

**Understanding Adolescent Pregnancy through a
Gender Socialization Approach**

**A Study of Costa Rican Adolescents of Nicaraguan
origin, in San Jose, Costa Rica**

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Spring 2019

ACKNOWLEDGEMENTS

First, I would like to express my gratitude to my supervisors Haldis Haukanes and Wenche Dageid for all the support they have provided me through this journey. I am grateful for their openness and for collaborating with me remotely so that I can complete the program. Their guidance and feedback helped me to strengthen this document.

The word gratitude might be falling short to express how thankful I am with Gail Nystrom, founder, and director of the Costa Rican Humanitarian Foundation with whom I collaborated in my data collection process. Gail not only helped me to contact my research participants, but she also taught me about resilience, humanity, and compassion. I am blessed that I met her and that I got to learn from a woman that is in the field, working every day despite the adversities, so that youths and women in La Carpio have a shelter, an opportunity, a different future. In addition, I want to thank all the people that I met in La Carpio, that wanted to communicate with me and tell me about their lives, their adversities, and their dreams. Especial thanks to the group of mothers, adolescents, and professionals, this research is thanks to you and for you.

I would like to acknowledge the support of the Meltzer Research Fund. Thanks to this grant, this research was feasible, and I was able to travel to Costa Rica, and share and collect the data from the local community.

Finally, my entire gratitude to my family, my mom, my sister, but especially to my husband Felipe, without his support, encouragement, and strength this process would not have been possible. Thanks for your patience, your encouragement, your support, and unconditional love. Ultimately, thanks for giving me reasons to dream, and for dreaming with me. Thanks for being next to me.

Diana C. Suárez

May, 2019

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	I
TABLE OF CONTENTS	II
LIST OF ABBREVIATIONS.....	IV
ABSTRACT	V
CHAPTER 1: INTRODUCTION	1
1.1 GENERAL CONTEXT	1
1.2 PROBLEM STATEMENT	5
1.3 RESEARCH OBJECTIVES	8
1.4 STUDY AREA.....	9
1.5 ORGANIZATION OF THE THESIS	10
CHAPTER 2: LITERATURE REVIEW.....	11
2.1 TEENAGE PREGNANCY AND SOCIO-ECONOMIC CAUSES AND EFFECTS	11
2.2 TEENAGE PREGNANCY AND HEALTH EFFECTS	12
2.3 TEENAGE PREGNANCY AND MOTHERHOOD.....	13
2.4 TEENAGERS AND GENDER SOCIALIZATION.....	14
CHAPTER 3: THEORETICAL FRAMEWORK.....	20
3.1 EXPLORING ADOLESCENT PREGNANCY FROM A RIGHTS AND GENDER APPROACH	20
3.2 CONCEPTUALIZATION OF THE THEORETICAL FRAMEWORK FOR THIS STUDY	22
CHAPTER 4: RESEARCH METHODOLOGY.....	29
4.1 RESEARCH DESIGN: EPISTEMOLOGICAL FOUNDATIONS AND METHODOLOGICAL APPROACH.....	29
4.2 PARTICIPANTS RECRUITMENT AND SELECTION CRITERIA	30
4.3 METHODS OF DATA COLLECTION	31
4.4 DATA MANAGEMENT.....	34
4.5 ETHICAL CONSIDERATIONS	35
4.6 THE REFLECTING ON MY ROLE	38
4.7 TRUSTWORTHINESS OF RESEARCH	39

CHAPTER 5: GENDER NORMS AND SEXUAL AND REPRODUCTIVE INFORMATION	42
5.1 SEXUAL SOCIALIZATION: ADOLESCENTS’ GENDERED SEXUAL AND REPRODUCTIVE EDUCATION	43
5.2 BARRIERS IN THE SEXUAL AND REPRODUCTIVE EDUCATION OF ADOLESCENTS	50
CHAPTER 6: GENDER SOCIALIZATION AND GENDER-BASED SEGREGATION..	59
6.1 GENDER EQUALITY AND GENDER DIFFERENTIATIONS	59
6.2 MOTHERHOOD IDEALS.....	70
CHAPTER 7: GENDER STEREOTYPES AND THE INFLUENCE OF PEERS IN ADOLESCENTS’ CONTRACEPTIVE PRACTICES	76
7.1. FEMALE GENDER STEREOTYPES.....	76
7.2 MALE GENDER STEREOTYPES	81
7.3 PEERS’ INFLUENCE AND CONTRACEPTIVE PRACTICES.....	84
CHAPTER 8: CONCLUSIONS.....	88
BIBLIOGRAPHY.....	92

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRHF	Costa Rican Humanitarian Foundation
CRME	Costa Rican Ministry of Education
CSE	Comprehensive sexuality education
DHS	Demographic Health Survey
ENAHO	National Household Survey
FDGs	Focus Group Discussions
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
INEC	National Institute of Statistics and Census
IRH	Institute for Reproductive Health
LMICs	Low- and middle-income countries
MDGs	Millennium Development Goals
NSD	Norwegian Centre for Research Data
SDGs	Sustainable Development Goals
STDs	Sexually transmitted diseases
UCR	University of Costa Rica
UDHR	Universal Declaration of Human Rights
UNFPA	United Nations Population Fund

ABSTRACT

Although, teenage pregnancy is a well-studied phenomenon, with large amounts of research in terms of the biomedical and socio-economic repercussions, very little is known about adolescents' fertility and the gender norms involved in their sexuality.

Given the high prevalence of teenage pregnancy of Costa Rican adolescents of Nicaraguan origin, this research sought to explore the role that gender norms, ideologies, and practices have, influencing these teenagers' sexual and reproductive decisions. To reach this goal, this study took a qualitative approach based on interviews and focus groups discussions that aimed to uncover the diversity of experiences that adolescents hold. The study was framed using a right and gender approach, in which early childbearing was understood not only as a socio-economic phenomenon but also as an expression of unequal gender relations that constrain adolescents' sexual and reproductive health rights.

Gender relations were found to be conditioned by the machismo-Marianism order, in which adolescents' sexuality was found to be conditioned by the sexual double standard, where men and women are praised by opposite behaviors. While men are praised by being sexually active and promiscuous, women are expected to be chaste and sexually naïve; females' sexual agency was considered a threat to femininity, and thereby, was depicted as undesirable and inappropriate. Young females' emerging fertility represented a source of risk that is controlled through behavioral regulation and monitoring. Whereas girls are maintained at home to ensure their safety, boys are raised with autonomy and freedom. Finally, girls were raised to take the lead in the household chores, to be well-prepared to serve their husbands, and to idealized maternity as females' destiny.

Overall, findings suggest that adolescents' sexuality is governed by contradictory pressures that most risk approaches to pregnancy fail to account. Understanding the repercussions of traditional forms of masculinity and femininity would provide helpful and practical insights for the design of more effective interventions that protect and empower these youths.

Keywords: adolescent pregnancy, gender norms, sexual and reproductive decisions, sexuality, machismo, Marianism, fertility, sexual double standard, motherhood.

CHAPTER 1: INTRODUCTION

1.1 General context

Adolescent pregnancy is a health and socio-economic phenomenon that affects about 17 million girls and accounts for 7.3 million births a year (UNFPA, 2013a). While every day about 20.000 girls give birth, yearly 70.000 girls die due to health problems and delivery complications, and 3,2 million put their lives at risk through unsafe abortions (UNFPA, 2013b). The contemporary evidence shows us, that early childbearing is a significant limitation in the life of adolescents, especially for women with long-lasting impacts on their physical and mental health, and their livelihoods opportunities.

From a human right perspective, unplanned and unwanted pregnancies constitute a denial and violation in the adolescents' right to education and health, posing intra- and inter-generational consequences that rarely are positive, but rather exacerbate on their vulnerabilities and those of their families (UNFPA, 2013a, 2015; UNICEF, 2007a; World Bank, 2012). Despite the Convention on the Rights of the Child 1989 (CRC), and the UN Special Session on Children (2002), provide the legal and normative framework for the protection of the rights of girls and boys, the reality is that children and adolescents are affected by all forms of violence, injury, abuse, neglect and exploitation (UNFPA, 2013b). Early childbearing is a form of deprotection with profound effects on the life-course of adolescents, depriving them of their childhood, and forcing into complicated adulthood (UNICEF, 2014).

Although, teen pregnancy is a global phenomenon, more than 95% of the teen's births occurred in low and middle income countries (LMICs), where around 19% of girls in this countries give birth as product of forced marriages, lack of adequate access to contraception, or are victims of sexual assaults (UNFPA, 2013b; WHO & UNPFA, 2006). After Sub-Saharan Africa, Latin America is the second region with the highest number of teenage births in the world; a region where one in three girls bear a child before the age of 20 (UNICEF, 2014). Latin America is the only region in the world where the births of adolescent girls make up the largest fraction of the total number of

new babies born every year (ECLAC & UNICEF, 2007). This in spite of the total fertility¹ rate of the region that has been declining sharply in the last 35 years, while in 1980 the total number of children per women was of 4.22, by 2015 it reached 2.08 (ECLAC & UNICEF, 2007; UNFPA, 2017). Studies of the region suggest that this decline responds to the rapid urbanization, industrialization, secularization, and the expansion of modern family planning that became accessible for Latin women (ECLAC & UNICEF, 2007).

However, when it comes to adolescent fertility rates², Latin America is the only region where early childbearing is not decreasing, but increasing, especially in girls aged under 15 (UNICEF, 2016). Notably, the region's rates are not only indicative of the adolescents' unprotected sexual behavior, and sexual violence, but also of the backlash of their sexual and reproductive rights, especially their right to comprehensive sexuality education, which in most countries has been banned from the curricula (Gianella et al., 2017). Given these rates, by 2020 Latin America risks becoming the region with the greatest numbers of teenage births worldwide (UNICEF, 2014), and by 2030 a region with very few probabilities of reaching its sustainable development goals (SDGs) (Abajobir et al., 2017).

In line with global trends, by 2017 the fertility rate of Costa Rica (1.76) was one of the lowest in the region (2.04) (World Bank, 2017b). In the last decades (2000-2010) the fertility rate declined from 2.39 children per women to 1.82 (ibid). In contrast, this reduction appears incompatible with the adolescent fertility rate of the country that has not declined at the same speed (Villegas, 2014). By 2017 Costa Rica's adolescent fertility rate reached 53 births per 1000 women (UNFPA, 2017); which represented a 15% of the total national births Instituto Nacional de Estadísticas y Censos (2017). Authorities report that early childbearing is an important phenomenon in the country, especially among indigenous and disadvantaged groups (Villegas, 2014). Among these, the fertility rates from Nicaraguan adolescents residing in Costa Rica, are the most significant (ibid).

Studies have found that Nicaraguan adolescents residing in Costa Rica have a double likelihood of early pregnancy than their local counterparts (Rosero-Bixby, Camacho, & Chen Mok, 2002).

¹ Total number of children per women.

² Measured as the number of children per 1000 women aged between 15-19.

Despite efforts from the local government to tackle early motherhood, the socio-economic conditions of Nicaraguan females in Costa Rica make them particularly vulnerable to this phenomenon (Sintonen, Bonilla, & Ashorn, 2012).

1.1.1 Nicaraguan population in Costa Rica and their demographics

Since the late 1980s, the composition of Costa Rica's population presents atypical variations, especially because of its high component of the immigrant population (Chen Mok et al., 2001). There are registers of Nicaraguan migration to neighbor Costa Rica since the early 1900s; however, the bigger influxes are associated with the Nicaraguan political and humanitarian crises of 1970s, and 2000s (Mora & Guzman, 2018). However, analyses of the Nicaraguan migration suggest that it also responded to employment opportunities and the latest export commodity boom of Costa Rican of fruits and coffee. Nicaraguan labor has been fundamental in the development of agriculture and manufactures, but also visible in other areas such as construction, services, and domestic work (Marquette, 2006; Sandoval & Bonilla, 2011).

Figures from the 2011 census show that Nicaraguan immigrants represent 74.57% of the total immigrant population that resides in Costa Rica, and 7,3% of the total country's population (3.9 million) (Sandoval & Bonilla, 2011). Records from the intercensal period of 1984 suggest that in the last 27 years, the Nicaraguan immigration has growth six times, passing from 45.918 to 287.766 inhabitants (Sandoval & Bonilla, 2011)³. Also, it was estimated that 72% of the Nicaraguan immigrants in Costa Rica are aged between 15 to 50 years, namely, they are a very young population (Sandoval & Bonilla, 2011). From 2010 women represent more than half that of the Nicaraguan immigrant population, in 2011 they were 52,6%, versus 47.3% of males (ibid).

Sintonen (2009) argues that there are several differences in the socio-economic development of these immigrants; and by general rule most Nicaraguans are worse-off than their local counterparts. Considering the achievements that Costa Rica has made in terms of the education of

³ However, these figures might have changed and increased given the considerable influx of people that entered the country with the latest civil and political crisis that breakout in Nicaragua in April 2018. Since then thousands have fled persecution and have arrived in neighbor Costa Rica to seek shelter.

its population (literacy rate of 95.2%), Nicaraguan immigrants hold inferior levels of schooling, and only 6% of them has some university education (Mora & Guzman, 2018; Villegas, 2014). In general, Nicaraguan immigrants, and Nicaraguan men hold the lowest level of education compared with other immigrant groups (Mora & Guzman, 2018). As a result of this low level of schooling, Nicaraguans are included in activities of low productivity, with lower salaries, benefits, and rights than Costa Ricans, which is also mirrored in their incidence of poverty (ibid). According to Voorend and Robles (2010), there is a significant gap in the coverage of social security and labor benefits, while in 2010, 84% of Costa Rican workers were insured, only 59% of Nicaraguan immigrants had that benefit. Data from the 2016 National Household Survey (ENAHO), estimate that while extreme poverty is visible in 6.8% of Costa Rican families, more than 11.3% of Nicaraguan-origin households are affected; this is also evident in the living conditions of these families, as Nicaraguan immigrants live in more overcrowded and hazard conditions than their local counterparts, 13% versus 4% respectively (Mora & Guzman, 2018).

1.1.2 Fertility rate of Nicaraguan women

In 2001, Rosero-Bixby, Camacho, & Chen Mok found that the fertility rate of Nicaraguan immigrants was significantly higher than native Costa Rican women; they showed that for a single 25-year-old Nicaraguan immigrant the fertility rate was 40% higher, and for unmarried Nicaraguan women living in San Jose the fertility rate was 121% higher compared to their local peers with the same characteristics. According to Mora and Guzman (2018) the fertility rate of Nicaraguan women is not only higher than Costa Rican women, but the highest among immigrants of other nationalities (around 85%). In 2012, it was estimated that while the fertility rate of Costa Rican women was 55 births per 1000 women; the rate of Nicaraguan females was almost double (ibid). In terms of the adolescent fertility rate, figures from the 2000s demographic health survey (DHS) estimated that the rate of Nicaraguan adolescents living in Costa Rica was 55% higher than adolescents of Costa Rican origin, and 25% lower than their counterparts in Nicaragua (Chen Mok et al., 2001). Significantly, the results indicated that the major variations were given in the Metropolitan area of San Jose, where a great part (42%) of Nicaraguans reside (ibid).

In a more recent study, Sintonen (2009) found that the prevalence of adolescent childbearing was two times higher among Nicaraguan immigrant teens compared with their Costa Rican peers (26% vs. 9.5%). Among this population, Sintonen (2009) showed that adolescent pregnancy was explained by socio-economic factors, age, low educational attainment, urban residency, poverty, and especially cohabiting with a partner. For instance, Sintonen (2009) found that Nicaraguan adolescents with primary education were twice as likely to adolescent pregnancy, than their counterparts with secondary schooling. Consistently, Sintonen (2009) also uncovered that unmarried Nicaraguan adolescents have higher odds of pregnancy than their unmarried Costa Ricans peers.

1.2 Problem statement

Giving these figures, and following with international human rights commitments, the Costa Rican government has developed a series of programs and initiatives for the prevention and intervention in cases of adolescent pregnancy and youth maternity; still, there are concerns that access to family planning methods are insufficient and inadequate (Villegas, 2014). The United Nations Population Fund (UNFPA) (2013) explains that there is poor correspondence between theoretical knowledge and the actual use of contraception. Figures show that family planning services are not only by being insufficient, but also inadequate; consequently, the youth group is the most vulnerable group in terms of unmet contraception (UNFPA, 2013a). Although several efforts are in place to facilitate contraception access and information, restrictive laws and public policies that fail to acknowledge adolescents' needs and sexual behaviors, are preventing adolescents' from stopping STDs and unwanted pregnancies (Darroch, Woog, Bankole, & Ashford, 2016).

In Costa Rica, although the national legislation and particularly the Code of Childhood and Adolescence guarantee the right to health care for all children and adolescents⁴ without any distinction, the Criminal Code establishes that access to family planning methods is restricted to adolescents aged 15 and younger. Villegas (2014) argues that this is a puzzling fact, bearing in mind that the age of sexual initiation of Costa Rican adolescents has been documented as earlier

⁴ After reaching the age of adulthood (18 years), individuals have to contribute or be insured in the Costa Rican Social Security services (CCSS) to access to the public system of health services.

as 13, and contradictory considering that teens as young as 15 can get married with parental consent.

However, even if birth control methods are secured in terms of accessibility, availability, and affordability, research has shown that the use of contraceptives not only responds to these conditions, but is also modulated by other aspects including linguistic, cultural, and religious differences (International Organization of Migration, 2005). Lion et al. (2010) claim that the suboptimal use of contraception responds mainly to cultural barriers, especially the stigma attached to sexual intercourse out of marriage. Berglund et al. (1997) argue that contraception is powerless, not because of poor knowledge, but because of obstructive attitudes among health providers and society.

Hillier, Harrison, and Bowditch (1999) argue that adolescents' sexual behavior cannot be described in terms of rational decision-making, but governed by numerous contradictory pressures related to their gender identities. Studies have found that the promotion of rational choice model and the use of contraception might be disconnected from the reality of adolescents and the negotiations and power relations in which they are involved (Wyn, 1993). "The sexual relationship is a site in which the exercise of power and resistance is played out, and the underlying assumption that young people are acting out their sexual fantasies on a level playing field is considered by many to be naïve" (Hillier, Harrison, & Warr, 1998, p. 17). Ward (1993) argues that sexual relations are not a level playing field, and the imbalanced of power is noted especially for women, which in most cases find themselves with less sexual autonomy. For many girls, the use of contraception and their capacity to practice safe sex, depend not only on their awareness and education about the risks of unprotected sex, but also on their ability to negotiate the use of condoms with their partners (Hillier et al., 1999).

Likewise, studies of HIV/AIDS suggest that sexual relations not only respond to biological desires, but are intrinsic manifestations of power (Hargreaves et al., 2008). Doyal, Naidoo, and Wilton (1994) point out that "[sex] is not merely a spontaneous and instinctive biological act but is socially constructed in complex and highly symbolic ways" (p.14). Hargreaves et al. (2008) suggest that women's vulnerability is also exacerbated by the age of their partners, as in most places is common

for them to be with much older men. Yet, sexual relations are not only demonstrations of physical force, but symbolic and normative power.

In their study with adolescents from disadvantaged communities in Costa Rica, Nunez and Rojas (1998) showed that the use of birth control methods was impacted by the value placed on women's virginity versus the value on men's sexual experimentation. Hence, Hillier et al. (1999) sustain that most campaigns for pregnancy prevention have failed to understand that safe sex is not only a matter of contraception, but also about dominant constructions of masculinity and femininity that situate men and women at different and unequal positions. In other words, adolescents' chances of safe sex are not only determined by their knowledge and access to contraception, but also unequal gender relations that very often promote incompatible behaviors. Understanding potential factors that exacerbate these differences, such as gender norms and ideologies, is an important direction for prevention research.

In this line, the prevalence of adolescent pregnancy in Costa Rica reflects that the phenomenon has been understood as a failure in contraception, tackled by programs⁵ that aim to increase adolescents' schooling and provide them with some sexual education to delay their sexual initiation and avoid unprotected sex (Villegas, 2014). Yet most of these programs have also failed to acknowledge that sexual relations are asymmetrical demonstrations of power (physical and symbolic) and that they are not homogenous, but permeated by traditional gender ideologies and norms.

