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MOTHERHOOD ACROSS THREE GENERATIONS OF BRAZILIAN MOTHERS: WHAT HAS CHANGED?

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Abstract

This research intended to analyze changes in the process of becoming a mother over three generations of Brazilian women, as well as the consequences of these changes on their understanding of what it is to be a mother. We intended to understand the practices, behaviors and beliefs surrounding and constraining three women from successive generations upon becoming mothers. Narrative interviews took place in informal conversational settings, following a semi-structured script. Interviews were analyzed qualitatively, according to the categorical and holistic model of analysis. We observed a greater variety of changes in the younger generation, such as the presence of the husband/partner in the mother's network of support, possibility of choosing the type of delivery, changes in the way pain is viewed in the motherhood experience, and the medicalization of childbirth. These gradual changes evinced a new way of being a mother, and the emergence of the pediatrician as a strong and influential figure in the caretaking practices regarding the mother and the baby.

Keywords: Motherhood, transgenerational study, meaning-making process, Brazilian mothers, cultural psychology

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INTRODUCTION

According to Valsiner (2001), Psychology in its history has exhibited a recidivist habit of repressing psychological complexities. The act of trying to get rid of culture is what leaves people with the impression that the label 'cultural psychology' is something new, established in the 1990s and 2000s. Actually, Valsiner (2001) points out, even though authors like Giambastista Vicco, Wilhelm von Humboldt, Moritz Lazarus, Lev Vygotsky, Georg Simmel, and Mikahil Bakhtin, for example, were very successful in arguing the importance of culture in psychology, culture was not substantively integrated into psychological research practices.

It is crucial to call attention to the importance of culture in psychological phenomena. This study adopts the approach according to which one's subjectivity and experiences are the places where we meet culture (Josephs, 2002). That is to say that by assuming that culture is neither an independent variable, nor something like activities and practices to be taught and acquired by younger and inexperienced "apprentices," we view culture not as the result of most harmonious cultural practices (Josephs, 2002), but a construction elaborated by the person; a meaning-maker (Bruner, 1990). According to Valsiner (2002), meaning-making processes are semiotic actions in which the person relates to the world and creates the world, including him or herself. The main feature of semiotic mediation is the emergence of novelty that goes beyond the meaning given (Valsiner, 2002). Cultural narratives are connected to cultural models, which organize life domains (Josephs, 2002). In this way, cultural canons offer direction to personal interpretations about their social roles and meanings.

We do not take Psychology and Social Sciences as confronting disciplines: one of the micro and the other of the macro level of analysis of the human phenomenon. Because individual phenomena and collective phenomena meet in culture, both disciplines are rather complementary and not opposing, as some would say. According to Valsiner (2001), intra-individual and inter-individual variability are crucial for the movement of change. It is due to intra-individual changes and contexts changes over time that development takes place. Thus, inter-individual changes would be the result of the flexibility of persons in dealing with dynamic contexts, serving also as part of the dynamic change of the context.

Three generations of mothers living in the same cultural context may share cultural canons, but also differences triggered by more than 20 years separating them. Because of intra-individual and inter-individual changes, changes in the context concerning narratives, concepts and practices associated with motherhood are to be expected over that time. But what has changed?

Meanings on Motherhood

The process of becoming a mother is dynamic, as it involves the construction of new meanings around motherhood, life itself and the emergence of a new identity: the mother identity. According to Bruner (2002), the development of a new identity demands differentiation and a new arrangement of perspectives concerning the person and others. In integrating this new arrangement, a new understanding of oneself emerges over time, enabling the enlargement of possibilities of action and ways to face reality and the growing diversity in the life context. Being a mother is a process of constant construction, as they say: *"I think it is learning each and every second, you know, you learn. And as they grow up, you keep on learning."* This was an assertion made by one of the mothers interviewed by the group Developmental Contexts and Trajectories, on the major project on Family Transition in the city of Salvador, Bahia, Brazil, sponsored by CNPQ (National Council for Scientific and Technological Development).

