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MASTER THESIS

**Supporting Young Mothers: Access to Services in
Post-Conflict Rural Colombia**

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Co-supervisor: Karen Vanesa Marriner Castro

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Declaration of honour on the use of AI

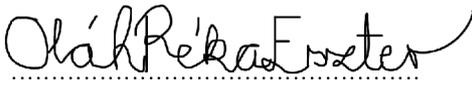
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Signature

Oláh Péter Eszter

Declaration

“I hereby declare that this Master Thesis entitled ‘Supporting Young Mothers: Access to Services in Post-Conflict Rural Colombia’, is my original work for the Erasmus Mundus Joint Master's Degree in Global Development Policy. Except if clearly specified differently in the text by references, I affirm that the work included here is mine. Moreover, I declare that the submitted written copies of the present thesis and the version submitted online are consistent with each other in contents.”

Place, Date: Hajdúszoboszló, 29/05/2024 Signature: 

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ZADÁNÍ DIPLOMOVÉ PRÁCE

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Zásady pro vypracování

Preliminary Research Question: What are the perceptions and experiences with public family support services available and accessible to young mothers (15 – 24 years old) in a Colombian post-conflict rural community and how these interact with support from the community and family members?

Preliminary Secondary questions:

- How do factors such as ethnicity, age, and socio-economic status intersect in young mother's experiences in a Colombian post-conflict community concerning government family support?
- What role do family dynamics play in the support networks of young mothers, and how does this interact with or supplement support received from government and community sources?
- How do community members perceive the government's current institutional capacity in terms of government support to young mothers?
- What are the main challenges perceived by the community in accessing family support services by young mothers?

Objectives:

- Understand how the availability and effectiveness of family support services to young mothers are perceived in a post-conflict rural community.
- Examine the influence of the post-conflict environment on the effectiveness of public family support services and community/family support networks.
- Evaluate the access to public services that aim to support young mothers in post-conflict rural areas.
- Identify possible barriers that young mothers could face in accessing and effectively utilizing public family support services, considering geographical, cultural, and socio-economic factors.
- Explore the ways in which public family support services complement the support provided by the community and/or family.

(Public family support services that I am planning to focus on in this research:

- Childcare services
- Financial assistance (cash transfers)
- Healthcare services
- Education support (school lunch, materials, scholarships)

Preliminary ideas on methodology:

- Literature review:

Review of family support services in Colombia
Post-conflict environment in the Colombian context
(Young) motherhood in a post-conflict environment (agency)
Family / Community support to young mothers

– Case study selection:

The community is to be determined. It will be one of the communities with which an NGO that I am in contact with (Sembrar) is working with. They are going to provide access for me to the community and let me "leverage" on the trust that the community has in Sembrar. During the next weeks, I am going to acquire more precise information on the community and include it in my research plan.

- Qualitative instrument: interviews

Conduct in-depth interviews with members of the community in order to address my main research question and secondary questions.

Questions will be addressed to distinct members of the community, not explicitly to young mothers.

I would like to ensure diversity within my sample to represent distinct ideas and perspectives.

Rozsah pracovní zprávy: **10-15 000 words**
Rozsah grafických prací: **as needed**
Forma zpracování diplomové práce: **tištěná/elektronická**
Jazyk zpracování: **Angličtina**

Seznam doporučené literatury:

Some examples that I am going to use for my analysis:

Most of them are qualitative studies, except for one. One part concentrates on how young mothers exercise their agency in income generation, caregiving, health institutions, and school. The other half is more centered around the Colombian context and the prevalence, reasons, and underlying factors of teenage pregnancies there.

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Finally, my heartfelt gratefulness to everyone who made this research possible in Colombia. Specifically, my thankfulness goes to the NGO and its workers, who made sure that I reached the communities and helped me with every step. I would like to thank all the brave Colombian women who decided to share their experiences with me. I am grateful to all the experts who dedicated their time and effort to make me learn about the realities in Magdalena Medio and intend to comprehend the realities that young women face day by day. It was truly inspiring and sometimes sorrowful to listen to your thoughts. I hope that this research will make your voices heard.

“Everyone has the right of equal access to public service in his country.”

Article 21.

Universal Declaration of Human Rights

Abstract

This qualitative research investigates the perception of and experiences with support networks for young mothers in rural post-conflict Colombia, through in-depth interviews with 10 eligible young mothers and 5 experts. It aims to explore the obstacles and potential for strengthening these networks by investigating the interactions of socioeconomic determinants, family dynamics, community attitudes, and institutional constraints. Recurring patterns are identified through a thematic analysis. The research questions focus on how socio-economic factors influence young mothers' access to public family support services, the role of family dynamics in these networks, and the community's perceptions of government institutional capacity. The study also identifies specific barriers young mothers face in accessing childcare, financial assistance, healthcare, and education support services in post-conflict rural areas. The findings will help design more effective and accessible support networks for young mothers, promoting their empowerment and well-being. The research pursues a comprehensive understanding of the experiences and challenges faced by young mothers in rural post-conflict areas of Colombia, contributing to more effective and targeted support strategies.

Keywords

Colombia, post-conflict, services, young mothers, access

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List of abbreviations

AGC: Gaitanist Self-Defense Forces of Colombia (Autodefensas Gaitanistas de Colombia)

CDI: Childcare Center (Centro de Cuidado Infantil)

DANE: (Colombian) National Administrative Department of Statistics (Departamento Administrativo Nacional de Estadística)

ELN: National Liberation Army (Ejército de Liberación Nacional)

FAMI: Family, Woman, and Childhood - A form of community daycare service (Familia, Mujer e Infancia)

FARC-EP: Revolutionary Armed Forces of Colombia - People's Army (Fuerzas Armadas Revolucionarias de Colombia - Ejército del Pueblo)

GBV: Gender-based violence

HCB: Community Family Welfare Homes (Hogares Comunitarios de Bienestar Familiares)

ICESCR: International Covenant on Economic, Social, and Cultural Rights

OECD: Organization for Economic Cooperation and Development

NGO: Non-Governmental Organization

PDET: Development Programs with a Territorial Approach (Programas de Desarrollo con Enfoque Territorial)

SISBEN: Beneficiary Selection System for Social Programs (Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales)

UN: United Nations

WHO: World Health Organization

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1. Introduction

In the rural areas of Sur de Bolívar and Sur de Cesar in Colombia, young mothers face a multitude of challenges, relying on support systems that greatly influence their lives and prospects for the future. These areas, characterized by ongoing conflict and socio-economic hardship, offer a unique setting for studying young mother's access to public services and family support systems. This research aims to understand the lived experiences of these young females, emphasizing how they access, perceive, and are impacted by the available support networks. This project focuses on key features that impact the ability of young mothers, aged 14-28 years, to succeed in a post-conflict setting. By doing so, it shall contribute to a wider comprehension of gender, development, and resilience in marginalized groups.

This study aims to fill a research gap in understanding how public family support services intersect with the experiences and perceptions of young mothers in post-conflict Colombia. Focusing on the Sur de Bolívar and Sur de Cesar regions, the study assesses the availability, accessibility, and effectiveness of services such as childcare, financial assistance, healthcare, and education in supporting young mothers. It also examines the impact of the post-conflict environment on the delivery and utilization of public services, examining factors such as ongoing armed conflict, limited coverage, and structural inequality in young mothers' access to public services. The study also explores the dynamics of support networks within post-conflict rural communities and how they complement or intersect with government-provided services. To accomplish a deeper understanding of the perceptions and experiences with the provision of public family support services in post-conflict settings, this research works towards providing knowledge for policymakers, civil society, or academia, striving to improve essential service provision and reach.

1.1. Research Questions and Objectives

The main research question guiding this study is: *How do young mothers (14-28 years old) in Sur de Bolívar and Sur de Cesar perceive and access the support networks provided by both public services and family members in a post-conflict environment?* Therefore, the main research objective that underpinned this study is to understand how the availability and effectiveness of public services are perceived by young mothers as well as complemented by support provided by the family.

To concisely address this central question, several secondary research questions are posed. First, how do socio-economic factors influence young mothers' access to and experiences with public family support services in rural post-conflict areas of Colombia? This question aims to explore how variables such as income, education, and employment status affect young mothers' ability to utilize public services like healthcare, education, and welfare payments in these regions.

Second, what role do family dynamics play in the support networks of young mothers, and how does this interact with or supplement support received from the government? This serves to understand the connection between family-provided support and government services, and how family relationships and structures either enhance or complicate the utilization of public services.

Third, how do community perceptions of government institutional capacity affect the utilization of public support services for young mothers in Colombia? This question examines the community's trust and confidence in government institutions and how these perceptions influence the willingness and ability of young mothers to benefit from public services.

Finally, what specific barriers do young mothers face in accessing childcare, financial assistance, healthcare, and education services in post-conflict rural areas? This question identifies the various obstacles, including financial and practical challenges, that can hinder young mothers from accessing essential public services.

By addressing these questions, the research aims to provide an understanding of the experiences and challenges faced by young mothers in rural, post-conflict areas of Colombia, contributing to more effective and targeted support strategies.