Although, teenage pregnancy is a well-studied phenomenon, with large amounts of research in terms of the biomedical and socio-economic repercussions, very little is known about adolescents' fertility and the gender norms involved in their sexuality. The study of Sintonen (2009) shed light on how the prevalence of pregnancy of *Nicaraguan adolescents living in Costa Rica* responds to socio-economic conditions, and ultimately is higher than their native counterparts. However, although this study was highly significant a few years ago; currently, *most of the youth population of the*

⁵ For instance, Young Love (Amor Joven) that aimed to provide sexuality and reproductive education, yet the program could not be completed due to resistance from conservative groups (Araya, 2003).

*Nicaraguan immigrant group were born in the country, and consequently are Costa Ricans*⁶. Presently, there are no specific studies to quantify if the origin of Costa Rican teens is a determinant factor in early childbearing. Still, the assumption that the background of these teens is determinant of early pregnancies, is based on the structural poverty conditions that most adolescents of Nicaraguan descent have. Studies have found that metropolitan areas with a high concentration of Nicaraguan workers have higher levels of poverty, limitations to education, and higher fertility rates compared with zones of Costa Rican families (Villegas, 2014). Yet, besides these studies, there is not any new report that examines the gender socialization that influence these teens and their sexual and reproductive choices; this research seeks to cover this gap from qualitative lenses and through a gender approach.

1.3 Research objectives

This research aims to explore the gender norms, ideologies, and practices that influence the sexual and reproductive decisions of Costa Rican adolescents of Nicaraguan descent. To do so, the influence of familial and community networks will be explored.

The specific objectives of this research are as follows:

- To explore the gender norms, ideologies, and practices involved in the processes of sexual and reproductive education that adolescents receive from their parents.
- To examine the gender-related attitudes, practices and social expectations that social institutions such as the church and the family have of women and their roles.
- To explore the masculine and feminine stereotypes influencing adolescents' sexuality, including their practices of contraception.

Each of these objectives is explored in each of the finding chapters of this study.

Because of the health and social implications that early childbearing has on young mothers and their children, understanding the repercussions of traditional forms of masculinity and femininity would provide helpful and practical insights for the design of more effective interventions that

⁶ All children born in Costa Rica independently of the origin or legal status of their parents are Costa Ricans.

protect and empower these youths. Ultimately, redefinitions in gender norms, and roles could help to alter adolescents' attitudes and show them that childbearing is not the main path of social mobility, and that delaying parenthood adds benefits to their health and well-being.

1.4 Study area

The geographical area of the study corresponds to the neighborhood of La Carpio, a binational community of Costa Rican and Nicaraguan families in San Jose. The community started forming during the late 1980s and 90s, as an informal settlement that few families began to occupy. Since then, it is estimated that more than 22,000 people live there, and it is the biggest Nicaraguan community in Costa Rica (Sandoval, 2005). At the beginning it was determined that the community was comprised by 50% of Costa Rican Families and 49.1% of Nicaraguans; however, new approximations suggest that lately, more than 59% are Costa Ricans (Morales & Peres, 2004, cited in Sandoval, 2005). This might be explained not only by the number of newcomers but also by the number of people that have been born there. Indeed, it is estimated that the community is comprised of a very young and dependable population; approximately 43% of its people are aged less than 15 and older of 65 (Sandoval, 2005). Also, it is calculated that families head by women makes more 26% in the neighborhood (ibid).

La Carpio is also one of the poorest districts in San Jose, where proper systems of sanitation and sewage disposal are absent, and where public services such as water and electricity are insufficient. One of the greatest difficulties is the precarious and dangerous conditions under which great part of the houses have been constructed, such as on slopes, next to the rivers and without property titles (Sandoval, 2005). Although, the local government and civil society organizations have installed a series of programs to improve the vulnerable conditions of the community, efforts have failed shortly as the community keeps enlarging.

The Costa Rican Humanitarian Foundation is one of the NGOs that has been working in La Carpio for 20 years. They work to facilitate childcare services, help to build roads, reconstruct houses, and creating capabilities so that women have other means to improve their livelihoods. Their overall aim is to install practices that develop the community in a sustainable way (Costa Rica

Humanitarian Foundation, 2018). This study was done in collaboration with them. The CRHF worked as a gatekeeper and collaborate in the introduction of participants for the data collection process, more details are provided in the chapter methodological chapter.

1.5 Organization of the thesis

This thesis is organized through eight chapters This is the first chapter, its purpose is to provide an introduction of adolescent pregnancy and the rationale of why this is a significant phenomenon in the context of adolescents of Nicaraguan descent in Costa Rica. Chapter two is aimed to cover a literature review of the adolescent pregnancy, its repercussions in terms of health and socioeconomic effects, but also it seeks to cover how gender socialization during adolescence works, and its implications in adolescents' sexuality. Chapter three develops on Goicolea (2009) rights and gender approach as the theoretical framework for this study. The frame explains how adolescents' capabilities to exercise their sexual and reproductive rights are influenced by unequal gender structures. Chapter four presents details about the methodological process followed for this study, as well the ethical and reflexive considerations. Next, chapters five through seven present the research findings and discussion. And, finally, chapter eight presents the overall conclusions of the study.

CHAPTER 2: LITERATURE REVIEW

This chapter aims to provide a description, and summary of scholarly writings with regards to the phenomenon of teenage pregnancy, and gender socialization process during puberty. The search strategy used to construct this review was based on surveying relevant books, scholarly articles, research thesis, websites, and newspapers, accessed through the university library.

To begin, adolescence has been defined as the crucial period of transition between childhood into adulthood and comprises youths between 10-19 years old (UNICEF, 2012). In this phase, adolescents undergo substantial changes in their cognitive, physical, and social relations with family and peers, which makes it a critical stage in terms of their sexual and reproductive health (ibid). In Costa Rica, the Code of Childhood and Adolescence defines adolescents as individuals aged between 12 to 18 (N. 7739).

The recognition of adolescent pregnancy as a public problem is recent and responds to current trends of economic and social development. Furstenberg (1991) suggests that after World War II or the baby boom period of 1946 to 1964, most teenager girls married before their twenties. Marriage, he says, provided the solution to all unplanned pregnancies. Thereby, following the social norms of the time, as long as all early pregnancies end up in marriage, the issue was not of public concern. Furstenberg (1991) argues that in the contemporary world of today, the recognition of the problem grew accordingly, not only because adolescents have the option and many can choose not to marry, but also due to increasing opportunity costs attached to early pregnancies. Adolescent pregnancy has been studied from different perspectives including, its socio-economic causes and effects, the health problems for teens and their children, and also as a desire for motherhood. Relevant descriptions on these topics, including the gender socialization process, are presented in the following.

2.1 Teenage pregnancy and socio-economic causes and effects

Adolescent pregnancy is a multi-causal phenomenon, explained through individual and structural determinant factors; while the former ones refer to the early onset of sexual intercourse, and the absence of use of contraception; the latter ones refer to contexts of social disadvantage and deprivation (Altamirano, Pacheco, Huelva, Sáenz, & López, 2016). Empirical evidence points out

that early childbearing is strongly correlated with poverty, rurality, illiteracy, violence, and dysfunctional family relations, among others (UN, 2013b; UNICEF, 2014; World Bank, 2012). The probability of pregnancy is at least three times higher for teenagers from the poorest quintiles than their richest counterparts (ECLAC & UNICEF, 2007). Westoff (2003) explains that in rural areas, entering motherhood as a teenager is not atypical, but probably the rule, as conditions are more precarious and traditional roles prevail.

Given the forced and premature transition into adulthood, early parenthood reduces the probabilities of young mothers to complete their basic education, and to have better prospects for adequate employment (Berthelon & Kruger, 2014; Hoffman, 2006; UNICEF, 2016; World Bank, 2017a). Studies have shown that although initial disadvantage plays an effect on the future economic development of women, having a baby in adolescence accounted for more than half of future economic hardships of women and their households (Hoffman, Foster, & Furstenberg, 1993). With low educational attainment and few possibilities of skilled employment, teenage mothers end up caught in a poverty trap that perpetuates their vulnerabilities from one generation to another (ECLAC & UNICEF, 2007; Interamerican Development Bank, 2017; World Bank, 2012, 2017a). Even in countries with policies to facilitate the school attainment of teen mothers, in most cases social stigma and economic disadvantage avert their school reintegration (WHO & UNPFA, 2006). Furthermore, studies in Latin America show that adolescent mothers have higher risks of repeated unwanted pregnancies in shorter intervals than their counterparts (Buvinic, 1998). As a result, it is not a coincidence that mothers that began bearing children in adolescence have higher fertility rates (Altamirano et al., 2016).

2.2 Teenage pregnancy and health effects

In terms of health consequences, the risks of adolescent pregnancy account for 15% of the Global Burden of Disease, and 13% of all maternal deaths (WHO & UNPFA, 2006). Studies of the WHO and UNPFA have determined that the risk of dying from pregnancy-related issues is five times higher for adolescents aged 10 to 14, and twice as high for adolescents aged 15 to 19 than their counterparts in their twenties (UNFPA, 2004). Studies indicate that although age alone cannot be attributed as the main cause of maternal mortality; however, its association with other risk factors, and the lack of antenatal and postpartum care, is what makes adolescent pregnancy so dangerous

for young mothers and their offspring (WHO, 2004). Teen mothers face several complications including, malnutrition, eclampsia, puerperal endometritis, obstetric fistulae, and systemic infections; similarly, babies born to adolescent mothers present higher risks of infant mortality, low birthweight, preterm delivery, and acute neonatal conditions than those born of women aged 20 to 24 (Ganchimeg et al., 2014; WHO, 2016).

Research on low-income countries shows that 93% of adolescent pregnancies are mistimed or unwanted; consequently part of them end up in abortions (Singh, 1998). An estimated of 2.2 to 4 million adolescents seek abortions worldwide; and in Latin America 15% of the abortions of adolescents are under dangerous and unsafe conditions (Darroch et al., 2016; WHO & UNPFA, 2006). Furthermore, the transition into early motherhood is reported to put adolescents into great psychological and emotional distress, with implications in their mental health and well-being (Kalil & Kunz, 2000).

2.3 Teenage pregnancy and motherhood

Berglund, Liljestrand, Marin, Salgado, and Zelaya (1997) affirm that adolescents' exposure to the risk of pregnancy has to be interpreted as more than simply an unintended outcome, but rather rooted in the social and cultural patterns that have a great imprint on teen's attitudes. In fact, desire for pregnancy might be an important leading factor that influences adolescents' decisions (Alves, 2012; Rocca, Doherty, Padian, Hubbard, & Minnis, 2010). Favorable attitudes towards pregnancy are conceived as an adaptive response that fits poor socio-economic realities and traditional patriarchal views that essentialized women to their biological role (Patricia East, 1998; ECLAC & UNICEF, 2007). A study of Latino girls in the U.S., suggest that they were twice as likely as their non-Latino white and black counterparts to report happiness with the idea of pregnancy (Martinez & Abma, 2004). In addition, ethnographic studies indicate that the Latino culture and its strong orientation towards family over individual desires, plays a significant role in teens' reproductive decisions (Afable-Munsuz & Brindis, 2006; P East, 1998; Hovell et al., 1994; Oropesa, 1996). Collective family support and strong socialization towards motherhood are also significant determinants which might influence adolescents' early childbearing (Burton, 1996). In this light, public interventions have not only to provide sexual education, but also counter cultural narratives of early fertility.

In many contexts, marriage and parenthood are public symbols that represent the transition from childhood into adulthood, and particularly for girls into womanhood, bringing public acceptance, and status (Alves, 2012; UNFPA, 2015). That is, in some cultures motherhood is also seen as a source of short-term satisfaction and realization, and the normal outcome that women experiment of a committed relationship (Kearney & Levine, 2011; Rodríguez, 2017). Similarly, some scholars support the idea that for women in vulnerable conditions, the plan pregnancy and motherhood are also ways to secure economic stability, protection and better prospects (Almeida & Aquino, 2009; Berglund et al., 1997; Geronimus, 2003). Likewise, Pick de Wesis et al. (1991) sustain that in certain situations, girls perceived pregnancy as a discharge that exonerates them from the shame and guilt of premarital sex. Complementary, Berglund et al. (1997) observe that in cultures with idealized conceptions of masculinity, men see procreation and the ability to fathering children, as important forms to demonstrate manliness.

However, the notion of pregnancy and motherhood as females' natural destiny was also questioned by especially by feminist scholars. de Beauvoir (1949) in her seminal book '*The second sex*', argued against the essentialization of females by their wombs, and sustained that women have been made to believe that motherhood was their "natural" destiny, the essence of their lives, or their role in preserving the species (p.597). In her view, however, the decision of opting for motherhood is never a free decision, but persuaded through the patriarchal order that conditions females by their biological functions to its ends (ibid).

2.4 Teenagers and gender socialization

2.4.1 Teenagers and gender inequalities

While teenage pregnancy has been explained as an effect of adolescents' inadequate access to sexual information and health services, sexual violence, socio-economic disadvantages, and others, little has been said about the gender inequality effects in adolescence. Gender inequality is a key determinant in the health of teenagers (WHO, 2005); yet while unequal access to resources, power, education, and discriminatory practices affect the lives of boys and girls, generally they disproportionately disadvantage females (Kågesten et al., 2016). Evidence suggests that girls are "fed less, educated less, and more physically restricted; and women are typically employed and

segregated in lower-paid, less secure, and ‘informal’ occupations” (G. Sen, Ostlin, & George, 2007, p. 12). The effects of gender inequality on women are also visible through the disproportionately high rates of females infanticides, femicides, and gender-based violence worldwide (Murphy, 2003).

Still, gender norms lead to behaviors that disadvantage boys as well, as they are socialized towards ideals of hegemonic masculinity that usually promote the use of violence, substance abuse, and engagement with multiple sexual partners (Amin, Kågesten, Adebayo, & Candra-Mouli, 2018). On their study on adolescents’ gender attitudes of Kågesten et al. (2016) found that adolescent boys are more likely to endorse unequal gender practices than their female counterparts. These scholars affirm that in many settings boys might not be aware of their privileges, but even if they were conscious of unequal gender relations, there might be little motivation to challenge the patriarchal order and the benefits they are entitled in terms of freedom, power, status, and others (ibid). Their study also points out that adolescent boys that adopt more equitable attitudes are likely to face peer’s stigmatization and mocking, which ultimately discourages them from challenging inequalities (ibid). Amin et al. (2018) suggest that in order promote adolescents’ health and well-being, it is necessary to start addressing these social barriers, and showing adolescents boys and girls that gender equality is not a zero-sum game, but that we can all benefit from true gender equality.

2.4.2 Adolescents and gender norms

According to Ryle (2011) gender norms are a set of rules that are there to maintain the social order by prescribing appropriate behaviors for men and women. Is it important to note that “these norms reflect and reproduce underlying gendered relations of power, and that is fundamentally what makes them difficult to alter or transform” (G. Sen et al., 2007, p. 28). In practice, by the unequal worth they place on women and men, norms work to create harmful stereotypes that empower men with resources, and power while marginalizing and subordinating women (ibid).

In their research with American Indian adolescents, Hanson et al. (2014) found that the high prevalence of early childbearing of this group was in part explained by the contradictory gender norms and ideologies in which teens have to negotiate their decisions. Hanson et al. (2014) explain

that the impact of gender ideologies on the use of contraception is far more apparent than expected, not only because it is encouraging antagonistic behaviors between boys and girls, but also leaving teens unprotected. For example, adolescent girls who adhere to traditional gender norms that uphold sexual abstinence and virginity as core elements, might be encouraged to be passive and naïve about sex matters; and thereby find it difficult the use contraception or ask their partner to do so, as this is a subject portrayed as something inappropriate for girls (Gage, 1998; Hillier et al., 1998). By contrast, adolescent males who adhere to traditional forms of masculinity are usually pushed to be sexually active and promiscuous; and thus tend to consider that contraception is a responsibility that is for women (Leland & Barth, 1993; Pleck, Sonebstein, & Ku, 1993).

Still, the impact of gender hierarchies is not only evident on behaviors, but also on adolescents' sexual expectations. In their study with adolescents in rural areas in Australia, Hillier et al. (1999) found that female adolescents thought of sex as a means for maintaining and developing a relationship, and they were more likely to want a relationship because it made them feel loved, secured, and special. These authors argue that “the pleasure these young women derive from ‘sex’ was not so much in the physical act itself but in the whole context of relating to their partners - feelings of closeness, nurturance, belonging and being cared about” (Hillier et al., 1999, p. 81). In contrast, these authors found that male adolescents thought of sex as a source of pleasure in itself, sex was described as “immediate with little sense of anything outside the act itself” (Hillier et al., 1999, p. 83). They concluded that adolescents' understandings of sex and the risks associated to it are not homogenous; while men associate sex with pleasure and perceive much to win of it, women saw sex as a risky and idealized activity from which they had much to lose.

2.4.3 Adolescents and gender socialization

All these gender disparities have led scholars to realize that adolescents' risky behaviors such as unprotected sex, are more than disinforming decisions, but rather influenced by gender norms and ideologies incorporated and developed through the process of gender socialization (John, Stobenau, Ritter, Edmeades, & Balvin, 2017). Ryle (2011) sustains that gender socialization is a social process in which individuals learn to be gendered. The significance of the process lies in “how individuals learn to become masculine or feminine in their identities, appearance, values and behaviors” (Pilcher & Whelehan, 2014, p. 161). Although, the process of gender socialization is

multifaceted and complex, one common way to encourage children to conform to their expected roles and behaviors is through the social rewards and sanctions that are operated by adults (ibid). Take for instance, girls that are praised for wearing pretty pink dresses, but discouraged from playing soccer, while boys are praised for being brave, but reprimanded for crying or showing their feelings (ibid). According to John et al. (2017) see gender socialization as a “multi-dimensional process that occurs over time and through which individuals learn the gender norms and rules of their society, and subsequently developing an internal gender identity” (p. 7). John et al. (2017) observe that while boys and girls experience distinctly different pressures and expectations, gender norms also vary according to social categories such as race, class, and ethnicity.

The process of how individuals learn to be gendered and develop an identity has been widely explored from different academic fields including, psychology, sociology, biology and recently by feminist studies; as a result, several theories and schemas have been developed (e.g. role-learning theory, psychoanalytic theory, etc.) each placing the influence of biological and environmental factors at different levels (Ryle, 2011). Despite, gender socialization starts at birth, recent research in psychology and biology suggests that pre-adolescent and adolescent years are critical periods of intensification in personal gender attitudes, particularly because of the onset of puberty, the development of cognitive abilities and sexual maturation (John et al., 2017). According to Kågesten et al. (2016) adolescence is a period of acute sensitivity to gender attitudes and self-perceptions, as well as the social expectations from others, including family, peers, and social networks. These last ones have been recognized as key agents of the gender socialization process, influencing and shaping adolescents’ beliefs, behaviors, and identities (John et al., 2017). Through processes of interactions and observations that start from their childhood, adolescents develop and ultimately internalize notions of masculinity and femininity that will be evident in their attitudes, beliefs, skills, and behaviors (ibid). Research has shown that gender norms have a significant role in most social interactions, but particularly for adolescents since it is the internalization of these norms what shapes and limits adolescents’ sexual and reproductive practices (Kågesten et al., 2016).

First, family members are recognized as primary socialization agents, the parent-child bond is said to be the most critical relationship with implications that unfold in individuals’ in their personality

traits and social relations (John et al., 2017). Sexual socialization starts at home and comprises all messages about modesty, nudity, privacy, and the gender acceptable behaviors that parents transmit to adolescents since they are little (Shtarkshall, Santelli, & Hirsch, 2007). In addition, the socialization that individuals receive at home is fundamental for their gender identities, as it is there, where they would first learn about female and male roles, the division of labor, and gender stereotypes (John et al., 2017). Although all these messages are not considered part of a formal education curriculum, they influence on children and adolescents' understandings and awareness of their sexuality, and the gender behavioral expectations about it (Shtarkshall et al., 2007). By being the primary source of information, parents are supposed to direct and guide children in their sexual and reproductive changes (Ganji, Emamian, Maasoumi, Keramat, & Merghati, 2017). However, the Institute for Reproductive Health (IRH, 2010) observes that fathers and mothers are usually ill-equipped to talk with their children and address their doubts with regards to puberty changes, sexual and reproductive health and gender roles. In its place, parents' desire to protect their children is often exercised by omitting sexual topics and through behavioral regulation and monitoring (Igras, Macieira, Murphy, & Lundgren, 2014). For instance, parents' concerns about their daughters emerging fertility and sexuality are most likely to be tackled by restricting their mobility rather than by talking with them about sexual health (ibid).

