Facing Patriarchy: Young Women's Narratives on Adolescent Mothering. A Study from the Indigenous South-South Region of Costa Rica.

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by

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Declaration:

Where other people's work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced in accordance with departmental requirements.

The thesis "Contesting Patriarchy: Young Women's Narratives on Adolescent Mothering. A Study from the Indigenous South-South Region of Costa Rica" is my own work.

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Abbreviations

GBV	Gender based violence
INEC	Instituto Nacional de Estadística y Censo
IPV	Intimate partner violence
MoH	Ministry of Health
PAHO	Pan American Health Organization
SRH	Sexual and reproductive health
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

ABSTRACT

Since colonial times indigenous populations of Costa Rica have been systematically oppressed and discriminated. As a result indigenous people have been marginalized geographically and socially. Currently social inequities are common and portrayed by an educational, health, economic, technological gap which in spite of recent efforts, still persists.

An issue that has recently received attention is the high rate of adolescents that become pregnant within indigenous communities. No studies have addressed this issue in this particular context, although worldwide research is vast. In spite of this, literature available seems to focus in a dichotomist discourse of good and bad, protective and risky, acceptable and stigmatized, many times not taking into full consideration the construction of realities based on subjective experiences nor fundamental socio-economic, legal, and normative determinants that perpetuate adolescent pregnancy. This research assesses these gaps.

A narrative approach was used to analyze the experiences of motherhood of a group of 20 indigenous young mothers from the Ngäbe ethnicity. From the analysis of the narratives surfaced that gender inequality/oppression, a lack of agency, human rights violations, neglect from state institutions, lack of educational/labor opportunities, social exclusion, a permissible social environment and poverty perpetuated a disruptive life course for the participants. This disruptive life course was marked by events of abuse, early-marriage, unplanned pregnancy, gender-based violence and abandonment of the educational system. Nonetheless, a great desire to overcome adversity, provide a better life for their children and modify the societal structure that marked their earlier lives signified a process of restoration through motherhood that eventually translated to a positive outcome in most of the participants' narratives.

CHAPTER 1: Background

Costa Rica is geographically located in Central America and has a population of almost 4.5 million (INEC 2013). It is recognized worldwide by its astonishing biodiversity, its solid democracy, the culture of peace and a long lasting tradition of strong social reform.

Legacy of its colonial period, according to the 2011 census, the majority (approx. 90%) of Costa Ricans are considered white-mestizos or mulattos (INEC 2011a), making it a highly homogenous society. The remaining 10% are represented by afro-descendants, Asian-descendants, immigrants and indigenous populations. The latter represents approximately 2% of the Costa Rican population, roughly over 100,000 people in total (INEC 2011a).

Since the colonial era, just as in other Spanish colonies, indigenous groups have been systematically oppressed, discriminated and marginalized, even long after the independence of Costa Rica in 1821 (Guardia 2005). As a result of this, indigenous people have been geographically displaced from their original locations and have been isolated in scattered mountainous regions, especially in the South-South Region of Costa Rica.

Isolation has not been only geographic. During more than 150 years the Costa Rican government and society failed to recognize its original inhabitants as part of their country; denying citizenship, basic rights and participation. It was in 1989 when the constitution finally recognized them as equal citizens (Barie 2003). However, to this day, social inequalities and contrasts between Costa Rica's majority population and indigenous groups remain. There is a recognized educational, health, economic, technological gap which in spite of recent efforts, still persists (Table 1 and 2) (Solano 2000, UNICEF 2006, INEC 2011b).

Table 1. Selected demographic indicators compared: Costa Rica and location of the study[1].

	% of population per age group			Demographic dependency ratio[2]	Children per women in fertile age[3]	% of adolescent mothers[4]	% of married adolescents[5]
	0-14	15-64	65 or more				
Costa Rica	24.8	67.9	7.2	47.2	1.6	4,3	4,3
Location of the study	47.7	49.1	3.2	103.8	2.7	18,6	22,0

[1]INEC 2011b
[2]The number of people 0-14 years old and 65 years and more, for every 100 people aged 15 to 64 years old.
[3]The number children born alive per women aged 15 and over.
[4] The ratio among women 12 to 17 years old who had children born alive in relation to the total of women 12 to 17 years old.
[5] The ratio among women 12 to 17 years old who are married in relation to the total of women 12 to 17 years old.

Currently there are eight different recognized indigenous ethnic groups in Costa Rica scattered throughout the entire country, although the majority are concentrated in the mountain region of the south (Figure 1). The Ngäbe-Bugle (previously known as Guaymies) are one of the eight ethnicities recognized in Costa Rica and account for approximately 5,000 people (INEC 2011b). Their territory has been divided since the 19th century when the borders of Costa Rica and Panama were defined. The Ngäbe-Bugle have been driven into a status of vulnerability in which poverty, gender inequality, marginalization, discrimination and lack of access to services (e.g., education, health, welfare) have become common denominators of the social exclusion suffered by the majority of its population (Table 2) (Carballo 2004).

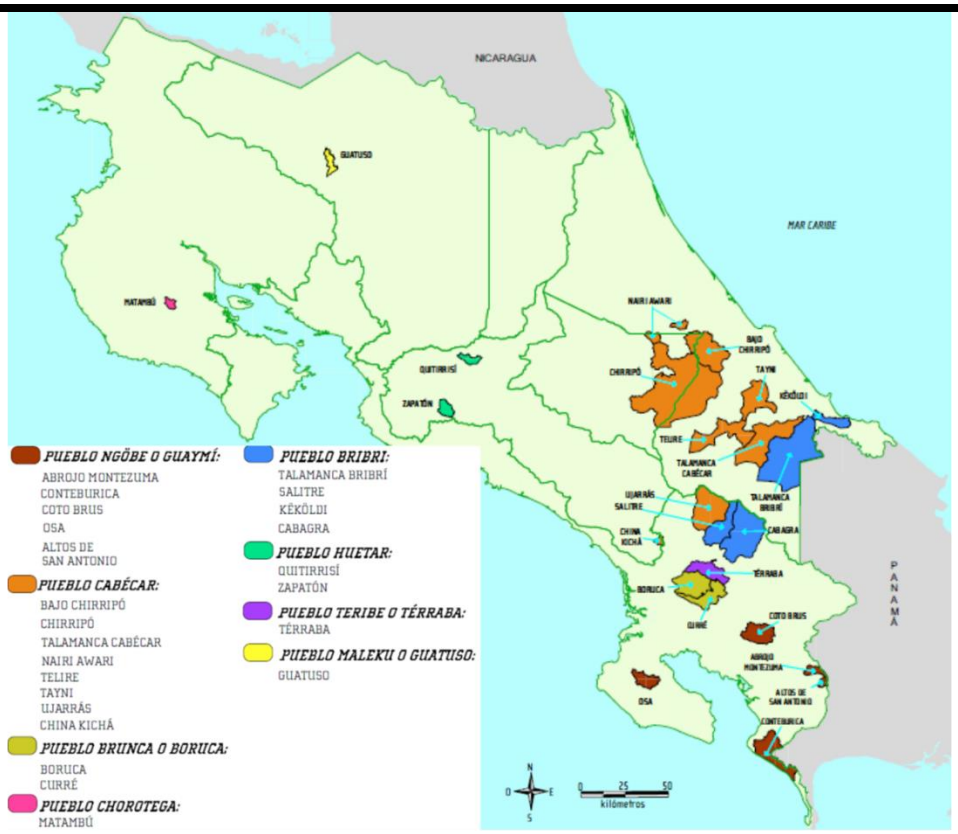

Figure 1. Map of Costa Rica with detail of indigenous territories (modified from INEC 2011b).

CHAPTER 2: Methodology

Problem Statement

Social inequities and being subject to systematic discrimination are the shameful reality of indigenous communities. Health inequities among the Ngäbes and other indigenous people of Costa Rica are the foremost characteristic of these injustices. According to data of the Ministry of Health (2005) neonatal mortality in some territories is 26% higher than the national mean. Malnutrition in children under five is significantly higher in comparison with the non-indigenous population. Infectious diseases, such as diarrhea, pneumonia and tuberculosis disproportionally affect indigenes of all ages more than any other minority in Costa Rica. Furthermore, according to PAHO (2003) health services provided in indigenous territories are decontextualized, inadequate and culturally disrespectful.

One particular issue that has received a reasonable amount of attention (mainly in the prevention area) of public health authorities, is that the number of adolescents (from here on taken as a person between the age of 10 and 19 [UNFPA 2009]) that become pregnant is four times higher compared to that of the non-indigenous groups of Costa Rica. Data from the last census reaffirms that adolescent pregnancy rate in the Ngäbes is the highest in Costa Rica (INEC 2011b); with one out of five adolescent women becoming mothers before the age of 17 (Table 1). This issue is considered by many policymakers and health workers as a major public health problem, as early age of mothering is linked with adverse health and social outcomes for mother and baby (Maynard 1996, Hobcraft and Kiernan 2001, Munoz et al. 2001, Lawlor and Shaw 2002, Furstenberg 2003, Klein 2005, Boden et al. 2007, Langille 2007, Luong 2008, Pedrosa et al. 2011, Lara 2012, Marcotte 2013). Nonetheless a growing number of scientific literature has contested these notions, arguing that these adverse outcomes are the consequence of challenging socio-economic conditions (and not age *per se)* present in a great majority of adolescent pregnancies (Lawlor and Shaw 2002, Rich-Edwards 2002, Bonell 2004, Pantelides 2004, Nove et al. 2014).

Justification

Until now no specific research has examined the reasons behind high adolescent fertility rates in the Ngäbes' context. The handful of literature available (see for example MoH 2005) emphasizes the negative biomedical aspects of adolescent pregnancy, but rarely recognizes fundamental socio-economic, legal, and normative determinants (i.e., structural determinants) and behavioral traits that perpetuate adolescent pregnancy (see for example Figure 2). This has decontextualized the realities of indigenous populations, leading to inefficient public policy and futile actions from diverse sectors (Mesa Nacional Indígena de Costa Rica 2009).