1.2. Outline

First, the next section discusses the analytical and theoretical framework that underpins this research, including key definitions and relevant theories. Subsequently, Chapter 3 provides an overview of the socio-economic, violence, and security context of the researched population. This is followed by the presentation of the methodology which describes the geographical focus, data collection, and sampling strategy as well as the procedure of data analysis. Findings are presented in Chapter 5 following a framework established by the four categories of public

services and lastly, familial support network. Ensuing, the discussion interprets the results embedded in the literature and gives an overview of limitations and ethical considerations. Finally, the conclusion summarizes the research, highlights key contributions, and suggests areas for further research.

2. Navigating Perspectives: the analytical and theoretical framework

2.1. Definitions

In the upcoming section, I am going to define key concepts for the sake of this research, including young mothers and public services.

2.1.1. Young mothers

To fit my research into the local context as much as possible, the definition that I am using to classify eligible participants is underpinned by Colombian legislation and is composed of two concepts: youth and mothers. According to the Youth Act of 2013¹ and the Youth Citizenship Statute,² a young person is between the ages of 14 and 28.

Mother is any female who has given birth to an individual or has adopted one³. To sum up, for the sake of this research young mothers are women who have at least one child (either biological or legally adopted) and they are between the ages of 14 and 28.

2.1.2. Public services

According to the Colombian state, *“public service is considered to be any organized activity that tends to satisfy needs of general interest on a regular and continuous basis, by a special legal regime, whether it is carried out directly or indirectly by the State or by private persons”*⁴.

In this case, I am considering public healthcare, public education, infant daycare services, and

¹ Ley 1622 de 2013, Ley de Juventud

² Estatuto de Ciudadanía Juvenil

³ Adoptive mothers enjoy the same rights as biological ones, according to the Colombian Constitutional Court.

⁴ Ley 142 de 1994

public subsidy schemes with the purpose of family protection, to be part of the category of public services. The rationale behind choosing these four is considered in the following paragraph.

Public healthcare services provide the necessary personnel, equipment, and knowledge for the well-being of mothers and children, which is essential for the healthy development of families and consequently their opportunity for the fulfillment of their life goals. Second, public education services support the intellectual and personal development of both mothers and children, contributing to long-term socio-economic improvements and enabling intergenerational social mobility. Subsequently, providing safe and accessible daycare services contributes to lessening the burden of childcare and facilitates young mothers to engage in education and employment opportunities. And lastly, welfare schemes support the economic empowerment of young mothers, enabling them to provide for their families and invest in their futures.

2.2. Theories

2.2.1. Human rights-based approach

According to the Universal Declaration of Human Rights (1948), all human beings enjoy a given set of equal and inalienable rights that underpin a dignified life. International Human Rights Law is codified into several international covenants apart from the declaration, out of which the second one, the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) constitutes the basis for a human rights-based approach to accessing public services. Even if such covenants are not universally adopted and ratified by all states, their legality is ensured through their high status in international customary law, which is indeed binding for all states. (Bradbrook & Gardam, 2006)

The ICESCR ensures equal rights for men and women in economic, social, and cultural aspects. Articles 9, 10, and 12 specifically protect mothers with young children, providing access to childcare, medical services, and social security benefits. Article 13 focuses on the right to education, with primary education being compulsory and free for all. The Universal Declaration of Human Rights also supports these principles. The ICESCR emphasizes equal and accessible education, with availability, accessibility, acceptability, and adaptability as key factors. (E/C.12/1999/10, 8 December 1999)

Having this in mind, it seems apparent from a purely human rights-based approach that access to education, daycare, social security benefits, and healthcare shall theoretically be universal. Furthermore, the principle of non-discrimination is imperative: all humans are born equal regardless of sex, ethnicity, age, language, religion, or opinion. In this sense, there is an obligation placed on the state (i.e. duty bearer) for a universal provision of services that is hardly enforceable by individuals (i.e. right holders). In other words, whether such universally applicable human rights provisions are honored in reality, remains a puzzle to investigate.

The basis of such a human rights approach to access to public services is defined in the relationship that exists between the provider and the receiver. In this sense, the state and its citizens. Individuals to enjoy their right to health, education, appropriate development as children, and the fulfillment of their life goals need access to publicly financed services. Therefore, some preconditions must exist to allow every human to adequately access such services. (Krennerich, 2017) This reliance on the state for such necessities, indeed creates an inherent dependency that can contribute to the vulnerability of some subgroups within the society. One of those can easily be identified as young mothers with their infants. (Singh et al., 2001)

2.2.2. Theories of Access

Access is a generally vague concept that can be interpreted in many ways. Therefore, for operationalizing purposes, several theories of access have been reviewed. However, from an academic point of view, there are mostly theories of access related to either healthcare services or education.

The UN Committee for Economic, Social, and Cultural Rights identifies several dimensions that must be met for the Right to Health to be honored: availability, accessibility, acceptability, and quality. Availability refers to the supply side, including personnel, hospitals, drugs, and safe drinking water. Accessibility encompasses non-discrimination, physical accessibility, economic accessibility, and information accessibility. Acceptability is about morally and culturally appropriate treatment, while quality involves skilled personnel, appropriate drugs, equipment, and sanitation. The provision for the healthy development of children includes measures to improve child and maternal health, sexual and reproductive health services, access to family planning, and access to information and resources. Similarly, the right to education includes compulsory and free primary education, equal access, availability, non-discrimination,

physical and economic accessibility, relevant and culturally appropriate curricula, and adaptability to changing societal needs.

However, to operationalize access to services in a general manner, I am going to apply the theory of access developed by Penchansky and Thomas (1981), and modified by Saurman (2016). She includes an additional feature to the five dimensions identified by the original authors. Such dimensions are in close association with the aforementioned ones, employed by the ICESCR. Each of those is explained as follows.

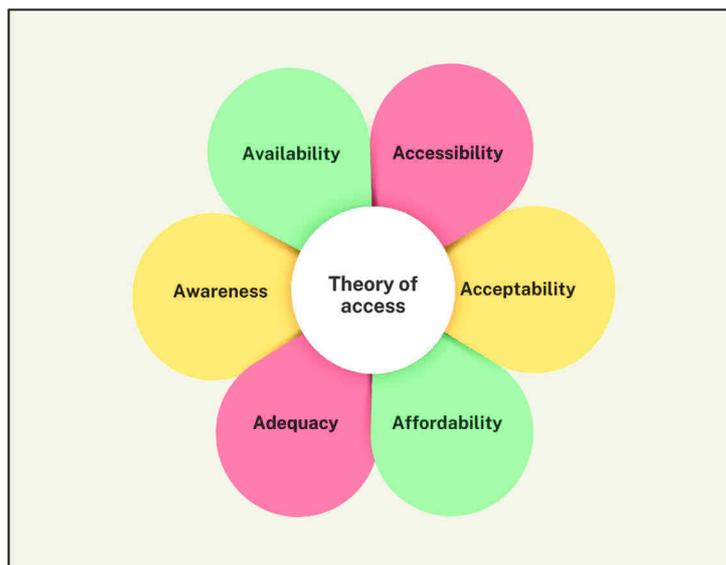


Figure 1. Own elaboration: Theory of Access by Penchansky and Thomas (1981), modified by Saurman (2016)

Availability pertains to the economic cornerstone theory of supply meeting the existing demand. The authors explain that the available number of facilities, doctors, and services must meet the formulated needs of patients to comply with the requirement of availability. Accessibility refers to geographical factors. For social services to be accessible, they need to be within a reachable distance, travel time, and associated costs. Acceptability relates again to cultural, religious, or other social norms being complied with. This dimension addresses the client's attitudes towards the characteristics of the service provided, therefore a service is acceptable if the client believes so. For instance, if due to religious affiliation a female client requires a woman doctor, one shall be available. Moving on, affordability involves that available resources to both the client and the provider allow for the service to be carried out. For this dimension the relationship between the value relative to cost, as perceived by the consumer, as well as the income of both parties, are key considerations. Followingly, adequacy

(or accommodation⁵) concerns the infrastructure organized to accept clients. Adequate working hours, appointment systems, and telephone services are examples of such. (Penchansky and Thomas, 1981) As a sixth dimension, Saurman (2016) argues for awareness: “(...) *is more than knowing that a service exists, it is understanding and using that knowledge.*” Therefore, awareness includes also the recognition of the target population of the given service, ways to access it location-wise and time-wise, etc. To conclude, these six dimensions of access are going to be the theoretical foundation for the upcoming analysis.

2.2. Public Services for Young Mothers

Young mothers face obstacles in accessing public services essential for their well-being and that of their children. Research shows that public services are not generally accessible to all. Sniekers and van den Brink (2019) highlight the challenges young mothers face in achieving financial independence due to structural constraints in education and the workplace. Feminist researchers argue that unequal access to education is a form of power subordination. (Chung, 1994) In the Colombian post-conflict scenario, access to education, daycare, welfare payments, and healthcare is crucial for the provision of necessities. However, previous research has shown that young mothers often lack education, face poverty and limited job opportunities, and have unmet health needs. (Singh, et al., 2001; Bankole & Malarcher, 2010; Kiernan, 1997).