Second, beyond the family influence, the next relevant agents shaping adolescents' gender identities, are their peers (John et al., 2017). As adolescents' socio-cognitive and emotional abilities expand, the importance of teams and friends becomes more salient (ibid). Crosnoe (2011) argues that social interactions with peers are dynamic gendered occasions in which adolescents learn and reproduce gender behaviors, practices, and inequalities. Also, it is through peer relationships that adolescents will learn about romantic relations and sexual intimacy (Shtarkshall et al., 2007). John et al. (2017) observe that while the degree of peers' influence varies according to the adolescents' socio-context, peer groups might play more influence in males than in females' socialization. Studies suggest that this has to do with gender-based segregation of boys and girls, in which boys are allowed to be more independent and spend more time outside with their friends, whereas girls have to stay more at home with their parents (Igras et al., 2014). This is also linked with research that has found that male peers contribute to the upholding of hegemonic masculinity values in which adolescent boys are challenged to show their dominance and toughness (physically

and verbally), and to risk-taking practices such as unsafe sex (Kågesten et al., 2016). Research has also shown that violations to this masculinity norms are penalized, and thereby discouraged (ibid).

Third, other agents key on adolescents' gender socialization are school teachers, sports coaches, religious leaders and other leaders from social institutions, as it is through them at adolescents observe, internalize and behave as gendered selves (John et al., 2017; Shtarkshall et al., 2007). John et al. (2017) suggest that in interactions with these social actors, adolescents not only learn about the prevailing gender norms but also familiarize themselves with the incentives and disincentives of the gender order. For instance, the gender socialization that occurs at religious communities, where adolescents learn about religious values, which usually include views of sexuality as a divine gift, legitimated only for married couples (Shtarkshall et al., 2007). In addition, schools are very important institutions that influence youths' socialization. However, Chisamya, DeJaeghere, Kendall, and Khan (2012) argue that schools are not value-free spaces where individuals simply receive classes, but rather clusters that prompt and reproduce gender inequalities. Also, it is important to note that teachers contribute to the development of gender prejudices, not only that they perform stereotypical behaviors, but also that they hold different expectations for their students (Molla, 2016). Such for instance, that boys are better in math or science than girls. Mjaaland (2018) argues that gender assumptions and patriarchal prejudices are more harmful than expected, with depth repercussions evident in girls' academic capabilities and their class assertiveness. Thus, the school significance in the gender socialization of children and adolescents is marked by the gender inequalities that happen in the classrooms (Unterhalter, 2003). However, is it worth noting that the "very act of going to school and receiving education in many ways challenges and pushes the boundaries of traditional gender norms, roles and ultimately identities – thereby transforming the gender socialization process" (John et al., 2017, p. 18). Finally, understanding how gender norms and ideologies unfold over the life course of adolescents is necessary for any efforts to gender equality. "Rather than reproducing gender inequality, girls and boys can work to transform gender systems, roles and identities" (John et al., 2017, p. 5).

CHAPTER 3: THEORETICAL FRAMEWORK

This study aims to explore the gender norms, practices, and ideologies in which adolescents in La Carpio negotiate their sexual and reproductive decisions. To achieve this, the study of adolescents' gender relations will develop on the rights and gender framework proposed by Goicolea (2009). Goicolea's framework was developed in her work with adolescent mothers in the Ecuadorian Amazon Basin; her combined approach represents a novel conceptualization beneficial for examining the phenomenon of early childbearing from a broader standpoint, which makes it a suitable theoretical basis for the aims and characteristics of this study.

3.1 Exploring adolescent pregnancy from a rights and gender approach

Goicolea's work combines a right and gender perspective and conceives adolescent pregnancy not only in terms of the health or socio-economic impacts it generates on young females but how their ability to exercise their sexual and reproductive rights is entrenched within gender structures. Thus, differing from the risk approach that conceptualizes early childbearing mainly at the individual level and focuses on depicting and defining girls primarily by their socio-economic disadvantages, Goicolea's (2009) framework is grounded in the assumption that teenage pregnancy is intertwined within unequal gender relations that constrain female's capabilities to exercise their rights, in particular, their right to health.

Taking together a right and gender approaches, Goicolea (2009) concludes that adolescents 'exercise rights and do gender'. Her framework seeks to examine adolescent pregnancy based on an exploration of social relations, particularly unequal gender relations. Adolescent pregnancy is understood within the social processes that take place in the lives of young females, and their relations with social networks (Goicolea, 2010).

The framework is constructed over the basis of five elements extracted from the two approaches she used as a basis. The significance of her works lies on the parallelisms and interconnections that she finds on each approach separately, and then in the combination of both. For a schematic representation of how Goicolea (2009) has conceived this framework, refer to Appendix 1, at the end of this document.

First, Goicolea (2009) sees that pregnancies are embodied in female bodies, because of women's reproductive functions. However, childbearing transcends biological functions and connects with other experiences of power and resources, such as access and negotiation of contraception, access to safe abortion, prevention of STDs, sexual education, etc.; all of which are recognized as part of the **sexual and reproductive health rights** (SRHR) that all individuals, but particularly women are entitled. Thus, Goicolea (2009) sustains that adolescent pregnancies should not be looked as isolated events, but as part of a failure in the provisions framed under SRHR.

Second, in Goicolea's (2009) framework, **entitlements** refer to the specific provisions that states are obligated to deliver in the field of health. However, she also argues that such provisions should not only be concerned with the operation of health care services, but should comprise actions to improve the social determinants of health more broadly (*ibid*). Goicolea (2009) suggests that the educational level and the socio-economic position of adolescents have profound impacts on their exercise of sexual and reproductive health rights.

Third, Goicolea's (2009) framework assumes that adolescents have the ability to make free and rational decisions that benefit their health and well-being. Having the capability⁷ to choose and to act, means that adolescents have **freedom and agency**, in the sense that they are not coerced by any form of power (*ibid*). Within the grounds of the rights-based approach, Goicolea (2009) argues that exercising the right to health oversteps statutory realms, and comprises the actual exercise of freedom. However, this freedom and agency are only not directed by individuals, but enhanced or conditioned in relation to others at the institutional and social levels (*ibid*). For instance, a girl's freedom and capability to practice safe sex is not dependent on her knowledge of contraception, but also on her capacity access and use contraception (Goicolea, 2010).

Fourth, adolescents' capabilities to make free decisions regarding their sexual and reproductive health rights (SRHRs) are also significantly influenced by the institutions in which teenagers are immersed, including, family, social networks, health services, schools, among others (Goicolea, 2009, 2010). The gender arrangements at this institutional level can enable or constraint

⁷ Within the Sen's Capability Approach (1992), a capability reflects a person's freedom to lead the life one values the most (Robeyns, 2003a).

adolescents' rights, and they are referred to as **gender regimes** (Connell, 2009). As Goicolea uses a right to health approach, she refers specifically to gender arrangements featured by health systems, which impact how health services are ultimately delivered (Goicolea, 2009; Yamin, 2008). For instance, the gender regimes of health facilities that orient contraception services towards married women, have direct repercussions on the SRHRs of unmarried adolescents, and their capability of having safe sex (Goicolea, 2009).

At a macro level, institutional gender regimes are part of broader **gender orders** that correspond with the structural patterns of gender relations in society (Connell, 2009). For instance, the orientation of contraception services at the institutional level is influenced by the broader structure of a patriarchal system, where sex outside of marriage is represented as an immoral and undesirable act. Altogether, Goicolea (2009) argues that for the most part, institutions are not neutral nor value-free, but shaped by the gender structures (regimes and orders) in place. In practical terms, this means that institutions might incorporate dominant gender ideologies that might result in discriminatory practices against young females, and hence, restrict their SRHRs. However, gender relations also operate the other way around, in the sense that gendered health services, not only influence adolescents' rights, but also on the construction of masculine and feminine behaviors that ultimately impact adolescents in their identities and gender relations (ibid).

Finally, by integrating adolescent pregnancy within a right and gender approach, Goicolea (2009) concludes that adolescents' ability to exercise their SRHRs is not only determined by their capacity to make free and informed choices, but also the impact that gender structures create on their everyday gender relations with others.

3.2 Conceptualization of the theoretical framework for this study

This study will be based on Goicolea's (2009) rights and gender framework for adolescent pregnancy. The purpose is to use the core elements of her model, and operationalize them to organize the results and discussion chapters of this study. Despite the rights-based approach is an emblematic part of Goicolea theorization, this study will be developed mainly through the gender approach, as this contributes to this research purpose. And as the influence of gender orders and

regimes might be very influential in adolescents' relationships, and the use of contraception. Such influence is conceptualized here as part of the gender socialization process that in adolescence is particularly significant (John et al., 2017). As follows, a brief description of how the findings and discussion chapters will be organized using Goicolea's framework.

1. Freedom and Agency: Goicolea (2009) frames freedom and agency as part of the human rights-based approach, in which individuals are acknowledged as autonomous, capable, and free to decide and act. For this study, this freedom is conceptualized as capabilities, drawing on Sen's (1999) capability approach. Chapter 5 focuses on sexual and reproductive education that adolescents are receiving. Thereby, the argument is to understand how this education might be constraining or enabling their capacity to make choices. To understand capabilities, let's first see the theoretical underpinnings of Sen's approach.

Moving away from economic and utilitarian approaches to development, Sen (1999) most famous contribution lead him to his capability approach, in which development was conceived in a far more holistic sense than rising income, but rather substantive freedoms (Robeyns, 2003b; Schafer, Haslam, & Beaudet, 2017). Sen defined "**capabilities as real freedoms to undertake the life/activities that individuals find most reason to value**" (Sen, 1999, p.14). In this sense, freedom is used to describe the extent to which an "individual is free to choose and decide particular levels of functioning" such for instance, being literate (Sen, 2005, p. 155). The significance of the capabilities approach lies not on the final achievement itself, such as the completion of an academic degree, but on having the freedom to choose what particular level of functioning is important for this individual. Indeed, the central argument is around what people are free to decide, not on what they actually have (Sen, 2005). Consequently, Sen (2005) argues that a great part of the terrible forms of destitution that individuals endure, have to do with their lack of freedom or alternatives to escape such deprivations. Thereby, Sen (2005) establishes a connection and sees poverty and all the forms of destitution as forms of unfreedom.

In their relationship with the rights-based approach, Sen (2005) sees that human rights could be seen as "rights to specific freedoms", in the extent that they can safeguard and advance what individuals can do (p. 152). Thus, through exercising their right to health, education, or other civil

or political rights, individuals not only expand their capabilities, but their abilities to make choices (Schafer et al., 2017). And the other way around, the expansion of individuals' ability to make choices enhances their capabilities to live the life they worth the most (ibid). In this study, having access to sexual and comprehensive education is interpreted as an expansion of adolescents' capabilities, because ultimately, education is a tool that contributes to their ability to make free choices. This part will be cover in chapter 5.

2. Entitlements: Following the rights-based approach, entitlements refer here to the rights to education and health that as right holders, adolescents are entitled to. Following Goicolea's framework, here it will be necessary to explore at the gender regimes incorporated and displayed at health and educational institutions; and how these in turn influence on adolescents' SRHRs and their identities. However, understanding how these institutions work and how they get to influence adolescents' gender relations is beyond the scope of this analysis. Thereby, it will not be included in this study.

3. Gender Regimes: As gender regimes correspond to gender arrangements at the institutional level, this study will focus on gender ideologies that underpinning the messages, attitudes, and social expectations that religious bodies and family members have of the roles that female adolescents. These messages will be explored in chapter 6 of this study. Yet, let's see first the importance of these two institutions.

In terms of Pilcher and Whelehan (2014) family is the place where “the law of patriarchy held its most primitive form”, as its private space where women have been subordinate to their fathers and husbands (p. 45). Still, despite the uneven set of responsibilities and rewards involved in family relations, familial values are always conceived as a holly emblem that has to be defended and protected (Hartmann, 1981). Hill (1998) argues that the “power of this traditional family lies in its dual function as an ideological construction and as a fundamental principle of social organization” (p. 63). The ideological rhetoric of ideal heterosexual family has served to advance and accommodate the agendas of conservative political parties, that invoke to family values, whenever they see that society is at risk (ibid).

As primary sites of belonging, families represent social spaces that enable the reproduction and reinforcement of gender norms, roles, and behaviors that individuals internalize and practice throughout their lives (John et al., 2017). It is through parents and siblings that individuals understand the meaning, the difference, and the limits of gender relations (Pilcher & Whelehan, 2014). Also, it is through families that the gender division of labor is materialized; it is there where male leadership is privileged over female, and naturalized as a source of authority that all family members must respect (ibid). Lamphere (2007) claims that it is in the private space of the family, where women are confined to their biological and domestic labor. This uneven distribution of responsibilities has meant that family life is one of the primary sources of women's oppression.

Likewise, religious bodies are also powerful institutions that sustain and reinforce the prevailing gender norms (John et al., 2017). In the gender socialization process, religious messages are considered as one of the primary sources that impact on individuals' identities (Ryle, 2011). de Beauvoir (1949) argues that religious ideologies, especially the Christian, have played a fundamental role in the oppression of women. de Beauvoir (1949) suggests that despite during the early days of Christianity, both genders were allowed worship to God, women nonetheless had to do it from secondary roles. Most religions currently known are founded on patriarchal values, that praised men leadership and simultaneously stereotyped women to a secondary and domestic sphere (Pillay, 2010). Villegas (2014) affirms that following a hierarchical and patriarchal tradition, religious leaders oppose any initiative that goes against principles of chastity, virginity, and fidelity. As such premarital sex, and single motherhood are considered sinful activities that threaten the order of society (ibid). The types of messages that religious leaders share with their community will be explored in chapter 6.

4. Gender Order: Goicolea (2009) argues that gender relations in Latin America are restrained by the dichotomy of the machismo-Marianism system, or what Connell (1987) calls hegemonic masculinity and emphasized femininity. These relations of inequality give rise to a series of gender stereotypes that condition the roles how men and women should act. This analysis will be developed in chapter 7. Yet, to understand what kind of behaviors are appropriate for male and females, lets first unpack the machismo-Marianism order.

First, according to Connell (1995) masculinity and femininity are “configurations of practice within a system of gender relations”, they are inherently relational concepts, constructed in opposition one to another (p. 72). Thereby, in Connell’s (1995) terms, “masculinity does not exist except in contrast with femininity” (p.68). Notably, the basis for the dualism of these configurations is centered on the structural dominance of men over women, which also provides the basis for the hegemonic forms of masculinity that we know today (Connell, 1987).

Connell (1987) defines **hegemonic masculinity** as a form of ‘social ascendancy’, a form of power that extends beyond the use of physical force, but is embedded in much of the social order. She describes it as “the masculinity that occupies the hegemonic position,that is culturally exalted, and embodies the legitimacy of patriarchy” (Connell, 1995, p. 77). Still, Connell (1987) suggests that hegemonic masculinity is not only constructed in opposition with femininity, but also in relation with other subordinated groups. Marking that subordination is homosexuality, as a central condition for exclusion and otherness (ibid). Yet, Schippers (2007) highlights that dominance is not only determined by heterosexuality, but together with race and class, as “gender hegemony benefits from race and class hegemony” (p. 100).

In addition, Connell (1987) argues that the significance of hegemonic masculinity cannot be reduced to ‘male sex role’, but rather the cultural ideals and social imaginaries created over hegemonic models of masculinity. Such as for instance, superheroes, action actors, and sports players (ibid). However, despite most males are distant from the achievements that these models enact, there is a cultural and institutional correspondence that support these practices (Connell, 1995). Connell (1987, 1995) sustains that one of the main reasons for such complicity are the benefits that men receive from the institutionalized dominance and control of men over women. The so-called patriarchal dividend, also known, as the masculinity insurance (Schippers, 2007), in which men have gained in terms of honor, prestige, authority, and all material benefits associated with their exclusion from the domestic work (ibid).

While Connell (1987) suggests that it is not possible to talk about one single form of femininity, or a hegemonic one, emphasized femininity appears as a compatible pattern with the structure of gender relations in most societies. Connell (1987) defines emphasized femininity as a form of

compliance and subordination in line with hegemonic masculinity, and the interests of men. However, Connell (1987) also observes that in this conceptualization, women should not be essentialized, as there are records of the multiple forms in which females challenge, and resist power.

Still, central to the notion of emphasized femininity is the cultural and ideological compliance of women to men and their power (Connell, 1987). In the contemporary context, such compliance is expressed in different ways. For instance, “the display of sociability rather than technical competence, fragility in mating scenes, compliance with men’s desire for titillation and ego-stroking in office relationships, acceptance of marriage and childcare as a response to labor-market discrimination against women” (ibid, p. 187). Among all these forms, Connell (1987) highlights two central ways in which women are expected to comply with the gender order; “sexual receptivity and motherhood” (p. 187). Despite, both ways are an adaptation to consolidate men’s power (Connell, 1987), it is through motherhood that women lost their worth as capable individuals for the public scene, while they were essentialized as worth only to the domestic one (de Beauvoir, 1949; Lamphere, 2007).

Machismo is males hegemonic force in the context of Latin American. The term is used to exalt men and their virility, or “the cult of manliness” and is associated with males’ strength and their power (Torres, Solberg, & Carlstrom, 2002, p. 163). Stobbe (2005) sees machismo as a socially constructed practice, highly context-bound, but also dynamic. She argues that in the Latin context, machismo is used as a self-evident notion, that expresses the authority of men over women. Without a static or single definition, men and women interpreted and internalized machismo in very distinct ways (ibid). Torres et al. (2002) suggest that despite machismo is mostly ascribed to a negative connotation, this should not be used as a conclusive argument to define all Latino men, as there are men who are submissive and dependent on their wives, while others that support egalitarian practices with their partners.

In contrast, emphasized femininity in Latin America is known as Marianism or the “cult to the Virgen Mary” for her qualities enduring suffering and pain, which are supposed to be persistent conditions on females’ lives (Torres et al., 2002, p. 165). Following the steps of virgin Mary,

women are expected to be submissive, humble, obedient, and self-sacrificing for the well-being of others, and of course, remaining virgins until marriage (ibid). As such, one of the main forms in which women express these culturally-sanctioned characters is through motherhood, in which women are to sacrifice everything for their children (Goicolea, 2009). While for a long time Marianism appeared as a desirable and positive model, recently, critiques uncover the pernicious effects of this construction for women's self-esteem and agency; creating notions of fatalism or resignation that only serve to promote passive and submissive characters (Goicolea, 2009; Torres et al., 2002).

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Research Design: Epistemological foundations and methodological approach

Teenage pregnancy is a challenging multi-causal phenomenon that has been studied from health and socio-economic stands. In particular, several quantitative studies have been conducted to established the causes, and best possible solutions to the problem (UNFPA, 2013a, 2015; UNICEF, 2007a; World Bank, 2012). Still, statistical analyses miss a wide range of contexts, behaviors, and might fail to notice many of the gender, race, and class differences that influence peoples' views and choices (Creswell, 2007). Creswell says that “to level all individuals to a statistical mean overlooks the uniqueness of individuals in our studies” (2007, p. 40). Thereby a more detailed and sensitive understanding of early pregnancies could only be provided through qualitative lenses. And this is the aim of this study, to take a naturalistic approach and provide an in-depth understanding of this complex issue from the lens of its participants. This study takes an interpretive and constructivist epistemology, and nominalist ontology, in which reality is understood as a social construction (Neuman, 2011). That is, instead of conceiving adolescent pregnancy as an objective reality that can be measured, or hypothesized (as it is in a positivist stand), this qualitative study seeks to uncover the diversity of experiences that adolescents hold, their subjectivity, and how they construct meanings and understandings of their reality (Neuman, 2011, p. 102).

This study draws on phenomenology as the methodological strategy to respond to this inquiry. Phenomenology is be referred as the studied of the lived experience, useful when trying to “understand an experience as it is understood by those who are having it” (Cohen, 2000, p. 3). Placed in a philosophical context, phenomenology follows a constructivist and interpretivist paradigm in which individuals construct a sense of the world from their perceptions of reality (Flood, 2010; Halldorsdottir, 2000). Amidst the various types of schools existing, the Vancouver School of Doing Phenomenology was chosen for this research; this methodological approach conceives the world as a reality made of meanings, and thus it is oriented to the ‘reconstruction of understandings’ (Halldorsdottir, 2000, p. 47).

