diversity.

The students were negotiating issues of power related to gender and sexuality in a context in the late 1990s that was difficult for everyone. These women's struggles were poignant because they were well aware that their parents, while truly loving and supportive, often did not have a realistic understanding of the issues that they faced. Hence these women felt as if they are on their own in figuring out how to negotiate gender and sexuality and indeed must do so without parents' knowledge since that would dishonor their struggle to migrate. Maria said: "I know that both my parents worked extremely hard to save enough money for me to come here." Rebecca agreed: "My mom worked for years to save seventeen thousand dollars for us to come over here." Linda pointed out that there are differences between her generation and that of her relatives: "For the *mujeres* that come here, they don't come thinking that it's going to be so different. They are exposed to many things but they don't know there are diseases out there. I can just talk about specific *mujeres* in my family, who they didn't even know their bodies yet and they were having kids. It's just ignorance and lack of information, of course." Lisa said, "I think culture is so important. I mean, God, our parents left everything. They left their country, a little bit of their culture, their religious values, just a lot of things you cling on to as much as you can. You try to bring them over here but it's hard because there are so many pressures." Cindy pointed out that "traditional" expectations can be limiting: "I think that's the worst part, 'cause you don't even open up doors to talk about anything. I feel that we've been taught so much to just dismiss other options and just focus on what is culturally acceptable. So that other possibilities are nonexistent, sometimes. It kind of restricts our movement, our options and choices."

Overwhelmingly, the students agreed that being “culturally acceptable” included maintaining their virginity until they marry, findings confirmed in other research with young, educated Mexican women (Hurtado, 2003). Jessica illustrated a viewpoint that many agreed with:

We’re taught, ‘*Espérate hasta que te cases*,’ wait until you’re married, And they still don’t tell you what to do afterward. For example, my aunt got married in Mexico and she was hella nervous! She was shaking after the wedding when it was time for them to go. She was not prepared for it at all and she was twenty something. You’re told to wait until you’re married and you’re not told about precautions, birth control – much less pleasure!

While several of the women told stories about women “getting away with” sexual transgressions prior to marriage, none had parents who “unpacked their gendered sexuality luggage within their US communities” as González-Lopez (2003, 218) found. On the contrary, some of these women saw their parents as being more restrictive after migration. Rebecca illustrated this point: “A lot of our parents came from Mexico or Latino America and they leave their country and in a sense they leave a little bit of their identity.... You try to bring so much of your culture but some of it gets kind of lost. Even then, you get confused because you come to this country and you want to do what’s best for your children but you don’t really know how so you use what you know.” Maria said:

For my mom it was hard because my grandma wasn’t really open; it was lack of education. When my mom told me about menstruation, she failed to tell me other things. I guess it was hard for her to let me know about everything because it’s embarrassing, but I feel like I don’t know anything. Even in college, people say some words or I hear dirty jokes and everybody will laugh and I stay quiet. Because there’s a lot of things that were hard for my mom to tell me and I think that carries over a lot.

These women’s parents were using “what you know,” cultural beliefs that include silence about sexuality to guide them through tremendous changes in their lives.

There were generational differences regarding sexual norms, although they were not always barriers between the generations. For example, Lisa’s parents prohibited any transgression related to sexuality. She said:

Since I was little my dad was like, ‘OK you can’t talk to boys until you’re fifteen.’ But I was dating boys in seventh grade. I was doing a lot of things in eighth grade, things that I shouldn’t have been doing. I had sex when I was fifteen; I was really young. And my parents had no idea. For me, when I talk to girls that haven’t had the experience, it is all about experimenting.

In contrast, Rebecca embraced what she saw as traditional Mexican cultural notions as deterrents to premarital sex:

I think that sex shouldn't be taken lightly at all. I think nowadays, it is. I guess that's one of the things [that] I am more appreciative toward in my culture. Just because it's something [that] you have to give thought to. And my mom taught me – it's just those values. And sometimes it's a good thing because if you take it as something so slightly, something that doesn't carry consequences, then things happen. Like a lot of times you see all these young girls who are pregnant.

Pregnancy was very frightening to those women who were sexually active. Linda said, "There's always going to be that constant fear, 'Oh my God, what if I'm pregnant? What if I don't get my period?' Yet while you are taking in that, you are also taking in twenty other pressures. It's harsh; it's really hard." Pregnancy was a fearful prospect in part because these women saw pregnant teens all around them. Vicki said, "My cousins are all pregnant; none of them graduated. And out of all fifteen of us girls that all hung out in junior high, two of us graduated from high school. And everybody else had a baby, had an abortion, were married, or dropped out of school or had a mixture of all of them. My cousins too." In addition, while abortion would be one way to deal with an unwanted pregnancy, these women did not support abortion, at least not in the discussions.⁸ Indeed, abortion was seen as emotionally painful, and for some, sinful, a method of desperation.