2.2.1. Education

Young mothers tend to have lower educational attainment and come from economically disadvantaged backgrounds (Kiernan, 1997; Muhanguzi & Kyomuhendo, 2021; Panday et al., 2009; WHO, 2015; Barmao-Kiptanui et al., 2015). This relationship is mutually reinforcing, as on one side young women who become pregnant while in school often have to abandon their studies, but also women with low education levels are more likely to become young mothers (Muhanguzi & Kyomuhendo, 2021; Panday et al., 2009; WHO, 2015; Barmao-Kiptanui et al., 2015). Education is crucial for economic security and social mobility, and several studies have found a negative correlation between educational levels and the likelihood of giving birth (Kearney & Levine, 2012). The lack of access to education is associated with a lack of economic resources, creating a vicious cycle of limited opportunities (Motala, 1995). Consequently, the lack of adequate educational attainment can easily cause a young mother

⁵ As stated in the original article by Penchansky and Thomas, p. 128 (1981).

and her child to end up in a downward spiral of lack of economic opportunities and “welfare dependency”. (Taylor, 1990)

Colombia has lower education attainment compared to other OECD countries, with 23% of individuals in the 25-34 age group not completing upper secondary education (OECD, 2021). Specifically for women in this age group, Colombia ranks last among OECD countries with only 5.2 expected years of education (OECD, 2021). The significant gap in PISA scores between high-cost private schools and public schools indicates severe educational inequalities in the country. (Abadía Alvarado et al., 2021; Bayona-Rodríguez, 2021). Additionally, 68% of babies in 2020 were born to mothers with only upper secondary education, demonstrating low social mobility in Colombia (DANE, 2020; Cárdenas et al., 2021). The Colombian social infrastructure perpetuates socioeconomic inequalities, as a baby born to poor parents has only a 7% chance of becoming rich in their lifetime (Montenegro and Meléndez, 2014).

According to a study on Colombian municipalities, 8.6% of individuals in Development Programs with a Territorial Approach (PDET) cited being responsible for another person as the main reason for not attending school. This reason was reported 675% more by females (15.5%) than males (2%). Additionally, in post-conflict areas, a majority of young interviewees expressed aspirations to obtain a tertiary education diploma (78%). However, when asked about barriers to achieving these dreams, 700% more women mentioned having or planning to have children. This is linked to the observation that when women become pregnant at a young age and form a new household, the man typically works or works and studies simultaneously, while the woman becomes a "NINI" (neither studying nor working). (Sánchez Torres, 2019)

Pregnancy at a young age brings about many health complications, socioeconomic hardship, and even a much higher possibility of child malnutrition. (Arceo-Gomez & Campos-Vazquez, 2014) In Colombia, 17% of newborns in 2022 were born to mothers between the ages of 10-19, and overall 44% to mothers between the ages of 10-24. (DANE, 2022) Most research papers that touch upon the subject name low educational levels, among others like rural residence, and unmarried status as individual-level associated factors with teenage pregnancy in Colombia. (Aguía-Rojas et al., 2020; Jaramillo-Mejía & Chernichovsky, 2019; Robb et al., 2013) To lower the prevalence, several studies have been conducted regarding public policy direction. An investigation with a Latin American geographical focus concluded that improvement in education led to decreased teenage pregnancies. (Rodríguez-Vignoli, & Cavenaghi, 2014) Followingly, other researchers highlight the urgency to focus on education and healthcare

policies in Colombia to target young-age childbearing. (Jaramillo-Mejía & Chernichovsky, 2019).

2.2.2. Daycare

Access to affordable daycare is crucial for the financial independence of mothers, as it allows them to participate in economic activity. Research has shown that the lack of accessible infant care facilities can hinder young mothers' ability to generate income (Solomon & Liefeld, 1998; Nandi et al., 2020). Additionally, family dynamics, such as the father's unwillingness to involve himself in childcare, limited availability of daycare, and limited implementation of family policy, can further restrict women's upward social mobility (Miller, 1992; Abramovitz, 1996 cited in Seccombe et al., 1998). Investing in early childhood through public policies is more effective in promoting equality of opportunities compared to interventions in adulthood (Schady et al., 2006). This is particularly relevant in Latin America, where inequality of opportunities is the highest among all regions (Brunori et al., 2013).

In Colombia, there are three types of public daycare available: Child Development Centers (CDIs), Infant and Preschool Children Homes (hogares infantiles), and Community Family Welfare Homes (HCB). CDIs provide free institutional services for children under 5 years old, offering education, care, and nutrition during working hours. Hogares infantiles are similar to CDIs and cater to vulnerable children, such as those from impoverished or displaced families. HCBs operate in the homes of trained community leaders, mainly women, who care for a maximum of 14 children and provide food and daycare for a fee. These programs primarily target low-income populations using the Beneficiary Selection System for Social Programs (SISBEN) (Araujo, Boo & Puyana, 2013).

Additionally, there is the FAMI program, which stands for Familia, Mujer e Infancia (Family, Woman, and Childhood). FAMI is an integrated program that focuses on education and childcare in vulnerable communities. It involves a woman taking on the responsibility of providing services for a group of 12-15 families, until the child's second birthday.

Scientific evidence suggests that in Latin American households where all children under the age of 6 are enrolled in daycare, the gender gap is reduced. This is attributed to increased maternal labor force participation and reduced time spent on caregiving. Additionally, a study conducted in Colombia found that access to daycare through the HCB program can potentially lead to higher future earnings for children, thereby promoting intergenerational social mobility.

Another investigation on the effects of the HCB program revealed that participation in the program increases the number of hours worked by mothers by 75 hours per month, indicating that increased childcare provision can encourage female labor participation (Amarante et al. 2023; Bernal & Fernández, 2013; Attanasio & Vera-Hernandez, 2004).

2.2.3. Welfare payments

Welfare payments are an economic tool that reduces the financial burden of having a child. Governments worldwide have implemented family welfare policies to financially support families with young children through subsidies. However, it is important to acknowledge that welfare recipients from the lowest socioeconomic classes often face stigmatization. This is primarily due to the limited job opportunities for unmarried mothers who are responsible for childcare and household duties (Seccombe, James & Walters, 1998). Nonetheless, welfare payments and subsidies can play a crucial role in alleviating economic hardship among young mothers. They provide a source of empowerment that can be invested in education, professional training, or enable economic independence from abusive partners (Seccombe, James & Walters, 1998).

Conditional cash transfer (CCT) programs are widely used welfare initiatives around the world, which usually target a specific subset of the general population. Their conditional nature lies in the fact that the recipient - apart from being eligible - must constantly comply with some requirements, mainly including regular attendance to health checkups, education facilities, or other frequent activities. (Bergstorm & Dodds, 2021) There are several well-studied dimensions of the implementation, impact, and shortcomings of CCTs, therefore academically achieved evidence has been incorporated into the design of new welfare programs. For instance, a CCT program in rural Burkina Faso which demanded preventive check-ups and school attendance, resulted in improved health and socioeconomic conditions for recipient children. (Akresh et al., 2016) Another study conducted in Brazil, adds that the Bolsa Escola CCT program lowered the probability of child work as well as induced the parents to engage in formal work activities. (Ferro, Kassouf, Levison, 2010) Looking at a larger picture, a systematic review of CCTs provided to increase maternal and newborn health recognized that thanks to CCT programs, there was a rise in the number of deliveries at health facilities with skilled personnel, along with enhanced access to health-related equipment and medicine. (Glassman et al., 2013) Another review based on 46 impact evaluations further states that

consumption and investment at the recipient household level also improved, resulting in greater consumption smoothing. (Kabeer & Waddington, 2015)

In Colombia, the most well-known conditional cash transfer program is called Familias en Acción. The program was developed following the Mexican Progresa CCT program's success. (Morley, 2009; Attanasio & Mesnard, 2006) To be eligible, families need to be in the specific categories of the Beneficiary Selection System for Social Programs (*SISBEN*), which indicates belonging to one of the lowest socioeconomic strata (20% poorest), and residing in a given location or being in a displaced situation.⁶ Therefore, the program targets poor households with child(ren) below 18 years of age. (Urrutia & Robles Báez, 2018) The conditionality in this case has two pillars. There is an educational and a health incentive. The first is provided to a maximum of 3 children in the same household, between the ages of 4 and 18. The eligible children must attend at least 80% of classes in school to receive the cash transfer. The second relates to regular participation in the necessary health check-ups below the age of 6. Moreover, to lessen the economic cost of transportation to the cash delivery institutions, the CCT is provided every 2 months. (Prosperidad Social, 2020)⁷

Attanasio et al. (2010) confidently assert that conditional cash transfer programs in Colombia have a positive impact on children's education and decreased work participation, resulting in improvements in human capital development and a reduction in child labor. Rodríguez (2015) states that thanks to the impact of the Familias en Acción program, the mothers who received the transfer reported 6% less intra-family violence, especially regarding partner violence. Moreover, the program also had a positive effect on the quality of food consumed in the beneficiary households. (Attanasio & Mesnard, 2006)

Familias en Acción has a special status in Colombia among other public programs. This is due to widespread knowledge of its existence. Abramovsky et al. (2016) found that in comparison with other available programs, Familias en Acción is indeed well-known. Within displaced, rural and urban populations, between 97% and 90% were aware of this CCT.

⁶ In June 2012, the legal basis of Familias en Acción was updated to include indigenous families.

⁷ The present government changed the name of the program to Renta Ciudadana, effective from 1st of January, 2024. The legal basis did not change however.