As a methodology, the Vancouver School follows a hermeneutic circle, in which the meaning of a phenomenon is holistic, and thus not determined by just the sum of single units of meaning, but achieved by continuous examinations of single and larger units as a whole (Halldorsdottir, 2000; Målqvist, 2015; Tuohy, Dowling, Cooney, & Murphy, 2012). Halldorsdottir (2000) claims this school is based on the “will to understand” (p. 60), and this is why it appears as the most suitable methodological strategy for this study, as it will result in a multi-voice reconstruction of how adolescents are experiencing gender norms, practices, and ideologies with regards to their sexuality.

4.2 Participants recruitment and selection criteria

Participants were recruited through a purposeful sampling strategy, executed in collaboration with the Costa Rican Humanitarian Foundation (CRHF), which worked as a gatekeeper and facilitated my introduction into the community. Gail Nystrom, the founder, and director of the CRHF helped me to connect and approach some of the participants of this study. Given the long trajectory of the CRHF, Gail knew and works with a great number of women, some of which complete the sampling criteria and had the willingness to participate. Gail also helped me to organize the group discussions, and allowed me to use the CRHF venue as a salon for the discussions. The other group of interviewees was contacted through snowball sampling, in which initial participants were asked to suggest other individuals who might be willing to participate (Skovdal & Cornish, 2015).

Sampling and criteria: In terms of the criteria for the selection of participants, a few purposeful considerations were put in place.

1. Age of participants: This study was developed to work with adolescents aged 18-24. This range of age was determined in contrast with common definitions of adolescence that describe this stage from ages 10 to 19 (UNICEF, 2012). However, research has shown (Sawyer, Azzopardi, Wickremarathne, & Patton, 2018) that the age of 18 to 19 years when individuals are expected to become adults, is an age that does not correspond to the social, economic, and even biological changes that youths endure today. Sawyer et al. (2018) recommend a wider approximation of adolescence, not until 19 but 24 years. This study endorsed this view as it considered it more appropriate to include participants in the last phase of their adolescence to talk about sexuality.

Finally, this age was determined due to sexuality is considered a sensitive subject, and the research was ethically cleared to work with individuals above the age of 18⁸.

2. Parenthood: The purpose was to include participants that have become parents, and adolescents that have not. The idea was to try to find any differences in the way both groups experience and negotiate their sexuality in a gendered society.
3. Gender: The research was intended to have the views of male and female adolescents, yet in the end only one male adolescent participated. This is a limitation of this study that should be considered in future research.

4.3 Methods of data collection

To capture people's meanings and experiences, qualitative researchers count with various methods that allow them to gather evidence (Carter & Miles, 2007). The choice of method primarily responds to the research purpose, study questions and the feasibility of the method on the field (Skovdal & Cornish, 2015). With this in mind, focus groups, interviews, and ethnographic observations were considered as the most appropriate methods to capture adolescents' subjectivity. Nevertheless, ethnographic observations were not a main source as time on the field was not sufficient. Still, these two sets of data collection methods were intended to provide a tripod of sources, so that triangulation could be achieved. Data were collected during August and September 2018, while I stayed in San Jose. Despite, I did not stay in the community of La Carpio itself, I commuted every day to meet and share with the community.

4.3.1 Focus Group Discussions (FGDs): These groups conversations sought to understand the collective responses that participants hold over shared norms, practices, and beliefs, including their different perspectives, and disagreements (Skovdal & Cornish, 2015). In this case, as gender norms are social constructs of what is acceptable for males and females (Ryle, 2011), FGDs constituted a practical method for exploring what conducts are taught and expected of adolescents. FGDs constituted an inexpensive, flexible and rich source of information (Punch, 2014). Initially, two FGDs were planned, one for adolescents, and one for senior parents, yet in the field, only the discussion with parents could be conducted. In fact, the FGD of parents turn out to be a group

⁸ In Costa Rica, the Code of Childhood and Adolescence defines adolescents as individuals aged 12 to 18

discussion only of mothers, as all fathers invited could not attend. This is a disadvantage of the study because due to time constraints no other session could be programmed to talk with fathers and have their views about their children’s sexuality. The following table details the participants’ demographics.

Table 4.1
Demographic Characteristics of Study Sample (N= 27)

Method	N	Age	Sex		Children	
			Female	Male	With	Without
Focus Groups (2)						
Parents – Senior Mothers-	12	46.5 (37-60)	12 (100)		12 (100)	
Interviews	15		1 (100)			
Health Providers	1	37		2 (100)		
Religious leaders	2	50.5 (46-56)		1 (100)		
Soccer Couch	1	48	10 (91)	1 (9)		
Adolescents	11	20.18 (18-24)			5 (45)	6 (55)

The group was organized in close collaboration with CRHF, which knew the mothers of the area. The group was diverse and counted with adult mothers, some of them parenting adolescents who already became parents themselves, and others with adolescents who are childless. The FGD was placed at the CRHF venue, where refreshments were offered for the participants. Despite the lack of male intervention, as key agents of gender socialization, the discussion with mothers allowed an understanding how they constrain and enable certain behaviors, how they perceive parenthood and how they deal with gender norms as a collective.

Issues of positionality and social desirability were kept in consideration, as it is known that the researcher’s position and moral codes could influence mothers’ answer in the discussion

(Jakobsen, 2012; Skovdal & Cornish, 2015). Jakobsen (2012) assures that positionality is more than the mere presence of the researcher, but the power differentials and embedded dynamics inherent in cross-cultural research. Fortunately, as I share the same language and culture or at least we are under the umbrella of Latinos, issues of positionality were not noted. Also, as there were no significant power differentials that could influence the participants' views over me, as I explained that I'm a master student interested in adolescent pregnancy. We had relationships of respect and kindness.

Although, sexuality is a difficult topic, mothers were happy to about it, share their views, and even personal experiences. They listened to each other carefully, and respected their peers' views. Ultimately, it appeared that FGDs served them to reflect about some gender norms and practices that are taken for granted, especially for women. However, despite the questions and discussion were intended to have mothers' views in general terms, it was almost unavoidable that they interpret them and link them to their personal context and experiences. Still, the discussion provided rich material for the analysis.

4.3.2 Interviews: These constitute one of the most popular, direct and practical means for accessing primary information (Brinkmann, 2014). Interviews were seen as a suitable way to get a depth understanding of the participants' experiences and perceptions (Skovdal & Cornish, 2015), especially for sensitive topics such as sexuality and reproductive choices. Still of these advantages, I was aware of some of the limitations of this method, and treated the data with careful consideration, especially because interviews are highly criticized for being a one-way dialogue, in which the interviewer sets the questions and probes mainly to serve his/her agenda (Kvale, 2006). So, I tried to configure dialogs to enable participants' voices to be heard, allowing them to discuss their perceptions and opinions freely. And particularly in terms of their sexually, I tried to be careful and conscious that my questions would not be interpreted as a judgment in any means. All questions were open-ended, the idea was to let them talk without pressure, probing when there was a need to clarify or consolidate a statement. With these caveats in mind, the interviews developed are organized into two groups:

- I. **Group of Adolescents:** Eleven adolescents between the ages 18-24 were interviewed, only one of them was a male; five of them had already become parents and have at least one child. Only four finished high school and one was in the first year of tertiary education; and some were trying to return and complete their schooling. At the same time most had plans to find employment and improve their lives and families' conditions. While most depended on their parents' monetary support (seven), some lived and depended economically on their partners. Most lived under very vulnerable conditions, with deficient infrastructure, and insanitary systems of sanitation and sewage disposal. In terms of their background, except one, all were descendants of Nicaraguan origin, and most (nine) were born in Costa Rica. For the two who did not have the Costa Rican citizenship, their migratory status was regular as they have lived in the country for more than 20 years; yet, this is susceptible of having the resources to renew their identification card, which they need to do every two years.

All the interviews with adolescents were structured through an interview guide with open-ended questions designed to cover the research objectives. These interviews lasted an average of an hour and a half, yet in some cases, they were extended to more than two hours. In terms of practicalities, the venues for conducting these dialogs varied, some were held at the CRHF venue, while others at the homes of interviewees. Refreshments, and in some case diapers for the babies were offered as little compensation for participants' time.

- II. **Group of Representatives of Social Institutions:** These interviews included dialogs with a Catholic priest and an Evangelical pastor; also, one health worker from the local health center, and one sports coach that leads male adolescents playing soccer. All these representatives work in La Carpio and interact with adolescents in different ways. These interviews were intended to explore their positions over sexual and reproductive education, gender roles, and parenthood. These dialogs lasted about forty-five minutes and were conducted in their respective offices.

4.4 Data management

With the authorization of all the participants, interviews and FGDs were recorded with an electronic device. All audio recordings were transcribed using Atlas.ti software, and analyzed using NVivo 12. Recordings were stored in a password-protected computer that only the lead

author had access. As the research leader, I was in charge of performing, transcribing, analyzing and translating all the data. All interviews and FDGs were conducted and analyzed in Spanish. Afterward, only relevant text that I selected to be included in the findings was translated into English.

To protect the identity of all participants, pseudonyms will be used to refer to them through the study. Mothers from the FDGs will be referred to as ‘Senior moms’, and from the interviews with adolescents, the pseudonyms of the participants plus their identity as ‘teen moms’, or ‘childless teens’ will be used.

4.4.1 Data Analysis: The raw data was analyzed through an inductive analysis approach, in which the research findings emerged from the frequent, dominant, and significant themes inherent in the texts (Thomas, 2006). The idea was to let the text talk and had an in-depth understanding of the participants’ views and rationalities (Halldorsdottir, 2000). To do so, the thematic content analysis that Graneheim and Lundman (2004) propose was applied as an analytic strategy for organizing and examining the data. NVivo 12 was used as a qualitative data analysis software.

The process of coding began by picking up units of meaning that manifest visible and descriptive content in relation to the research questions. Subsequently, these units of meaning were associated with basic themes -latent meaning- aimed to provide an interpretation of the underlying meaning of the texts. As the analysis went through, basic themes served to expose the relationships, underlying meanings, and patterns present in the scripts (Graneheim & Lundman, 2004). Finally, basic themes were assembled around the story they were telling and became organizing themes. Organizing themes captured the interconnections of the unit of texts, and summarize the principal interpretations and assumptions of the scripts (Attride-Stirling, 2001).

4.5 Ethical considerations

4.5.1 Ethical principles:

This research was formulated to comply with protocols and codes to ensure a truthful and ethical study. Ethical criteria, such as the protection of privacy, confidentiality, and anonymity, were considered as the main conditions to ensure that this research was acceptable. As all participants

were aged 18 or more, the Norwegian, Costa Rican, and international laws determined that they did not require consent from their parents or guardians to participate. Thereby, their capacity to self-determination and autonomy was acknowledged in the whole process of investigation.

In addition, I was conscious of minimizing potential emotional risks and conducted the dialogs in a sensitive manner, making sure that participants were not left alone with personal distress, but received support and comfort if they required it. Fortunately, none of the questions put pressure (at least not visible) on the interviewees, and all talked freely about their experiences. Moreover, I aimed to be culturally respectful to the local customs, particularly in terms of religion and its sometimes-paradoxical stands with regards to individuals sexual and reproductive rights. I always remained myself that “research with human participants is a privilege, not a right, and is given to the researcher by the society” (Rivera & Borasky, 2009, p. 12).

4.5.2 Ethical clearance: All these considerations tried to ensure that the research complied with the regulations of the Norwegian Centre for Research Data (NSD) and the guidelines for research of the National Committee for Research Ethics. Ethical clearance was granted to conduct the study on the 31st of July 2018. Forms of the informed consent for all types of participants, as well as interview guides, were reviewed and approved by NSD. In addition, ethical clearance was also sought at the place of the investigation, and a requested was sent to the Scientific Ethical Commission of the University of Costa Rica (UCR), in San Jose. However, the president of the commission explained that in accordance with the Law for Biomedical Research N. 9234, as this project was not biomedical, nor experimental with human beings, it did not require ethical consent by Costa Rican authorities to be carried out.

4.5.3 Data protection: All personal data was treated with careful consideration of the participants’ right to confidentiality and anonymity. Interviews were conducted without inquiring on any personal details that could make a person identifiable, only their names were asked, but to protect them pseudonymous were used when reporting the data. All interviews and FGDs were audio-recorded with the full prior written permission of the participants. Finally, and following the NSD guidelines for the use of research material, the raw data will be saved until the 31st of May 2019, after that all original audio-files will be deleted, and not used for any other purpose.

4.5.4 Informed consent: The informed consent form was intended to communicate the specific details of this research project, including: the study purpose, roles, criteria for participants selection, risks, benefits, data management, contacts and the right to refuse participation and or withdraw from the study (Rivera et al., 2007). The main purpose was to provide participants with clear and accurate information, so that they could make an informed decision on whether or not to participate in this study. It was explicitly stated that it was participants right to decide their participation with no consequences for refusing or withdrawing from the study. The document handled to participants was written in Spanish in a way that considered the local culture, conditions, and was comprehensible to all potential participants. Before the interviews started, the form was reviewed by local members, which allowed an opportunity for corrections and to find better ways to communicate the information.

Rivera and Borasky (2009) argue that the informed consent should not be seen as a mere document for ethical clearance, but rather as a process that requires participation and involvement from the researcher and participants. When I was approaching adolescents and families in La Carpio, it was a bit challenging to make all these points clearly and in a practical manner. Particularly, the purpose of the study, I think the community found a bit strange why I was doing there, why did I choose La Carpio and why I was interested in adolescent pregnancy and gender norms. My idea was not only to ask for consent in a tokenistic way, driven just to inform them and to protect my research and the university in case of legal disputes (as a proof that I did not coerce their participation and that I was legally authorized to manage participants' data), but to protect participants' rights and enable them to understanding why this research and this form were critical. So, what I first did with each participant was to provide a good introduction and background of the phenomenon of adolescent pregnancy, and some of the implications. I considered this was helpful, since after that the participants were clear about the purpose of my research, and the importance of their participation.

Another of the challenges exposed when explaining participants about the study, was that despite there is not any serious risk inherent to their participation, there are not any tangible benefits that they could hold either. Although, this research aims to fulfill the gap and provide new understandings about early childbearing that could be used to readdress and implement new

policies, its benefits for the community are not immediate. This was very important for me, as I was conscious that research yields asymmetrical results for the researcher and researched communities; ultimately the former would be leaving with pieces of information, but the community would be left with nothing tangible. However, as I immersed in the field, and talked with the people of La Carpio, I realized that the mere fact of listening to one's story could be a benefit in itself. I think that for some participants, the dialogs allowed a process of self-reflection as they talked and remembered things that most of the time are taken for granted. At the end of the FGDs, for instance, mothers were happy that they had this space to talk about theirs and their teenagers' sexuality. And that made very glad as well, because at least my research contributed a little bit with their well-being.

4.6 The reflecting on my role

For early philosophers of phenomenology, the essence of experience could only be reached, by bracketing out (*epoché*) the researchers' preconceived reality and ideas about the phenomenon (Dowling, 2007). Bracketing was conceived as a suspension of the researchers' prejudices, so that participants' descriptions would not be modified, and that new knowledge could emerge (*ibid*). Fortunately, contemporary researchers saw that such suspension of personal understanding was impossible, and even an undesirable one; instead, they found that what it is possible is to bring these ideas to the fore, and thus, enhance the trustworthiness of research (Lincoln & Guba, 1985). Feminist approaches also argue that instead of calling for researchers to pretend to be detached observers, we need engaged investigators that state clearly their biases and the place they have on their findings (Stanley & Wise, 1993).

Only by acknowledging our bias, one can be open to other people's meanings (Finlay, 2008), and my bias to study adolescent pregnancy are not less. Although, I cannot consider myself as a genuine insider of La Carpio, I feel closely connected to the adversities and challenges that this community lives. I grew up in a disadvantaged neighborhood in Quito, Ecuador, where early childbearing appeared as the destiny of all female adolescents of the area. My link with the phenomenon is very personal, as a great part of my friends and relatives have become teenage mothers. Despite my ideas and opinions are highly tied to their cases, in my time with the Community of La Carpio, I was moved by my desire to understand their contexts, their lives, their

environment. I was happy to find out that most wanted to talk with me, and that most just wanted to be heard. This allowed me to learn from them, try to understand their rationalities, and life motivation and to be cautious of not generalizing.

Conscious that this is just a modest attempt to understand the phenomenon, as an outsider, and as I student expect that by looking it more holistically new insights could be given. Understanding adolescent pregnancy from a gender approach, is a different perspective that adds to what we already know about this phenomenon, and that could shed light on gender socialization, gender norms and social stereotypes. Finally, despite I am following a methodological strategy that is set to uncover the essence or the meaning of the human experience, I am aware this is a novice attempt in which the discovery of true essences is at best illusory. The purpose of creating an interpretative understanding of this phenomenon is not for explaining the adolescents' behavior but for understanding the social constructs around it.

4.7 Trustworthiness of research

Lincoln and Guba (1985) claimed that the central purpose of trustworthiness resides in the critical assessment of the quality of the findings, so that researchers' arguments are convincing, and worth to be considered in the academic world. Quality is thereby, assessed through four criteria: credibility, dependability, transferability, and confirmability (Yilmaz, 2013). In the Vancouver School of Phenomenology, Halldorsdottir (2000) points out that critical assessments of the quality of the research are a recurrent and intrinsic process of this methodology and its phases.

4.7.1 Credibility: This is criterion is used for evaluating how congruent the findings are and how well they represent reality (Merriam, 1998). Yet, achieving credibility is not only a matter of valid results, but to a greater extent, it depends on the rigor of methodological procedures, and the skills and integrity of the researcher (Patton, 2002). Shenton (2004) points out there are several ways in which one can increase the confidence in the findings. First, through the use of different research methods, so that the drawbacks and limitations of one, are compensated by the strengthens of the others (Guba, 1981). This study tried to engaged with two different data collection methods, not only because they were the most suitable, but also because they provide different accounts of the phenomenon. Another use of triangulation is through a wide range of participants with various experiences (Shenton, 2004). This research was enriched by the contribution of participants from

different ages and parenting status. Finally, triangulation can be enhanced through peer scrutiny and reviews (Shenton, 2004). This research counted with the collaboration of supervisors and peers, which provided feedback and fresh perspective that helped to make the study clearer.

In addition, verbatim responses were quoted directly, so that participants own words are used to represent the main arguments (Standing, 2009). Finally, the data analysis took consideration of contradictive findings, and the personal views of the researcher were stated and acknowledged.

4.7.2 Dependability: This indicator refers to the capacity of research to offers results consistent over time (Yilmaz, 2013). However, due to the evolving nature of the social inquiries, qualitative descriptions are tied to the present, or as Florio-Ruane (1986, p. 9) has said: “published descriptions are static and frozen in the ethnographic present”. However, “even when different investigations offer results that are not entirely consistent with one another, this does not, of course, necessarily imply that one or more is untrustworthy” (Shenton, 2004, p. 71). Despite this is a criterion for trustworthiness, the ideal would be that results are not consistent over time, but that adolescents have more opportunities to make free and aware decisions about their sexuality. Still, the findings presented here are consistent with scholarly research on adolescent pregnancy and gender norms.

Furthermore, there are some elements that studies can include in order to address dependability. Shenton (2004) suggests that qualitative research should provide clear and well-detailed descriptions of the research design, so that they could be replicated later, even if results change over time. These descriptions would reflect that the study followed proper and accepted practices of research (ibid). For this study, this methodological chapter aimed to cover all these points, providing detailed information that would allow future replicability, at least in terms of research design and methodological stands.

4.7.3 Transferability: Focuses on the impact of the research results and their capacity to be generalized and applied to further contexts (Merriam, 1998). In qualitative studies this characteristic is almost impossible to sustain, since the nature of naturalistic inquiries is their orientation to context-specific situations (Shenton, 2004). Yet, although qualitative findings cannot be totally transferable, their value lies in their faculty to become literature in which other

scholars could rely on further research (Bassey, 1981). For this research, this is precisely its goal, to provide new and worth evidence with insight for policy-makers and stakeholders for the design of programs that could help adolescents to delay early pregnancies.