The way a society views and understands motherhood is also in a constant process of construction. We could say that not only the way a society understands motherhood changes, but also the way this society treats the mother, deals with her, supports her and understands how she should act changes (Bastos, Chaves, & Calaça Jr., 2012). The same authors point out that all these aspects surround and constrain the act of being a mother. In internalizing values present in a society regarding what it is to be a mother, how she should act, which influences to follow, who she should listen to, the woman associates them with her own experiences and builds her own meanings of motherhood.

According to Martins (2008), medical discourse, which represents some of the culture's canons and narratives, has helped to disentangle traditional and family discourses on motherhood. The influence of medical discourse on new generations has contributed to the construction of new meanings of motherhood (Martins, 2008). These ruptures were observed in narratives of women in conversational settings. It is important to point out that culture influences women's dialogues (since they build and are part of culture), in a way that is not passively absorbed. They reflect on these cultural voices about what others think of them and about what they think of themselves (Bruner, 2002). It is exactly when discourse and metadiscourse meet that novelty emerges, and consequently emerge new ways of acting and being (Valsiner, 2002).

Baily (2001) states that body changes are a means through which women negotiate their social positioning, yet by which they feel reduced to their biology, operating as a kind of social control - be it the control of the 'perfect body,' 'the suitable pregnant body,' or the body for reproduction.

Body changes are noticed by the pregnant woman and others surrounding her when the belly starts to "show." In the present study, we explored women's responses to these changes, how they reacted to them in their different generational moments.

McVeigh (1997) points out that becoming a mother is a moment of great social and individual change. In their 1993 study, Crouch & Manderson report that women who

experienced problems after childbirth were bothered by their partners' inability or unavailability to understand their dilemma (Crouch & Manderson, 1993). These same authors state that full-time mothers are cut off from the larger society, do not have freedom to do what they want, when they want – in terms of a very restricted freedom to come and go – and that this is why social support has been shown to be important for these women. We should consider that, even with the limitations that are expected to fall on an individual, those imposed on/experienced by new mothers can be even stricter.

In her research, McVeigh (1997) showed that first-time-mothers around their 20's and 30's reported that they were victims of a 'conspiracy of silence' about the realities of motherhood. These women reported no one had told them about the difficult, tiring and unrelenting demands of motherhood, the level of fatigue, loss of personal time and space in a 24-hour-marathon of child care.

All these aspects pointed by the literature and others that emerged in the narratives of the participants of this study will be approached in order to understand what has changed in the way Brazilian society and women in particular view what motherhood is, what practices a mother should perform and how she is supported by her partner.

Brazil is a developing country divided among five regions (North, Northeast, Southeast, South and Central-West), its population in 2012 is almost reaching two hundred million inhabitants, according to IBGE (2010)[1]. The proportion of elderly in the population in Brazil has increased almost 30-40% over the last twenty years. As is consistent with other BRIC countries[2], Brazil`s population is aging and the fertility rate is decreasing (IBGE, 2009).

These statistical changes are being followed by societal changes. In Brazil, in the 1970, middle and high income class women used to have children on their 20s, nowadays these women are delaying motherhood and tend to have children on their 30s, when they achieve financial and professional stability. On the other hand, even though low income class women still have children at a younger age, teenage years, the number of children they have has decreased considerably. Instead of having an average of four children, low income class women are starting to have only one or two children. Even though it is a very recent phenomenon, it has already influenced changes in the social meanings of motherhood, repercussing not only in Psychology (the way mothers view themselves), but also in Social Sciences as a whole (the way society has changed).

The purpose of this research was to investigate the changes that took place in the perception of motherhood across three generations of Brazilian mothers. Its importance lies in the need to understand the dynamics of the transformations through which Brazilian society has been going, especially the Brazilian family and the Brazilian mother, and what the consequences of these transformations are to women and society.