2.2.4. Healthcare

Research has extensively examined the experiences of young mothers in accessing health services, revealing a gap in healthcare for this vulnerable group (Harris et al., 2014; Krahe et al., 2023; Smith & Roberts, 2009). This gap contributes to young mothers being more likely to seek emergency care rather than utilizing preventive care (Krahe et al., 2023). Stigmatization, based on factors such as age, ethnicity, and marital status plays a role in their reluctance to seek healthcare (SmithBattle, 2013). To address this issue, it is important to provide young mothers with more information and education to alleviate fears of stigmatization and abandonment (Robb et al., 2013). Additionally, challenging the negative view and stigma associated with young motherhood through community support is crucial (Brand et al., 2014). Researchers advocate for a "bottom-up" approach in healthcare, empowering young mothers to be active participants in meeting their health needs.

Barriers to accessing healthcare services for young mothers often revolve around economic resources, physical availability, and cultural-religious beliefs (Desai & Alva, 1998; Thomas et al., 1991; Wamani et al., 2004). Research indicates that a mother's education is a strong indicator of child health, as an educated mother is more likely to understand the importance of healthcare attendance for both preventive and emergency care, as well as proper nutrition (Wamani et al., 2004). Therefore, improving access to healthcare for young mothers should also involve addressing educational disparities.

Bell et al. (2013) highlight that neighborhood-specific factors, language of services, and physician-to-population ratios significantly impact access to healthcare. Additionally, family dynamics, such as obtaining permission from husbands or mothers, can affect young mothers' reach of healthcare (Mosiur Rahman et al., 2011).

In Colombia, while basic healthcare services have quasi-universal coverage (95%), only 41% of the population is satisfied with the quality of healthcare available. This is attributed to the mixed nature of public and private services, which creates social equity challenges. The Colombian health system, based on contributory and subsidized regimes, primarily serves the economically disadvantaged and remote population. Around 7% of Colombians are uninsured or have access to limited coverage. Access to superior services is determined by economic possibilities, creating inherent inequality (Montenegro & Bernal, World Bank, 2013; Calderón et al., 2011). A comparative analysis of maternal healthcare access in Brazil and Colombia

reveals that socioeconomic inequities persist, despite the existence of a universal healthcare regime (De La Torre et al., 2018).

Becoming a mother at an early age, particularly as a teenager, poses significant health risks for both the mother and the infant. These risks are not solely due to biological factors but also stem from neglecting the pregnancy, inadequate prenatal care, adherence to cultural superstitions regarding diet, and lack of knowledge about pregnancy care. Additionally, the long-term consequences of early motherhood include lower educational attainment and a higher likelihood of experiencing poverty and socioeconomic marginalization. (Forsyth & Palmer, 1990) In Colombia, although the adolescent fertility rate has been declining since the early 2000s, it remains high compared to other upper-middle-income countries, with 59 out of 1000 women aged 15-19 experiencing teenage pregnancy. (OECD, 2021) This rate does not account for pregnancies among girls aged 10-14. In 2022, 17% of newborns in Colombia were born to women aged 10-19, and 44% were born to mothers between the ages of 10 and 24. Notably, 0.74% of all births in 2022 were to mothers aged 10-14, translating to 4,226 babies born to child mothers. (DANE, 2023)

Age group of mother	Number of births in 2022	Percentage of total
10 - 14	4 226	0,74%
15 - 19	93 977	16,4%
20 - 24	157 022	27,4%
25 - 29	146 322	25,5%
<i>Total for all age groups</i>	<i>573 625</i>	<i>100%</i>

Table 1. Own elaboration. Source: DANE (Colombian National Administrative Department of Statistics)

Neonatal death and delivery-related complications are higher for babies born to mothers aged 10-14. Many pregnancies in this age group are associated with sexual abuse, causing physical and emotional harm. Even consensual pregnancies result in economic and mental challenges for teenage mothers without partners. Targeted public education and awareness campaigns on sexual health are needed to address these issues (Jaramillo-Mejía and Chernichovsky, 2019).

Teenage pregnancy in Colombia is influenced by individual and contextual factors such as forced displacement, unsatisfied basic needs, social inequity, and violence. (Aguía-Rojas et al.,

2020) Therefore, socioeconomic factors play a crucial role in determining access to essential healthcare services.

2.3. Reliance on family members

As young mothers face several challenges mentioned in previous sections, including numerous barriers to accessing public services, they often rely on support within their own families. This can be understood as an easily accessible supplementary service that, in some cases, substitutes public family or welfare provision support.

Recognizing a special relationship between an adolescent mother and her parents, Apfel & Seitz (1991) identified 4 models of familial adaptation, each characterized by the involvement of the grandparents, specifically the grandmother, to a different extent. This can range from complete replacement of the mother to guidance of the mother in child upbringing. The researchers also explain that “attention, comfort, services” are often asked for by young mothers to their mothers. This involvement of the grandmother becomes more significant, the younger is the new mother. (Furstenberg & Crawford, 1978)

Grandparents can have many supportive roles in the life of both the mother and her child, including being babysitters, counselors, economic supporters, and even sometimes teachers. (Tinsley & Parke, 1984) Those young mothers who get to achieve their education aspirations, and an adequate income through a decent job and therefore evade getting trapped in ‘welfare dependency’, do so partly thanks to the different dimensions of support from their parents: psychological, financial, emotional, and physical. (Furstenberg & Crawford, 1978)

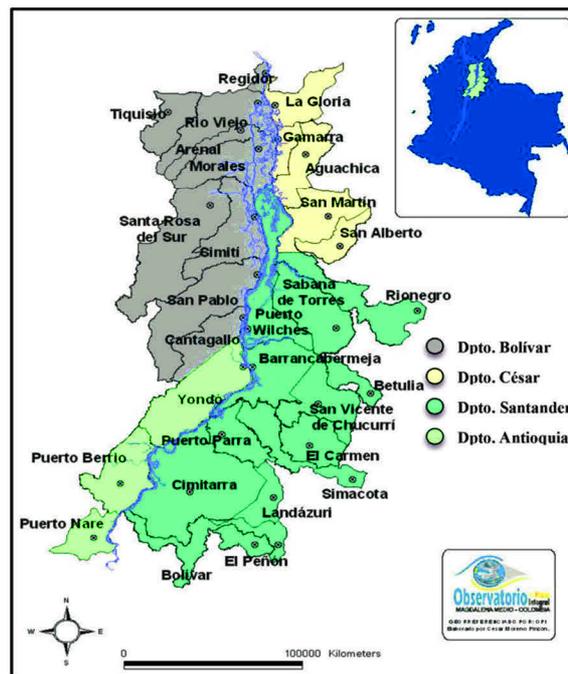
Most young mothers indeed “receive child care and income support from nearby kin”, therefore in a way supplementing or substituting public daycare or subsidy provision welfare schemes. The support system provided by the extended family of the young mother is a “viable alternative” for the often not adequately accessible public safety net. (Parish & Hogan, 1991)

3. Framing the context: web of complex challenges

This section provides an overview of the research context, including the specific area of study and the socioeconomic characteristics of the population. It also discusses the armed conflict and security situation in Colombia, particularly in Sur de Bolívar and Sur de Cesar. Finally, it highlights the research gap that the present study aims to address.

3.1. General picture

The investigation was conducted in the macro-region of Magdalena Medio, which includes parts of the Bolívar, Cesar, and Norte de Santander departments. Nevertheless, the study focuses on five specific municipalities: Santa Rosa del Sur, Río Viejo, Morales (Sur de Bolívar), Aguachica, and San Martín (Sur de Cesar).



Map 1. Magdalena Medio, including the municipalities where the data collection was carried out.⁸

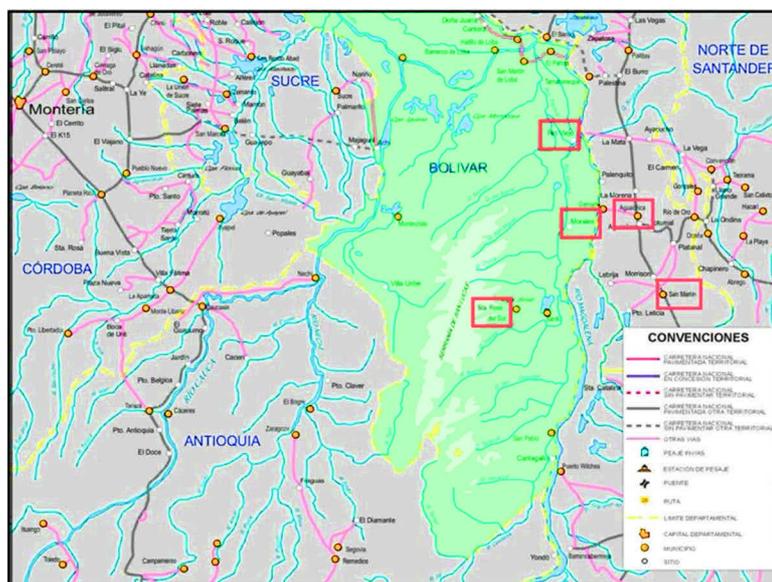
The region faces challenges related to extractive activities, unequal land distribution, and armed conflict. Extractivism has expanded in the region through various means, including mining, oil exploitation, palm oil monocultures, river material extraction, and large infrastructure projects, leading to various socioeconomic and environmental challenges. Illegal economic activities like drug trafficking and gold mining further complicate the situation, leading to upheaval and disproportionately affecting vulnerable groups. Paramilitary groups, like the AGC in Colombia, control machinery used in illegal mining, contributing to violence against women and perpetuating poverty (Badillo-Sarmiento & Trejos-Rosero, 2023).