However, these women had added pressure because they had been identified as the successful ones in their families. Hence pregnancy carried more than the usual consequences of sullyng their reputations. Denise pointed out: "Pregnancy, at least for me, has always been pretty scary. My mom emphasizes more to me: 'Don't get pregnant, don't get pregnant, don't get pregnant.' But not so much the AIDS stuff, you know what I mean? So my concern most of the time has been, 'I can't get pregnant because that will disrupt my studies. It will interrupt my career.'" The implicit fear that she might be sexually active was embedded in the mother's silence about protection. In addition, several of the women admitted, with some embarrassment, to being virgins. One woman (age 24 years) was waiting for the "right guy;" two others who were slightly younger wanted to avoid pregnancy and the subsequent dishonor to their families.

Yet we do not want to give the impression that these women's parental generation are bastions of timeless tradition, for they too are enmeshed in changing gender relations and experiences of sexuality that are remarkable. For example, Lisa pointed out that poverty and leaving their children behind in

8 Among highly educated Chicana academics and white-collar workers (older than these women) there is overwhelming support for the right to choice (Pesquera and Segura, 1993).

Mexico has a debilitating effect on women, which may lead to substance abuse or their own sexual “transgressions:”

My aunt has kids in Mexico and she’s by herself. And it’s a constant depression. I’ve seen her go out with three or four different partners and she drinks. It doesn’t mean she doesn’t care about her kids, like my mom says; maybe it means she’s been by herself and she needs some distraction and she already sick of crying because her kids are over there and she can’t see them. It’s a total conflict between her and my mom.

Further, mothers who conform to “traditional” notions about sexuality can be playful and flexible regarding sexuality. Jessica told a story about a recent visit at home. “I went to my Mom’s bedroom, looking for a lipstick, and when I went to put some on, it turns out that it was a lipstick in the shape of a penis (great laughter all around). There it was, in the middle of everything – her *velas* to the *Virgen*, her make up. I have to say that I was shocked.” Apparently the latest fad during baby showers is to include risqué prizes for games, and a penis lipstick was one of them. This student, an out lesbiana, thought about informing her mother that *la Virgen* was a symbol to lesbians too, then changed her mind: “Nah, that would be too much for her. She can laugh about her penis lipstick. But beyond that – I don’t want to go there.”

The students were aware that unprotected sex places them at risk for HIV. Like other college students, these women had taken Safer Sex workshops offered at the student health center, where peer counselors provide HIV testing and guidance about STIs, and there are low-cost condoms readily available on campus, dispensed through machines in restrooms. These women were also aware that disclosing having any of these diseases places women at social risk for being regarded as a whore, since society often blames women for their indiscretions, even when the men are at fault.

Further, the university provides an opportunity for experimentation that was often unavailable while living at home. Erika said:

From what I’ve seen, especially first- and second-year students, we’re still in that getting-to-know-college thing. A lot of students turn out to be quite promiscuous. It’s just that whole change of getting away from your house and now you don’t have that restriction anymore. And its kind of scary because there are a lot of parties going on here, and I went to these parties myself and I know: you get drunk, you get stupid.

Vicki chimed in, “I have seen it a lot. It’s kind of an orgy thing. I know friends that have been with my friends and other friends and everybody is connected at some point. Everybody’s had sex with everybody.” The group decided that “get drunk, get stupid” would be a good slogan for campaigns to prevent substance abuse and unprotected sex.

Despite their awareness of the risks associated with unprotected sex, however, most the students talked openly about the ways in which they find it difficult to negotiate condom use. Lisa said: “If we do exert some responsibility about it, we don’t do it fully. I know that if you’re in the heat of the moment and you say ‘Are you clean?’ or ‘Can I trust you?’ He’ll say, ‘Yes, yes, yes... I’m clean, I’m fine.’ Then there it goes. So you’re thinking maybe that you’ve done something to protect yourself, but it’s not enough.”

A few young women were able to negotiate the use of condoms, but they were unusual. Cindy said: “When I was with my boyfriend, Jason – that I was in love with for over a year – the whole time we used condoms, but it was mostly about birth control.” Rebecca a said:

My boyfriend, Ray, and I were doing our thing and then we wanted to do it again and we ran out of condoms. And he was like, ‘Come on baby, come on.’ But the fact of him pressuring me, trying to do it after over a year of not pressuring me to have sex with him without protection, and he’s doing it because he wants to get off this one last time – that hurt me. And that made me realize: no he doesn’t respect me. He doesn’t respect me, my values, my wants, my needs – his future, my future That was my bottom line.