Interviewing mothers

Sato et al (2007) state that, regarding research sampling and generalization of results, a population is a collection of species of a certain category, of a certain universe. For them, it would be more adequate to define population in terms of a complex articulation, wherein each member of the population belongs to its universe in a peculiar way, because of the biological, sociological, anthropological and psychological variation present in each individual. Instead, the concept of population largely used in research eliminates the systemic qualities of the whole. Like any other group deprived of its relationship with the whole, subjects belong to a population when the systemic relationship between its members is eliminated, or not emphasized. This is what usually happens, but not what is supposed to happen in research sampling. Sato et al. (2007) take as an example all leaves of a tree. In research sampling, the leaves would form a "population" only if they were considered separately from the tree. Leaves of a tree are a population, but not a system. The system (the tree with leaves in it) represents its wholeness, but not the leaves of the tree separately. However, researchers use the leaves out of the tree, instead of the tree in its whole and call it population, stating they represent a tree. Sato et al. (2007) argue that the notion of population does to reach the generality of the whole phenomenon, since it does not catch the phenomenon as a whole. Therefore, it does not make sense to group and interview a great number of participants in a research, if they are not considered in their systemic qualities in relation to the group to which they belong, or the context in which they inscribed. Data coming from this type of investigation would not be necessarily generalizable, since it was obtained from people disconnected from their systemic environment. Besides, the use of sampling is based on the assumption of "homogeneity" of the phenomenon and the study of its basic essence. If anyone believes in the homogeneity of the group, then an arbitrary sampling is sufficient to carrying out any research (even though inter and intra-individual variations among participants are undeniable). According to Hermans (2001), usually this inter- and intra-variation is taken as a "noise" covering the "essence" of the properties investigated. The same author points out that this perception reflects a static, a-historical, essencialist-based way of dealing with phenomena, which has been questioned by contemporary psychology. Therefore, according to Sato et al. (2007), the focus on the interdependence of persons and contexts does not fit the notion of a numerous and random sampling. Randomization is a product deriving from the atomistic axiom applied to a complex world, which is why it is not a type of sampling compatible to complex phenomenon. This assumption, according to those authors, is inconceivable when dealing with human phenomena.

Thus, the number of participants does not matter in research sampling, if they are not connected to the whole in systemic relationships. On the other hand, when the participants are understood based on their social, anthropological or psychological relations with the others and the context to which they belong, there is a representative

sampling. Results that take into account these aspects, far from depending on approximations to establish generalities, apprehend the phenomenon in its totality.

METHOD

Participants

It was an exploratory qualitative study. It is important to point out that this research is part of a major project on family transition in Brazil. Researchers of this project have conducted semi-structured interviews with 45 women of different social status and age groups. Here, three interviews were chosen to illustrate the results obtained in the research. The oldest participant chosen is 80 years old, widowed, retired, middle-class school teacher who had four children. The second participant was 53-year-old, university educated, working middle-class woman with a husband and two daughters. The third participant was a primiparous 23-year-old married undergraduate student with a two-month old baby. To find these participants, we tapped our social networks. It is important to mention that results and discussion here presented derive from the analysis of all 45 cases, and not just the three ones presented here. These are presented here just to exemplify our findings. Overall, we divided the participants in three major age groups: participants aging 20-39; participants aging 40-60; participants aging 61+. These categories were created based on the similarities of experiences narrated in each age group.

How we interviewed the mothers

We contacted participants and explained that we were conducting study on motherhood, and asked if they would feel comfortable giving us an interview about their experiences in becoming mothers. The researchers went to the participants' houses and interviewed them according to a semi-structured script. The first two participants were mother and daughter, interviewed together, because we wanted to see possible emergence of generational tension (if there were any) and also because we had stimulated an easy conversational environment, in which they would feel comfortable to talk about their experiences.

After the interview, the participants were given a socio-demographic questionnaire to complete with information about social networks, migration, and family dynamics. Interviews were taped and transcribed by the researchers.

It is important to point out we did not include all the socio-demographic data collected in this article for discussion.

Instruments

The script was arranged thematically, and we asked participants to narrate their experiences concerning pregnancy, childbirth and postpartum. It was articulated in such a way as to approach three important moments in the transition to motherhood: pregnancy (relationship with the fetus, the pregnant body, choice of type of childbirth, prenatal; childbirth (pain) and postpartum (influential social institutions; participation of partner). In case the participants had more than one child, the interview focused on their experience in the first pregnancy.