⁸ Electoral participation in the Colombian Magdalena Medio. An analysis of the post-agreement with the FARC - Scientific Figure on ResearchGate.

The social impacts of these activities include land dispossession, forced displacement, loss of traditional agricultural practices, increased poverty, gender-based violence, assassinations, and persecution of leaders and social organizations. Additionally, there are significant environmental impacts, such as deforestation, swamp drying, changes in land use, greenhouse gas emissions, and increased vulnerability to climate change (Gudynas, 2019)

Armed conflicts disproportionately affect vulnerable populations, particularly women, children, and girls. Extractive activities contribute to the masculinization of territories and the reinforcement of patriarchal structures, as men are expected to work in the mines while women stay at home doing domestic work. Moreover, human trafficking networks often operate near illegal mining sites, exacerbating existing challenges (Svampa, 2019).

The region has abundant natural resources sustaining local communities that historically practiced agriculture, fishing, and artisanal mining. However, artisanal and small-scale mining often operate informally and with poor working conditions. Formalization is necessary to reduce illegal mining and provide legal protection to miners (Echevarría & Reynolds, 2015).



Map 2. Road density and coverage of the researched area. The Serranía San Lucas contributes to the area's remoteness and makes infrastructure very costly.⁸

⁹ Source: Extractivismo y Desarrollo en América del Sur: reflexiones preliminares sobre la justicia hídrica - Scientific Figure on ResearchGate

3.2. Socioeconomic features

The macro-region is historically populated by peasant-mining communities in southern Bolivar, peasant-fishing communities in Cesar. Traditional livelihoods centered around agriculture, fishing, and artisanal practices have been jeopardized by extractive activities, leading to a rise in socioeconomic disparities. Massive land acquisitions for palm oil cultivation and mining, encouraged by legal procedures and illegal paramilitary activities have transformed the region's landscape benefiting elite groups and marginalizing small-scale farmers. This shift has sparked conflicts over land, water, and labor rights, exacerbating the region's social, environmental, and economic inequalities. (Delgado, Dietz, 2013; Gudynas, 2019)

Young people, particularly those living in poverty-stricken areas, are increasingly being attracted to armed groups, including paramilitary factions, due to limited options and the promise of appealing salaries. This concerning trend is encouraged by the recruitment strategies employed by these groups, which exploit the vulnerability of youth. The macro-region is experiencing a rise in poverty rates, particularly in rural areas where one in every two people is affected. Child poverty is also prevalent, with 38.5% of children and adolescents facing moderate dissatisfaction and 15.6% extreme poverty. (DANE) Research has shown that regions with armed conflict, high rural poverty rates, limited access to education, and coca cultivation are more likely to be targeted for recruitment by armed groups. (Vargas & Restrepo-Jaramillo, 2016) A recent report by 'Centro Nacional de Memoria Histórica' indicates that around 800 children and teenagers were potentially recruited in the Magdalena Medio region between 1960 and 2016, and over 17,860 children and teenagers were recruited by armed groups between 1958 and 2020. Low educational attainment is alarmingly prevalent in the investigated municipalities, with rates as high as 60% in the municipal capital and over 80% in rural areas. This, coupled with early childhood school absenteeism, caused up to 35% illiteracy rates in some villages outside the municipal capital. (DANE, 2023)

Structural violence involves the challenges faced by women in the macro-region, leading to their exclusion and impoverishment. The situation worsens for women left alone on farms as men migrate to work in extractive industries, forcing them into numerous roles encompassing care, domestic work, and productive farm activities. (Wirtz et. al, 2014) This reality compels women to seek alternative income sources, including participation in legal or illegal economies, such as prostitution, and cleaning work. The lack of records on physical, psychological, and sexual violence in most municipalities underscores the absence of institutional mechanisms to address GBV comprehensively. Incidences such as pregnancy in girls aged 10 to 14 and teenage pregnancies accentuate the urgency for promoting comprehensive sexual education as a tool to combat GBV and address reproductive health challenges (Svampa, 2019).

Department	Monetary poverty	MPI⁸	GINI coefficient	Illiteracy rate	Female unemployment rate (2023)	Male unemployment rate (2023)
Bolívar	56 %	19,4	0,559	7.69	14,6 %	4, 8%
Cesar	51, 9 %	19,1	0,487	8.51	16 %	9, 5%

Table 2. Own elaboration, source: DANE (2022).

The announcement of negotiations between the national government and the ELN is a positive development, although there are challenges in involving rural communities and CSOs effectively. The proliferation of paramilitarism and its collusion with the armed forces need to be addressed. The government's efficiency in executing budgetary allocations and implementing key aspects of the Peace Agreement is a critical concern for the creation of a lasting peace. (Avellán & Barbesí, 2023).

3.3. Violence and security

The period after the signing of the Havana Peace Accords in 2016 has presented several difficulties in Colombia's post-conflict phase. Although the Accords were intended to resolve the armed war, there are still other factions engaged in ongoing battles for territorial control. The execution of the Accords has been flawed, resulting in varied assessments in Colombian public debate. Academics have commended the Accords for effectively tackling many forms

of injustice and the consequences of the conflict on women and families. (Céspedes-Baéz, 2017 in Meger and Sachseder, 2020) Nevertheless, there have been deficiencies in delivering complete assistance for the reintegration of ex-combatants, especially regarding mental therapy. (Baez et al., 2019)

Meger and Sachseder (2020) argue that the peace agreement in Colombia is unlikely to succeed due to a culture of violence that has developed in response to a neoliberal economic structure. They suggest that this culture of militarism is supported by economic advantages accepted or supported by the Colombian state, resulting in violence against civilians, particularly women and class-based opponents of capitalism. This theory is one of several attempts to explain the post-conflict context in Colombia. Since the signing of the Havana Accords, violence has increased, with social leaders being targeted and assassinated. Scholars have proposed various explanations for this phenomenon. One perspective suggests that a political and territorial vacuum has been created in areas previously controlled by the FARC-EP due to the government's slow implementation of the peace accord. As a result, armed groups are competing for control, leading to the targeting of social leaders who obstruct their interests. Another perspective suggests that local elites, in collaboration with armed groups, are responding to the potential socio-political changes promised in the peace process by resorting to violence. (Albarracín et al., 2023)

Armed conflict in Colombia has resulted in a breakdown of social trust and community ties, as citizens have experienced a lack of peace and security provided by the government and institutions. This has led to a loss of trust in institutions and an increase in the influence of illegal actors. The Colombian state's role and uneven distribution of institutional capacity have contributed to the escalation of the conflict. As a result, the state has been unable to meet the needs of the population, leading to a perception of self-dependence. (McFee, 2019; Revelo & Sottolotta, 2023; Taylor et al., 2016; Sanabria-Pulido & Velasquez-Ospina, 2021)

In the Sur de Bolívar, violent acts are relatively uncommon compared to neighboring regions due to a *pax mafiosa* established between the two guerrilla groups, the ELN and the AGC. These groups have established a boundary between their activities and generally avoid conflict with each other, resulting in most armed confrontations occurring separately between the guerrilla groups and government forces. The region is geographically significant, as it is home to the Serranía de San Lucas and borders the Magdalena River, a major waterway for

international commerce that reaches the Caribbean Sea at Barranquilla. Additionally, the Sur de Bolívar is a significant area for coca cultivation, accounting for 59% of such cultivation in the Caribbean region (Estrada Álvarez, 2021; Trejos & Badillo, 2020).

In the Sur de Cesar, the ELN has operated without competition since the formal dissolution of the FARC-EP. As a result, the main armed conflict in this region occurs between the ELN insurgents and government forces. The South of Cesar is strategically important for the ELN due to its geographical location, serving as a crucial corridor connecting the South of Bolívar, Magdalena Medio, and Catatumbo. This area facilitates the transportation of cocaine hydrochloride to international ports in the Caribbean. Consequently, most armed attacks target the road infrastructure to maintain the routes undisturbed. (Trejos & Badillo, 2020)

Indicator	Bolívar	Cesar	National	Source	Year
Annual homicide rate	24, 2	28, 02	19.04	Colombian Justice Ministry	2023
Annual number of victims	633	329	9.928	Colombian Justice Ministry	2023
Victims of forced displacement	713.945	418.809	6.961.364	Registro Único de Víctimas	Overall
Total homicides of Social Leaders and Human Rights Defensors	5	7	181	Defensoría del Pueblo	2023

Table 3. Indicators of security and violence in the departments of Bolívar and Cesar

3.4. Addressed research gap

The objective of this study is to address the lack of research on the intersection between public family support services and the experiences and views of young mothers in post-conflict Colombia, specifically in the Sur de Bolívar and Sur de Cesar areas. By focusing on this territory, this study seeks to fill this gap by concentrating on a rarely researched geographic area.