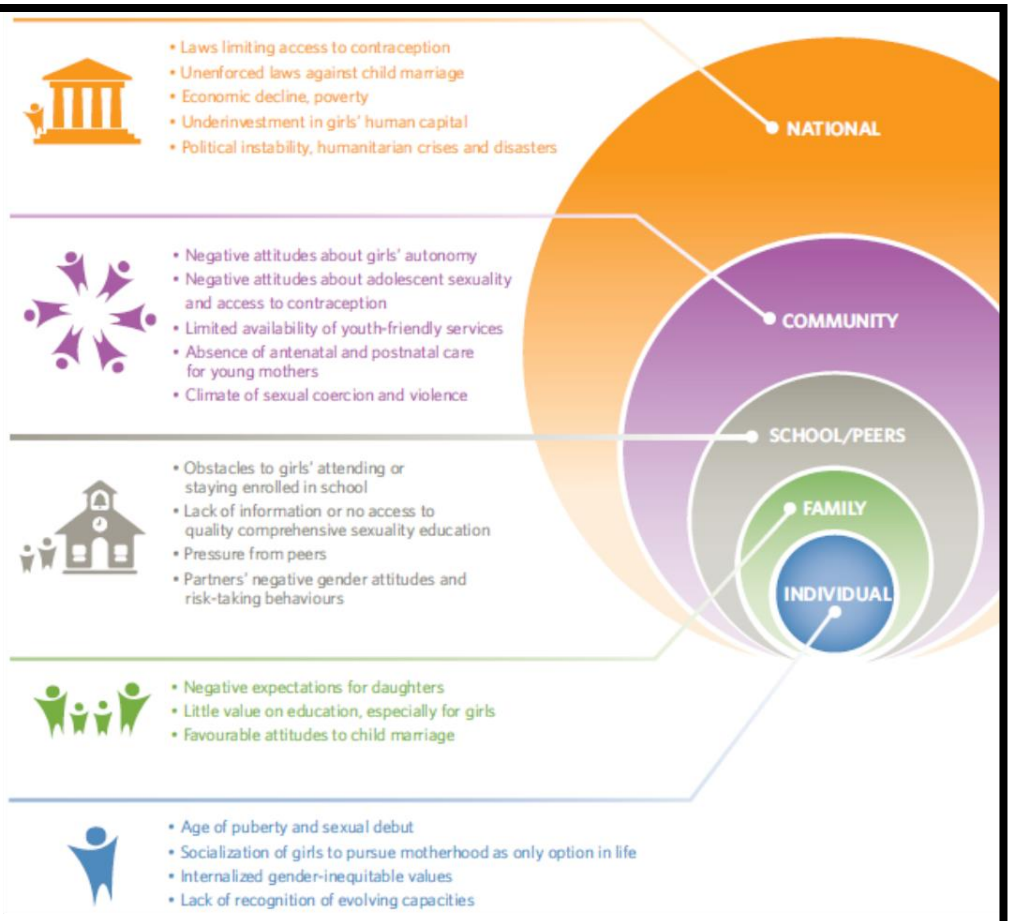

Figure 2. Determinants of adolescent pregnancy: an ecological model (UNFPA 2013)

Pregnancy and motherhood during adolescence is an area of extreme complexity, and little is known about the experiences of indigenous adolescent mothers in Costa Rica. This research, through qualitative techniques aims to contribute in bridging this research gap. It intends to provide a different angle and tries to understand, articulate and link different structural processes (e.g., poverty, patriarchy) with the experiences these young women bring through their narratives. By doing so, it not only conveys their voices, but also recognizes them for their role as actors within society with the capacity to reflect upon their actions, make decisions and construct identities and knowledge as adolescent mothers (i.e.,

agency). Finally, the results of this research could be used in shaping policies aiming to improve the health and social realities of teenage mothers in this specific context.

Table 2. Selected social indicators compared: Costa Rica and location of the study[1].

	% of literacy[2]	Average schooling years[3]	% with complete high school or more[4]	Net participation rate[5]		Economic dependency ratio[6]	% of homes with at least one unmet basic need[7]
				Male	Female		
Costa Rica	97,6	8,7	36,3	53,5		148,7	24,6
Location of the study	85,1	4,3	6,3	27,6		591,9	82,0
				93,8	6,3		

[1]INEC 2011b
[2] Ratio between the population aged 10 and over who are literate, in relation to the population aged 10 and over.
[3] Number of years approved in the regular education of the population aged 15 years and over in relation to population aged 15 and over.
[4] Ratio between the population with at least one full year of secondary schooling in relation to the population of 17 years and older.
[5] The percentage ratio of the population in the labor force aged 15 and over, compared to the population aged 15 and over.
[6] The number of people 0-14 years old and 15 years and more out of the labor force per hundred people aged 15 and over in the labor force.
[7] The percentage ratio of households with at least one unmet basic needs (UBN) compared to the total number of households. The UBN cover four dimensions: 1. Access to decent shelter (housing quality, overcrowding, electricity); 2. Access to healthy life (healthy physical infrastructure); 3. Access to knowledge (school attendance and educational achievement); 4. Access to other goods and services (power consumption).

Main Research Objectives

In the specific context of the Indigenous Territory of Coto Brus, and through the narratives of young mothers that had a pregnancy and experienced motherhood during their adolescent years.

- To assess how these women experience the motherhood process during their adolescence.
- To assess the structural factors that influence these young women's life trajectory.

Methodology

Research Design and methods

A narrative approach was used to obtain the life stories of a group of 20 young mothers from the Indigenous Territory of Coto Brus in the southern region of Costa Rica. The very nature of a narrative is to tell a story, be it of one short event or a whole life (Czarniawska 2004). When analyzed in a proper manner a narrative can help unravel how people create/construct the meaning of their lives or of an experience (Goodson and Sikes, 2001). The narrative approach was chosen as a recognition of the importance of subjectivity within transcultural research, the importance to comprehend people's understanding of their reality and the importance of exploring the tacit meanings within the words of the participants (Hiles 2010).

In order to capture this process the research adopted the method of timeline interview. As the name implies, timeline interviews are in-depth interviews performed with the parallel resource of a visual aid (i.e., a timeline). A timeline interview is framed to understand the larger socio-cultural environment of an event or a period (i.e., adolescent motherhood) while unravelling social processes that might have an impact on life trajectories. As Adriensen (2012) emphasizes, this method "*increases our possibilities of seeing events and perceptions of these events within contexts of wider life experiences*" (p. 42). Accordingly, the timeline interview allows the interviewer and the interviewee to use the timeline as a

means for discussion and reflection on specific events, providing linkages between meaningful events, social processes and the wider life story (Crivello et al. 2006, Denzin and Lincoln 2009, Leung 2010). Contrary to what the name implies, timeline interviews are not chronologically linear, rather they portray a visual mapping of the participant's life in order to facilitate building the narrative (Patterson et al. 2012). Researchers such as Adriensen (2010), Leung (2010) and Berends (2011) have used this technique successfully in trans-cultural settings, and such characteristic weighed in significantly in the decision to use this technique.

The method was selected for its capacity to prompt in-depth responses within the interview. The interview usually started with a basic initial statement: "*tell me your life story back since when you can remember*". During the narrative, probes were used to address specific themes that would come up in the interview and narrative inducing questions such as "*what happened next*?" helped participants to further deepen into their story.

Ethical Considerations

Ethical clearance for this study was obtained from the Research Ethics Committee of the Royal Tropical Institute. Informed consent formulation was informed by the "Report of the international seminar on methodologies in relation with informed consent and indigenous peoples" from the United Nations. Finally, following the confidentiality agreement in the informed consent, all the names of participants used in this research are fictitious.

Study population and sampling

The 20 participants of this research were indigenous young mothers of the Coto Brus Indigenous Territory, ranging between 19 and 29 years of age that had a pregnancy and experienced motherhood during their adolescence. 12 were recruited by snowball technique and eight using a key informant, in this case the town's primary care technician who has vast knowledge on where eligible participants could be. Six woman refused to participate in the study. Two cancelled their appointments and did not want to reschedule. Reasons for this were not asked for.

Data Collection

After an initial contact to introduce the research and create rapport, and after having obtained informed consent, interviews took place in a private room facilitated by the local health center (chosen for the ease of access for women and a place they felt safe) or the participant's house, according to the preference of the participant. Ten interviews were done in the participants' household ensuring privacy and ten in the local clinic. Each interview took around 90 minutes each, they were recorded using a digital recording device when permitted and later transcribed in a verbatim fashion on the same day of the interview.

Data Analysis

The transcriptions were then subject of thematic analysis conducted through three full readings of the transcripts. Coding was done with the help of NVivo V.10 software. 59 codes were developed, ranging from concrete topics such as "experiences of child abuse", to more abstract codes such as "restorative motherhood process". Codes were later subject to axial coding and subsequently grouped in themes that eventually led to the definition of the different sections presented in the results chapter (Aronson 1999, Bryman 2012). Each transcript also was subject of a summarizing process that included the most salient

characteristics of the narrative such as education, intimate partner violence (IPV), experiences of sexual abuse, and support networks. Finally it must be duly noted that this research is also informed by my roughly 18 month experience working within this particular community and by informal participant observation done during my six week period of data collection.

Limitations

Initially group participatory techniques were going to be used to explore in-depth concepts around three issues of interest: (1) the attributes and meanings of being an adolescent mother; (2) the support network these women counted with; and (3) the construction of a life project before and after pregnancy. Nonetheless due to the prevalent conditions of intimate-partner violence and the seclusion of some of the women within the community, group activities had to be cancelled for the safety of the participants.

Gender and cultural limitations must also be acknowledged. Being myself a *mestizo* male, and contemplating the colonial past of Amerindians, it must be considered that the participants could have been reluctant to speak openly to me, especially of sensitive topics such as those of sexual nature. This might have been the case for some participants, however my experience with the majority of them was that once an environment of trust was achieved and beneficence of the research explained, women would speak openly, and were not shy to share experiences with an outsider like myself. In fact many of them were eager to tell their stories as this was a unique opportunity to share something no one had ever asked them.

I must also recognize that the results obtained from the participants only tell one side of the story, and due to time limitations, although desirable, it would have been of utility to triangulate information with other key stakeholders (e.g., health/social workers, men of the community). By missing this *other side of the coin*, this thesis is over reliant on accounts that might or might not be completely sincere, might have some degree of recall bias and might be a result of social desirability given my former known position as a health worker. Nonetheless, my prior experience as a physician added to countless informal conversations on the topic inside and outside the community allowed me to a certain extent to triangulate and ensure congruency in the data obtained.

From a personal standpoint, having personally listened to the stories of these young woman a great deal of empathy has been created between myself and the participants. However I also recognize that complete separation and isolation from participants in this type of research is never possible, and sometimes a degree of conscious partiality is desired always maintaining the highest standards of academic rigor in place, duty that I consider achieved.

Finally, as a small scale qualitative study, this research does not aim to be transferable to other geographical areas or other ethnic groups, nor does it intend to grasp the completeness of the concepts to be studied, as this is an impossible task. Nonetheless it does intend to raise questions within its readers, to contend preconceived notions of adolescent motherhood within this particular community and to open the door for further research on the matter.

CHAPTER 3: Results and analysis

This chapter will detail the results obtained during the data collection phase. Due to the qualitative nature of the methods used in the collection of data, additionally to the type of analysis the data underwent (e.g., exploration of tacit meanings) and the uniqueness of each narrative, this chapter will also simultaneously provide a subsequent short analysis of the results. The next chapter will deal with a more in-depth discussion of such results.

The first section of this chapter explores the different structural factors embedded within the narratives and that influenced the participants' life trajectory. More importantly it will deal with the factors that led towards two important life events that emerged from the participants' narrative: adolescent pregnancy and early marriage (i.e., child marriage, from here on understood as the customary union between two people, one of them, in this case the woman, being under the age of 18 [UNFPA 2012]). Since these both are studied in a retrospective manner, the factors addressed in this section portray a picture of past situations from the participants' childhood and adolescence. They do not represent an accurate picture of the participants' current situation. The second section looks into how these structural determinants influenced the lived experiences of these young woman once they had left their parents' control due to pregnancy or marriage. The third section addresses some of the processes that the participants underwent in their path from an unintended/unwanted pregnancy to motherhood as a restorative life event, with special mention of support networks that shaped such trajectory.