Data Analysis

After interviews were transcribed, they were analyzed according to the model proposed by Lieblich; Tuval-Mashiach & Zilber (1998). This model includes a categorical and holistic analysis. First, we wrote summaries of each interview case. Then we read them as a whole (holistic analysis), stressing the aspects of the entire interview, the idiosyncrasy of the case in its relation to the transition to motherhood. Then we elaborated categories that emerged according to each of the three main themes of the interview: pregnancy, childbirth and postpartum. For each interview, we wrote as many detailed categories as possible. Then we began to group the categories into even larger categories and continued to do so until we reached general categories for each case. After that, we created general categories for the interviews as a whole. In this way, we came across general categories, valid for all interviews.

It is important to point out that there are more categories than the ones analyzed in this present article. They were not included for the purpose of conserving space. The categories to be analyzed in this article are: Pregnancy (relationship with the fetus, the pregnant body, type of childbirth, prenatal); Childbirth (pain) and Postpartum (Influential Social Institutions; and Participation of the Partner).

RESULTS

Motherhood: What has changed?

Results showed a major disparity between the youngest and the oldest generations of participants. Table 1 shows the categories used for analysis.

***Table 1*. Categories selected for analysis**

Categories	
Pregnancy	Relation with the Fetus
	The Pregnant Body
	Type of Childbirth
	Prenatal Care
Childbirth	Pain
Postpartum	Influential Social Institutions
	Participation of Partner

Taking into account all 45 cases, we observed a great variation in the three generations regarding the categories selected. In the pregnancy theme, we observed a difference in the interaction with the fetus, as mother of the second age group reported they used to caress the baby while still in her womb. All women of the youngest age group narrated they talked to their babies. When asked if they interacted with their babies while pregnant, mothers of the oldest age group said that during "those times," this behavior was not common; people would think they were crazy if they did so, and they themselves would, too. There was not an understanding, as is common today, that the fetus is able to react to the mother's voices and other environmental sounds external to the womb.

It is interesting to notice how the perception of the pregnant body changed across participants of all different age categories. One of the participants of the oldest age group (characterized previously), age 80, was marked by a feeling of shame of her pregnant body.

> *"Well, it is not that I found it bad to have children; it is that we felt ashamed of saying we were pregnant. Today, women are eager to expose their belly and say, 'look at my belly!' I used to squeeze myself, curl myself so no one would notice. When A. [her mother-in-law] learned I was pregnant, she said 'Oh, you found it behind the door'. Is this an expression? She meant I had found it behind the door [in a sexual connotation]! See?"*

In contrast, a mother of the second generation, aged 53, was eager to show her pregnant body:

> *"When I was in my second month of pregnancy, I thought it was great. I got to the university; my belly wasn't showing yet, but I was already wearing those dresses for pregnant women, and people would say, 'Boy, you really want your belly to show!'."*

The youngest mother here presented, 23, felt inconvenienced by her pregnant body, because she could not wear more fashionable clothing:

> *"(...) there were some days, when I wanted to go out, I was going to hang out with some of his [her husband's female friends] friends. I was a little upset because of my desire to put on prettier clothing, you know… And not having to go out wearing clothing for pregnant women, that belly really gets in the way… Sometimes I wanted to get rid of that belly as soon as possible."*

Williams and Potter (1999) associate the relaxation of pregnant mothers to weight concerns with the pressures to conform to a maternal ideal. However, the pressure on women to reach for a slender ideal seems to have caught the youngest generation, for whom the slender body better fits their ideal of female body than the maternal ideal, which better suits older generations.

Regarding concerns with the pregnant body, the mother of the second age group said:

> *"I didn't worry about my body, you know. When I was pregnant, my worries were, like I told you, 'will I take care of my child all right? Will I know how to do it?'"*

In the category Type of Childbirth, the mothers of the first two age groups reported that they didn't have the opportunity to choose. Actually, according to them, this alternative was neither cogitated, nor common in that period. Cesarean section was performed only if medical complications happened during childbirth. This situation is very different from the one lived by the youngest mother, who was given the choice and opted for Cesarean, not due to medical concerns, but because she feared labor pain.