There is a paucity of extensive study in existing literature about the linkages between these services and the support networks offered by families and communities in post-conflict environments. The study aims to evaluate the availability, accessibility, and efficacy of services such as daycare, financial aid, healthcare, and education in assisting young mothers in overcoming the difficulties they encounter. Furthermore, it seeks to analyze how variables such as persistent armed violence, limited access to urban areas, and structural inequality influence the ability of young mothers to utilize public services in the Magdalena Medio region.

This study contributes to a better understanding of the delivery of public family support services in post-conflict environments and offers knowledge for policymakers, civil society, and international organizations aiming to increase the quality of life and welfare of young mothers in Colombia or comparable situations.

4. Methodology

This section explores different elements of the research design and methodology employed in conducting the present research. The investigation's main objective is to understand such experiences, identify any barriers to access, and explore how these interact with support received from the young mother's family in the context of armed group presence in rural Colombia.

A qualitative approach was selected to gain a comprehensive understanding of young women's lived experiences, perceptions, and interactions with public support services and their closest familial support networks. This approach enables a detailed examination of the individual level, everyday struggles, and challenges, capturing the voices of the participants within their socio-cultural context. Moreover, as the research questions have not been studied before in depth, the research employs an explorative nature.

4.1. Geographical Focus

The study is geographically limited to the Colombian macro-region of Magdalena Medio. Nevertheless, the data collection itself has been carried out with participants living in the following five municipalities: Santa Rosa del Sur, Río Viejo, Morales (Sur de Bolívar), Aguachica, and San Martín (Sur de Cesar). As explained in the previous section, these territories share very similar socioeconomic, historical, and ethnic characteristics. The area has

been marked by a history of conflict and to a degree of isolation from central authorities. The region's access to the Magdalena River, while providing a unique possibility for connectivity, has contributed to its conflict-torn present and past. Moreover, its geological richness in rare minerals, particularly gold, made the region specifically a target of illegal mining, controlled by armed groups. Rooted in such, Sur de Bolívar and Sur de Cesar represent complex socio-cultural realities, where historical injustices, displacement, and economic marginalization pose significant obstacles. Despite attempts for demilitarization and peacebuilding brought by the Peace Accords, challenges persist in terms of infrastructure, institutional capacity, social cohesion, connectivity, and insecurity. (Álvarez, 2021) Understanding the unique dynamics of this territory is crucial for contextualizing the experiences of young mothers accessing public services in this area.

4.2. Methods of data collection and sampling strategy

Data collection has been carried out through primary research, with a physical presence in the researched area. One-on-one, in-depth interviews were conducted in the field with 10 women, who are all young mothers between the ages of 14 - 28. Interviewees were selected and invited to participate using a combination of purposive and snowball sampling techniques. Interviews were conducted in a private environment in Spanish, without the use of any auxiliary (i.e. translator) person. Using the participants' native language served the purpose of providing a more familiar atmosphere and ensuring that communication and common understanding flow smoothly.

For several reasons, consent has been given orally, and recorded by a voice recording device. The rationale behind this is that based on the accounts of the NGO and national statistics, literacy is not guaranteed in the region. Another reason is associated with the armed conflict. As signing a contract could be understood as risky for some participants, given the existence of a paper that proves they have been talking to a researcher, I opted for oral consent recording.

The selection of the study community was pivotal in capturing the essence of the experiences of young women living in the region. Leveraging my partnership with an NGO present in the area, the community for the study was identified with the help of the two co-founders of the NGO, who both have more than 20 years of experience working in the field with topics such as human rights, gender-based violence, permanence in the territory, agricultural

entrepreneurship, etc. This partnership ensured access to the community and established a level of trust, facilitating the research process.

The sample selection criteria aimed to capture diverse perspectives by using maximum variation sampling within purposive sampling. This approach ensures a wide range of angles in answering the research question. However, it is important to acknowledge that purposive methods of data collection can introduce research biases (Rai & Thapa, 2015).

The selection process included individuals who willingly participated in the research and provided informed consent, prioritizing ethical considerations and study validity. The age range of mothers was set between 14 and 28 years, based on the Colombian Youth Law, to specifically examine the experiences and perceptions of young mothers in the targeted community. Participants from various socio-economic backgrounds, ranging from low to upper-middle income, were included to account for the impact of socio-economic status on accessing family support and public services. The participants were also chosen from different areas within the region, considering factors such as urban or rural residence and infrastructure availability, to capture the effects of remoteness. Additionally, the family structure of the interviewees, whether extended, single-parent, or nuclear, was taken into account to understand support network dynamics. Lastly, participants with varying levels of interaction with the NGO were included to avoid biased data and provide diverse perspectives (Rai & Thapa, 2015).

The research also included hour-long interviews with five key informants who are professionals with experience working in the region. These informants, including a lawyer, NGO worker and agronomist, nurse, university teacher and women's rights activist, and a psychologist, provided valuable insights and expertise on the research topic. Their inclusion in the study aimed to enhance the validity, depth, and relevance of the findings, contributing to a better understanding of the research phenomenon.

The selection of key informants was based on their expertise and knowledge about the research topic and region. However, it is important to note that there was no intentional gender diversity in this category, which could be a potential bias factor. Nevertheless, as the study focused on young mothers, it is worth mentioning that all the data collected was filtered through a feminine perspective, as no male interviewees were involved in the data collection process. The selection criteria for the informants involved identifying their profession and assessing their knowledge about the region and the researched services. All the informants were well aware of the realities of the region due to their everyday work connections.

4.3. Data analysis

As previously stated, this research employs a qualitative methodology. Provided that perceptions and experiences with accessing public services in this region of Colombia have never been studied, a predominantly inductive approach was adopted, which was complemented by deductive elements as the four public service categories were pre-established. This method facilitated the discovery of patterns and knowledge directly from the field, as the experiences of the participants and experts interviewed shaped the findings. (Braun and Clarke, 2006) The analysis has been based on the guidelines established by Thomas (2003).

During the analysis of the interview data and transcripts, I chose to separate the data acquired from the experts and the participants, as I have considered these two types of data to be structurally different from each other. As both the questions asked and the sampling categories have been divided, I decided to treat the two groups differently and use the technique of comparison as well as of contrast to identify any differences between the data collected in the two groups. By using this approach, I am not considering the expert interviews as sources of potentially unbiased or objective data (as they are most probably not), but I am accounting for the fact that they are also part of the data analyzed for this research process and treating them as such. Contrasting the information gathered from the two types of interviews - where one is concentrated on the personal experience while the other on the perception that experts have on the experience of others (i.e. *'big picture'*) - provides me with useful insights regarding the potential biases of one perspective in comparison with the other.

I initially categorized the data, assigning the individuals to one of the two groups in MAXQDA. Then, continued by identifying key answers and points highlighted in the transcripts. As cornerstones during the analysis, I have used the previously established four categories of public services on which the research is based: *education, healthcare, daycare, and welfare payments*. All responses and perceptions were subsequently divided into one of these groups to systematically analyze similarities and differences both within and between categories. As a research objective was focused on identifying complementary 'services' provided by family members and how family dynamics play a role in providing such supplementing service, that is due to a given reason not accessible for the young mother, I have created an additional category of *reliance on family members*. Along the research process, two sub-categories emerged inductively: *day-care* and *financial support*. This system of codes is found in Figure

2. below. The additional bullet points are not codes but serve as explanations for the kind of explicit services that are included in each sub-category.

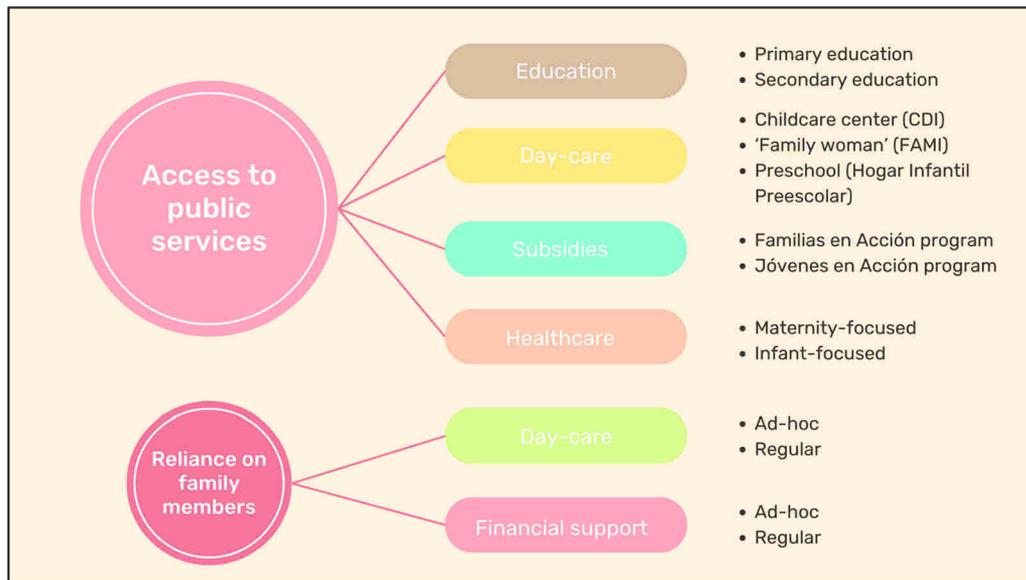


Figure 2. System of codes.