SECTION 1. Structural factors that led to early marriage and adolescent pregnancy

The role of poverty in early marriage and early pregnancy

Throughout most of the narratives economic hardship and poverty were observed as an underlying commonality. Both money and food were recurrent lacking needs that the participants expressed during their narratives. "*We didn't own land*" (Leidy), "*There was no food*" (Aurora) and "*There wasn't anything with what to*…[attend house needs]" were some of the expressions remembering conditions of poverty during childhood and adolescence. Whether recognized or not by the participants a chronically impoverished environment would play a role in the life events that would follow.

In some cases participants were able to identify some of the consequences that poverty had on their lives. From their accounts direct links could be made between poverty and life altering events such as having to leave the educational system. Many of them when asked about their early school life remember not having money or materials to attend school, as Carolina, a 24 year old mother of three puts it: "*I didn't have money for the things to write*". 20 year old Leidy who brought her two children to the interview tells me how her father "*didn't have money…and so he wouldn't let me* [go to school]*".*

Another event linked with poverty within the community was child-marriage. Five of the participants were *married-off* by their family members at early ages of their life(ranging from 12 to 15 years of age), and although it is impossible to certify that poverty was the reason for this, Maria, a middle aged community member is determined to point towards poverty as the cause. She states:

> …the faster the girl leaves, it's… like a relief, it's one less burden, less clothe to buy, one less mouth to feed…

Extract 1.

Nonetheless when narrating the reasons for being married-off by their family members the participants' are less clear to link this with poverty. For example Flor, a 22 year old mother of three explains how she was forced to leave her impoverished household of ten at the age of 13 to marry a man she didn't know:

> F: No I hadn't met him, he just suddenly was there.
>
> C: But how does that happen?
>
> F: Hmmmm I don't know, that's like tradition, I don't know what it's called. But I hadn't met him. My mom said, like this: with him, marry this man she told me, so he can maintain you in all your needs. And she would say that to me. That man, I didn't care for him, to have love for someone, I never had that.

Extract 2.

Similarly Tiffany remembers how her father would work outside the community several months per year and left her adolescent brother in charge of the family. One year, when Tiffany was 12, her brother decided to "*give me away*" as she states. Aurora who had expressed on her interview how "*there was no food*" in the house had little option but to obey her mother:

> C: So, where do you want to start your story?
>
> A: I was in high school studying and my mom forced me to marry him. She told me to marry him and what option did I have? I got married to him...

Extract 3.

These three extracts could exemplify poverty's role in the continuation of "rational" (Jensen and Thornton 2003) harmful traditional practices such as child-marriage. Their words express one of the classic storylines of the participants' road to child-marriage. Following trends from sub-Saharan Africa, Northern Africa, South-Asia and the Middle-East (Jensen and Thornton 2003, UNFPA 2012, UNICEF 2013), in this particular community child-marriage could be understood as both a poverty alleviation strategy for families (i.e., economic burden of child) and as an action to take in the best interest of a child (i.e., the child will be better off in a *wealthier* household) such as Maria's words convey.

Furthermore, the lack of formal education due to poverty could also be playing a role in child-marriage and early pregnancy. The benefits that the schooling system brings to these young women in the prevention of child-marriage and early pregnancy cannot be overstated (e.g., access to SRH education). When a formal education is not in place, it is foreseeable that these are two likely outcomes (UNFPA 2013). However it must also be understood that the order of causality in which these factors alter a girl's life course is not always well-defined. Just as poverty leads to lack of education and subsequent early marriage and early pregnancy, the direction of this causal relationship can also be altered and/or reversed as will be explained in the next section.

Lack of educational and labor opportunities that shape future decisions

"*Since we don't study, there is no work for us*" are words expressed by Miriam, a 23 year old mother of three. She portrays the situation regarding work and education opportunities for young women

within the community and convey a scenario were both are hardly accessible to women (Table 2). Of the 20 participants of the study, only two had formal jobs. The others worked in informal labor, such as seasonal agriculture and working with textiles. One had finished her high school degree and four more were on their way, this in spite of 19 of them expressing desires of graduating at some point of their life.

According to the participants, barriers to access formal jobs were linked with the lack of education they had (this in spite of little formal job opportunities in the community). Ten of the participants expressed that in order to obtain a job they needed to continue studying. "*In order to work*" (Maria Eugenia), "*To not depend on anyone*" (Flor), and "*To have something in life*" (Andrea) were some of the answers that participants linked to the importance of education. Nonetheless, the path to achieve what they considered an acceptable educational level (i.e., graduating high-school) for the attainment of a job was hindered by a lack of opportunities to study.

As pointed out earlier, poverty is one factor identified by participants that undermines their opportunities for studying, yet this is not the only one. Jealousy and control from partners, pregnancy, stigma from early pregnancy/early mothering, and lack of support networks are some other factors that they considered barriers for a better education. These will be presented in following sections. In this section I would like to stress that although probably not recognized by the participants during their childhood, and not forming an important part of their narratives, the lack of opportunities inside the community might have shaped the early decisions of marriage and childbearing they later would undertake.

Miriam (quoted at the beginning of this sub-section) is a good example that might have followed this trajectory. She is fourth from a family of 14, and she states that after graduating primary school none of her brothers and sisters attended high school. When asked why she replied:

> I am not sure why they [parents] didn't like it. They used to say that we would go to school not to study but to look for boyfriend. I used to tell my mom and dad to send me because I wanted to study more, but they didn't send me anymore.

Extract 4.

Shortly after leaving school she reached menarche at the age of 12, and it took only few months before she would leave her home with her 24 year old partner. By then she had no intentions of returning to school, she was living in a remote village with her partner and her desires were now to become a mother. Not long after she became pregnant and had her first baby at the age of 14.

Just as poverty's role in child marriage and early pregnancy cannot be ratified solely from the participants' accounts, the lack of opportunities within the community cannot be confirmed as the factor that led the participants to opt for early marriage or early motherhood. Yet the importance of belonging to an enabling socio-economic environment with access to educational and labor opportunities has been emphasized as a primary factor influencing young women's choices whether to opt or not for an early motherhood role (Geronimus 1997). On the contrary, in settings where employment and educational opportunities are lacking, the situation of opportunity constraints lead women to opt for early-marriage or early childbearing (Rich-Edward 2002, Ghosh 2011, Cooke 2013). Since educational or labor opportunities might not be an obtainable reality (such was the case for Miriam), early pregnancy or early-

marriage poses no impediment to achieve them (Jumping-Eagle et al. 2008), and therefore might be considered a sensible life trajectory. As UNFPA (2013) summarizes:

> With few prospects for jobs, livelihoods, self-sufficiency, a decent standard of living and all that comes with it, a girl becomes more vulnerable to early-marriage and pregnancy because she or her family may see these as her only options or destiny (UNFPA 2013, p. 35).

Lack of parent-to-child education/orientation about sexual and reproductive health related topics

> I think the most important thing I lacked was orientation from my parents. That was the most important. They are the ones that manage kids, and that was missing.

Extract 5.

This was Naomi's answer when asked at the end of her interview what she thought could have made a difference in her life. Naomi was, like many others, eager to finish high school in order to try and obtain higher education. However, when she was 14 she claims that "*I started liking men*" and *"I wanted to have a boyfriend and be out and have fun…".* Her parents' reaction to this was silence added with physical abuse to amend her behavior. She remembers how no one ever told her about anything sex-related, *"that topic wasn't talked about"* she states. Naomi's story echoes that of other participants who recall never having received proper guidance from in their houses. *"…it is customary not to talk about that*" expressed Tina referring to the topic of sexual and reproductive health (SRH) and how it is handled within the community.

It was a common reaction from parents, just like in Naomi's case, to act with violence and harsh control over their daughters in the midst of their transition to adulthood. Participants narrate sensations of fear and secrecy during this time of their life, similar to how Ana describes her transition to adolescence:

> When I turned 12 the stage of adolescence came to me, I got my period. When I got my period, uf, my mom really punished me. I hid because my mom used to tell me that the day that my period would come I would punish you and place you naked, and at three in the morning I am going to throw you in the big river, and I am going to get two old ladies and I am going to punish you, she used to say. And when I was twelve I got that thing, and I noticed I got it, and I said to myself, I will not tell her, and then I went and hid. But I didn't even know how or when, so she found out that I had reached that stage of adolescence and told me she would punish me. She was going to take me out of school, because I was 12 at the time, and my mom told me that I was going to start liking men, and I don't know what else. She didn't even explain, they took me away and locked me up for four days.

Extract 6.

Although not all participants suffered physical violence during their menarche, it was clear in many of the narratives that this period of their life was received with notable anxiety, as in traditional Ngäbe society "*Menarche…evidences the biological and social transition to adulthood, and therefore the incorporation into Ngabe society. [Menarche]…enables women to contract marriage and have kids*" (López and Farinoni's 1998, p. 98).

The prior, as it would be in Ana's case, would lead these young women to fear asking any SRH related questions, hampering their knowledge on such topics. Linked with the absence of a formal education discussed earlier, fear and the lack of *informal* parent to child education would signify a compound negative effect on the capacity to make knowledgeable decisions regarding their sexual encounters and sexual autonomy. "*I didn't know*" and "*I wasn't told*" were two common phrases used when remembering knowledge on SRH topics at the time they became sexually active or the moment they became pregnant.

Accordingly (although from other settings), Brubaker (2006) argues that it is common that adolescents receive negative messages related to sex and sexuality from their parents, and opportunities to obtain information on family planning are discouraged. Similarly Ouattara et al. (1998), describe how in India information is highly restricted for women, and at the time of their first sexual encounter they have no formal or informal knowledge on what intercourse entails. Although much has changed in India since then (Chandrasekhar 2013), this is not the case for the participants who at the time of their first sexual intercourse "*I didn't know anything*" are the common words found in their narratives.

Additionally, studies from different settings (see Kaplan 1996 in African-American communities and Berglund 1997 in rural Nicaragua) have shown that parents are likely to avoid these topics as they could be seen as encouraging for adolescents to have sex. However lack of SRH knowledge from the parents themselves could also play a role in this particular setting, factor that has been also widely associated with parent-child communication on SRH topics (Dilorio et al. 2003).

Notably, all parental attempts to control their daughters' sexuality would eventually fail, as in many cases the use of violence and threats would be one of the main reasons to abandon the household at early stages of their life. This will be discussed in an upcoming section. The importance of a caring and open to communication parental figure in the postponing of an early pregnancy is stressed by Marques and Ebrahim (1991) in their study in the Brazilian slums, and Berglund (1997) further emphasizes in his study from rural Nicaragua that "*Neither do strict discipline nor attempts to isolate the girl prevent unintended pregnancies in the long run*" (Berglund 1997, p. 6).