4.7.4 Confirmability: Refers to the concerns to the research objectivity, especially because of the role of the researcher as the key instrument for data collection (Shenton, 2004). Given the subjectivity and dependency of humans, many critics have doubts about the validity of interviews for the construction of qualitative findings (Brinkmann, 2014). In fact, it is believed that objectivity is only achieved through instruments independent of human skills (Patton, 2002). By contrast, researchers are also seen as the most legitimate instrument to collect sensitive data and interpret it (Rager, 2005).

Along the whole process of the Vancouver School of Phenomenology, Halldorsdottir (2000) encourages active participation of co-researchers, so that researchers preconceptions are minimized and there is a co-construction of meaning that surely it is more accurate. Unfortunately, for this study participants could not be considered in the data analysis, as co-researchers due to time and resources constraints. Still, I tried to verify and make sure that the transcripts were correct and accurate. For it, I went to the audio files several times, and listened to what participants said and corrected any misinterpretation.

CHAPTER 5: GENDER NORMS AND SEXUAL AND REPRODUCTIVE INFORMATION

Drawing on Sen's (1999; 2005) capabilities approach, it has been said here that individuals' access to the right to education is an expansion to their capabilities, and thereby ultimately freedom to do and be what they value the most. Thus, being educated is conceived as functioning that enables individuals' ability to act, and exercise agency (Robeyns, 2003a). That is, once individuals have the knowledge, they can choose to act in line with the kind of life and activities that they appreciate the most (Otto & Ziegler, 2006).

Congruent with Sen's capability approach, sexual education stands as a central component for the healthy development of young people (Shtarkshall et al., 2007). Comprehensive sexuality education (CSE) is aimed to "prepare adolescents with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships... and ensure the protection of their rights throughout their lives" (UNESCO, 2018, p. 16). Thereby, it is assumed that by educating youths on sexuality it will allow them to decide freely and responsibly, and to take control of their sexual and reproductive life, enhancing their physical and emotional well-being. Shtarkshall et al. (2007) affirm that it is important to distinguish between the formal CSE provided at schools and sexual education that parents provide at home. These authors argue that both types of sexual education are distinct but complementary processes.

However, the high prevalence of early childbearing, talks about the vulnerable situation of adolescents, and particularly their lack of CSE and access to relevant health services (UNFPA, 2015). In fact, the reality is that adolescents "approach adulthood faced with conflicting, negative and confusing messages about sexuality that are often exacerbated by embarrassment and silence from adults, including parents and teachers"(UNESCO, 2018, p. 12).

In this line, in this chapter I aimed to explore the kind of gender norms, ideologies and practices that are involved when parents (caregivers) have to talk with their adolescents about sexuality and

reproduction. For it, the chapter is divided into two sections. First, the chapter will explore how the process of these sexual education is structured, and oriented, and the agents involved in it. Second, the chapter will present the barriers, rationalities and strategies that parents use when orienting their children on sexual matters.

5.1 Sexual socialization: Adolescents' gendered sexual and reproductive education

Parents are recognized as the first and leading educators in the life of a child; and they are expected to provide appropriate direction and guidance in sexual and reproductive matters (Ganji et al., 2017). On the basis that they are the ones who spend more time with their children, their actions have the potential to shape their kids' sexual behavior (Kunkel et al., 2007). As the first social group, families and parents not only affect their children's education, but also constraint or enable behaviors that will end up as part of the gendered internalized practices that children will later reproduce (John et al., 2017). The sexual socialization begins at home, where through explicit and implicit messages, parents have to opportunity to transmit values, and gender-specific patterns of conduct that will shape their children and adolescents' sexual awareness and identities (Shtarkshall et al., 2007). One way to contribute to this socialization is through the sexual education that parents provide to teens with regards to sexual and reproductive matters. This section will explore how these messages are given.

5.1.1 The sexual division of labor and the feminization of the sexual socialization

First, while there is the current consent that parents are architects that will create the foundational basis of their children's sexual and reproductive life, there is not a clear standard to whom between the parents should be in charge, or take the lead. Despite, it would be optimal if both parents approach their children together, the socio-economic conditions of many families prevent this from happening and this is the case in La Carpio. Although, Rose Mary one of the mothers from the FGD argues that "*sexual education has to start at home, parents have to create trust with their children and start talking with them,*", her peers suggest that such education is gendered. In fact, women in this study admit that the sexual education of their children is a responsibility attributed

to them because of their mothering role. *“Trust is built between a mother and her children, it is a lie that a daughter will go to her father, always they go to their mother”* (Jamila, Senior mom⁹).

This argument was supported by various adolescents' participants that saw on their moms as their closest and more affine parent to talk about several things, including sexuality.

“My mom used to talk to me about sexuality, she was braved to talk to me, which most parents do not do, I had this privilege. If you ask mothers here if they talk with their children about sexuality, they will tell you no, God no! So, there is a lack of communication with their children. Teens do what they want, and that is why they become pregnant” (Anabel, Teen mom).

“My father is very reserved, it is impossible that he will talk to me about sex or affectation; however, with my mother it is possible. What I do is to ask her questions about her adolescence, this has created a link between us, because I also tell her when I like somebody or any situation. My mom has taken advantage of these conversations to advise me about the consequences of unintended pregnancy. She talks to me with questions, questions that I do not answer to her, but to myself. For example, what would happen with my life if I get pregnant, things like that” (Romina, Childless teen).

Participants believe that one of the main and logical reasons for closeness with their mothers is because they get to spend more time with at home. La Carpio is a neighborhood strongly marked by the sexual division of labor, where men are seen as the providers whose labor is paid; and women are the housewives in charge of the house and the children.

“The division of roles is pretty marked. Fathers usually believe that fulfilling their breadwinner role, is more than enough. Raising and taking care of children is a responsibility for mothers. ‘Macho men are in charge of the household provision, mothers do everything else’. Therefore, it is very difficult for a male teenager to talk with his father. Fathers are not competent, neither they wish to talk with their children..... I do not know how it is with mothers, but ultimately, adolescents learn about sexuality either on the street, or the Internet” (Soccer coach).

⁹ Senior mom would be used in the study to refer to the mothers that participated in the FGD.

While the division of roles might be a pattern in households with both parents, a high number of women raise their children alone, and have to fulfill the provider and caregiver role. A significant part of the participant mothers indicated that they raised their children alone, or with the help of their family. Thereby, orienting their children on sexual matters is a responsibility that relies mainly on them. Studies suggest that the composition of Costa Rican families is changing and is evidenced in the decline in marriages, and the drastic rise in mono-parental families lead by women (Villegas, 2014). Data from the National Population Census of 2011 shows that 27.2% of households of Nicaraguan background were headed by women (Sandoval & Bonilla, 2011), which indicates that a rising proportion of females are supporting their families alone. In addition, there are studies that demonstrate a strong correlation of female-headed households and adolescent pregnancy (Barquero & Trejos, 2004, cited in Villegas, 2014), which suggests that the mothers of these teens are unable to deal with all their children needs, including sexual information, and that young females in these households are at higher risk.

5.1.2 Daughters rely on their mothers, but sons who can they trust?

In addition, participants views suggest that the affinity of female adolescents with their mothers brings advantages when talking about sex, as they feel more confident and comfortable talking with a counterpart from the same sex.

For instance, Isabella thinks that *“it is very difficult that boys will go to their mothers and talk about their doubts and problems. Girls feel the same with their fathers, and that is why we go to our mothers because they can understand us better. For instance, when I had my first period, I did not go to my stepfather, but to my mom because I think that she happened by the situation as me”* (Childless teen).

Similarly, Jamila, suggests that although she could not be active in the education of her daughters, she uses her experience to support her grand-daughters. *“I was always ashamed to talk with my daughters about sexuality. But as I could not talk to them, now I do it with my granddaughters, I give them advice. For instance, the other day explained to them about their menarche”* (Jamila, Senior mom).

Marks, Lam, and McHale (2009) affirm that mothers have a profound influence on their daughters' self-perceptions and aspirations. This affinity between mothers and daughters has been documented by Chodorow (1978) and her psychoanalytic socialization theory, which highlights the mother-child bond in the development of children's identities. Chodorow sustains that because girls and their mothers see each as alike, girls feel more connected and remain closer to their mothers for long. Chodorow adds that because of this interconnection with their mothers, "girls emerge with a stronger basis for experiencing another's needs or feelings as one's own" (1978, p. 167).

Also, Chodorow's (1987) theory might help to explain the challenge that female-headed households experience when mothers have to talk with their sons about sexuality.

"I have two sons, one of 20 and the other of 22, and I never talked to them about sexuality. Whenever there was a reference to sex and had to explain something, I was always ashamed. When I took one of my sons to the health center, the doctor asked him questions about sex and my son did not know what to say, he was surprised.... Then the doctor told me, 'Mrs. Haven't you talked to your son about these topics? Then I had to admit that I did not know how to do it'" (Lesly, Senior mom).

Catrina sustains that besides the lack of proper knowledge to approach their children and talk about the subject, she also feels limited due to the physical, and biological differences between her and their sons.

"I think that among women it is easier to talk. For example, the dialog between a mother and her daughter is fluid. Talking with my son is rather difficult, I cannot explain the physical changes he is experimenting. I am separated from his father, so I cannot rely on him...yet even if his father would be here, I know that he would not help" (Catrina, Senior mom).

Catrina's experience appears consistent with Chodorow (1978) theory that sustains that by contrast to girls, boys and their mothers experience each other as opposites, which creates a break in their attachment. In Chodorow's argument, the boys' sense of masculinity is experienced as opposed to their mothers' femininity. Chodorow (1978) sustains that due to this less bounded connection with

their mothers, boys grow up less emotionally dependent and autonomous in their interpersonal relations.

Unfortunately, Catrina's inability to talk with her son, has led her to try to apart her son from situations that could potentially encourage his sexual activity. In her view, trying to apart him from temptations.

"I told my son that if I left him to go out, all these girls will be waiting for him. Since the time that I found him kissing one of our neighbors, I put him in curfew and since then, I do not let him go out. I gave him my trust and he disappointed me, so since then, he has no permission to go out" (Catrina, Senior mom).

While participants views suggest a strong preference for same-gender communication, it cannot be assumed that differentiation would make the topic of sexuality less difficult. Felicity claims that her ex-partner was teaching her son to how to treat a girl, yet her partner had a conception of masculinity that promotes aggressive behaviors and the use of force to exercise power and intimidate others.

"It is not normal but it happens, because macho men teach their sons to be macho, how to show their manhood.... At school, they called me because my son had engaged in a fight with another boy, because of the love of a little girl. I told my son that this behavior was not appropriate. However, his father advised him to knock the other boy out, and take the girl, 'if you win her, she is yours' (Felicity, Senior mom).

Kirkman, Rosenthal, and Feldman (2002) have studied the difficulties that fathers experience when talking about sexuality with their children, they argue that many fathers feel uncomfortable broaching the subject and thereby prefer to avoid this talks or delegate them to mothers. However, the obstacles presented here -feeling uncomfortable or for experiencing each as opposites- suggest that male adolescents, and particularly those in female-headed households are being neglected of having sexual and reproductive orientation sessions with their caregivers, which ultimately also

has repercussions in the sexual and reproductive health of their partners. The health worker at the medical center of La Carpio explains:

“We keep dragging patriarchal patterns that women are the ones in charge of raising and educating the children, and that men only have to work and provide economically. So, what is happening is that if a male teenager wants to talk about sexuality, mothers do not know how to do it, and if they ask their fathers, they do not want to do it either because they say they are tired or not have time; so, teens end up with a gap of knowledge, because they were never told about sexuality”.

While, mothers and members of the community realized that adolescents’ lack proper sexual education; it appears they fail to understand that their children and adolescents are highly influenced by the behaviors, attitudes, and practices that adults hold (Shtarkshall et al., 2007). As Furstenberg (1991) points out that teenage pregnancy represents the outcome of behaviors, where adolescents are socialized to maintain sex as an underground activity and contraception as an illicit practice.

5.1.3 Mothers in charge and accountable for their children failure

Furthermore, by being the primary adults orienting their children in sexual matters, mothers also became the main responsible parent accountable for their children failure. In the case of La Carpio, adolescent pregnancy was thought to be a mothers’ failure in controlling their daughters and holding them from starting their sexual activity.

“One day this lady told me, your son with my daughter are going to have a baby, then I replied ‘what do you want me to do, my son is a male, and he is not pregnant, your daughter is’. Then I asked to myself, where was the mother of this girl when this happened? I tried to be with my son all the time, taking care that he will not engage in drugs, I was not protecting him from women, only from drugs. After all, he was not going to become pregnant. If I would have had a daughter, then yes of course! I would have had her by my side, so that she did not get pregnant” (Felicity, Senior mom).

Felicity's argument is linked to women's biological functions and their capacity to give birth, but also to conventions of femininity, where women are expected to be naïve and chaste in sexual matters (Hillier et al., 1999). Within the domestic domain in which women and mothers are consigned, they are also expected to transmit these values to their daughters, failing to do so, as Felicity claims, is a mother's incompetency. Valentina exemplifies this view. As a full-time worker, she considers she failed to be a full-time parent, and for it, she assumes her daughter's pregnancy as a failure in her mother role. She says that if she would have had more time at home, she would have been able to control her daughter's movements, and help to uphold her chastity and virginity.

“My first daughter got pregnant, because I was working all the time. And when one has daughters that fact charges you a bill for being incompetent.....I used to work from 7 a.m. until 7 p.m., my daughter was always alone.....When we found out, she was already five months pregnant.... I felt so guilty.... because of my job I abandoned her.....After that, my husband told me that if something else would happen with our other daughters, I will be the one to blame. He told me ‘if you have to work less, you will do it, so that you can take care of our daughters’. And that is how it was, we became very strict with them, I worked less, and my second daughter got married as God commands! And that made me so proud of her (Valentina, Senior mom).

As Cruea (2005) points out that with the sexual division of labor, women also were designated as the symbolic keepers for maintaining values of morality and decency at home. It appears that Valentina has internalized her failure as parent, as a failure in the domestic domain where she had to exercise control. The sexual division of labor, by contrast, liberates her husband of responsibility; by emphasizing his role as strictly related to being the household provider, and disconnecting him from guiding and orienting their daughters.

Moreover, Felicity and Valentina's views also served to exemplify the gender differentiation and expectations in which boys and girls are being raised. Felicity claims that her daughter-in-law's mother failed in the protectiveness that is expected towards girls, with measures such as limited time outside the home, and control of their dating and contact with boys. These kind of measures

are consistent with other studies (Villaruel, 1998) that have found that restricting young girls' mobility is an alternative that parents use to preserve their daughters' virginity.

5.2 Barriers in the sexual and reproductive education of adolescents

This section will cover the rationalities, and strategies that parents, particularly mothers use when talking with their adolescents about sexuality and reproduction.

5.2.1 Mothers' lack of training and shame to about sexuality

A great part of the participant mothers acknowledged that their lack of knowledge and training was one of the main obstacles for approaching their children and guide them in sexual and reproductive matters. Mothers begin suggesting that sexual education were not part of their own education, nor the one of their parents. Also, they emphasized that in the patriarchal and conservative context in which many grew up, sexuality was portrayed as a taboo that was not expected to talk openly.

“The ability to teach children about sexuality depends on the level of knowledge that each parent has. But, when I was young none of my parents talked to me about sexuality, because also they were ignorant about this topic, that is how it was...that even to mention the word sex was considered an offense, a sin” (Felicity, Senior mom).

“God forbids! if I wanted to ask my parents about anything related to sex, the slaps they would have given me! they would have said that I was ill-mannered, and would have hit me badly, so it was better not to ask” (Jamila Senior mom).

“We as parents should be the ones taking the initiative and talk with other children, yet we do not do it, because before when we were growing up, our parents never talked to us about these things either. If I learnt something was at school, not because my parents taught me” (Lesly, Senior mom).

“Before, they used to tell us, you are going to have a brother, the white stork is bringing him. They never explained to me anything, when I was pregnant, I was already three months of gestation, and I did not know anything about sexuality. I had sex yes, but did not know more than that” (Marian, Senior mom).

In this sense, these mothers’ inability to talk freely with their teens is in part explained by the socialization in which they grew up, and in which sexuality and sex were considered as immoral subjects. Jamila acknowledges how difficult was for her to talk with her grand-daughter about sexuality. *“The other day my granddaughter asked me about a homework she had related with sexual organs, I had to check her notebook, take courage and to try figure out how to explain such things”* (Senior mom).

Heflick (2011) sustains that “sex is surrounded by an army of social norms, religious restrictions and moral taboos” (n.p), and this might help to explain why it has been portrayed as a sinful act that should not be spoken loudly. Despite, sexuality is a central part of being human, religious doctrines have censured it, and reduce it as a permissible act only within heterosexual and married couples with aims of procreation (Halwani, 2018). Thus, for long, access to sexual information was equated with depriving children of their innocence and the awakening of their sexual activity; in Europe for instance, school-based sexuality education was introduced in the early 1990s, while in many other parts of the world open access to sex information is still discouraged (European Expert Group on Sexuality Education, 2016). Furthermore, Ashcraft and Murray (2017) found that the inability of parents to talk with their children about sexuality was a source of anxiety and apprehension, that was exacerbated among other factors by the real or perceived ignorance that parents think they had about the topic.

However, contesting these views of shame as a limitation for open conversations about sexuality, adolescents believe that given their parents’ primary role in their life, feeling embarrassment does not justify the evasion of their responsibility.

“I think they cannot be ashamed, it is their responsibility to tell us everything. If my parents tell me that they cannot talk to me because sex is shameful stuff, I will laugh at their face. They were

not ashamed when we had me. So, I cannot understand their embarrassment” (Romina, Childless teen).

“I think parents fear to tell their children how things truly are. They feel ashamed and fearful to talk and start calling things properly; for instance, sometimes they call the parts of the body by nicknames, and when they have to start calling them properly they are embarrassed” (Stefano, Childless teen).

The experiences of these moms and teenagers are consistent with research that found that although parents represent the largest influence on adolescents’ decisions about sex, parents’ underestimate the impact that they have on their teens’ views and identities (National Campaign to Prevent Teen and Unplanned Pregnancy, 2012), and how warm and supportive family relationships serve as protective factors that help adolescents to delay their sexual initiation (Resnick et al., 1997). Thus, in the lack of preparedness and training to talk about sexuality, the mothers of these adolescents overrate sex silence and morality over their children’ sexual health.

5.2.2 Avoiding sexual conversations to avoid encouraging adolescents’ onset of sexual activity

We have seen how the lack of knowledge on sexual and reproductive health was mentioned as one of the main barriers that prevent parents from talking of sexuality with adolescents. However, it appears that the lack of communication on sexual matters not only responds to their parents’ ignorance about the topic, but their idea that sexual education will encourage their teens to anticipate the onset of their sexual lives.

In accordance with the purpose of the ICPD and women’ sexual and reproductive rights, some of the participant mothers acknowledge the importance of sexual education as a means that will allow them to exercise control and autonomy over their bodies and the number of children they decide to have.

“I think it is good everything that adolescents are learning today, because the ignorance and humility of old times are what made us suffer so much. Men if they wanted to get us pregnant with 20 children, they did it, and we for our ignorance, had no other choice. So, I think it is good that women learn everything [about sexuality] nowadays” (Jamila, Senior mom).

However, when mothers were asked in which moment adolescents should start learning about the use of contraception, most mothers suggested that such knowledge should be built after adolescents start their sexual life.

“I think at the moment we realize that they started to have sex, then we should help them. My daughter started her sexual life when she was 15, and what I did was to take her immediately to the health center and asked the doctor for some contraceptive method. At that moment I knew that I would not be able to stop her or her boyfriend, because any moment she could become pregnant. Then contraception is convenient for them, when they already started to have sexual relations. If they have not started is best to avoid giving them anything, otherwise is to encourage them to start doing it.... Once they have started, then it is a good idea to provide contraception, because it prevents pregnancies” (Lesly, Senior mom).

Lesly represents the view of other mothers that would like to wait until their teens need it to talk about sex and contraception because otherwise, it would be like encouraging them to start their sexual life. While these conceptions seem consistent with feminine ideals of sexual naivety where women are submissive and dependent on males (Hillier et al., 1999), it also appears counterproductive for decreasing the likelihoods of early childbearing. Given that in most cases, adolescents keep their sexuality in secret, one of the main forms in which parents detect that their children initiated their sexual life is through early childbearing. Thus, mothers face the risk of realizing that their teens’ need for contraception when it is too late. As the study of Eisenberg M, et al. (2004) that shows that conversations between parents and teens about sexual matters often happen after adolescents initiate their sexual lives.