After data organization, I employed thematic analysis following Braun and Clarke (2012), involving familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Each stage of analysis was conducted iteratively, allowing for constant comparison and refinement of themes. This approach enables the identification of recurring patterns, and meaning within the data, thereby facilitating a comprehensive understanding of the researched phenomena.

The thematic analysis has been conducted along the following areas of research:

1. *Perception of availability and quality of public services:* Assessing young mothers' perception of the availability and quality of public services.
2. *Access to public services.* Identifying possible challenges and barriers in accessing necessary public services, emphasizing both socioeconomic and geographical factors.
3. *Family dynamics and support.* Investigating the nature and the role that support from family members plays in supplementing and/or substituting publicly provided services.

This approach enabled themes to emerge from the raw data provided by the participants and experts, aiming to prevent any imposition of a research structure from introducing bias. Along

with the analysis, I aspired to capture the perceptions and experiences of the interviewees within the given context, with which I tried to familiarize myself as much as possible during my presence in the region. To understand these complex realities, specifically focusing on the remoteness of the territories from urban centers, I immersed myself in the experiences of traveling by public transport, eating, sleeping, and living in the same way that it was described and shown to me by locals during my time in Colombia.

Lastly, a constructivist perspective was applied, viewing the meanings and experiences of young mothers as a social construct that is interpreted and shaped through interactions and agreements in society. According to this view, outlined by Burr (1995), there is no singular, objective reality, but instead, multiple, multi-layered realities that intersect with each other and which are formed through power dynamics, language, and cultural contexts. Therefore, the researcher also provides her construction and interpretation of knowledge that cannot be interpreted as a single truth, but rather as a portrayal of a researched phenomenon that is indeed filtered through the researcher's background, interactions, and assumptions. With this in mind, I find it crucial to exercise reflexivity and dedicate some effort to contemplate my position as a researcher.

4.4 Validity and Reliability

To uphold the efficacy and integrity of my interview methodology, I adhered to a comprehensive set of guidelines outlined by Jacob and Furgerson (2012). My primary focus was on crafting questions that were not only clear and concise but also consistently structured, devoid of any potential for leading, ambiguous, or overly complex phrasing. This precision in question formulation was fundamental to my aim of eliciting responses from participants that were not only meaningful but also accurately reflective of their perspectives and experiences.

Central to my approach was the creation of an intimate and understanding dialogue between the researcher and the participant, in which the interviewee feels comfortable sharing details of her life. Embracing the flexibility inherent in semi-structured interviews, I employed piloting techniques, and clarifications, and posed follow-up inquiries as necessary, drawing inspiration from the recommendations of Jacob and Furgerson (2012). By incorporating this mix of questioning styles, I encouraged participants to immerse deeply into their personal stories, opinions, and experiences, therefore enriching the qualitative data gathered.

Moreover, while open-ended questions provided the platform for participants to express themselves freely, closed-ended questions played a complementary role in my interview protocol. Specifically, these questions were strategically employed to confirm or validate specific pieces of information, ensuring a comprehensive understanding of participants' perspectives and minimizing the risk of misinterpretation.

Recognizing the importance of refining my interview skills and familiarizing myself with the interview protocol, I dedicated efforts to go through the interview questions with members of the NGO, who are familiar with the context and could provide me with feedback. This piloting session served as an opportunity to fine-tune my interview skills. Such preparation was vital in facilitating a smooth and professional interaction during actual interviews, as underscored by Jacob and Furgerson (2012).

5. Findings

Based on the thematic analysis of the gathered data, this part focuses on presenting the findings to address the research questions regarding young mothers' perceptions, experiences, and barriers to accessing public services in a remote, post-conflict Colombian environment. Results are interpreted and embedded in the reviewed literature in the following section. First, there is a general summary regarding access to public services in the researched region, highlighting common factors that reflect on the description of the context (*Section 3.*) Subsequently, the presentation of findings follows the pre-established framework and explores each service category from education to healthcare. Lastly, young mother's reliance on both family and community support to supplement any gaps in adhering to public services is examined.

5.1. Access to public services

During my interviews and visits to the region, it became apparent that access to publicly financed services is far from evident in both Sur de Cesar and Sur de Bolívar. Arriving by road and river to Santa Rosa del Sur (i.e. the urban center) from the capital city, Bogotá, already gives an idea about the general remoteness of the Magdalena Medio from the central Colombian state administration. *Supply of public services* is mainly limited to the urban areas, however - with the words of the psychologist (E1) - *In the urban area, (...) there is a sample of what there should be of services.* The usage of the word 'sample' aligns with the accounts of

the participants, as they all shared that generally, the supply of services is not sufficient to match the demand in the urban centers. Relating to the more remote and rural areas, supply in most categories of public services is scarce or even nonexistent.

Moreover, *geographical access* is a specific feature of the Colombian landscape to take into account. In some municipalities, access to basic services and institutions is limited to one side of the urban center while the other is geographically remote due to the presence of a mountain range. Connected to this is the fact that “*historically these communities have been abandoned*” (E3) by the central administration and local governments. As several key informants draw my attention, this feeling of isolation and seclusion contributes to a generally present mistrust in institutional capacity rooted deep in corrupt practices and the presence of armed conflict. Participants, in contrast, did not explicitly mention their unwillingness to rely on public services for support. However, several interviewees implicitly referred to uncertainty regarding their access and the presence of corruption.

The availability of *information* constitutes a general challenge in the case of any public service. A general pattern in participant interviews has been the lack of knowledge that young mothers have about the array of services and ways to access them. For instance, young women are not aware of the location of service providers or facilities: “*I don't know where it is located.*” (P1) Or they blame the geographical remoteness for not receiving information: “*So, the information does not reach me*” (P5) Moreover, many mothers highlight the need for awareness raising campaigns and further education on topics where they consider that available information is scarce, such as on family planning services. “*the government should implement more methods so that women today take care of themselves and do not bring children into the world, just to bring them into the world...*” (P7)

The *social fabric* of Colombian small communities has historically been characterized by a high degree of cohesion and trust. However, the impact of the armed conflict has led to a decline in these positive social dynamics, resulting in a reduction in the overall trust that community members hold for each other. In the words of the NGO's employee (E5): “*Unfortunately, the armed conflict has affected us in a very marked way, because the armed conflict has loosened the social fabric.*” Resonant with such, participants admitted the existence of an atmosphere of distrust and fear due to security concerns. This process has resulted in a decreased occurrence of timeless community practices that require belief in the neighbor's trustworthiness, such as leaving one's kid in the care of available elderly living close by. As a consequence, young

mothers look for the substitution of this service within their closest family ties, mostly relying on their mothers.

5.1.1. Education

Access to primary school is generally provided in the smallest townships and villages, however, when it comes to secondary education the *coverage* becomes overly limited. Therefore, it is required that students who would like to continue their education move or commute every day to a larger urban center where a wider scale of public services, including education, are available. This commute brings several challenges: the existence of any public transport option is not evident in the region. Moreover, the costs of transport can imply such an increased economic burden that for many this is already a heavy barrier to accessing education. Apart from commuting, other costs associated with the schooling of children are present as well: “(...) *mothers send their children to school but do not have the means to buy school supplies or uniforms because of their socioeconomic condition.*” (E4) In fact, most participants confessed having faced economic hardship to finance school supplies to their children.

The accessibility of education for young mothers has undergone a significant transformation in comparison to the past. Previously, young women who became pregnant were expelled from schools due to the *stigmatized* perception that their presence might be perceived as ‘contagious’. Currently, there is legal protection in Colombia that prohibits expulsion, and teenage girls are encouraged to complete their studies even if they become pregnant. However, some interviewed experts have acknowledged that whether a young woman returns to her education depends heavily on the family environment and her socioeconomic context. An interviewee who was an example of a teenage mother later returning to education (P9) asserted that doing so was thanks to reliance on her family both economically and for childcare.

The young mothers interviewed, who aspire to further education, perceive that their ability to do so is enabled once their children reach school age so they have greater flexibility to leave them in the care of teachers while attending school. Nevertheless, such *aspiration* is very far from evident. As the NGO founder (E5) revealed the findings of a study they conducted regarding the educational ambitions of women: “*They wanted to know about sewing, first aid, something about communication, but they did not even have in their minds that it was possible to study a university career, because they saw it as extremely remote and expensive.*”

A key informant (E3), who is a university teacher and researcher, has indicated that the *gender gap* in education becomes particularly pronounced after the completion of secondary school. It is notable that the majority of young mothers, despite having completed high school and the bachillerato exams with the assistance of their families, are unable to pursue any undergraduate programs at the tertiary level. Furthermore, she elucidated that there is a structural inequality of access to universities, which is rooted in an inherent difference in quality between public and private secondary education. This discrepancy creates a substantial barrier to admission to public universities for the disadvantaged. Consequently, this discrepancy feeds a vicious cycle of very limited social mobility on one side and structural, social, and economic inequality on the other.

Another supporting factor to this finding lies in *patriarchal family dynamics*. Based on some interviews, it can be observed that daughters are expected to assume the role of caretaker for their elderly or sick parents. In some cases, this leads to a gender disparity within the family, where sons have achieved higher educational attainment than daughters as they were needed as caretakers at their parents' home.