Child sexual abuse and its causal relationship with early adult roles

It is worth noting that sexual abuse was not explicitly asked about during the interviews. Participants were encouraged to talk about experiences growing up, and if comfortable they would include these accounts in their narratives. In order not to re-victimize the participants, details of sexual abuse events were not pursued although clarifications of terminology used by participants was probed to ensure correct understanding (e.g., "*What do you mean by abuse*?").

Of the 20 participants, six openly discussed being sexually abused during childhood/early adolescence. Five participants endured abuse for an extended period of time (sometimes years) and one participant was sexually abused in an isolated event. Sexual abuse ranged from groping with clothes in one case (the same isolated case) to vaginal penetration in the other five cases. It is worth noting that all accounts of sexual abuse were perpetrated by people the young women know (e.g., nuclear or distant family member or known community member).

Some participants, like Jessica, a 23 year old mother of three, were clear to identify sexual abuse as a decisive event in their life. She starts her account:

> C: So tell me how is it going?
>
> J: Me, I have always had a bad time. Look, I have a secret but I haven't wanted to tell anyone, I don't have the trust to say, and I have this still on my chest, on my heart, and nobody knows. I have been wanting to tell my mom, but I can't, I still don't find the courage to say it but… my stepfather used to touch me, he did everything to me, and I couldn't say anything because he used to tell me that if I told, my mom would hit me and that was my fear. I had that here [points to chest] until today! I haven't told anyone, but now that you are here I wanted to tell you this, to get it off my chest. He used to do everything!

Extract 7.

She endured this sexual abuse for many years even expressing her desires of suicide: *"In the worst moment I even wanted to kill myself, I tried to do it, but my heart kept saying no"*. Once Jessica reached menarche she left home with a man. Unfortunately Jessica fell in the hands of another abuser, becoming pregnant at the age of 13. Other than Jessica, two more participants stated at one point of their lives a desire of adopting behaviors of self-harm due to their earlier experiences of sexual abuse.

Other participants, such as Karla, were not as suggestive to detail their sexual abuse experiences. Nonetheless they were very explicit on what they considered consequences of having suffered sexual abuse. Karla told me how, due to being sexually abused during childhood, she started having multiple sexual partners later in her adolescence, or in her words: *"…I lost it! I started doing really stupid things! … I used to get sort of angry and do things, I don't know".* Similarly Andrea, adopted a similar risky behavior due to her experience of abuse during childhood which led to her first pregnancy:

> I left school and started feeling really bad because of what had happened to me when I was a little girl, and he [his boyfriend of the time] didn't care about me. Then another boy came, but I didn't love him, but I screwed up. I was off birth control.

Extract 8.

Represented in Jessica's, Andrea's and Karla's narrative is what's commonly linked in literature regarding sexual abuse and adolescent childbearing (Panel 1). At its simplest, it has been determined that because of having suffered sexual abuse these young women are more likely to adopt risky attitudes towards sex which most likely links to adolescent pregnancy. However clear this connection might be in the literature, there seems to be a gap in academic writing with regards to early-marriage linking back to sexual abuse. The reason could be simple. It is very untypical in scenarios where child-marriage is practiced that women themselves can actually make the decision (such as Jessica) to leave the household. As the INGO Women Living under Muslim Law express "*women are perceived to be commodities unable to make proper decisions about who and when to marry*" (WLUML 2013, p. 12). Although it was expressed in an earlier section that these young women are forced to leave their homes and marry (e.g., because of poverty), this is not always the case. Many such as Jessica escaped violence from their homes many times with the disapproval of their parents.

Finally, although it was beyond the scope and objective of this research to explore psychological consequences of sexual abuse there is no denying these consequences exist and this was also portrayed in the participants' narrative. Suicide, self-harm, depression, anxiety and posttraumatic stress disorder are a few of the severe mental health consequences of childhood sexual abuse (Beitman et al. 1992, Roberts et al. 2004, Romano et al. 2006, Martin et al. 2007, Erdmans and Black 2008, Norman et al. 2012, Mulder et al. 2014).

Panel 1. Proposed mechanisms of influence for sexually abused children and adolescents leading to adolescent pregnancy. [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]

Early sexual behavior
Promiscuity
Desire to escape abusive environment
Instigation of low self-esteem
Need to fulfill intimacy void in the form of early sexual relationships
Poor academic achievement
Disposition towards substance use
Sense of powerlessness, guilt and betrayal

[1] Finkelhor, 1986 [2] Musick, 1993 [3] Rainey et al. 1995 [4] Miller et al. 2001 [5] Adams and East 1999 [6] Blinn-Pike et al. 2002 [7] Harner 2005 [8] Logan et al. 2007 [9] Fransisco et al. 2008 [10] Palitto and Murillo 2008 [11] Young et al. 2011 [12] Madigan et al. 2014

A silent complicity and a permissive environment that drives child-marriage

Up until now I have described a community in which poverty, lack of opportunities, deficient parent-child communication and abuse are all common. These, as has been described, led to the disruption of the participants' life course, more commonly in the form of child-marriage. The mixture of all these factors and, as this section will argue, plus the addition of a silent complicity of key stakeholders and weak state interventions allow the situation to carry on perpetually. Such is the acquiescent environment that allows early marriage to continue that some of the participants used early marriage as a valid escape route from household adversity. From the accounts gathered it was determined that complicity for this comes from all strata within the community, including community leaders, educators, parents, health workers and state institutions.

In the participants' narratives it was duly noted that not all of them were forced by their family members to undergo early marriage, on the contrary, in some accounts it was a choice made by the participants themselves without the permission of their parents. In fact 12 of the participants left against their parents will. "*If I left is because I wanted*" asserted Marcela after being asked if she was obliged to leave with her partner. Similarly, Mariam expressed "*I wanted to*" referring to her marriage at the age of 14. For the other 10 participants, although desired, leaving their house through marriage would be utilized to escape adversity from in their household rather than a real desire to be with their husband to-be. A perfect example of this is Jessica, introduced earlier. In her narrative Jessica chooses to leave her household with a man at the age of 12 to run from her abusive step-father:

And so I didn't want that, I didn't want to know anything. And so a boy started to court me, and when that happened my decision was to flee from that at the age of 12.

Extract 9.

Similarly, Ginete decides to leave her home with her boyfriend to escape the ongoing physical violence she had endured all her life:

C: So tell me, did you finish school?

G: No, I almost did but one day he was drunk and he went to my house and grabbed me and abused me, and he was drunk when he did that to me. I didn't know why he had done that. So a week after I went to stay with him because I didn't know. My sister had mentioned something to me, but I didn't know. So within a week I had told him I couldn't go on like this and I went to live with him. Why did you do this to me? And he told me to go with him, and when I was 15 I was living with him.

C: But what was the thing he had done to you? Did he hit you or…

G: No, he just grabbed me and pinned me, took my clothes off and he did that to me, but no, no, he didn't hit me. When that happened I didn't tell my mom and so, I just left with him. I didn't know anything about that. I felt so much pain, I cried every day. But I never told my mom anything because she used to hit me and I was afraid of her. When I told her I was leaving with him she said it was alright, I told my mom but she was going to hit me, and I told her: look if you are going to hit me I am leaving! And so it was I left to his place. And so I left with him. And she didn't hit me, and I left, and I was living with his mom, until I had my oldest son.

Extract 10.

In her account, Teresa, a victim of sexual abuse as a child, describes how early-marriage seemed like a logical option to feel loved and appreciated:

T: I was 14 when I moved over here. I wasn't used to living here. My mom had some problems and went to leave me there. My mom was splitting up with my dad, because there was another man, and so she took me there with my grandmother. I was 15, I was sad, but what could I do? Over there then a boyfriend appeared, I was 15, and I married him.

C: Why did you marry him?

T: I don't know, I had to leave that place. An uncle from my mother's side had abused me a lot when I was little, he used to touch me and when I got married… After I just came here, and I thought I was fine, I enrolled in high school here and I was fine, but when I returned over there, and I got married I only thought of that person that did a lot of damage to me. I couldn't feel love, I only though of before.

C: And how old was your partner?

T: 19, but I didn't love him, I got married to feel loved.

Extract 11.

As she was feeling “sad” (as she describes it) due to an ongoing trauma from sexual abuse, a process of parental separation and having to leave her household, she looked upon her boyfriend of the time for care and love.

Whether used as a coping mechanism or a decision made from a heartfelt desire, the decision to leave was commonly received with anger and to a lesser extent with disdain, yet this would not stop the young women from leaving. Mariam who left at age 14 narrates the following:

C: And what did your father say about that?

M: He got angry, because I was so little, so did my mother, but when I left he didn't say anything.

Extract 12.

Disapproval would also come frequently from their new in-laws which they would typically move in with at the start of the union. Such was the case of Tina, who was 16 when she moved out of her home with her 16 year old boyfriend of the time:

C: So one day you took the decision to stay with him?

T: Yeah. One day I went but his mom didn't let me stay, but after a while we already were sleeping together.

C: How old were you?

T: 16.

C: And so you decided to stay?

T: Yes.

C: And what did his mom tell him?

T: Well she was angry anyways but she accepted it after a while.

Extract 13.

Even when the parents (or in one case a community member) would manage to access state institutions to prevent child-marriage, the result of the process would be ineffective in preventing child-marriage. Miriam was one of the cases that followed this trajectory. Miriam’s parents did not allow her to go to high school, and shortly after she decided she was better off marrying her boyfriend:

M: So I was going to marry him, and my mom found out and so she yelled at me and hit me. I left running to his place! And so I went to him and my mom went to denounce with PANI [state institution that deals with child related rights abuse], and PANI almost took me away but I went to give my statement for myself and how I was already… they told me: and why did you leave? And I said because I already liked man, and so I left.

C: But PANI didn't say anything?

M: No, I left just like that.

C: How old were you?

M: I was 13.

C: And they let you go?

M: They didn't say anything. They asked if he hits me or yelled at me and I said no.

Extract 14.

Additionally, there seemed to be clear missed opportunities for interventions when these young women came in touch with the state apparatus. Neither the health system nor the educational system (the two common contact points) would seize opportunities to put a stop to child-marriage/child abuse. More concerning is the apparent condoning attitudes (e.g., negligence to undergo investigation, failure to refer to social work, or inquire about current living situations) by state actors expressed by some of the participants. Jessica was 13 when she delivered her first child at a second level hospital. At the time she was being physically abused by her husband:

C: How did it go in the hospital?

J: I was in a lot of pain, and they moved me to XXXXX and that's where the baby was born.

C: Did someone ask you about the father of the baby or about your situation?

J: No, they just helped me deliver.

C: And then you came back?

J: Yeah.

Extract 15.

Similarly Aurora (15 at the time) spent one month in a first level hospital while her baby received treatment for tuberculosis, yet according to her there was no formal intervention from social work. Likewise, even though the majority of cases of child-marriage/abuse are known by the local health center and the local educational center, little is done. "*Nobody asked if I was doing fine! Nobody!"* were Tiffany's words remembering how even though she had two babies by the age of 17, and visited the local clinic frequently, to her surprise no one asked her about her living conditions (she was living with an alcoholic who abused her regularly). Cases like Tiffany's are perpetuated by this permissive environment. Not one of the perpetrators of sexual abuse within the participants' narratives had faced the justice system for the

abuse they had caused. None of the participants, nor their family members formally denounced the abuser to the Costa Rican authorities, and all of the abusers were still within the community.