"(...) I'd rather have a scar than labor pain".

Considering the category prenatal, the mother of the second age group states:

"There weren't all these worries about prenatal. There was prenatal, but doctors didn't demand so much of us, like dieting and so on. We gained weight, but they didn't tell us we were too fat. There wasn't such a thing. They used to focus more on the baby's size, if the baby was all right, this kind of thing."

This prenatal was very different for the mother aged 23:

"There's the course (prenatal course) of the A. (hospital), in which I enrolled. I ended up not going, but I know other people who attended this course. They told me about it. They said they talked in the course about prenatal (care?), childbirth, postpartum, breastfeeding, There was much information. I also went to a nutritionist, 'are you having prenatal care?'."

We observed that, according to the youngest mother, it is common for future mothers of her age range to attend courses that teach them how to bathe the baby, how to breastfeed, and how to feed the baby properly. These courses were not even thought of by oldest mother and her generation. Maybe, this is due to the fact that in previous generations, motherhood was taught by grandmothers, aunts, mothers-in-law; more experienced women (Martins, 2008). Probably, this is why, when they had babies, they either went to their mothers' houses, or their mothers came to visit and stayed with them for a while, as mentioned by the mother of the third generation:

"Yes, all my life I delivered at Mom's house, and I stayed there the whole moth. When I was about to give birth, I moved to Mom's (...)."

About this issue, the mother of the second age group said:

"(...) we didn't move to mother's house, but she came, Grandmother came to be with me during labor."

Regarding the second major theme, Childbirth, the category pain also revealed disparity along the interviewees of different age groups. As already mentioned in the youngest mother's narrative, fear of pain was the reason she decided to have a cesarean section. In both on the first and on the second generation women's narratives, they report that women were not allowed to express pain. They were somehow reprehended by doing it, since pain was part of the transition to motherhood. Feeling labor pain was inscribed in the process of becoming a mother. However, this is not so for younger mothers, for whom labor pain is one of the main reasons why they choose to give birth by cesarean sections.

In the third theme, Postpartum, the category Participation of the Partner also showed relevant differences between mothers of different age groups. The participation of the partner/husband in childcare only appeared in the youngest group of mothers. In previous age groups, there was even some humor, as in the narrative of the senior mother, when she reports asking her husband to help with the baby:

"It happened like this. I Said 'G, help me here, the baby is yours, too', and he said 'Rock your part of the cradle and let mine cry [laughs].*'"*

(...)

"Can you believe I left the baby on the bed and went to prepare his milk, worried he could fall. (The baby) grabbed on something and already stood up.The father didn't even care, and the boy kept screaming and screaming and screaming... G was lying down beside, with his mouth shut, didn't do a thing. He didn't complain at all, but didn't move, either."

About this issue, the mother of the second age group said:

"One thing that I notice a lot in my daughters' generation is that the participation of the father of the child is very different, because I...the mother didn't have [her husband's help], and I was like my mother, since D. was like… a very affectionate father, but he wasn't a 'caring father'. He took the children in his arms, but he soon felt clumsy and would go "take it, M, take it!" Little babies he wanted, as long as they were all clean. He wasn't the type that woke up in the middle of the night when I was recovering from the delivery. I moved him from our room to another not to bother him, so He could sleep all night long."

In terms of the category Social Institutions that Influence the Mothers' Practices, we observed the strong presence of medical discourse in the youngest mothers. This discourse refers to childcare practices, what to do in postpartum care of the mother and the baby, especially regarding breastfeeding. The pediatricians' voice is very present in the mothers' worries, through strict rules and prescriptions. The middle-aged mother displays aspects of medical discourse in her narrative, too:

> *"If I had had my children today, I would have known I should have breastfed the girls a lot longer. But during those times, we didn't have the type of orientation there is today, you know. So I stopped breastfeeding early."*

Actually, according to the mothers' narratives, it is possible to state that during those times motherhood was not yet monitored by pediatricians. It is interesting to ponder what makes her think that the fact that she did not adopt current procedures in caring for her daughters might have harmed her daughters somehow, since her daughters are healthy women today, just as they were healthy children years ago.