Women did learn from these “mistakes,” as they characterized them. Rebecca said, “I haven’t been in a long, loving relationship ever since Ray. It was kind of like, ‘I don’t need it.’ If you don’t want to put a condom on, then that’s your loss.” The other women nodded admiringly, if somewhat in awe.

Much like the young high school students, these university students construct a hierarchy of risk, where they prioritize avoiding pregnancy over avoiding STIs. Lisa said: “My parents have always been emphasizing that ‘before anything, *eres Mexicana*.”” Being a Mexican woman in their experience has often meant an emphasis on virginity, modesty, and discretion, honoring their families through their accomplishments, and remaining childless until married. This cultural logic did not provide protection about avoiding STI’s since the assumption was that they would perform their *Mexicanidad* through not having sexual relations. In one focus group, we asked directly if they subscribed to our budding theory of a hierarchy of risks and they agreed. Connie said, “If you get pregnant, then you lose everything. AIDS – it will take years to show up” and her statement generated verbal agreement by the other women. Hence in their eyes, pregnancy had more immediate consequences, displaying their transgression and dishonor, while HIV, while life threatening and frightening, would be mitigated by the long duration for symptoms to show. In addition, avoiding pregnancy showed respect for their families rather than thinking about their own futures.

The focus groups themselves were often an important source of education regarding sexual risks and disentangling cultural expectations about virginity and respect for their families from the need to protect themselves from STIs as well as pregnancy. Many of these women were not aware of other STIs such as

chlamydia, herpes, gonorrhea, syphilis, or Human Papilloma Virus. As they began to build an analysis of the risks they face, the discussions ended with a chorus of regrets about the silences around sexuality and the need to protect themselves: “We’re in denial.” “That’s what our culture places on us.” “It’s like a shame.” “It sucks.” They suggested that AIDS 101 workshops or public service announcements have cultural components that address the issues they now face on their own.

Conclusion: Negotiating Social Risks

Whether high school or university students, these women are well aware of their parents’ preferences. Both groups reported their negotiation with sexual discourses that were centered in what Carrillo (2002) calls a sex/gender model with clear expectations about young women’s virginity and purity until marriage. Further, we found no evidence of students whose parents promote sexual emancipation, autonomy, or personal agency through sexual literacy or education, as did González-López (2003). Indeed, we found evidence that parents seem to become stricter, from the young women’s point of view, and much like Flores Ortiz’s (1993) subjects, cling to traditional values and expectations for their young daughters in the face of disruption through migration from Mexico. Overwhelmed with their own complex expectations, parents adhere to inflexible cultural norms that young women must negotiate. The young women present the appearance of conservative heteronormativity out of respect for their parents and community norms. The university students’ educational accomplishments will bring higher pay offs but both groups would benefit from the economic resources of dual earner marriages.

Concurrently, young women encounter changing gender expectations that resemble Carrillo’s object choice model and some experiment and challenge norms that would have them guard their purity. Those high school students who managed to survive the gauntlet of adolescence and lose their virginity often have the added pressures of guilt by association with nonconforming women, which jeopardizes marriage prospects. Those women who enter the university are given to increased feelings of responsibility for their families or origin: Respect for the family takes on a new form and the women’s accomplishments – much like their virginity – are seen as honoring their parents. Both young high school students and university students find themselves negotiating these contradictory gender norms in a context of tremendous silence about sexuality as well as greater freedom and public debates about their bodies and behavior. Yet both groups are aware of the potential risks they may encounter in sexual relationships. Thus, we argue that the choices of these young women are profoundly affected by contradictory community norms in a transnational context. In the highly fluid context of transnational migration, young women have difficulty negotiating safer sexual practices and may make decisions that place them at risk for sexually transmitted diseases or pregnancy.

The assumption of many HIV prevention campaigns, which assert that using condoms is a rational strategy that people can discuss and decide upon prior to sexual intercourse, ignores the social constraints on individual behavior. In order to implement effective risk-reduction programs among young Mexicanas in California, socio-cultural aspects must be incorporated. Appropriate programs for preventing pregnancy and STIs have to take into account the local meanings of norms, gender roles, stigma, myths, and resistance experienced by youth in different environments. For instance, condom use is not perceived as a possibility for high school students without much information or university students who receive a significant amount of information about STIs. By incorporating the subjective processes that take part in the individual-social construction of sexual practice, practitioners can develop more effective, culturally relevant public health strategies.