However, condoning attitudes are not the only explanation for what has been depicted above. Having worked as a physician within the study site I can account for the lack of institutional resources (both human and monetary) positioned within the community. Furthermore there is evidence that the judicial system in place to deal with these cases is lethargic and bureaucratic (Vargas 2003). Cases of sexual abuse and child-marriage are seldom solved, and the advances in trials depend on the will of the parties to show up for hearings. The citation processes are outdated, and given the lack of infrastructure within the community, individuals within processes are hard to reach or do not even take part. In the words of Pedro, a local young activist: *"…the further off you live…here no one even notices when the girls go with the boys"*.

All these factors, in addition to the permissibility and condoning attitudes of stakeholders (backed by patriarchy [see upcoming section]), a chronically impoverished environment, low knowledge and low accessibility of institutions in place to deal with cases of child-marriage or negative attitudes towards such institutions could be playing an important role in the continuation of these harmful practices. Just as important is the fact that these women take child-marriage as a viable option and duly possess an amount of agency that allows them to take such an option. This surprisingly differs to what the literature usually describes regarding child-marriage as being a forced event imposed on the child due to the lack of agency and passive role that the young bride takes in forming the marriage (UNICEF 2001, Mathur 2003, ICRW 2007, Chatty 2009, Malhotra 2010, World Vision 2011, UNFPA 2012, WLMUL 2013, Malhotra 2010). Whether to leave adversity or to fill an emotional need due to abuse and abandonment, child-marriage, in this particular community, is indeed a double-edged sword.

The background of it all: A patriarchal society

Before moving onto the next section I would like to address what I consider the most relevant structural determinant captured within the participants' narratives: a patriarchal society. Throughout the participants accounts it was clear how male dominance led and facilitated a disrupted life course for these young women. There are multiple examples of gender subordination within the narratives collected; from topics as straightforward as a verbal undervaluation of women by men (Extract 16 and 17), to more subtle forms of power imbalances such as gendered roles in childbearing and childrearing (Extract 18). In this section some forms of male supremacy over women have already been noted, and these include child-sexual abuse, parental attempts to control a woman's sexuality, withholding of vital SRH related information by community members, specially parents and treating women as commodities to be "given" in wedlock for economic benefit for the child's family. Later on in this dissertation other gendered forms of oppression will be detailed. They include rape and other forms of violence within marriage, partner-imposed mobility restrictions for women, and the denial by their partners of other basic rights such as health (e.g., contraception) and education.

I used to go to school here at XXXXX. I used to do good but poorly psychologically because my dad always had this hate against me since I was little. First of all I had two brothers, and he didn't want me to exist amongst my brothers, that was the problem, always. I was the motive of all the problems at home, not my brothers, because they were boys, and since I was the woman of the house, he didn't want me there, because I was a woman! I didn't understand, he used to say I was the cause of all problems, and when I was 12 you already know, and the solution, and I met the boy I am with, the father of my daughters, I met him at school.

Extract 16.

Ok so I was seven when I started going to school, my dad and my mom didn't want to send me to school because allegedly before that was machismo because before women only went to lose time, we were never going to be anything. It was just for men. Woman were left to the household.

Extract 17.

The common denominator in all this is the fact that women are highly undervalued and their bodies are subject to control by dominant masculine figures who condone and enact practices such as sexual abuse and early child-marriage. Yet it was seen within this particular study that some of these notions were also condoned by other women of the community, more commonly the participants' mothers (Extract 17). The prior speaks to a certain extent of the enrooted values of this particular patriarchal society. Consequently, because of being raised within an environment where male dominance is the social norm, women of this study became to a certain extent powerless and were pressured to adopt adult roles at an early age (e.g., forced early marriage and unwanted/unintended pregnancy) (see Woods et al. 1998, Senior and Chenhall 2008).

…because that childhood, those young girls will never be adolescents, they go from child to mothers. These girls, they used to be groomed, some time back, and it became so clear that when a girl was born people would say: ah! A cook! And so you see, for example, this girl that lives here, a little girl takes them to school, changes their diapers, cleans for them, and so the little girls learn how to be mothers. Here, here girls don't play with dolls, they play with real babies, and so the mothers know that the little girl is ready, because they have been training them for that, and they get up early. It's like they are being trained to attend to their husbands.

Extract 18.

Furthermore, in Latino societies it is common to find patriarchy linked with *machismo* (see Allatson 2007). Machismo is a common term used in Latino societies to describe the overwhelming predominance of hegemonic masculinities in Latin-American men (Arciniega et al. 2008). As such, virility must be *proven* by men in many ways, female subordination being one of them, including the common practice of undesired unprotected sex (Dolezal et al. 2000). Such practices as will be addressed in an upcoming section were extremely common within participants' accounts.

Additionally patriarchy is many times intensified by another common term in Latin-American sociology: *marianismo.* Marianismo describes the idolization of virtues carried by the Virgin Mary (e.g., purity/virginity) (Stevens and Pescatello 1973). In their narratives, the participants accounted for this as how their partners and parents explicitly told them how once they had a boyfriend or had been seen with a man, no other man would ever want them again. Such ideas were so instilled that even some of the

participants communicated it themselves, again representing the ingrained oppressive gendered social stratification within the community.

Whether condoned or enacted, patriarchy seemed to be the underlying common denominator behind what has until now been described. The following section will not be the exception. In all of the accounts to follow the role of male dominance and female subordination must also be kept in mind.

SECTION 2. The problems faced once having married.

This section will seek to describe some of the most recurrent lived experiences of participants once they had left parental control whilst keeping in mind the structural determinants depicted in the previous section that influenced such experiences.

Becoming pregnant

Early-marriage seemed to be the decisive turning point in these young women's life on the road to motherhood. Once married women were expected to engage in sexual intercourse with their partners and this is what usually led to early pregnancy. Of the 20 participants, 18 of them where married before the age of 18, 15 before the age of 16, and of those same 15, 13 had their first pregnancy within the first year of getting married (Table 3). In becoming pregnant (whether married or not) 18 of them expressed not having planned their first child. The reasons for an unplanned pregnancy varied, but the most frequent cause was the lack of use/knowledge of contraception. In one case failure of the rhythm method, and in another rape were the causes of an unintended/unwanted pregnancy.

Table 3. Age, number of children, age of first child and age of first marriage of participants.

Name[1]	Age	# of children	Age of first child	Age of first marriage
Carolina	24	3	17	15
Dinia	19	4	13	12
Ginete	28	3	14	14
Mariam	19	1	15	14
Teresa	21	2	16	14
Andrea	20	2	14	15
Leidy	20	2	15	15
Naomi	21	3	16	17
Martina	27	3	13	13
Jessica	23	3	14	12
Aurora	20	1	15	14
Tiffany	24	3	15	12
Ana	27	3	15	18
Marcela	24	2	15	14
Mercedes	29	2	17	14
Maria Eugenia	21	3	15	16
Miriam	23	3	14	13
Flor	22	3	14	13
Tina	24	3	17	16
Karla	24	2	17	20

[1]Names are fictitious

Carolina had her first child shortly after turning 17. She willingly married at the age of 15 but was not aware of contraception at the time. She states the following:

C: And how did you get pregnant? Were you using birth control?

©: No, by that point I didn't know anything about that. I used to hear about birth control but I didn't know anything. If someone would say to me, with pills, then those were only for adults, and if some said to me with injection, also only for adults. And that's what people used to say. And condom and all those things, I didn't ask about that either. XXXXX [partner] never used it. So I used to hear, but I never asked. I got pregnant very quickly.

C: Quickly?

©: Yeah, very quickly.

C: How long had you been together?

©: Hmmm like six months, and then I got pregnant!

Extract 19.

Lack of knowledge/access of contraception played a key role in Carolina's pregnancy and so did it for 11 other participants. Marcela's words represent the group of participants that had no knowledge on contraception at the time of their pregnancy: "*when I got pregnant, I didn't know anything*". She was 15. Nonetheless, knowledge of contraception did not always secure access to contraception. Whether they were knowledgeable or not, participants' faced clear barriers on accessing contraception. According to Aurora, she was denied contraception by the local doctor: "*…as I was a minor, he didn't give me* [contraception]". Tiffany also faced barriers:

C: And so you decided you wanted to use birth control?

T: Yes, but he didn't let me, I explained to him and then he hit me. He used to fight a lot, when I had an appointment he used to say no, and so I didn't come.

Extract 20.

Similarly, Dinia speaks on why she didn't use contraception before her first pregnancy at the age of 13:

C: And so you weren't using birth control? Did you know what it was back then?

D: Yes, yes I knew.

C: And were you using it?

D: No, no.

C: Why?

D: Because XXXXX [partner] didn't want me to do that. He used to say that when women go to the doctor, the doctor only likes to see her, and that's ugly.

C: So he didn't let you go?

D: No, he never used to let me go because that, that the doctor only likes to see.

Extract 21.

There is no denying the role of family planning in preventing unintended/unwanted pregnancies. When women are knowledgeable and have access to family planning services, unintended/unwanted pregnancies will naturally decrease (Blanc and Way 1998, Jewell et al. 2000, Casterline and Sinding 2000, Tsui et al. 2010). Nonetheless this knowledge and access was largely absent in the participants' accounts. This was mainly due to a lack of formal SRH education and a denial to contraceptive use from their male partners reflecting the common barriers depicted in the available literature (Breheny and Stephens 2004, Moreau et al. 2005, Campbell et al. 2006, Leeman 2007). How this denial and lack of knowledge fits in the wider societal context and the relationship it has within the narratives of the participants has been already analyzed in a prior section.

Sexual abuse and other forms of violence during marriage

14 of the participants, and for at least a period of their married life, would be victims of IPV. According to their accounts abuses included psychological, verbal, sexual and other types of physical abuse. They were denied their right to health and education. Some of them were restricted to leave their household for extended periods of time. They were forced to carry on unintended/unwanted pregnancies, and were treated with repulse once pregnant.

Marital Rape

One of the most common forms of IPV was that of marital rape[1]. Seven of the participants reported being forced to have sexual intercourse with their partners once married. "*I didn't want to"* (Martina) was a common answer when asked about sexual activity with their ex-partners and "*But then I had to"* (Flor) would be the logical sequence that followed. Use of force and threats would be two common ways of coercing these young women into sex when they denied. Jessica expresses how she used to feel "*uncomfortable*" having sex at age 12, yet she had little choice since "*He used to get angry cause of that…and after that he started beating me".* Mercedes tells a similar story:

C: So it was forced?

M: Yes, because I didn't know anything.

C: Did he have to use force?

M: Well, yes, yes.

C: But did he hit you or something similar? Did he threaten you?

M: No.

C: What did he tell you then?

M: That that was the reason that he had taken me there, that, that was the reason he wanted me, but I dint know anything.

Extract 22.