Medical discourse is very strong in the narrative of the youngest mother:

> *"Pediatricians say that in the beginning it is good you, you, you do things for the baby...She said 'if you give her the bottle, you're the one who should give it to her, you're the one who should bathe her. Because of the contact with the mother… My mother used to bathe her, the pediatrician told me twice it is good that I bathe her. And sometimes I think 'crap. I have to bathe her, but I don't like to bathe her.' They ask you to dedicate yourself completely to the baby. That's what the pediatrician wants: breastfeed until the baby is two years old, at least six months, total dedication, because when you are breastfeeding you can't do anything else, just breastfeed."*

In this case, we can observe a change in the discourse concerning postpartum childcare practices, which triggered a conflict of perspectives. Most of the interviewees narrated that, doctors do not recommend that young mothers take advice from their mothers, mothers-in-law, or older and experienced women. It seems that in this context, only pediatricians and specialists hold the right to transmit knowledge to new mothers. Let us see what the 23-year-old said about it:

> *"What is funny is that we, I know you were gonna ask, but we (*she and her mother*) have conflicts about it all the time, because her pediatrician says*

one thing, and so does the doctor, but my mother says a completely different thing."

We observed in these narratives that the knowledge previously dominated by women, appears to have begun to be controlled by specialists, doctors, pediatricians. This could indicate a remarkable change in a society, since it concerns who holds information and who is backed by social institutions. That is to say that in Brazil, in 50 years, not only have majored changes occurred with regard to views and practices related to the categories outlined here, but also the construction, but also the construction of knowledge on motherhood moved from the female domain to the doctor's domain.

According to Martins (2008), pediatrics emerged during the XIX century. Prior to that, midwives played a key role in helping women in the process of transition to motherhood, as narrates our senior participant:

"It was a midwife. Even J. [her fourth son] *was delivered by the midwife. The baby had appointments with her, she went to see him, examine him...She had the knowledge. She wasn't formally educated.*

Another important issue that emerged in the youngest mother's narrative is that she was not aware of the workload and attention a baby would demand of her. According to McVeigh (1997), there is a general belief expressed by first-time mothers that prenatal classes might have prepared them for labor and delivery, but nothing prepared them for the hardships of motherhood and child care.

Though medical culture discourages women's sharing of knowledge on motherhood and postpartum childcare practices, McVeigh (1997) states that in face of this feeling of there existing "secret conspiracy about the difficulties of motherhood," young future mothers should be supported by older women in sharing the experience. According to this author, experienced women would be of great help in assisting young mothers-to-be during pregnancy and the early weeks of motherhood. Even though this may not be the best time to prepare women for the realities of motherhood, this can be the only moment when they will ask for help and support.

INTERDISCIPLINARY ASPECTS OF THE SOCIAL TRANSITION

Martins (2008) points out that if we compare our grandmothers' and great-grandmothers' generations to recent generations, we will observe a growing insecurity in parents of today, especially mothers, who are more commonly blamed for problems that might happen in childcare. Today, young women and mothers search for books and magazines specialized in childcare. It is as if they were preparing for the arrival of the

baby. "How to be a mother" is a question our grandmothers and great-grandmothers never dreamed of asking.

Taking into account we conducted 45 in depth semi-structured interviews and the fact that a strong resemblance in experiences narrated by women aging 20-39; 40-60 and 61+ was observed, we might reflect upon a possible major generational change in the way women become mothers in Brazil. It is important to mention that most of the women interviewed belong to middle and high income class families. Therefore, we cannot assume these changes also took place among low income class women. In spite of it, a considerable change in childcare practices and healthcare practices concerning mothers, is taking place in Brazil among middle and high income class mothers. This change seems to accompany the medicalization movement through which western society is going through, and Brazil seems to be a particular case.