Also, research from UNESCO (2009) suggests that children are aware of sexuality long before they actually start their sexual lives; therefore, they need the skills to understand their bodies, and relationships from an early age. Isabela exemplifies this argument and says that despite parents might like to wait until their children are mature enough to talk about sexuality, adolescents already have some understandings about sexuality.

“Parents think that talking about sex is like motivating youths to enter in a world for adults, but youths are already in this world, the difference is that if parents talk to their children, they will provide them with tools to handle it well”. (Childless teen).

Parents should realize that scientifically based sexual information is something from which adolescents can benefit (UNESCO, 2009). “Conversations with parents have the potential to become the benchmarks against which teens measure other information about sexuality and serve as a buffer against early sexual activity” (Ashcraft & Murray, 2017, p. 1). Notably, research has shown that sexual knowledge does not lead adolescents to initiate their sexual life; sexual education can, however, lead to a later sexual debut and responsible behavior (UNESCO, 2009).

“If parents talk about openly and with the truth, there is no way this information is going to motivate youths to start. The problem is that parents usually tell you one thing, but they do not even tell you why or the reasons for it” (Romina, Childless teen).

Thereby, the mothers’ idea of protecting their children by delaying talking and orienting them in sexual matters, seems like a missed opportunity to promote these teens’ health and well-being (Shtarkshall et al., 2007). In this sense, given the complexity of sexuality, public programs on sexual and reproductive matters, should not only focus on providing information to adolescents, but also on strengthening their parents’ knowledge as well.

5.2.3 ‘Cuidado’, Take care of yourself, and do not mess with my children

In response to the accepted limitations that mothers face and that prevent them from properly orienting their children, the phrase ‘Take care of yourself’¹⁰ emerges as an intuitive, yet a general strategy that mothers use to advise their children.

Take care of yourself appears as a generic, yet persistent advice that mothers usually use to advise their teens, assuming that their youths are sufficiently capable of assessing risks and thereby, wise enough to take the right decisions. *“I do not remember talking with my mother about sexuality, the*

¹⁰ Translated as Cuidado in Spanish. It is a piece of advice used several contexts, defined as the capacity to protect oneself.

only thing she used to tell me was ‘take care of yourself’, we never talked openly, with calm about sex” (Celeste, Teen mom).

The paradox, however, is when the ability to take care of oneself, is built on little information about sexuality and poor communication. Catrina from the FGDs tells, how she tries to advise her son to take care of himself by mentioning that he can use condoms when needed.

“I tell to my son, that he has to take care, we have not talked much about sex because I am a very jealous mother, I cannot stand that he is with any of the girls in our neighborhood, that is why I lock him at home.....Sometimes joking I tell him, be careful use a cap [condom]...I know that at school they are teaching him how to prevent a pregnancy, so I just tell him to take care”.

Here, the advice is made based on the assumption that Catrina’s son knows what his mother means, and is well informed about sexuality and reproduction by other means, so thereby, he knows how to take care of himself. Furthermore, the advice transfers the responsibility to the teenagers, and concedes credit to parents to suggest that they did try to orient and guide their children.

Raquel explains that being raised by her grandmother, the main advice she received was to take care of herself, but without any precise instruction of how to do so. *“My grandmother always told us to take care of yourselves, but she never explained us anything more specific, she was ashamed to talk to us about sex, so we had to learn by other means”* (Teen mom). Despite, she got pregnant during adolescence, she affirms that her pregnancy was intended and not caused by her lack of sexual education at home.

Importantly, the health worker from the health center in La Carpio, argues that while some parents are complacent with their vague advice, they confuse the ability to educate their children with just inform them about a subject. *“Take care, that is it. They used it for everything, and that is all parents say”* (Health worker).

The health worker explains that although parents have the primary job in the education of their children, they might be ill-equipped to fulfill their role.

“The problem lies in the role that parents are taking, they have some information, yet not the education to educate their children. Only educated parents have the capacity to educate their children. The argument that parents have is, I told my children to take care, but they do not even know what does that mean? So, that is information, but not education. Parents never sit with their children, and tell them ‘come here, we are going to talk about sexuality in-depth’. Parents do not have the capacity to do so, so they bring their teenagers here and transfer their responsibility so that we [health center personnel] educate their children” (Health worker).

5.2.4 Do not mess with my children

The health worker’s view with regards to parents’ abilities to educate their children, contrasts with the campaign ‘do not mess with my children’ promoted by conservative religious groups (e.g. Catholic and Evangelical), and which calls on Costa Rican parents to prevent the Ministry of Education from implementing comprehensive sexual education (CSE) in the school program, and to take the lead in their children’s sexual education. The campaign is against the introduction of gender-related content in the school curriculum, as this is seen as a ‘gender ideology’ that aims to mess with children’s identities, and promote homosexuality.

“This gender ideology that teachers are imparting is telling our kids that they can marry same-sex partners. I went to one manifestation against these classes. They were telling our kids to make an auto-examination of themselves, and choose what sex they wanted to be. If I myself as a woman, want to be a man, I can change, or if the boys wanted to be girls, they can do it. That is what I understood” (Annie, Senior mom).

Opposition groups of the CSE have used the notions of gender as a fluid construct, rather than a static sexual category, as a premise to misinform and confused parents. Their argument is that by including gender-related content in the curricula, children are going to change their ‘natural and assigned sex’. Bedoya (2017) argues that while these groups are misinterpreting concepts, theories, and evidence, they do so deliberately to secure and promote their conservative agenda.

For the campaign supporters, one of the major deficiencies of the CSE program is that it lacks moral standards, and presents sexuality as something normal that adolescents can practice. In their view, CSE should be replaced for abstinence-only programs that promote moral values, and avoid supporting the idea of safe sex out of marriage.

“The classes of sexual education that the Ministry of Education is imparting, are focused on telling youths ‘go and do it, but use contraception’. But for the church, if there are sexual relations between a couple that is not married, that is a sin. Early childbearing cannot be prevented only with sexual education, but values and principles. It is necessary to terminate with unnecessary classes, because at primary and secondary children do not need to learn about contraception, if they learn about safe sex, as God commands, one does not need such thing” (Evangelical Pastor).

The Catholic priest adds that *“they are not reluctant to sexual education, but an education based on principles and values, not these classes where they teach our children about gender. One of the main drawbacks of the guides [for CSE] is their conception of sexual activity as the norm, there is no mention of abstinence, chastity and respect, they only talk about free sex, and free pleasure”* (Catholic Priest).

Bedoya (2017) sustains that the campaign of these conservative groups is based on presenting sex as an immoral and dangerous act that parents should prevent their children from learning about it. However, abstinence-only curricula have been found to be inaccurate, harmful, and ineffective for protecting adolescents’ health and well-being (Ott & Santelli, 1994). By contrast, there is evidence that CSE programs help adolescents to delay their sexual debut and reduce sexual risk behaviors (ibid). Ott and Santelli (1994) argue that abstinence-only programs are a violation of adolescents’ human rights because they withhold life-saving information that could help teens to prevent HIV and other STIs.

UNESCO (2009) and other studies have found that due to the limited competences that parents have, home-based sexual education is insufficient to approach teenagers’ needs. Hence, for this community, the motto of the campaign ‘I educate my children’ (*# a mis hijos los educo yo*), appears disconnected from the actual competences that parents have to educate their children. The generic,

and vague advice ‘take care of yourself’ in part reflects some of the challenges and limited abilities that particularly mothers have for talking with their children. The campaign falls short and is inadequate to determine the implications for these adolescents, who face high risks of reaching adulthood unprepared and misinformed and thereby with constrained capabilities to exercise their sexual and reproductive rights.

CHAPTER 6: GENDER SOCIALIZATION AND GENDER-BASED SEGREGATION

As Gender has been used as a marker for exclusion and stratification, gender inequality is the result of societies where men are positioned socially, economically and politically in a hierarchy over women (UN, 2013a). However, over the last 30 years, the political discourse has shifted towards equality, to the point that it might be politically incorrect to disagree with the idea that women deserve and are capable enough to sustain an equal position in all areas of society. Nevertheless, traditional structures such as the family and the church still maintain forms of inequality that endure over time. As primary forms of social organization, both the family and the church have been organized as patriarchal structures that place men in authority over women. Although, both structures are far from determining how individuals should act, Connell (2009) argues structures of gender relations define individuals possibilities and condition practice. Thereby, the values, discourses, and activities developed through these institutions constitute dynamic gender interactions in which adolescents would learn and reproduce gender behaviors, attitudes, and practices that ultimately will shape their gender identities (John et al., 2017).

This chapter seeks to examine the gender-related attitudes, practices and social expectations that social institutions such as the church and the family have of women and their roles. To do so, the chapter is divided into two sections. First, the idea is to uncover the type of gender-related attitudes and conceptions towards the role of women; and second, the social expectations and values placed on motherhood.

6.1 Gender equality and gender differentiations

6.1.1 Religious gender bias: Primacy of men or submission of women

According to Woodhead (2012), religion is not just a system of faith and worship, but a significant institution in the gender order that structures most social relations. Woodhead (2012) argues that “religion not only takes its place within this order, it is a constitutive part of it, though it may play a range of different roles and occupy a number of different positions. Religion’s constitutive contribution to power relations within society is best understood by viewing religion itself as a

system of power” (p. ii). This author conceives that the potency of this sacred power lies in its alignment with secular sources of power both at the social (political, economic, military) and personal (emotional, intellectual) level. Hence, Woodhead (2012) sustains that to view religion simply as a benign doctrine that taught us about God(s) is to underestimate the way in which religion plays an active role “reinforcing and legitimating dominant power interests” (p. iii). In the case of patriarchy, the power of men over women.

To explore these views, the study used some verses from the Bible that refer to the roles that men and women should have. The notion that men are the household head and women are subordinated to him is based on Ephesians verse 5, 22-24, which states that “²² Wives, submit yourselves to your own husbands as you do to the Lord. ²³ For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Savior. ²⁴ Now as the church submits to Christ, so also wives should submit to their husbands in everything.”

When asked about the interpretation of the Evangelical Pastor that participated, he suggested that this verse should not be interpreted as face value, but instead adapted to the present circumstances and conditions of men and women.

“The man as the head of the household does not mean that he is better than the woman, or that he has privileges. The verse in the Bible is intended for men to be responsible for the household, being a role model, and not underestimate women. We are all totally equals, and this is what we are teaching here (Evangelical Leader).

Nonetheless this religious leader, also acknowledges that the Bible represents the views of a patriarchal culture, where women are subordinated; yet he does not discard the idea that other leaders might be misinterpreting the scripts, and using it to sustain that men have a primordial position. Also, he adds that a more proper interpretation of this passage has to do with the idea of monogamous relationships, in which men and women are accountable to their family, and have the same responsibilities.

“A woman is subjected to only one man, in the sense of relationship, but not in her abilities and freedoms, or what she does. That is machismo. She is subjected to her husband, but although it is not stated there, her husband is also subjected to her. My wife does not ask me for permissions and I don’t do it either, but I have to be subjected to her with regards to our relationship. She cannot be in relations with other men, because she is married to me, so there should be subjection”.

Thus, in this view, monogamy is the justification for the women’s subordination that this doctrine (Christian) has called its followers to endorse. While in practice women relegation transcends the state of being married and faithful to only one man, his explanation cannot be understood without considering Woodhead (2012) argument that religion has served to reproduce and legitimate gender inequalities which have favored the patriarchal order. For instance, Connell (2009) suggests that despite changes, the power of the husband over wives, and fathers over daughters is still accepted. Foucault (1977) argued that “power is widely dispersed, operates discursively through the ways we talk and categorize people” (cited in Connell, 2009, p. 77). Jenkins (2000) argues that the categorization of a group “by a more powerful Other is thus never “just” a matter of classification.... As an intervention in that group's social world, it changes ...the experience of those living in it; in other words, it has consequences” (p.21-22). So, the power of these verses is not simply a divine message of how to organize family life. As Isabela suggests, the Bible and its interpretations have profound impacts on adolescents’ gender identities.

“The message they spread at church was that women should serve and help their husbands. They never gave us a message of personal self-improvement, in which they would encourage women to study, be successful professionals, and fulfill their dreams alone, and postpone marriage for the future; no! they never told us that. They always used a verse from the Bible, Proverbs, in which they talk about a ‘good woman’, she was good and was esteemed, because she was a good wife that talked wisely. That was the role model we had at church, how to be good wives” (Isabela, Childless Teen).

When asked about differences in the messages that women and men received at church, Isabela stated that there was clear difference in what men and women can aspire to do and be.

“The message for men never was about being good husbands or how to be prepared for household life. Instead their message was about how to serve God by being pastors, ministers or holding a leadership role at the church. Men were portrayed as the head of the households, and women should be dependent on them. I still cannot understand it, because that is on the Bible, I need to read more to understand what God wants to tell us with this, but I do not believe that this verse is for us to be subjected to men. And if it is like that, I rather not married to anyone”.

Only one of the adolescent participants realized this gender bias exists and underpins the doctrine of the religious bodies in the community. Also, considering the proliferation of evangelical churches in La Carpio, the resonance of this kind of gender bias has important implications on the teens’ development. As suggested before, research has pointed out that adolescence is a very sensible stage, where teenagers begin to create their identities building upon their parents, peers and the values acquired through social institutions (John et al., 2017). Thereby, the influence of religious messages that legitimate unequal social relations and positions not only limited girls’ opportunities, but also marginalize them from their actual potential.

6.1.2 Perceived equity in the gendered division of labor

The gendered division of labor is used to refer to the marked differences in the responsibilities of men and women in public and private spaces, respectively. Pilcher and Whelehan (2014) suggest that this differentiation in roles became specially accentuated since the industrialization, where tasks were divided according to the functions of both genders. While, men were given the primary responsibility of being the financial providers for their family; women had the responsibility for the management and performance of housework (ibid). Although, this traditional division of labor was challenged, and since 1960s women entered the labor force in great numbers, the opposite - men incorporation in the household’ activities- has not happened at the same pace. Inequitable divisions of roles inside households are observed not only in countries with conservative systems of patriarchal values, but also in countries with more egalitarian views (Nakamura & Akiyoshi, 2015).

In the case of La Carpio, women considered that their attribution in the household corresponds to the roles and duties that their partners fulfill outside the family. Several female adolescent participants suggested that because they stay at home and dependent economically on their partners, working in the household chores and taking care of the children is a fair division of duties. For instance, Petra appears to hold a very strong gender ideology on the roles that men and women should perform. *“the responsibility of men is to work and our responsibility is the house. A man has to work and provide to his family, whereas a woman has to take care of the household”* (Petra, Teen mom).

Isabela exemplifies how women’s domestic involvement is accepted in correspondence with males’ activities, so that both partners are active performing functions for the household. *“Until not long ago, women did not work, so they assumed all the housework, so helping at home was their way to support the household, because they could not just stay at home doing nothing”* (Isabela, Childless Teenager).

This vision was also shared by religious leaders; although they did not limited women only to the household chores, they also suggest that if men work outside it is fair enough that women assume the domestic labor. *“Men and women have the same rights and obligations. If men work, then women should be responsible for the household chores, but if both work, both have to share these duties”* (Evangelical leader).

However, while many participants agree with their domestic roles, they also emphasized the importance of the male figure when raising the children, suggesting that more male involvement in this activity is crucial for the children’s well-being.

“I think raising the children is a mutual responsibility, because both partners were involved...With regards to the household, it is women who like to have the house very clean, but I think now this is changing and this should also be a responsibility for both” (Anabel, Teen mom).

Eugenia acknowledges the difficulties and physical challenges of her partner's work and adds that it would be unreasonable to demand more involvement in the household duties, when her partner's work is so physically demanding, and tiring.

“I had to ask my husband to help me a bit, it annoyed me that he was sitting without doing anything. It is good that men help a bit, but women cannot be just lying down and doing nothing. We have to acknowledge how hard they work. My partner works under the sun all day, so he has to come home to rest and eat well, so that he can go back the next day and work with energy. It would be difficult if I would ask him to do the household chores when he is so tired. The most I asked him is to help me with the children whenever he can” (Eugenia, Teen mom).

While Eugenia acknowledges her partner hard work, the reverse recognition of women's labor at home is not very common. Celeste explains how sometimes women's domestic work is underestimated by the fact that women stay at home.

“Some men say to their female partners, ‘but if you spend all day at home, I arrive tired of working eight hours under the sun’. They do not realize that we have to cook, take care of the children, get them ready for school, and do all the household chores, and that we end up so tired too; while they just come home, lie down and wait to be served. I sincerely think we both work hard” (Celeste, Teen mom).

While it appears that female participants carry out most of the domestic labor, it is interesting to note that they do not always perceive this division as unfair. In contrast, it is these females' partners who seem to question this division and consider it unjust, when they are asked to participate more in the household work. To understand it, Connell (2009) observes that housework versus paid work are not only different because they entitle distinct social relations, but also because they hold different cultural meanings. While males' work is exchanged in the market economy for profit, females' housework has to be done for love, abnegation, or as a mutual obligation. Thus, Connell asserts that the gender division of labor is closely connected to notions of femininity and masculinity. Lamphere (2007) holds a similar view and sustains that male' activities have always

been recognized as primordial for social and public life, whereas females' domestic chores have always been secondary.

Likewise, based on the work of Sarah Berk (1985), Zimmerman and West (1987) explain that the most influential factor that drives women's main involvement in the household work is the internalized presumption that they are the innate responsible person for the household production. In that sense, they argue that the domestic division of labor not only constitute a production of household goods and services, but also of gender. In the study of housewives perceptions with regards to the division of household labor, Braun, Epstein, Stier, and Baumgartner (2008) found that traditional ideologies of femininity were the most important factor that legitimized the imbalanced division of labor. That is, women subscribing to traditional gender ideologies of femininity were more likely to accept and see unfair divisions of labor as an integral part that constitutes the roles of a housewife. These authors argue that because these housewives were socialized with these normative gender conceptions, they regard this division as legitimate.

In a more recent study Nakamura and Akiyoshi (2015) indicate that besides gender values, unfair divisions of household labor could be explained by theories of economic resource, time constraint, and relative deprivation. The economic and time constraint theories sustain that women's perception of fairness is a response to their partners higher incomes and limited time at home (ibid). Consequently, females lack of life options might be a cause that influences their perceptions of fairness, despite they do twice as much housework as their partners (ibid). By contrast, women with more life alternatives would see the same division as unjust, and would try to achieve a more egalitarian split of housework (Braun et al., 2008). The findings of Nakamura and Akiyoshi (2015) show that the perceptions of fairness of these women led them to increase their happiness; happiness was not associated with gender values, but rather with the perceptions of their peers share of housework. "In plain terms, wives do not necessarily perceive their share of housework to be unfair when they do more housework than their spouses. Rather, they sense unfairness when they think they are doing more than others with similar life circumstances" (Nakamura & Akiyoshi, 2015, p. 14). That is, these results also highlight the importance of environment, social influence, and naturalization of unfairness. Given these findings, it could be assumed that when women start questioning these aspects, they will start demanding more fairness.

While it is unclear what factors drive the division of housework and the perceptions of fairness in this group of females in La Carpio, the gender values with which they have been socialized, the economic opportunities they hold and the perceptions of their female peers' workload certainly play a role in their attitudes, identities, and ultimately, acceptance of housework as females' work.

6.1.3 Gender-based segregation and way adolescents are being raised

While the division of labor exemplifies how women assume most of the household responsibilities, including the rearing of children, it also displays the gender-based segregation in which boys and girls are raised. John et al. (2017) explain that along with a series of external sources of influence (media, peers, school) children are highly influenced by the way they are treated and expected to behave, as well as by observing the roles of their female and male family members. Thus, parental and societal expectations from boys and girls, their selection of gender-specific toys, or the gender-based assignments, not only define a differentiating socialization process based on the sex, but also create the basis for gender stereotypes (UNICEF, 2007b). More precisely, research has shown that it is through the application of sex role stereotypes by adults that children learn what is deemed appropriate or inappropriate behavior for their sex (Pilcher & Whelehan, 2014).