Another case was that of Martina:

[1] Here taking accordingly to Law N° 8589 Art. 29 that establishes marital rape as a violation occurring when the spouse or partner performs a sexual act against the will of the victim.

C: And you wanted to do it [have sex with partner]??

M: No.

C: How did that happen then?

M: Once you are married you are joined, the two people.

C: Even if you don't want to?

M: Yes.

Extract 23.

All these accounts speaks not only of forced non-consensual sex within marriage, but of how women in Ngäbe society are primarily valued for their reproductive roles. Of course this is not unique to the Ngäbes, as it is a widespread notion in other parts of the world (Kabeer 1994, Barret 2014). Forced sexual acts can also be seen as a form of control and submission of women, as it was argued before (see Olsen 1984, Finkelhor and Yllo 1987, Johnson 1995, Muehlemhard and Kimes 1999, Young 2011). From their narratives it can also be understood that embedded in their notion of marriage was the husbands' right to intercourse whenever they pleased within the legality of a marriage, or what Finkelhor and Yllo (1987) dubbed a "license to rape" (see Rusell 1984, Hasday 2000, Martin et al. 2007).

In this process of *legitimized rape,* theorists describe the importance of the developmental processes in the formation of gender roles within non-consensual marital sex (see Monson et al. 1994, Resick 2007). Traditional patriarchal societies depict men as dominant, aggressive and capable of producing offspring, while women are showed as passive, innocent and pleasing. Naturally it becomes the wife's role to please her husband sexually, notion which is further perpetuated by the figure of child-marriage. According to Ouattara (1998, p. 31) child-marriage "*contributes to a widespread experience of sexual abuse: it is, in effect, the socially legitimized institutionalization of marital rape, the rape of (sometimes very) young girls*". In other words, the social structure and norms built in Ngäbe society allows marital rape to continue as a condoned act in the name of culture.

Other forms of intimate partner violence

As mentioned earlier of the 20 participants, 14 of them accepted having suffered GBV from their partners or ex-partners. Two of them denied it when asked, however I would later learn from community informants that they lived under threats from their abusers. An expressed fear of reprisal from her husband led one young mother to cancel her participation within the study. Physical, verbal and psychological abuses were usually perpetrated together, and with rarity would a participant only claim being a victim of one type of violence without the presence of the others.

Tiffany's following account serves to exemplify the common recurrence of physical abuse in the participants' narratives:

... so what happened is that he used to fight a lot, he used to drink and he arrived home and used to hit me, he used to yell at me and things like that. I don't know that, how it is. I couldn't do anything. I used to love him but he used to do that, he used to hit me, he used to hit me.

Extract 24.

And Mercedes' narrative serves to further emphasize some of the factors causing unjust gendered control explained until now:

> C: But he threatened to hit you?
>
> M: Yes, he used to say that he provided everything for me, and that he could do whatever he pleased. And so it was, he always used to arrive drunk, and he used to do that to me.

Extract 25.

Finally, psychological violence in the form of denial from the father (of the unborn child) was also commonly seen in the participants' narratives. Following situations in which "*He denied me that baby"* (Ginete) and "*He told me it* [baby] *wasn't his"* participants would undergo a period of anxiety due to a feeling of an uncertain future, or as Andrea tells me: "*I didn't know what to do!"*. Miriam's extract also portrays what until now has been addressed in this sub-section:

> That man said to tell me that the baby wasn't his. I couldn't do anything else, the day he was born, he was born that day because he hit me and the baby wasn't ready, it wasn't complete, he was very drunk, and so what I did is leave to a neighbor's house. And then I got a pain, and pain, and the next day I went without knowing, I didn't say anything, that I was sick or something, and I was in the hospital and I told my sister that I was hospitalized and the next day he came and I already had that baby.

Extract 26.

As it has been explained, and portrayed in this sub-section's extracts, IPV is gendered, and as such its causes are similar if not identical to that of sexual violence. The ecological model introduced by Lori Heise (1998) in her book *Violence against women: an integrated, ecological framework* is a useful tool to pick out some of the causes, according to the women's narratives, of GBV in this particular community. In short, this framework allows us to understand GBV as caused by the interaction of different factors within the distinct levels of a social environment. According to Heise (1998) those levels are: (1) biological and personal level; (2) the partner-relationship level; (3) the formal and informal institutions and social structures where the relationships take place; and (4) the socio-economic environment (Heise et al. 2002).

Some of the abovementioned factors have already been presented, such as the presence of an impoverished environment, the role of hegemonic masculine figures and cultural tolerance of abuse towards women (see Fournier et al. 1999, Koenig et al. 1999, Koenig et al. 2005, Abramsky et al. 2011). What could be added here are two common factors conveyed within the participants' accounts which seemed to exacerbate violence within the household and are confirmed by available literature; the use of alcohol (Leonard 2005, Fargo et al. 2008, Hindin et al. 2008, Foran and O'Leary 2008, Gerber 2013) and an unintended/unwanted pregnancy (Eni and Becks 2013).

Imposed mobility restrictions

Being unable to walk freely within the community, leave the household when pleased and the ability to attend education and health services when needed were common mobility restrictions imposed by male partners upon the participants. Nine of the participants expressed such restrictions. The range of

consequences that these mobility restrictions had on the participants' life is what will be addressed in this sub-section.

In a previous section, Dinia explained how her husband didn't allow her to access family planning services and this eventually led to her pregnancy. Family planning was not the only aspect of healthcare denied. Additionally, access to prenatal and postnatal care was also refused. Three of the participants were completely denied of prenatal care, and reached childbirth without any antenatal visits. Jessica was one of this cases. During her first pregnancy she expresses that "*I couldn't get out",* similarly to Tiffany who says "*That man didn't let me…I didn't leave the house".* In the most extreme case, Dinia who had a home delivery, expressed how her baby "*was born with an undeveloped lung*" dying one week after birth[2].

Men would also frequently deny women the capacity to move around the community to prevent them from talking to other men. Andrea comments specifically on her incapacity to go outside the household and says: "*This is our reality, we live under threat!".* In order to be interviewed she told her partner she had to vaccinate her baby (they were no longer a couple yet he still lived in her house).

Education is another commonly denied right by partners. When asked why she dropped out of school, Marcela claimed: "*…he used to be very jealous and he didn't want to send me to school anymore"*. Similarly Miriam states the following referring to the reason she left high school:

C: And you didn't tell him that you wanted to go school?

M: Yes I told him but he didn't send me.

C: Why?

M: Before someone would steal me away, steal me away from him.

Extract 27.

As can be concluded from the participants' accounts and echoing studies from areas of the world where women's mobility is restricted (mainly South Asia and Middle East), women's autonomy to move about the community is linked with adverse health and educational outcomes (Furuta and Salway 2006, Sato 2007, Mumtaz and Salway 2009). As was in Dina's case, the consequences extend beyond the women themselves and in certain occasions, mobility restrictions can impacts on the health of their children also. Furthermore not being able to access educational services due to mobility restrictions could simultaneously trickle down the endless negative spiral of consequences of not accessing the formal educational system, some of which have been already addressed in this dissertation.

SECTION 3. From an unintended and an unwanted pregnancy to a restorative motherhood

This last section addresses the process of restorative motherhood. It starts with a sub-section in some of the initial reactions and barriers in becoming a mother. It continues with a sub-section dedicated to support networks and their role in this restorative process. The final part of this section describes the ongoing process of motherhood as a restorative event in a disruptive life trajectory.

[2] It is impossible to predict just with her account if antenatal care would have prevented her baby's death, however the importance of prenatal care in reducing neonatal mortality and morbidity must be stressed (WHO and UNICEF 2003, Darmstadt et al. 2005, WHO 2005, UNICEF 2008).

Fear, uncertainty, abortion and stigma

Just as early pregnancy would be a key turning point in these young women's lives, becoming pregnant, even if unintended, would be the start of a process of restoration at first ignored by the participants. From their words it is clear that becoming pregnant was a stage of their life that they would find extremely difficult to assume. During this part of their narrative it was common to encounter accounts of uncertainty, fear and conflict. Panel 2 depicts some of the words used initially by the participants to describe their feelings towards becoming a mother:

Panel 2. Words used to depict initial reactions to pregnancy.

Sad, difficult, burden, not ready (Carolina)
Fear, frightened (Jessica)
Bad, I didn't want it (Aurora)
Bad, I didn't want to (Tiffany)
Bad, sick, afraid (Ana)
Not good, not bad, I didn't know (Marcela)
Sad, Alone, I didn't know anything (Mercedes)
Bad, I didn't want to (Maria Eugenia)
Rage, nothing (Flor)
A little sad, a little happy, afraid (Miriam)
Bad, I didn't want it (Ginete)
Bad, I didn't want to (Mariam)
Bad (Teresa)
Didn't know what to do (Andrea)
Bad, what was I going to do? (Leidy)
Frightened, guilty, bad (Naomi)
I didn't know how… (Martina)
I didn't want to (Karla)

Mercedes expresses in the following extract how, like many others, she did not feel ready to fulfil her motherly role:

C: So how did you feel?

M: Well I felt sad, and when I was alone I would just start crying, because I didn't know how to take care of a baby, I didn't know anything.

Extract 28.

Fear of delivery was also expressed in some accounts, such as Flor who answered this when asked why she was afraid: *"Afraid. When it became time to deliver I would die! I felt I didn't know how to have a baby"*. An uncertain future was also a common trend: *"So at a beginning I felt bad because I used to suffer, because well, what was I going to do in the future, I really suffered a lot"* were the words used by Naomi.

Additionally to fear and uncertainty, facing pregnancy would also be initially perceived as a barrier for the attainment of other life-goals, more importantly education. 14 participants expressed this in their accounts. Carolina was one of the few participants that came close to completing high school, however she initially expressed:

C: How did you feel at that time?

©: A little bad, I was studying, and it was another burden.

C: Aja…

©: Sad, sad. Because it was going to be harder, and I was studying. And now with the baby it was going to be harder!

Extract 29.

Carolina's determination to stay in school was not shared by some of the other participants. For several of the young women a lack of strong permanent social support among other factors already mentioned would eventually hinder their path to a better education again denying them benefits of a formal education. Martina portrayed the latter in her narrative: "…*since I had a baby and nobody to look after him, I just stopped going to school*". Against their desires, these women are forced again and again to withdraw from the educational system and abandon their life goals. At the end of her interview, I asked Ginete if she still wanted to become a teacher as this was mentioned early in her interview. She responded: "*I stopped thinking when I had children",* expressing how her priorities changed after becoming a mother.

In addition, in facing unequal structural power relations that lead to an unintended/unwanted pregnancy and dealing with situations in which these women felt they could not cope with the pregnancy and child to come many of them shuffled the possibility to have an illegal and unsafe abortion[3,4]. In fact, six of the participants at one moment considered it an option. Karla was one of these:

And so when I was pregnant I said I don't want this child, and he didn't want it either, so I told him, I don't want this baby, and he didn't want it, and my mom didn't want it. So he bought products, which said pills. He bought products to abort. When I realized it I was already three months pregnant, and he bought products and gave me pills, to abort! Because mom didn't want it, I didn't want it, and I didn't want my mom to suffer and I didn't want it. So I took that pill to abort that little girl but she rejected it! She rejected it in the sense that I started to throw up, I threw up everything, so I tried again, I lasted a week doing that. And she rejected it. And one day he was working and came home with a book, and he said to me: read this book. So I started to read the book and the book said, it said, about abortion. About abortion, that when a mother starts to abort is that the kids are asking for help, help to the mom, because mom is where the womb is. So I started to read all that, and he told me he wouldn't buy me more things. That if I was pregnant, I was pregnant, and he started to help. So when I read that book, I decided and told my mom I wouldn't abort.