According to the Brazilian Institute of Geography and Statistics (2009), Brazil is the country with the most increasing rates of cesarean sections in the world. The cesarean section represents 43% of the deliveries, while the World Health Organization recommends that the cesarean section should not surpass the rate of 15% in a country. When it comes to private health insurances in Brazil, the cesarean section rates go up to 80%, compared to rates of 26% in the public health assistance. Therefore, changing the birth of a baby into an almost mandatory surgery is an issue concerning not only Psychology, but Social Sciences in general, including other disciplines such as Public and Global health. We observed that this phenomenon, is taking place only among middle and high income class mothers, because most of them prefer to have a private health insurance instead of the public free universal health insurance provided by the Brazilian government. In private insurances, most doctors prefer to perform cesarean sections instead of a vaginal delivery. According to participants' narratives, time is one of the main reasons for that. In Brazil, most doctors do not want to expect lengthy labors, which can last sometimes to more than 20 hours. They prefer to schedule the childbirth, this way it does not take long and they can perform several other deliveries (which cost more than vaginal deliveries because they are considered to be surgeries) on that same day and probably earn more money.

It is interesting to compare these cases to some of the low income class mothers we interviewed, whose doctors, often paid by the government, prefer to perform vaginal deliveries (which are supposed to be cheaper).

This study shows how a change in a phenomenon like becoming a mother brings transformation in society concerning not only the meanings of motherhood shared by women of certain social classes, but also the way society behaves as a whole in terms of medicalization. Public policies are to be suggested in order to reduce the number of unnecessary cesarean sections in Brazil.

Overall, we observed that, as Josephs (2002) emphasizes, culture is not the product of culturally harmonious practices, but the encounter between ones subjectivity

and experiential worlds. Even though mothers of recent generations receive a great deal of information on how to proceed and behave with their bodies and their babies, they do not "absorb" it passively. Their experiences on the realities of motherhood evince new unexpected situations, referred by them as the 'conspiracy of silence.' The meeting of experience and subjectivity triggers the construction of new meanings on motherhood, meanings that were not necessarily shared by previous generations. The experience of labor pain, formerly part of the process of becoming a mother, is no longer a necessary part of this rite of passage to the maternal world. Mothers from older generations related to the world of motherhood as if it were an exclusive female universe, in which women (midwives, mothers, mothers-in-law, female neighbors and aunts) helped each other. It was a universe in which men did not dare to enter or did not want to enter, as observed in the oldest participant's narrative.

On the other hand, more recently, not only has this female universe been transferred to the medical domain, but also partners and husbands have begun to want to be part of it. This transitional moment enabled inter-individual variation along generations, and triggered a movement of change in society. Changes that took place regarding who holds the knowledge concerning motherhood issues, who advises, who participates, childbirth and childcare practices have strongly influenced the way motherhood is understood in Brazilian society, and maybe we could say in western society, as pointed out by Badinter (2010).

New meanings have emerged; canons put at stake, since the way Brazilian society treats mothers, deals with them, supports and understands how they should act also appear to have changed along three generations.

Even though young first-time mothers endure difficulties dealing with the realities of motherhood, like everything in life, it has positive and negative aspects, which change as generations pass. It is important to point out the positive side: According to Valsiner (2001), all phenomena may be comprehended through concepts that involve the dualities which are intrinsic to them. Motherhood can be good and bad at the same time; this probably won't change across generations.

A limitation of the study is the reduced number of low income class mothers interviewed.

Future research could investigate how conflicts involving medical knowledge and traditional knowledge influence new mothers, and how traditional practices can coexist with medical practices, or at how there might be a possibility for dialog. Also, future studies can provide a broader overview of the change in society, concerning transition to motherhood, by interviewing more women of different social backgrounds.

Footnotes:

1. IBGE stands for Brazilian Institute of Geography and Statistics. It is a governmental institute responsible for executing the Brazilian census.

2. BRIC stands for Brazil, Russia, India and China, which is a group of countries with specific particularities in the international economic scenario. These countries are known as the four new poles of international system and are "currently known in the business and financial press as the BRICs economies", according to Armijo (2007), p.7.

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