In La Carpio, participants comment that while females are raised to contribute and manage their household chores, males are not socialized to participate in domestic work, but to depend on their female partners for these activities. Romina explains why it is so difficult to incorporate men into domestic labor. She suggests that most men are being raised without participating in the household chores for their whole life, so their lack of collaboration and reluctance in these activities should not be surprising, but expected.

“Boys are excluded from domestic work, that is when the machismo takes place; a little boy cannot realize it, and maybe his mother either. ‘A man that never washed the dishes, would say why would I do it now, if for 20 or 25 years I never did any housework’. So, he does not feel identified with this, and thereby, will not do it. We as women have to incentivize them to participate at home and help with the chores” (Childless Teen).

Still, Felicity and Catrina highlight the abilities of their sons, and how although it is not their son's roles, they taught them how to do domestic activities, so that they can be auto-sufficient in case their future partners are not capable of serving them well or as they say incapable to 'cook an egg'.

“My son is 19, and he knows how to cook, to wash, to iron clothes. I used to explain to him about the benefits of learning how to do household chores. I told him, ‘I was not going to live forever, and in case he marries a woman that does not know how to cook an egg, he will not starve’” (Felicity, Senior mom).

“I said to my son, ‘learn how to do these house chores, because if you find a woman who does not know how to do anything, at least you know how to do your own things. And you know what he told me, ‘OK then, so I am will not have a partner, I will stay with you’” (Catrina, Senior mom).

In the same line, Stefano, the only male adolescent participant explains that his mom encouraged him to learn about domestic activities, so that he can be independent and autonomous.

“My mom taught me to do my own things, and this was for my own good. For example, wash and iron my clothes. Maybe I do not do everything, but at least the things I need, so that I would not depend on others” (Stefano, Childless teen).

It could be argued that mothers use the idea of their sons' independence as a strategy to encourage them to participate actively at home; as this may be more effective than suggesting that the know-how of domestic labor would allow them to share the housework equally with their partners.

In contrast with ideas that males' involvement in domestic labor is good for their autonomy, females are expected to be efficient in the household chores, so that they satisfy their partners and avoid losing them. Annie explains how she encourages their daughter to learn how to cook, so that she could have a good marriage.

“I told my daughter, you have to learn how to cook, because whenever you find somebody, he is going to say ‘did not your mom teach you anything? Then I am going to be the guilty one. So, learn

how to cook, look at your cousin, her husband left her, because she did not even know how to cook an egg. This man was right, and the mother was to blame for not teaching her daughter how to cook” (Annie, Senior mom).

The case of Annie shows how young girls are socialized to subscribe to stereotypical norms of femininity that among all things require them to be helpful and take leadership in the household chores (Igras et al., 2014). Rittenour, Colaner, and Odenweller (2014) suggest that the level of encouragement that mothers put on their daughters for helping at home, correlates with the amount of housework that is expected from these young females in the household production with their parents, and later with their husbands.

In addition, John et al. (2017) assert that gender-based segregation of boys and girls is a kind of social separation that is heightened during puberty, as a response to the biological changes that adolescents experiment during this phase. This segregation is usually manifested in the kind the freedom that male and female adolescents are allowed.

Raquel explains how her male peers have different privileges and more freedom to be outside home without many restrictions. Raquel disagrees with her caregiver reasoning that while outside females are unable to take care of themselves.

“I think women and men should have the same rights, but here in Costa Rica, men are very machistas, so women have to do as they say. So, there is not such equality, men have privileges. For instance, men have more freedom and longer permits to be outside. My grandmother tells us, men can take care of themselves, you are women you cannot be on the street that is not good. But we can take care of ourselves, yet for her men are always first, so they can do what they want, whereas we cannot. For her, if we go out and we can protect ourselves” (Raquel, Teen mom).

Stefano sustains that this bias towards men is based on parents’ ideas to protect their daughters, especially from unintended pregnancies, so a way to so is to maintain females in permanent surveillance. Still, Stefano believes that this kind of restrictions in females movability are not helpful to reduce early childbearing, as the evidence in the neighborhood reflects the contrast.

“In general, we do have same rights, however within families this equality is reduced and men have a bit more freedom, let’s say with parental permissions. With the idea of protecting females, parents make distinctions in the things men and women can do. Fathers are especially jealous of their daughters, fearing that they get pregnant; it is typically known that women are usually left alone with the pregnancy. So, in an attempt to prevent that, parents try to protect females. But I think we should both get the same freedom, because it depends on each of us. If a woman does not take care of herself, she is going to get pregnant or infected with an STD, so it depends on each person (Stefano, Childless teen).

In the same line as Stefano, Georgiana asserts that to protect her from unplanned pregnancy her parents limited her permissions outside.

“My father and my brothers have told my sister and I that because we are women, we cannot go out. My brothers go out and come back very late, but whenever I ask for permissions my parents do not let me, they say that if I spend time outside I am going to get pregnant. So, for women there is this risk, risk that men do not have because they do not get pregnant” (Childless Teen).

Although Eugenia explains that she tries to minimize any difference in the treatment among her children, still she does believe that her female daughter should receive more protection and attention than her male sons; especially because her girl falls the risk of pregnancy, but also because she is considered more vulnerable.

“I do not make any difference in the way I treat and educate my children, despite they are still very little I gave the same permissions to all. However, I know obviously that my little girl needs more attention, because she is a woman, she is more sensible, sentimental, and romantic than men. Men are rather colder. Thereby, a woman needs more care, because if a couple fails and end up with a pregnancy, the woman is the one who has to take the responsibility for the baby, and mostly does it alone. That is my fear for my daughter.” (Eugenia, Teen Mom).

While in most contexts, boys move freely outside the home, girls’ freedom of movement is generally more constrained due to several context-specific reasons; yet literature on gender

socialization suggests that this is a rapid response to the lack of parents' preparedness to deal with their teens' puberty related issues, among which the girls' capacity to bear children highlights (IRH, 2010). The restrictions in movements that adolescents from La Carpio explained are consistent with research that has found that parental desire to protect their daughters is often exercised through behavioral regulation and monitoring of these females' activities (Igras et al., 2014; Kågesten et al., 2016). The emerging fertility and sexuality of these girls represent a source of risk that parents desire to control by maintaining their daughters more at home to ensure their safety (Igras et al., 2014). However, research has shown that this kind of gender-based segregation not only impacts on adolescents' behaviors and attitudes, but also becomes the source for differences in the status, the power, and the opportunities available men and women (Ryle, 2011). So, while parents are trying to protect their daughters, they are also endorsing males' primacy and intensifying inequalities, many of which adolescents themselves will endorse and reproduce in their future families.

6.2 Motherhood Ideals

One of the social expectations most demanded to women, is to become mothers. In general, motherhood is the role that most women ascribed to be the most fundamental to their identities (Rittenour et al., 2014). For many participant women in this study, motherhood was conceived as a gift, but also as an obligation that women must fulfill. *“If God gave us this capacity is because we must be fruitful, women have to have children”* (Petra, Teenage Mom).

Most of the participant mothers agreed with the idea that to be happy and fulfilled women should become mothers. In contrast with the findings of Varga (2003) where women viewed early motherhood as a hindrance for personal, professional and financial development, in this study negative views on parenthood were absent. Indeed, only a few participants conceived the idea that women can be realized without children. As mothers themselves, most participants saw their reproductive function a divine role, deciding not to opt for it, was seen as a deviation to females' natural purpose.

“I am a mother, and Virgin Mary is the mother of God, so I do feel identify with her. I got pregnant at 17 because I wanted to. It was planned, I quit the pill. I just wanted to have a child, I wanted to

stop feeling alone, I want to feel somebody with me; so then, who else more than my own child to be with me” (Raquel, Teen Mom).

Raquel’s views of maternity could be linked to Marianism, or the idea that women should follow the steps of Virgen Mary, and where motherhood is the way in which women express their love and sacrifice for others (Torres et al., 2002). Likewise, Petra’s experience is similar to the findings of Alves (2012) where the desire for motherhood drove young females to avoid contraception and to see maternity as a form of realization.

The leader from the Catholic church also agreed that children are a godsend and couples and particularly women, should accept them naturally and without resistance. In his view, among other things, marriage is an institution made for procreation, couples that fail to agree with this essential role, cannot be formally recognized in a union by the church.

“Children are a God’s gift, not a right. In pre-marriage sessions, we talk about how couples should freely accept the number of children that God’s gives them...Before we celebrate a marriage, there is a questionnaire that couples must fulfill, there are three requirements, fidelity, indissolubility, and procreation.....If a couple comes and tells me that they do not want to have children, the marriage cannot be officiated. I cannot do it, ‘yes, they are in love, and there are good intentions, but also a denial to human life. Marriage is a social union to preserve the species’” (Catholic leader).

While these views are accepted and normalized inside the Catholic church and among its followers, they have strong implications for young female mothers that might find these discourses as positive encouragement for early maternity and child marriage. However, not only girls, but also mothers themselves might be influenced by this essentialization of women biological function. Annie, for instance, she asserts that her daughter’ denial of maternity, it is also a denial in her grandparenthood role and the sense of joy and meaning that a grand-child will give her. *“I told my daughter I do not want to die without a grandchild, so she fulfilled my dream, and that is why I have a grand-daughter, because my daughter did not want children”* (Senior mom). Marks et al. (2009) affirm that mothers are the primary gender socialization agents in the life of their daughters,

so Annie's wishes might have had a significant influence in her daughter self-perceptions and aspirations.

In addition, Annie's point of view is consistent with the study of Hanson, McMahon, Griese, and Kenyon (2014) in which young females were particularly pressured by family members to have children, and to contribute with the population of the community. Their results suggest that adolescents' sexual and reproductive decision and their use of contraception were influenced by the gender ideologies defined by their environment.

Besides the biological function, women also attached over values to maternity. Anastacia, for instance, mentioned how children are also regarded as a source of company and care when they reach an elderly stage, as a sort of social security network.

"The Bible says, be fruitful and multiply. If a woman does not want to bear children, is her right, but it must be due to a personal event, or the context to her life; there must be a reason to explain why she does not want children. Fear perhaps.....I have a friend, she never had children, now she is 70, and she is regretting her decision. Loneliness....., because partners come and go, but children are for a lifetime" (Anastacia, Senior mom).

Reitzes and Mutran (1994) argue that the endorsement of "roles provide individuals with an internal framework on which to develop a sense of meaning, purpose, and agency" (p. 313). For mothers in this research, their identities and roles as mothers provide them a source of fulfillment and commitment that in their views transformed their lives. For instance, Celeste believes that becoming a parent is a way to mature, and take responsibility for one's life.

"I think that having a baby changes one mentality. I have seen men that were lazy and liked to party a lot, but when they had their babies they changed a bit, parenthood made them reflect about their life. For instance, I liked to party a lot, but after I had my children and changed, because I think about the example that I would give to my children. When one has a child, one must change the way of thinking and try to be a good role model" (Celeste, Teen mom).

Also, Eugenia conceives that motherhood is an opportunity to redeem her life, and to give her children all the love and attention that she failed to have from her mother.

“I think we all deserve to be mothers..... I have a cousin and she cannot have children and she suffers, she is so nice.....I feel so sad for her, because I think, I have been giving, and giving birth, and she can have not even one child, poor girl!.....My children are important yes, because they give me security, and I give them everything I never had, mostly love and protection. My children make me so happy” (Eugenia, Teen mom).

The idealization of motherhood expressed by these females, not only talks of their socialization, but also helps to explain teenage pregnancy. In their study of Latino adolescents in the US, Rocca et al. (2010) showed that pregnancy intentions were significant risk factors that increased these girls' likelihood early childbearing. Pregnancy intentions were explored based on notions of familism or the orientation that individuals have towards the family. Based on ethnographic studies, the Latino culture was assumed as a supportive culture of early motherhood, and becoming pregnant was seen as a means for gaining respect and status. Rocca et al. (2010) found that the probabilities of pregnancy of girls who expressed any degree of wantedness for pregnancy were twice as their counterparts who lack any desire for motherhood.

In contrast with these views that naturalized motherhood, it was interesting to observe that a couple of young participants who have no children themselves, and challenged the naturalization of motherhood. Romina sustains that females use their children as a way to put pressure and attach their partners with them, even situations where males do not want to. Babies and children are used not only to secure women's status, but also to manipulate their children's fathers.

“Women here in La Carpio have like a trauma, they think that despite they cannot be with a man, having a baby with him is good enough, that makes them feel accomplished and happy. If a man does not want to be with them, they think that a baby is a way to make men feel miserable. They say ‘I have a baby with him, I conquer his love, I was the first’, the baby is their achievement. I think s unfair with men that women try in impose them parenthood just to be with them” (Romina, Childless Teen).

Isabela also questions the social meanings attached in maternity, and refuses to accept motherhood as the main factor that defines her womanhood.

“The other day I saw on Facebook, a post that said ‘if you are a woman and your ultimate goal is not to be a mother, then you are not a woman’, that was the worst insult I have seen. At least to me, my goal is not to be a mother, not yet, but I’m a woman and nobody has the right to take this away from me.... I’m not less woman because I don’t have children” (Isabela, Childless Teen).

Isabela resistance is not new, historically the figure of a woman has been associated with her role as a mother (Feldman & Kind, 2017). Feminist studies led by the seminal work of Simone de Beauvoir (1949), have questioned the naturalization of motherhood as every woman destiny. de Beauvoir (1949) claimed that the patriarchal structure constructed on sexual differences, made women to believe that motherhood was their destiny and reason of their lives. Neyer and Bernardi (2011) insist that “when motherhood is framed as ‘nature’, social motherhood (that is the care work done by mothers and the rearing of children) appears as women’s ‘natural’ responsibility and at the same time as performed out of “natural” love (p. 6).

Feldman and Kind (2017) sustain that in the current context, the naturalization of motherhood as a woman’s natural function, supposes that maternity is a decision that does not require to be thought much, as it is a mission or social imposition that all females must fulfill. These scholars suggest that despite women with higher levels of literacy are able to question this biological mission, it still creates conflict in their lives and identities, as they must reach a point where they are successful professional, but also loving and caring mothers. Bugho (2017) argues that while many women do not feel destined to carry and raise children, many feel socially compelled to do so as this function is considered to be glued to their identities.

In her study of adolescent pregnancy with girls of a vulnerable community in Brazil, Alves (2012) concluded that “motherhood stands as a successful activity through which young females fulfill the collectively recognized ideal of womanhood” (p. 655). Thereby, the socialization of motherhood as an inevitable and desired destiny has great implications for curbing the

phenomenon of adolescent pregnancy. These findings suggest that adolescents in La Carpio are exposed not only to unfavorable socio-economic contexts, where they lack proper sexual education, but also conflicting messages that celebrate motherhood at all costs.

CHAPTER 7: GENDER STEREOTYPES AND THE INFLUENCE OF PEERS IN ADOLESCENTS' CONTRACEPTIVE PRACTICES

Research on youths' development shows that adolescence is a period of physical and sexual maturation in which adolescents shift their parent-child bond toward individuation that leads them to become more autonomous and receptive to their peers and social institutions (John et al., 2017). As part of their socialization, adolescents form new peer connections and become increasingly interested in romantic and intimate relationships (Shtarkshall et al., 2007). Literature on gender socialization provides strong evidence of the central role of peers in shaping adolescents' gender attitudes (Kågesten et al., 2016). Notably, given the time and relevance that adolescents attribute to their friends, peer dynamics become a site of gendered interactions, where adolescents learn and enact the gender norms and behaviors that are expected for their gender (Crosnoe, 2011).

In the context, of Latin America gender relations follow the patterns of the machismo-Marianism dichotomy, in which males are positioned higher than women (Goicolea, 2009). These unequal relations give place to a series of gender stereotypes of what men and women are allowed to do. In this sense, the purpose of this chapter is to explore the masculine and feminine stereotypes that influence adolescents' sexuality and their practices of contraception. The chapter is divided into two parts. The first part will explore gender stereotypes with regards to adolescents' abstinence and sexual activity. And the second part will analyze the influence of peers on adolescents' use of contraception.

7.1. Female gender stereotypes

7.1.1 Women are sentimental and romantic

While the study of Kågesten et al. (2016) suggest that peers' views might be more important for male adolescents, findings in this study indicate that female adolescents are encountered with conflicting and confusing messages that limit their agency and ability to make informed decisions. Although stereotypes that describe women as romantic, sentimental, and loving, might be conceived as positive or benign, this characterization can present detrimental effects on females'

decisions making. Most participants in this study agreed with the idea that men have stronger sexual urges than females, and it is due to this that they pressure their female partners to have sex. Eugenia and Anabel suggest that the sensibility that characterizes women make them very susceptible to their partners' demands and desires.

“I believe men do influence women’s decisions, because we are more sentimental and so we fall in love easily. While we just focus on the idea of not losing them, men just talk, and talk, and so we end up falling into their desires. But I think if women would be more confident of themselves, maybe this influence would not be so strong. Because if I myself being an adult, sometimes feel pressured, imagine a young girl that is so susceptible” (Eugenia, Teen Mom).

“I think yes, my mom had told me that men are more sexually active, and they are the ones who push females to engage in sexual intercourse, even when females do not want to. In my case, my partner gets upset when I say no to his requests, and has told me that he might go and find somebody else. Many of friends have accepted to engage in sexual intercourse to avoid losing their partners, but this is like rape because despite sex is consented, women do not want it, so they feel it like a rape” (Anabel, Teen Mom).

The sexual stereotype that attributes men as sexually active, while women are romantic and sentimental defines possibilities and conditions behaviors. By defining women as romantic, it also makes them easy targets for coercion, by accepting to engage in sexual activities mainly to comply with their partners. Also, it might be linked to conceptions of Marianism in which women give up their own desires to please the rest, while at the same time that they are passive and submissive (Torres et al., 2002).

By contrast with most of the participants that acknowledge their peers' pressure as a factor that influences their sexual activity, Isabela points out how the social expectations place on her as a female, turn out to be a driver that refrain her from sexual intercourse. In this case, she is afraid of the gossip and damage in her reputation if the community finds out about her sexual life.

“There are men that after they had sexual relations, they treat women like trash, and society supports them. So, there is a high risk that one’s partner ends up being a bad person that only

pretends to be in love until the sexual intercourse, and then just talks badly about the other partner. There are many cases where women result in depression for this” (Isabela, Childless Teen).

While it is clear that Isabela holds a high value of her reputation, by refraining from sexual intercourse, she is also conforming to the gender stereotypes of chastity and virginity. Also, her views are similar with notions of respectability that Aas (2010) found in her study Dominican Republic, where women were expected to gain and maintain their public respect by acting decent, classy and feminine. Although, ideals of public respectability are helping Isabel to navigate their peer’ pressure, it is questionable how this notion helps to advance gender equality.

7.1.2 Men go on until women allow them

According to the sexual double standard, men and women are rewarded and praised for opposite behaviors, while men are allowed to be active sexual individuals, women are sanctioned and stigmatized for similar conducts (Kreager & Staff, 2009). However, while the sexual double standard entitles unequal gender relations, it also places most of the responsibility of sexual intercourse on women. One of the senior participant mothers comments: *“this is true, because we set the limits. If we allow them to come and touch more than it is acceptable, then men would do it.”* (Lesly). Thus, it is expected that females will put limits and stop their boyfriends from attempting to initiate sexual relations. Isabela explains how this stereotype is repeated at church.

“Sexuality is a taboo at church, yet the message they had for us was that women have to set the limits, because men will go until they are allowed. They always tell us that sex before marriage is fornication, that we should abstain, but I always felt that this message was delivered particularly for women, because we put the limits. So, it was like, girls take care, but I never heard a message saying ‘men respect your girlfriends, and if women cannot respect themselves, you men do it’” (Isabela, Childless teen).

Men go on until women allow them, underpins the notion that sexuality is a demonstration of power (Hargreaves et al., 2008); however, equivocally suggesting that power is balanced towards women alone, while men accept their denial passively. Ward (1993) argues the contrast, sexual

relations are imbalanced demonstrations of power, where women are vulnerable to men's dominance and find themselves with less sexual autonomy. Doyal et al. (1994) assert that sexual relations are not choices made on an equal basis, but instead acts where women are submitted to the primacy of male desires. Take for instance, sexual violence, which is an extreme manifestation of the power imbalances in sexual relations (ibid).

When the leader of the evangelical church was asked about this, he suggests that this is a two-stage process, in which first, women are socially expected to withhold their and their partners' desires, and have an active role preventing any sexual encounter. Women's failure in this stage will lead to part two, in which men start to become responsible due to their actual participation in premarital sex.