Extract 30.

Even when the decision to abort was made, participants would face barriers to do so. Such was the case for Naomi, who assured that at that moment she couldn't afford having an abortion:

[3] Although widely practiced through traditional practices in other Latin American indigenous populations (Arias-Valencia 2005, Dides and Perez 2007, Beutelspacher and Salvatierra 2008, Sciortino 2014) practices of abortion within indigenous territories in Costa Rica are thought to be infrequent. Statistics for this are not known.

[4] Abortion is illegal in Costa Rica unless immediate danger to the mother's life exists (Código Procesal Penal 1970). Nonetheless abortion is practiced widely in an *illegal* fashion. It is estimated that 10.000-27.000 illegal, and by definition unsafe abortions take place every year (Gomez 2007).

N: So when I got pregnant people told me a lot of things, even about abortion, but I think I didn't have the resources to do that, and so I didn't do it. There is a lot of ways of abortion, but since I couldn't do it I didn't do it.

C: So how do people abort here?

N: That I don't know.

C: How did you know then that people do that here?

N: There are people here right now that take pills and things like that to abort, but that costs a lot of money and at that moment I couldn't do it.

Extract 31.

Or in the case of Dinia, it was her ex-partner who withheld her right to choose over her pregnancy:

C: So you didn't want to be? [pregnant]

D: No, at that moment I just wanted to take the pill, but he didn't let me. He said that it was a bad thing. A cousin of mine told me that if I were to take the pill the baby would die. So I was going to take the pill for that.

C: So did you take them?

D: No because XXXXX [partner] yelled at me.

Extract 32.

It seems that again and again these young women are withheld from achieving what they desire (e.g., a better education or the decision to abort) and yet another factor further hinders their goals: societal stigma. Paradoxically it seems that although there is a highly permissive environment at all levels that ease the path of these young women to take on adult and mothering roles, once they become pregnant or mothers they are estranged and isolated for their young age. This enactment of social stigma in this community was represented in many fashions, more frequently in the form of shame and embarrassment. This stigma was not only perpetrated by men, but also from peers and women of the community.

Similarly to what was mentioned above on how motherhood and pregnancy become a barrier for health and education, social stigma would also be a key factor in determining these young women's future. Andrea became pregnant after initiating sexual intercourse with her boyfriend at the time and not being aware of family planning. Her pregnancy would mean the end of her education:

C: So what about high school?

A: For my dad, when a woman is pregnant, she has to stay at home.

C: So your dad told you to leave school?

A: Yes, that I would leave school and never return, because for him everything was a shame. That I shouldn't go to school any more, my mom did want me to continue, but my dad is very *machista*. I got taken out when I was pregnant, and never returned.

Extract 33.

In the case of Ana, it would be her mother that claimed shame once she became a mother at the age of 15:

> My mom was ashamed! Ashamed! Yes she was ashamed, my dad was going to send me but my mom didn't want to because I was old, and I didn't have to go to school. That school wasn't for me anymore, that I was already old, and it was embarrassing to go to school.

Extract 34.

And for Mercedes it would be the fear of being mocked by her own classmates that pushed her to leave the educational system:

> M: I didn't want to.
>
> C: Why?
>
> M: Because I didn't want to, I was already married.
>
> C: So when you are married, you can't go to school anymore?
>
> M: Yes you can it's just that...
>
> C: You didn't want to?
>
> M: No.
>
> C: Were you ashamed?
>
> M: Ashamed. Yes!
>
> C: Why?
>
> M: Because my classmates would mock me and things like that.

Extract 35.

Finally Dinia, who had already left the educational system for fear of reappraisal from her partner, did not attend antenatal care feeling shameful of her fourth pregnancy at the age of 18:

> C: And did you go to the local clinic?
>
> D: No, I didn't want to go. I was ashamed because people were bad mouthing me. They used to laugh from a bunch of indecent things, so I didn't go.

Extract 36.

Fortunately, as will be detailed in the last section of this chapter, these women are characterized by a great sense of resilience and desire to improve in the face of adversity or as Jessica puts it: *"what happened to me, I leave it aside, now the way is forward!"*

Support networks

It is difficult to understand the extent of the impact that different supportive networks played in the participants' life, nonetheless from the young women's accounts certain patterns emerged that are worth mentioning.

First of all, the participants' nuclear family, more specifically their mothers, would become the most important asset when dealing with adversity. Although this was not the case for all participants, majority of them externalized their mother as a key actor during difficult times. The form in which support would be extended varied. In many cases, such as Teresa, support would come in the form of encouraging words to carry on with high school:

C: And did you stay in school during your pregnancy?

T: Yes.

C: Who helped you with that?

T: My mom. She would always tell me to keep going, that I had to keep going.

Extract 37.

Or as moral support to carry on with adversity, such as an unwanted pregnancy. Noemi who had become pregnant after being raped by her boyfriend expressed how her mother was of support:

C: Who helped you during those times?

N: My mom, she told me she was there for me, and that she would help me and not to worry.

Extract 38.

In the case of Andrea, her mother was essential in overcoming the decision to leave her abusive partner:

C: Who helped you to overcome those moments?

A: My mom, always, she told me I could be on my own, that I didn't need him.

Extract 39.

Support from mothers could also come in the form of caretaking in order to continue education. Although she didn't finish her high school degree, Carolina's mother helped her out during the time she attended school:

C: Who helped you to take care of the baby?

©: My mom. I went to school and my mom used to help me.

Extract 40.

In the case of Jessica, her mother would be the only defense from her abusive ex-partner:

C: And who used to defend you?

J: The only one that defended me was my mom, because one time I was really beaten up and my mom spoke to him, and hit him with a stick on his head.

Extract 41.

Although to a lesser extent, other family members such as mothers-in-law, sisters, brothers, and fathers would also play a supportive role. All these accounts speak for what has been emphasized within the literature of this specific topic: family support, specifically of the mother, is of particular importance for adolescent mothers in the face of adversity, and with rare exceptions, this will in turn have a favorable impact on the outcomes of their subsequent lives (Furstenberg and Crawford 1978, Burke and Liston 1993, Macleod and Weaver 2003, Baunting and McAuley 2004).

Inversely, the second thing worth mentioning is how the lack of social networks resulted in short term negative outcomes for the participants, most notably having to abandon their education. For some of the participants having less access to support networks could have correlated with their abandonment from the educational systems. This associates with what was discussed in the previous paragraph. However, this did not signify that the lack of support networks during the time of their pregnancies and early childbearing would correlate to adverse outcomes later in their lives, emphasizing here the role of resilience and coping mechanisms that these women embodied.

Lastly it is important to point out, that in some cases, participants counted with a wider social support network that included professors, neighbors, peers, health workers and state institutions in the form of scholarships to carry on with their studies. However these were not widespread within the participants' accounts. In fact only three participants accounted receiving a scholarship to stay in school[5]. Three participants expressed the importance of their peers in "*helping with the school curricula*" (Aurora), specially the days they could not go to school. A similar role was the one played by the teachers in four of the accounts, although occasionally they would go further and provide economic and moral support for the participants.

Motherhood as restoration

Although until now the experience of pregnancy has been depicted as mostly negative, motherhood eventually brought about a restorative feature to the participants' life. The initial stage of this restorative process was a transformation on how they viewed their pregnancy, i.e., from a period of fear and uncertainty to a period of happiness and wellbeing. For most of the participants this gradual process usually came at advanced stages of their pregnancy. This would coincide with physical landmarks of an advanced pregnancy such as increased fetal movements and an important increase in abdomen size. Maria Eugenia narrative exemplifies this:

C: Were you scared then that the baby was on its way?

ME: At the beginning yes, but then I wasn't.

C: You started to feel better then?

ME: Yes.

C: How did that happen?

ME: I wanted to have it, when I had six months, I was excited, I wanted to see if it was a boy or a girl!

Extract 42.

[5] According to Legislative Decree N° 8417 adolescent mothers are eligible for a special scholarship to assure they stay in school.

For other participants, such as Flor this pivoting point would come after birth:

C: So you at first didn't want to be pregnant?

F: No.

C: How did you feel afterwards?

F: Great! Well before not so much, but then when I had it.

C: When did that change?

F: When I delivered that baby.

Extract 43.

In Karla's case, her first pregnancy would come from an incestuous relationship which she was not aware of at the time. Due to the latter, for her the turning point would come at even a further stage:

So during that time of my life I didn't want that baby, six months went by until I started caring for that baby. Six months. Mom used to take care of her, I used to breastmilk and that, but mom would put her to sleep, when she woke up mom was there, but I didn't care for that baby because I didn't love her. It was because all the things that had happened, I used to think and I didn't want to go through this and I had no love for her. It was so bad you see! I had no care, even when she was born at the hospital I didn't want to breastfeed her but they obliged me. So mom visited me and she took her. And after that she brought her and it took 6 months until she started to crawl that I started caring for this baby.

Extract 44.

Changing their views on motherhood would be the first step of this restorative process. Indeed for some having a baby at an early age would be considered an initial burden they would eventually realize that their babies would become an important impulse to thrive for a better life. Teresa had become a mother of two by the age of 18, she had been a victim of sexual abuse, parental abandonment, IPV and infidelity, however she states:

C: So what was the reason that you decided to keep going?

T: Because of my kids!

C: What do you want to do for them?

T: Be an example, a role model. And look, I am almost finishing my degree.

Extract 45.

Andrea's story is not so different, she was also a victim of sexual abuse and IPV; she was forced to leave school, and restricted to go out most of the time by her ex-partner. Fortunately, she eventually left him and carried on with her education:

C: So what did you want to be?

A: I wanted to be a lawyer.

C: Why?

A: Well...

C: What did you need to achieve that, and who would support you?

A: I had to study, I had to study! My brothers would help out.

C: Even though you had a baby?

A: Yes! He was a boost to keep going!

Extract 46.

Regret and feelings of anger would not be longer expressed in their narratives once they had their children. They would be replaced by a sense of responsibility and care towards their new family. Their life goals would now be oriented towards, as Maria Eugenia said, "*improve the life of my children*".

Similar accounts can be found in a range of qualitative research on adolescent pregnancy. Cater and Coleman (2006) manifest the importance of early parenthood in establishing new identities that in the case of this particular community could be related to the fulfilment of their expected reproductive role. In other words, motherhood could provide these young women with a certain desired status within their social environment (although paradoxically some are faced with stigma). Other authors, such as Arenson (1994), Lesser et al. (1998) and Middleton (2013) argue that adolescent motherhood functions as a healing and repairing process of earlier adversities. Agurto (2012) adds that by conforming their own families, adolescents find a way to fill their "*affective voids*" (Agurto 2012, p. 99). Therefore, paralleling research previously mentioned and as expressed by the participants themselves, the process of becoming a young parent in the face of poverty and adversity could in fact be a positive turning point in the transition for a better life.