Acknowledgements

We thank the Transborder Consortium for Research and Action on Gender and Reproductive Health at the Mexico-US Border that funded this research. We are grateful to Gabriela Arredondo, Rosa Linda Fregoso, Aída Hurtado, Norma Klahn, Olga Nájera-Ramírez, Catherine Ramírez, three anonymous reviewers who gave very helpful comments on early drafts of this article, and Allison Davenport, Shéla Young and Marisol Castañeda for their excellent research assistance.

About the authors

Xóchitl Castañeda is Director of the California-Mexico Health Initiative, California Policy Research Center, University of California, Office of the President. Her most recent publication is “Mexicanization: a Survival Strategy for Guatemalan Mayans in the San Francisco Bay Area” (*Migraciones Internacionales*, 2002). Her work at CMHI provides educational outreach and interventions to Mexican migrants and makes HIV risk a priority in research and prevention efforts.

Patricia Zavella is a professor in the Latin American and Latino Studies Department at the University of California, Santa Cruz. Her most recent publication is the co-edited *Chicana Feminisms: A Critical Reader* (Duke, 2003). Since completing this research, she has developed a course on Migration, Gender and Health in Latina/o Communities that interrogates these issues.

References

Aguirre-Molina, Marilyn *et al.*, eds. 2001. *Health Issues in the Latino Community*. San Francisco: Jossey-Bass.

- Amaro, Hortensia. 1988. Considerations for Prevention of HIV Infection among Hispanic Women. *Psychology of Women Quarterly* 12(4): 429–444.
- Amuchástegui, Ana. 1998. Virginity and Sexual Initiation in México: The Dialogic Negotiation of Meaning, Ph.D. dissertation, Goldsmiths College, University of London.
- Argüelles, Lourdes and Ann M. Rivero. 1988. HIV Infection/AIDS and Latinas in Los Angeles County: Considerations for Prevention Treatment and Research Practice. *California Sociologist* 11: 69–89.
- Bourdieu, Pierre. 1979. *La Distinction. Critique Social Du Judgement*. Paris: Minuit Ed.
- Brindis, Claire *et al.* 2002. *Fact Sheet on Latino Youth: Sexual Behavior*. University of California, San Francisco: Institute for Health Policy Studies <http://crhrp.ucsf.edu/publications/files/Latino.sex.pdf> retrieved on January 29, 2005.
- Carrillo, Héctor. 2002. *The Night is Young: Sexuality in Mexico in the Time of AIDS*. Chicago: University of Chicago Press.
- Castañeda, Xóchitl, Claire Brindis and Itzá Castañeda Camey. 2001. Nebulous margins: sexuality and social constructions of risks in rural areas of Central Mexico. *Culture, Health, and Sexuality* 3(2): 203–219.
- Castañeda, Xóchitl and Patricia Zavella. 2003. Changing Constructions of Sexuality and Risk: Migrant Mexican Women Farmworkers in California. *Journal of Latin American Anthropology* 8(2): 126–150.
- Castillo, Ana, ed. 1996. *Goddess of the Americas: Writings on the Virgin of Guadalupe*. New York: Routledge.
- Centers for Disease Control and Prevention. 2001. *HIV/AIDS Surveillance Report*, Midyear Edition.
- Centers for Disease Control and Prevention. 2002. HIV/AIDS among Hispanics, <http://www.cdc.gov/hiv/PUBS/Facts/hispanic.htm>. Retrieved on January 29, 2005.
- Chavez, Leo R., Juliet M. McMullin, Shiraz I. Mishra and F. Allan Hubbell. 2001. Beliefs Matter; Cultural Beliefs and the Use of Cervical Cancer-Screening Tests. *American Anthropologist* 103(4): 1114–1129.
- Erickson, Pamela I. 1998. *Latina Adolescent Childbearing in East Los Angeles*. Austin: University of Texas Press.
- Falcón, Sylvanna M. 2001. Rape as a Weapon of War: Advancing Human Rights for Women at the US–Mexico Border. *Social Justice* 28(2).
- Fine, Michelle. 1993. Sexuality, Schooling and Adolescent Females: The Missing Discourse of Desire. In *Beyond Silenced Voices: Class, Race, and Gender in United States Schools*, eds. Lois Weis, Michelle Fine, *et al.*, 75–99. Albany, NY: State University of New York Press.
- Flores-Ortiz, Yvette. 1993. La Mujer y La Violencia: A Culturally Based Model for the Understanding and Treatment of Domestic Violence in Chicana/Latina Communities. In *Chicana Critical Issues*, eds. Margarita Melville, Tey Diana Rebolledo, Christine Sierra, and Deena Gonzales, 169–182. Berkeley: Third Woman Press.
- González-López, Gloria. 2003. De madres a hijas: Gendered Lessons on Virginity across Generations of Mexican Immigrant Women. In *Gender and U.S. Immigration: Contemporary Trends*, ed. Pierrette Hondagneu-Sotelo, 217–239. Berkeley: University of California Press.
- Hernandez, Maria Teresa, George Lemp, Xóchitl Castañeda, Melissa Sanchez, Bart Aoki, Roberto Tapia, and Michael Drake. 2004. HIV/AIDS Among Mexican Migrants and Recent Immigrants in California and Mexico. *Journal of Acquired Immune Deficiency Syndromes* 37(4): 203.

