Temporary urban migration, maternal-infant wellbeing, and the social production of health

A Co-Produced Ethnographic Study from Mexico

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Funded by the British Academy / Leverhulme Trust

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Investigación con Impacto Social

Mexico

- Mexico: 1/3 in poverty; 7% extreme poverty

- 6/10 in informal work → limited healthcare access

- IMSS-Bienestar: reduced package for uninsured

How do families from Puebla and Tlaxcala experience temporary migration for neonatal care,and how do the places they encounter shape wellbeing?

Urban Sociology of Health

- Cities as mosaics of risk and protection (Fitzpatrick and La Gory, 2003)
- Urban health penalty : poverty, poor housing, violence (Andrulis, 1997)
- “Social risk positions” emerge from inequalities of place and class, reinforcing the unequal distribution of risk and hazard (Becks 1997)
- Manning (2018) highlights the need for ethnographic studies to understand the effects of urban life in health, especially mental health.
- In many cities, reproductive, maternal, neonatal, and child health services are more widely available than in rural areas (Mathias et al. 2025)

Hospital as place

- Hospitals are resource spaces (care, professionals, tech)

- Also risk spaces: crowded, stressful, infections

- Families navigate hospitals and peripheries

Intersectionality

•How do multiple social positions, such as gender, class, ethnicity, migration status, interact within systems of power? (Abrams, 2020; Gkiouleka et al., 2018).

• Oppressions intersect within broader structures of domination (Collins, 2022; May, 2015)

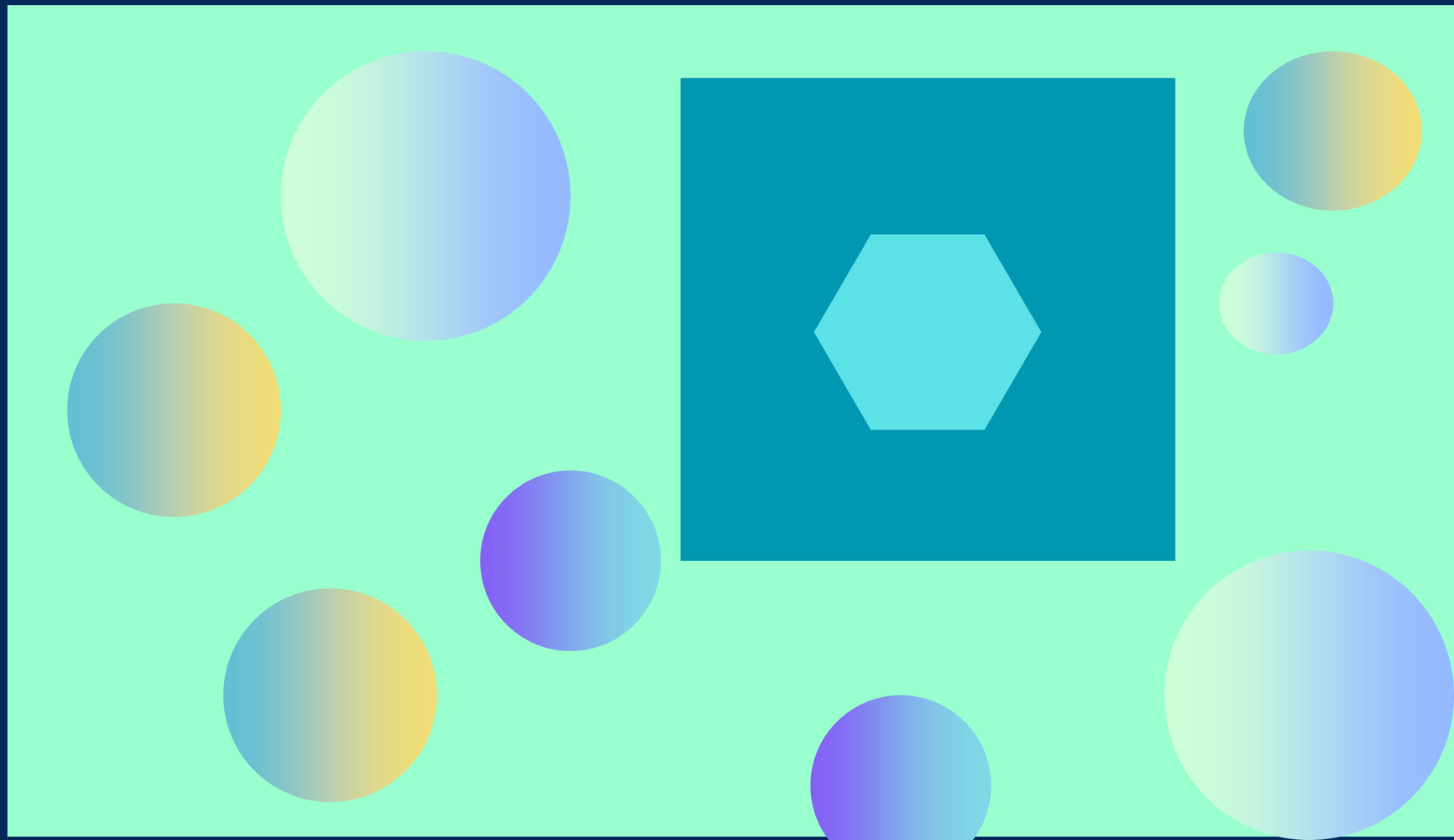
• Critical realism helps understand how neonatal hospitalisation is shaped by historically and culturally specific inequalities.

Co-produced Ethnography

- 10 families (rural, Indigenous, low-income) accessing health through IMSS-Bienestar.
- Data: paper diaries, interviews, observations, photographs, audio notes.
- Sites: NICU, hospital, periphery, metropolis

Layers of Place

- NICU
- Hospital
- Hospital periphery
- Metropolis



NICU

- Unequal relationships with medical staff
- Access to their baby tightly controlled through strict cleaning protocols
- Parents’ concerns were sometimes ignored
- The NICU provided life-saving care, but it also reproduced hierarchies of knowledge and power

Hospital

- Long hours in hospital waiting areas, lactation rooms, and social work offices
- The production of subordination through waiting in Latin America (Auyero, 2012)
- Institutions as mosaics of protection and risk

Hospital periphery

- Urban infrastructures shape health
- The periphery of the hospital mirrors the broader social geography of Mexico, where vulnerability is unequally distributed along lines of gender, class, and social position.

Metropolis

- Navigating an unfamiliar place

Discussion

- Migration = risks and resources
- Place actively shapes health outcomes
- NICU: colonial hierarchies of class, gender, ethnicity
- Hospital: inequality enacted through waiting
- Periphery: insecurity and gendered risks
- Neoliberal reforms → scarcity and fragmented care

- Urban advantage is partial and fragile
- Cities offer survival but also insecurity and exclusion
- Improving outcomes = link health policy with urban policy
- Survival depends on NICUs and infrastructures around hospitals

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