CHAPTER 4: Discussion

Despite the large amount of academic literature focusing on the biomedical aspects of adolescent pregnancy there is still little focus on the actual lived experiences of the young mothers themselves. By taking a narrative approach, this research was able to assess the wider socio-economic and normative environment surrounding adolescent pregnancy within the community where the study took place. It further allowed to determine some of the social processes that impacted on the life trajectories of the young women that participated in this study.

This chapter captures an overview of the life trajectory followed by the participants of the study. It does not imply that all participants followed such path, it simply tries to represent the commonalities and major determinants that shaped the participants' narratives and lives.

In assessing the participants' motherhood experiences what surfaced were stories of hardship, abuse and gendered oppression in such a manner that the actual experience of mothering and childbearing were minimalized by the participants. This shows that the construction of the childrearing and childbearing process was intrinsically intertwined with the accounts of patriarchy, vulnerability, marginalization and neglect during their narratives. Although not always aware of it, this structural determinants undoubtedly shaped these young women's lives.

Further analysis included taking their narratives as a collective. This allowed an in-depth comprehension of the links and relationships of the social environment with the experiences of mothers within this particular community, leading to a holistic approach and a better comprehension of the process of early motherhood. Nonetheless it is hard to determine the direction of these causal relationships and links solely from the participants' narratives. Take for example the relationship between poverty and education. If it well maybe that a determinant such as poverty makes it harder for an adolescent to attend school, it also may be that not attending school further perpetuates poverty. The same correlations could be made with events such as early pregnancy. Early pregnancy might be caused by a lack of education on SRH topics, but at the same time early pregnancy may hinder adolescents' chance to access such vital knowledge. Other determinants such as negative parental attitudes towards young women's sexuality, an environment with poor enforcement of child protective laws and a limited availability to access educational/labor opportunities could all be added to this cyclic equation. However difficult these relationships might be to understand, the analysis here presented revealed a number of features that drastically marked the lives of these young women.

The most striking feature of the community were this study took place is the prevailing presence of a highly patriarchal societal structure. Participants were subject to profound gender inequalities that trampled on their most basic human rights. Forms of female oppression included explicit verbal undervaluation, child-sexual abuse, control over their sexuality, inaccessibility to vital SRH related information, being treated as commodities, denial of health and education, marital rape and other forms of gender-based violence. In most cases, this would translate sooner than later into life events that threatened their autonomy and simultaneously hindered their ability to actively participate in the attainment for a better life.

Furthermore, these young women were constantly put in disadvantageous positions, not only by the male counterparts of their community, but also from their community as a whole, leaving little options to their desires of wellbeing. Notions of patriarchy were institutionalized within family dynamics, both inside and outside wedlock. At a first instance these notions were enacted by parents and family members, both male and female. Marriage then signified moving from an unjust gendered control from within their household to now their husbands.

These gender disparities at the same time dictated social exclusion for these young women, who were mostly coming from a severely impoverished social-economic background. The scarce opportunities in place within the community also added-up to the process of ongoing marginalization. Included here is a largely absent state figure, that when present, was incapable, unwilling or negligent to act in the best interest of the participants of this study. This compound effect signified a further increase in the isolation these women suffered, simultaneously leaving them many times incapable to opt out from a life event that was rarely their decision.

One such event was child-marriage. Whether imposed, chosen or used as a coping mechanism, throughout their accounts it is easily tangible to understand why child-marriage is one of the most severe forms of gendered oppression. Child-marriage usually led to sexual abuse, other forms of gendered violence and eventually to an early unintended/unwanted pregnancy, all highlighting the severity of the human rights violations these women suffered in the name of the institution of child-marriage. All these characteristics make child-marriage unacceptable no matter how much hegemonic masculine discourses try to convey the notion of social legitimacy.

If these consequences of child-marriage were not enough, once married these once young girls would many times also be denied their education and health. This further perpetuated the participants' lack of agency, especially in the sexual and reproductive health realm. Regrettably their health would not be the only one at risk. The example of the death of a newborn in one of the accounts emphasizes the negative trickle-down effects of a woman that cannot withhold her own agency.

Additionally, these young women were also forced to adopt early conjugal roles that instilled them with an ideology that perpetuates the power imbalances already mentioned. These notions include the figure of marital rape. The participants' young age when first married, their prior experiences of abuse, the permissive environment, their poor education and their lack of power within the marriage most likely led these notions to be taken as the social norm within a marriage, which again further perpetuated this cycle.

Another life event that clearly marked the participants' narratives was their pregnancies during adolescence. With few exceptions, this study ratifies what has been argued in international academic writing with regards to early childbearing and the situations and experiences that background an unwanted pregnancy at a young age. From the participants' narratives, it was easy to understand that the road to pregnancy was far from simple. A dysfunctional family history with little involvement of parental figures in guidance and orientation at different stages of the participants' life, a recurrent presence of childhood abuse, a disadvantageous economic situation, a highly restricted bodily agency and limited access to education all configured the complexity of the vulnerable conditions that led to an unintended/unwanted pregnancy.

The prior does not imply a completely passive role of women within their future, nor is it meant to depict these young women as solely victims. Through their narratives, these young women also proved their capacity to adopt in the face of adverse conditions, making decisions that might seem irrational at a first glance but when further analyzed proved to be logical given the circumstances that they once faced. Such was the case for women that chose early-marriage to leave adversity from within their households. Also for those that chose motherhood to fulfil a parenting role as part of a life trajectory that signified the achievement of a desirable social position. Even for the women that chose early marriage or early motherhood to fill an emotional void left by a long history of abuse and abandonment. The possibility that any of these decisions are made in a rational manner further serves to prompt the notion of the importance of not only focusing on causes and consequences of early-marriage and adolescent parenthood, but also in the context that these situations happen, especially given the diverse realities these young women live in comparison to the rest of Costa Rican society.

If in fact a situation such as maternity is initially faced with uncertainty and fear and was unplanned for the majority of the participants, the women's sense of resilience added to a limited (but sometimes sufficient) network of support assets would elicit a gradual process of adaptation. This process of adaptation would eventually lead to the restoration of their life course. For the women of this study motherhood signified an opportunity to repair the long trajectory of adversity that they once faced, marked mainly by their presence within a strict patriarchal society. Their desire to defeat their past went beyond overcoming their previous life experiences, but willingly extended into vanquishing the social environment that once shaped their own life many times against their will. This notion to overpower the oppressive structure they faced is symbolized in the words of Andrea who at the end of her interview told me that: "*They say this is culture! This is not my culture! Not at all!"*

CHAPTER 5. Conclusions and Recommendations

This small qualitative study was set up to capture the narratives of a small group of young indigenous mothers that experienced motherhood during their adolescent years. Its primary aim was to assess the motherhood experiences and to link these with the structural processes that shaped their lives according to the emerging narratives. What became visible from the analysis of the narratives was that gender inequality, a lack of agency, human rights violations, neglect from state institutions, lack of educational and labor opportunities, social exclusion, a permissible social environment and poverty all perpetuated a disruptive life course for the participants of this study.

The direction of causality between this factors is hard to determine. Nonetheless all these factors seemed to have a compound negative effect that hampered the participants' capacity to secure their internationally recognized rights which assures them with decision making power regarding their body and their future. This negative compound effect usually led to two major disruptive life events: child-marriage and adolescent pregnancy. Both seemed to exacerbate even more the complex web of structural determinants that positioned them in these situations in the first place. What is highlighted by the narratives and the subsequent analysis is that these disruptive life events do not happen in isolation of the wider social context.

Despite of this highly unfavorable environment, eventually there would be a positive outcome in most of the participants' narratives. This was related to a great desire to overcome adversity, provide a better life for their children and modify the societal structure that marked their earlier lives. Nonetheless, this is not to be taken as a conclusion that adolescent childbearing should not be understood as problematic. In this community adolescent pregnancy foregrounds a society of inequalities and inequities that should not be accepted in any part of the globe. Adolescent pregnancy in this particular setting was undoubtedly linked with human rights violations.

Therefore there is a necessity to advance for the rights of all women within this particular community, but especially of young women and girls that are positioned as the most vulnerable group of an already marginalized population. Guaranteeing the right to education, health care, state protection, freedom from coercion, discrimination, care and a nurturing surrounding would allow these young women to ensure emancipation from emotional, verbal, physical abuse and harmful practices such as child-marriage. The empowerment that this could signify for these young women could bring to a stop some of the negative outcomes emphasized in this study.

The duty to do this must not be burdened into one single actor, typically the state, for the culpability of the transgression of human rights fall into a common societal responsibility. The assurance of human rights is a duty of all the stakeholders. Any intervention addressing this particular issue will unlikely succeed without the meaningful involvement of community members, especially the perpetrators of the common sense behind the hegemonic views that hinder girls' rights and perpetuate the unequal power relations within the community. Addressing the factors that trample on young women's human rights and that lead to the disruption of young women's lives requires inclusive and comprehensive solutions. Including here important tasks such as equipping young women with knowledge (for example on SRH topics) and life skills, assuring that girls stay in school, identifying groups at highest risk, generating

an enabling environment for legal actions and an overall increase in investment in women's human capital.

However, it must not be forgotten that these human rights are being disregarded within a context of poverty, social exclusion and patriarchy. These same community attributes perpetuate the infringement of human rights. Therefore focus should also be addressed to the origins of such unequal socio-economic conditions. This concomitantly would further empower community members, especially the ones in a more vulnerable and marginalized position such as young women.

Of course changing these structural determinants is not an easy task. Sensible, customized social policies addressing these issues have to go hand in hand with the efforts already in place that address the more educational/prevention-oriented solutions to these problems. It must be noted that it was not the objective of this research to provide the concrete solutions to tackle the structural determinants that shape these women's lives, for it is my opinion that policy to do this must be produced in a participatory fashion. This study could be taken as a first step in this road by contributing to the better understanding of the social conditions that surround issues such as child-marriage and adolescent pregnancy in order to introduce a different approach on how policy is informed.

Finally, as this study was done in a retrospective manner, assessing situations that happened in some cases ten years ago, there is need for further research that assesses the current situation of young women within the community. It well could be that some of the structural factors here addressed might not play such an important role presently. Additionally, research also needs to engage other stakeholders to allow an even wider holistic understanding of the problem.

This narrative research proved to be both inclusive and empowering for participants and hopefully it will also signify a more comprehensive and participative approach in the policy production process. It is the hope of this author that this research will contribute to the greater understanding of the complex problems here addressed. Additionally to the creation of new spaces in the policy fora for the subjectivities of the people that policies seek to reach creating an enabling social environment for the conveying of the voices that typically go unheard. By using the social capital already in place within the community in addition to the expressed desired for change enacted by the young mothers themselves, successful empowering solutions to the issues here exposed could finally be in reach for the generation to come.

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