- Hirsch, Jennifer S. 2003. *A Courtship After Marriage: Sexuality and Love in Mexican Transnational Families*. Berkeley: University of California Press.
- Hirsch, Jennifer S., Jennifer Higgins, Margaret E. Bentley and Constance A. Nathanson. 2002. The Social Constructions of Sexuality: Marital Infidelity and Sexually Transmitted Disease – HIV Risk in a Mexican Migrant Community. *American Journal of Public Health* 92(8): 1227–1237.
- Hondagneu-Sotelo, Pierrette. 1994. *Gendered Transitions: Mexican Experiences of Immigration*. Berkeley: University of California Press.
- Hurtado, Aída. 1996. *The Color of Privilege: Three Blasphemies on Race and Feminism*. Ann Arbor: University of Michigan Press.
- Hurtado, Aída. 2003. *Voicing Chicana Feminisms: Young Women Speak Out on Sexuality and Identity*. New York: New York University Press.
- Martinez, Rebecca G., Leo R. Chavez and F. Allan Hubbell. 1997. Purity and Passion: Risk and Morality in Latina Immigrants' and Physicians' Beliefs About Cervical Cancer. *Medical Anthropology* 17: 337–362.
- McNeely, C.A. *et al.* 2002. Mother's Influence on Adolescent's Sexual Debut. *Journal of Adolescents Health* 31(3): 256–265.
- Morgan, David L., ed. 1993. *Successful Focus Groups: Advancing the State of the Art*. Newbury Park: Sage Publications, Inc.
- Padian, Nancy *et al.* 2001. National Trends in Condom Use Among At-Risk Heterosexuals in the United States. *Journal of Acquired Immune Deficiency Syndromes* 27(2): 176–182.
- Perea, Juan., ed. 1997. *Immigrants Out! The New Nativism and the Anti-Immigrant Impulse in the United States*. New York: New York University Press.
- Pesquera, Beatriz M. and Denise A. Segura. 1993. There Is No Going Back: Chicanas and Feminism. In *Chicana Critical Issues*, eds. Norma Alarcón *et al.*, 95–115. Berkeley: Third Woman Press.
- Rodriguez, Jeanette. 1994. *Our Lady of Guadalupe: Faith and Empowerment among Mexican -American Women*. Austin: University of Texas Press.
- Romero, Gloria J. and Lourdes Argüelles. 1993. AIDS Knowledge and Beliefs of Citizen and Non-Citizen Chicanas/Mexicanas. *Latino Studies Journal* September: 79–94.
- Scheper-Hughes, Nancy. 1994. AIDS and the Social Body. *Social Science and Medicine* 39(7): 991–1003.
- Sontag, Susan. 1989. *AIDS and its Metaphors*. New York: Farras, Straus and Giroux.
- Trujillo, Carla, ed. 1991. *Chicana Lesbians: The Girls Our Mothers Warned Us About*. Berkeley: CA: Third Woman Press.
- Walboomers, J. *et al.* 1999. Human Papilomavirus is a Necessary Cause of Invasive Cancer Worldwide. *Journal of Pathology* 189: 12–19.
- Weeks, Jeffrey. 1985. *Sexuality and its Discontents: Meanings, Myths and Modern Sexualities*. London and New York: Routledge.
- Zavella, Patricia. 2003. Talkin' Sex: Chicanas and Mexicanas Theorize about Silences and Sexual Pleasures. In *Chicana Feminisms: A Critical Reader*, eds. Gabriela Arredondo, Aída Hurtado, Norma Klahn, Olga Nájera Ramírez and Patricia Zavella, 228–253. Durham: Duke University Press.