"We see this in two stages; the first, where women are the ones who have to put limits to prevent pregnancies, that limit is not to have sexual relations. Once they both take the decision to have sex, or when she allows it, after this then, the responsibility is mutual." (Religious Leader).

In spite this religious leader does not explicitly suggest that women are the ones to be condemnable for being incapable of setting boundaries, he admits that men's responsibilities are almost null. *"Yes, we have to acknowledge that men have privileges but this is for the machismo that exists"*; which suggests that men are socially exonerated for their sexual permissiveness; and thereby are less expected to assume more responsibility. Connell (1987, 1995) argues that by connecting with ideals of hegemonic masculinity, men are less likely to question the patriarchal privileges conferred to them. So, in this case, it also suggests that male teens have no clear incentives for challenging the gender order and taking more responsibility, as it is easier to go until women allow them.

7.1.3 Women are not sexually driven

Following the sexual double standard, most women in this study agreed with the statement that men have stronger sexual urges than females, and that this what drives their sexual permissiveness. By contrast, almost all participants asked agreed with the idea that contraception is a females'

responsibility, due to their biological capacity to bear children. Although, there are studies that confirm that men's sexual urges are stronger than women's (van Anders, 2012), the argument of some adolescent here is not based on biological factors, but social constructions and stereotypes that limit women's agency.

Isabel claims that males' sexual permissiveness, not only presents them as active decision makers, but also, implicitly it allows them the right to express their sexual desires, something that for women is recriminated. In her view, it is inaccurate to say that young females have less or not sexual desire.

“It is not that we have less sexual desire than men, but that men are allowed to express it. As a woman, my hormones are there, I cannot deny it, I do feel the desire, I would be lying if I say that I do not; but for men they feel more confident to express it, that is not possible for women. And I think this is because men are allowed to be promiscuous, it is attributed as something good, whereas women feel threaten to do so” (Isabela, Childless Teen).

The soccer coach referred to this and said that in fact, it is women who are taking the lead, initiating and encouraging their male partners to sexual intercourse. He suggests that females access to contraception makes them sexually liberal, and less obeyed by norms of femininity. In his view, females' sexual initiative is not positive, but instead as a sign of sexual debauchery.

“Women feel more freedom nowadays, they are the ones carrying the condoms in case their partners fail to do so. And in many cases, they are the one encouraging their partners to have sex. I think this is a culture of debauchery, which is difficult to promote abstinence and chastity. Women are misinterpreting what the health service's campaign of contraception. They are interpreting it as a free pass, a license to have sex with as many as possible, as long as they have the chip [birth control implant]” (Sports Coach).

The views of the soccer coach are consistent with normative convention of femininity in which women are expected to be sexually naïve. Hillier et al. (1999) argue that this “naivete may not sit well with assertiveness, the planning and sexual knowledge that [women] need to ensure that their

sexual encounters are safe” (p. 71). These authors claim that although the condom use is common in most contexts, it still is not surprising female adolescents that are still unable to practice to safe sex. Thus, for a young female the capacity to practice safe sex not only lies in her knowledge and access to contraception, “but on her ability to negotiate within the confines of prevailing norms” (ibid, p.71). Schippers (2007) sustains that females’ sexual agency constitutes a threatening to men’s hegemonic masculinity, and for it, women’ sexual initiative must be socially contained and considered undesirable, before these practices spread out and contaminate the rest.

7.2 Male gender stereotypes

7.2.1 Male adolescents cannot remain virgins

In congruence with stereotypes that characterize men as holders of permissive sexual attitudes, most of the participants in the study agreed that for men, it is hardly impossible to remain virgin until adulthood. It could be said that men’s desire for virginity was found to be unusual, unbelievable and even unwanted.

As Romina states, virginity is never a characteristic of men, abstinence means hard work restraining personal sexual desires, so she finds that most men are not capable of doing it. *“I think it is believable that a woman wants to wait and remain a virgin, but for a man, they do not see themselves as capable of such a thing” (Romina, Childless Teen).*

Some participants such as Georgiana echoed the idea that men’ manhood is determined and even increased by the number of women with whom they engage. *“Men think that their manhood is determined by the number of women they have sex with. I have seen men that even lie about their virginity because they are ashamed and do not want to be bullied by their friends” (Georgiana, Childless teen).*

Likewise, the soccer coach that participated here, suggest that virginity is not a characteristic that males would be proud of, but rather they brag about their sexual prowess. *“Macho men like to set a record among their friends, they talk about how many women they are having sex with, and they even have a list with the names of their girlfriends” (Sports coach).*

As promiscuity appears as a quality that is socially rewarded, men identify with it not only to prove their heterosexuality, but to avoid being stigmatized. Connell (1987) sustains that idealized conceptions of hegemonic masculinity put pressure on males to differentiate themselves from gay men. Hillier et al. (1999) assert that among male peers, one of the most offensive ways to insult each other is to use names that alluded to effeminacy or homosexuality.

The sports coach said that he hears some of his team members to say they are not virgins, just to not be called homosexual. Also, Isabela explains that social conceptions about manhood are strongly linked with heterosexual prowess.

“If they think that for a woman this is hard, for a man to be virgin is to say that he is not a man. It is almost impossible to find a virgin man to marry. For men it is important, because of their masculinity, they do not want people to think they are effeminate, it really affects them (Isabela, Childless Teen).

Under this gender order, participants suggest that men’s virginity is not desirable but penalized; thereby, revealing against the gender norms that promote men’ promiscuity is not worth, neither easy. The alternative that teenagers find to avoid public discontent is simply to follow the current. *“Even if men consider abstinence as an option, they will not say anything to their friends to avoid mockery. They will follow the current to avoid being in a shameful situation” (Raquel, Teen Mom).* As Kågesten et al. (2016) sustain failure to comply with normative standards of masculinity is a source of conflict, bully and rejection.

7.2.2 Change your clothes I want to protect you

Although, acting as protectors is a behavior expected of males, this can be enacted in different ways. When participants were asked what do they think about men that interfered in the way their partners dress, almost two-thirds of the teenagers in the study suggested this is a way in which most men demonstrates their protection. Their argument rests on the assumption that women could dress in a way that is too provocative that causes a powerful sexual arousal response in men, since they will be stimulated beyond their control.

Several young participants suggested that the way a woman dresses is not only about personal her preferences, but particularly about respect for others and for herself. Eugenia argues that if a woman dresses in short clothes, she is transgressing the others' space, and this will give rise to inappropriate attention and sexual provocations that are not viewed well. In her view, failing to dress modestly, is disrespectful and offensive, and that is a sufficient reason for men to step in, and set boundaries in the way that women should and should not dress.

“I think men have a say in this, especially when they are right. For example, when women dress provocatively. I have seen women that wear very short dresses, showing everything. In those cases, men are right to say ‘look, that is not right, I do not like it, you are a Mrs., a housewife, you have to be worthy of respect’. It has not happened to me, because I dress very normal. But there are women that overstep the limits, so men are right to ask them for respect... ‘Because one thing is to dress sexy, but another one is to be vulgar.....to me that is very inappropriate, because one has to take care and not to exhibit oneself’So, under these circumstances, men have the right to ask their partners to change their clothing, and women should respect that, because in a relationship there has to be mutual consensus.....” (Eugenia, Teen mom).

In the same line, several participants considered that the limit for men to interfere in what women decide to wear, it is when they are wearing clothes that are ‘vulgar’, not decent, that show too much of their bodies.

“There are men that are like that, but that also depends on how women are dressed.... If a woman dresses ‘vulgar’, then her partner has a reason to interfere, because this will annoy him. When women are in a relationship, respect is fundamental, they cannot dress like this. Because if a woman is almost naked, she will be disrespected on the street, and this is not good for her, nor for her partner” (Petra, Teen mom).

Notably, while many females have internalized these interruptions in their decision making as part of their partners' roles, many do so excluding any responsibility from them. Ruiz and Sobrino (2018) argue that this kind of interference only intensifies and normalizes the gender-based

violence, by putting the guilt on women. For example, when perpetrators of rape accuse the victims of wearing inappropriate clothes. Also, these scholars sustain that deciding what women should dress is a machista practice and a violation of women's rights and autonomy over their bodies.

However, challenging this stereotype of men interfering in females' decisions as a form of protection and affection, Isabela sees this as a practice of control and restriction in women's freedom and autonomy.

“It really annoys me when I see men without a t-shirt, because I do not want to see their bodies. But if a woman goes out with short pants, she will be judged as the most despicable and immoral being; however, a man that has half of his body uncovered will receive no judgment. I think men have a double standard here, because let's say a man falls in love for an attractive woman that always dresses in short pants, in the beginning, he is happy with this, but once they become a couple he would change, and try to prevent that nobody else looks at his girlfriend. He would think he has the authority to decide how she should dress. To me, my way of dressing is part of the way I express myself, so why would my partner tell me how should I express myself, or tell me that I should be modest in the way I dress, making me feel bad because of what I wear is wrong. Instead of telling you go and change your clothes because the rest are staring at you, he should rather go to the people and tell them ‘hey you respect my girlfriend’” (Childless Teen).

As Isabela points out that the way one dresses has to do with one's identities; and as she has realized it, women's freedoms are framed to sustain patriarchy, so it is easier to condemn and oppress women's identities rather than demanding radical changes from society, and from men. Instead of men's protection, young females of La Carpio should be empowered to protect and decide themselves what clothes are appropriate or not.

7.3 Peers' influence and contraceptive practices

Concerns about the health side-effects intrinsic with contraception are among the main barriers that prevent adolescents from using these methods (Clark, 2001; Serfaty, 1997). However, studies in Latino adolescents suggest that in several cases, concerns about the birth control side-effects turn out to be misconceptions or faulty understandings of things that adolescents heard from their

social network (Gilliam, Warden, Goldstein, & Tapia, 2004). Gueye, Speizer, Corroon, and Okigbo (2015) argue that in many cases, myths about contraception are usually exaggerated, and decontextualized, creating unnecessary resistance and placing women at risk. In contrast, women that are well-informed and know about the subject, are more likely to anticipate and lessen the unwanted side-effects, rather than suspend family planning (Gueye et al., 2015).

In the female circle, information about the effectiveness, side-effects and the safety of birth control methods is usually built through women's networks, particularly their mothers, and female friends (Gilliam et al., 2004). Yee and Simon (2010) suggest that female's social networks are highly valued sources that contribute to the information and misinformation that these women possess. These authors consider that in many settings, the information shared by these social networks becomes even more reliable than health providers.

Findings from adolescents in La Carpio suggests that many of the side-effects that females are concerned with are based on comments and opinions that they heard, rather than their personal lived experiences. For these girls, their neighbors and friends represent informal, yet important sources of information that guide their decisions about the use of birth control. In Anabel's case, her neighbor's experience is a convincing source of information with which she identifies.

“The pill helps a little, but I heard from a neighbor that if a woman has sexual relations constantly, anyway she will get pregnant. My neighbor has two daughters, and told me that she got pregnant despite she was taking the pill. From my side, I was using the three-months injection, I rather take this than the pills. However, now there is a new birth control method that you wear under the skin [implant]; my neighbor has it, and she says that it is very good. At the moment, I still have the injection, but I want to change to this new contraception method.” (Anabel, Teen Mom).

Similarly with the findings of Yee and Simon (2010), where peers' rumors and anecdotes became the main source to choose a family planning method, Anabel uses her neighbor' experience as a basis to change or reject a method, and ultimately make their sexual and reproductive decisions.

In addition, one of the main concerns that participants mentioned, was the fact of gaining weight as a byproduct of using the pill, and the contraceptive injection. While gaining weight is a recognized side-effect of both methods, the health worker interviewed in this study, suggests that there are variations depending on each individual, but that there is a threshold of 3 kgs. that is considered normal; she added that passing this limit has to do more with a diet disorder, than the contraception method per se. However, it was evident that most of the adolescent participants have great doubts and gaps with regards to family planning and its side-effects. Eugenia, for instance, seemed to be highly influenced by the idea of gaining weight, that the costs implied in using contraception exceeded her incentive for protected intercourse.

“After I tried the three months injection, my period changed, it was weird. People told me that I was going to gain weight, and as I am already a bit corpulent, I was worry about it.....The pills, I never tried them because I forget things easily, and also people say that they make you fat and infertile..... Between my second and third birth, I used to use the injection, but I was not regular in its use, I put it just every time I remember it, so I got pregnant...I do not know, it is God’s will” (Eugenia, Teen Mom).

Gilliam et al. (2004) explain how fears and concerns become factors powerful to prevent adolescents from the correct use of contraception. Likewise, studies have shown that the degree of motivation to engage in contraception is highly associated with the knowledge and ability to use birth control effectively (Yee & Simon, 2010). In the case of Eugenia, despite gaining weight was not the only side-effect she experimented, it appears that this physical and external change was worth high importance, also it was more compatible with her peers’ experiences. All these experiences suggest that contraception is not only a matter of knowledge or access, but also a socialization and a negotiation in which gender norms, attitudes, and identities are always present (Hillier et al., 1998).

Finally, although most women regard contraception as a female responsibility, findings also suggest that males’ opinions might have a significant effect on influencing their partners’ contraceptive practices. However, as Raquel comments, males’ involvement in family planning is not positive, but instead, use to judge and discourage women from their choices.

“There are some men that tell their partners not to use the pills, because it will make them fat. Men put these ideas on women’s minds, that pills will make them gain weight; and if they are fat they would not like them anymore and look for somebody else” (Raquel, Teen Mom).

While in this view, apparently gaining weight is more dangerous than unintended pregnancies, it also highlights kind of negotiations in place when women are using or trying to use contraception. This is also consistent with the study of Yee and Simon (2010) which found that the choice of contraception of female participants was highly influenced by their husband views; for these women, taking their partners’ opinion into consideration was a sign of respect. In this study, however, males’ involvement is not really contributing to the couples’ well-being, but driving to undermine women’s agency. As Hillier et al. (1998) affirms sexuality and reproduction not always involve two autonomous individuals, and is not always just a matter of free choice.

CHAPTER 8: CONCLUSIONS

Given the high prevalence of teenage pregnancy of Costa Rican adolescents of Nicaraguan origin, this research sought to explore the role that gender norms, ideologies, and practices have, influencing these teenagers' sexual and reproductive decisions. For it, the study was framed using Goicolea's (2009) rights and gender approach, in which early childbearing is understood not only as a socio-economic phenomenon but also as an expression of unequal gender relations that constrain adolescents' sexual and reproductive health rights (SRHRs). Following this framework, study findings were oriented to understand issues related to adolescents' agency and freedom, the effects of the gender regimes of social institutions, and the stereotypes that mark the machismo-Marianism gender order.

1. Agency and freedom: To understand pregnancy, Goicolea's (2009) framework assumes that it is paramount to explore at the agency and freedom that adolescents have to make choices about their sexuality and control their fertility. For this study, this freedom was conceptualized drawing on Sen's (1999) capability approach, in which access to comprehensive sexuality education (CSE) was conceived as an expansion in adolescents' capabilities and ultimately to their freedom. Thereby, it was assumed that if adolescents have access to CSE, they will have more opportunities to act freely and exercise their sexual and reproductive health rights (SRHRs).

Complementary to the CSE that adolescents received at school, the sexual and reproductive information that adolescents receive from their parents is an important resource for their sexual literacy. Findings explored in chapter 5, show that the sexual education that parents are providing to their adolescents are fairly limited. It was found that the process of talking of sexuality is an activity delegated to adolescents' mothers. This delegation not only responds to the sexual division of labor in which raising children is a female activity, but also to conceptions of masculinity and femininity in which fathers feel reluctant to participate and teach their children about sexuality. While female adolescents said to have a closer bond and affinity with their mothers; male adolescents appeared to be neglected and deprotected, as their mothers find substantial difficulties approaching them to talk about sexuality. As main responsible to their children' sexual education, mothers were also attributed as accountable for their daughters' pregnancies, as they were assessed

for failing to control their daughters' mobility and passing on traditional ideals femininity and chastity.

Consistent with literature that parents usually are ill-equipped to educate their children on sexuality (IRH, 2010), adolescents' mothers in this study acknowledged their lack of preparedness and training to educate their children in sexuality and reproduction. As a result, sexual talks are usually avoided, or based on general and imprecise advice (e.g., 'take care'). However, evidence also shows that conservative groups are using the idea of family values and morality, to promote an agenda that opposes to CSE, since this is conceived as too liberal for youths' needs. Yet, these groups preference for only-abstinence programs appears to be disconnected from real competences of these parents. Findings suggest that these groups discourse is undermining adolescents' SRHRs, as they face high risks of reaching adulthood unprepared and misinformed.

2. Gender regimes: Adolescents' capabilities to make free decisions regarding their sexual and reproductive health rights (SRHRs) are also significantly influenced by gender arrangements produce and reproduce by the social institutions (Goicolea, 2009). Chapter 6, sought to explore the gender gender-related attitudes, practices, and social expectations that social institutions such as the church and the family have of women and their roles. Findings show that although gender equality is recognized as desirable, religious officials and family members reproduce a series of messages that place men in authority and power over women. One of the main ways in which this hierarchy is constituted is through gender divisions of labor and gender-based segregations. Given the gender division of labor, participant women are found to be socialized to subscribe to traditional norms of femininity in which they are expected to be helpful, take leadership in the household, and be prepared to serve their husbands. While women acknowledged the difficult conditions of the work of their partners, opposite recognition was not found. Instead, female participants suggested that their partners usually underestimate their domestic work, mainly because they stay at home. To equate their partners paid labor, many participant women accept and legitimate their housework as innate females' responsibilities.

Furthermore, through mechanisms of gender-based segregation, girls and boys are given distinct freedom, power, status, and opportunities (Ryle, 2011). Congruent with other studies (Igras et al.,

2014; Kågesten et al., 2016), this research found that the emerging fertility of young females represents a source of risk that is controlled through behavioral regulation and monitoring of their activities. While girls are maintained at home to ensure their safety, boys are raised with autonomy and freedom. Adding to this socialization, ideals of motherhood also play a critical part in the role that is expected of women. Most women found motherhood as a natural destiny. As such, many see maternity and children as a divine gift, but also as a mechanism to future company and help. Their perceptions were consistent with conceptions of Marianism, in which women should follow the steps of Virgen Mary, and where motherhood is how females express their love and sacrifice for others (Torres et al., 2002). Thus, it was found that female adolescents are exposed to conflicting messages; in one hand their emerging fertility is a source of concern; and on the other, motherhood is celebrated as women's most valued function.

3. Gender orders: Goicolea (2009) conceives that adolescents' SRHRs and the way they express their sexuality is also influenced by wider and enduring **gender orders** that condition and limit gender relations in society. In the context of Latin America, Goicolea argues that gender relations are restrained by the machismo-Marianism system. This is a system of unequal gender relations that place men over women; and as such, is validated by a series of gender stereotypes that limit the practices of how men and women should behave. Chapter 7 explored the masculine and feminine stereotypes influencing adolescents' sexuality, including their practices of contraception. The findings suggest that female stereotypes that define women as sentimental and romantic are not benign, but counterproductive for girls' agency, as they might be forced to accept sexual intercourse to avoid losing their partners. Following the dichotomy of machismo-Marianism, the sexuality of adolescent participants was found to be conditioned by the sexual double standard, in which men and women are praised by opposite behaviors. While men are praised by being sexually active and promiscuous, women are expected to be chaste and sexually naïve. In this line, young females' sexual desires were found to be ignored, not only because women were recognized as less sexually driven, but also because their sexual agency was considered undesirable and inappropriate. With low sexual urges, women are attributed as the accountable part for setting the limits and stopping men from initiating sexual intercourse. By contrast, males stereotypes were linked to the notion of machismo, in which virginity is not characteristic of being proud of, but instead, a feature used for stigmatization with homosexuality. Finally, adding to these conflicting

gender stereotypes, adolescents practices of contraception were found to be highly influenced by their peers' experiences and their inaccurate information.

Overall, the findings suggest that the high prevalence of adolescent pregnancies of adolescents in La Carpio, not only responds to poor and inadequate practices of contraception, but also to gender-power relations in which adolescents' negotiate their sexual and reproductive decisions with constrained CSE, and conflicted gender identities. Tackling this phenomenon requires a holistic program that recognizes all risks and the conceptions of masculinity and femininity in which adolescents are socialized towards opposite behaviors.

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