The underpayment of professionals, poor working conditions, and the armed conflict all play a role in decreasing the *quality* of available education in small villages and townships in Sur de Bolívar and Sur de Cesar. As one respondent confessed, "*There have been times when the children cannot go to school for two or three months because the teacher resigned, because the teacher did not want to teach, or the teacher was threatened by an armed group*". (E5)

As an immediate impact of the armed conflict, it can be highlighted that "*(...) there have been times when the armed groups have taken over the schools, this has also meant that classes couldn't be held, but in general, there has been a minimum of respect for these spaces.*" These suspensions in teaching activity can account for reducing the average teaching hours per school year by 30 - 40% as compared to other, more central Colombian regions. (E5)

Furthermore, the quality of education is not guaranteed, as those teachers end up in the most disadvantaged areas and get the lowest points in the admission exams. One might therefore conclude that the current system is not optimal. As the researcher shared her views, "*(...) it should be the other way around, that those who got the best scores should go there because that is where the training is most needed.*" (E3)

Looking into the future, all experts named the field of education as an intervention point where they consider that most *improvements* shall be made to improve the overall socio-economic situation of young mothers in Sur de Bolívar and Sur de Cesar. Interviewees considered that by reducing the economic cost of attending further education, therefore lowering one of the main barriers to access, an important potential would open up for young mothers to break an intergenerational poverty cycle and serve as an inspiration for the next generation.

5.1.2. Daycare

Questions concerning daycare services were received slightly differently by participants. This is attributable to the fact that some young mothers did not express a *need* for such service. In some cases, this was due to the very small age of the child, while in others it was rooted in the unemployment situation of the mother who did not consider the necessity of leaving her kid in the care of others. In fact, in Colombian cultural tradition, childcare is a more familiar service, which might be another potential explanation for the unusual treatment of the question.

In several cases where in fact, a demand was articulated for a daycare service, *fear* of leaving one's child with others rose. Several participants declared that "*I would not like to leave her alone.*" (P1) As discussed above, there was a decline in the timeless practice of leaving one's kid with neighbors or other trusted members of the nearby living community. This decline is attributable to the loosened social fabric and decreased trust as a consequence of the armed conflict and rumors of corruption. As an illustration, an interviewee shared a case in which due to the abuse of public funds, food portions provided to small kids were cut in the village and children went home hungry. (P4) Participants provided a rumor or personal story of this kind to elucidate their unwillingness to use the service.

Another aspect of that, which was highlighted by the young mothers, relates to their *socioeconomic situation*. Even though the service is indeed financed by the government, there is a requirement on the side of the caregivers to bring some supplies to the daycare facility, such as nappies. An interviewee illustrated the financial difficulty that led to her inability to access the service: "*Even though you don't have to pay for the service itself, because it's public, you do have to bring like nappies or anything for the care of the baby, which is a financial challenge for mothers in vulnerable situations.*" (P10)

5.1.3. Welfare payments

Based on the interviews, the two most widely known welfare payment schemes (i.e. Familias en Acción and Renta Joven) are mostly accessible to young mothers. However, as expert interviewees stated, government subsidies can easily create a situation of *dependence* on them for complete subsistence, instead of incentivizing economic empowerment. According to the university teacher (E3), this is attributable to the lack of supporting strategies to accompany these welfare schemes: “ (the subsidy) *should be accompanied by other strategies so that people have clarity, not on how to manage it, but the justification of what it is for*” Although such dependency was not apparent in the participant interviews, most beneficiaries stated instead that the amount of the subsidy is not sufficient for self-subsistence.

Regarding the availability of the service, participants reported shortages in the *supply* of family-supporting welfare payments, which makes reliance on them very insecure for some women whose livelihood effectively depends on the reception of such subsidies. A key informant shared: “*We have been talking about this with some young people in the region and well, I think they have been waiting for about four months without receiving the subsidy (...)*”. (E5) These shortages contribute to the vulnerability of such populations who are recipients of the Familias en Acción welfare scheme, further deepening a pre-existing socio-economic necessity.

Some forms of *corruption* resulted in another common pattern arising from the analysis. On the one hand, an expert highlighted that some bank institutions benefit from distributing subsidies to the population. As she mentioned, “*I have read many studies about the intermediaries who are in charge of finding those women, who can access it, to then charge them a percentage and that this becomes a business.*” (E3) Furthermore, acceding the CISBEN system or asking for a revision of the socio-economic category in it, became a tool for gaining votes at municipal elections. As another expert shared, “*When it is election season (...) the CISBEN offices (...) are closed. But, if you vote for so-and-so, we can solve the CISBEN issue for you. So, it becomes a form of negotiation of my democratic participation.*” (E3) On the other hand, many participants who could not access the scheme, named the reason to be corruption. As most women confessed, they believe that people who are not in real need (as compared to them) receive the subsidies that they would be entitled to.

Ultimately, *socioeconomic realities* were apparent in this case as well. As the subsidy itself is handed over every 2 months at given locations, there is a need for transport. The costs of

transport to the nearest urban center, where the handling institutions are, can undermine the utility of the entire payment, as several interviewees discussed. A young woman illustrated the situation: *“It is not possible that a person, a family is helped with, \$140.000 per month, but she has to go down from the mining area to the municipal capital to claim it, but the only transportation is worth \$200.000”.* (P3)

5.1.4. Healthcare

As is the case for education, the availability of health services is also greatly influenced by the size of the urban population. In general terms, health *coverage* is very limited in the region, due to its remoteness. Generally, more specialized care is available in Aguachica and Santa Rosa, but apart from these, habitants need to go to Barrancabermeja or Bucaramanga, which are both bigger cities available through a journey of 3-4 hours. In the villages and the minery region, there are occasional campaigns that promote a healthy lifestyle or provide a day or two of specialized health check-ups or prevention. Some of these campaigns arrive in smaller, more remote areas as well, however, constantly available health personnel are not supplied. This remoteness poses serious risks, as illustrated by a participant who works in the field (P9): *“Here there is a first level (i.e. only least specialized care is available) so the patients are transferred when there is a health complexity in which the attention is going to be more delayed, or in the majority of cases, the people die on the way before reaching the hospital.”*

Relating to the *quality* of services, some interviewees explained that recent developments (e.g. new hospital building, more stable presence of a doctor) improved the availability of health services in their surroundings. Nevertheless, it can be said that while participants who shared such improvements seemed delighted, experts were definitely on the other side and declared their complete dissatisfaction with both the coverage and the quality of services offered. Regarding participants, those women who needed more specialized care either due to a high-risk pregnancy or the sickness of their child (e.g. dengue) indicated a displeased position. Apart from the need to travel great distances to encounter facilities and personnel able to treat more complex health issues, young women reported a lack of receiving satisfying health services. This disappointment was rooted in their perception of ignorance by doctors, the unavailability of needed medicine/vaccine, or the overload of the facility represented by the unobtainability of health appointments. As one participant said: *“Well, she suffered (of dengue) at 6 months. (...)And I took her to that municipality, to that hospital, and I tell you that they didn't pay much attention to her.”* (P8)

According to the experts, *socioeconomic situation* serves as the main enabler or barrier to accessing quality healthcare. Reaching the city for any health service can bring a substantial economic cost, on top of the need to either travel with the baby or leave him/her in the care of a family member or daycare service. A participant concretized this scenario: “(...) *you can't arrive in Santa Rosa in the morning and return in the afternoon because there is no transportation after 2 pm. If you have a morning appointment in Santa Rosa, you would have to sleep in Santa Rosa. So this implies that a woman has to spend at least \$90,000 on transportation (i.e.: from the closest mining village), adding to the costs of the hotel and food for the whole day.*” (E5) Therefore, this aspect adds to the fact that economic burden is indeed a relevant barrier to access in the case of healthcare.

Social inequity is another important feature that describes young women's experiences with health care services. Interestingly, the disparity in accessing health services was not highlighted by the disadvantaged, but instead, the more fortunate participants drew my attention to the phenomenon. The participants who are public employees, while stating that they have not experienced difficulties or challenges in this aspect, confessed that they have witnessed other women from less favorable backgrounds receiving unfair treatment. As a participant described her recent experience with healthcare: “*As you work in the public sector, they give you more priority and they shouldn't because there are people who, even though they are not civil servants, have the same rights. (...) I'm satisfied with the attention they gave me, but no one is superior to anyone else, so we should all be equal.*” (P3) Moreover, from the expert interviews it became apparent that women with Indigenous or Afro-Colombian roots are frequently discriminated against at healthcare facilities, as their ancient practices are considered to be harmful or dangerous, especially in the case of child delivery. (e.g. giving birth with the help of a partera¹⁰)

In many cases, young mothers aim to overcome the aforementioned array of challenges services by resulting in the support of their near families or trusted community members. The next section is going to provide the findings of the investigation related to such dynamics.

¹⁰ Partera is a woman who has experience in attending childbirth and who holds ancestral knowledge within the framework of a cultural system specific to a territory. (DANE, 2024)

5.2. Reliance on community and family members

Independently of the socioeconomic situation or education level, young mothers reported some degree of *reliance* on their families. Comparing the different participants within my limited sample, young mothers in notably more vulnerable situations adhered more to different types of family support. More specifically, those women who were unemployed lived with their parents/mother, and were around the age of 20, described a heavy dependence on predominantly their mothers. Experts interviewed also clearly referred to the mother as a member of the family that young women can count on. Such special roles that mothers (i.e. grandmothers) play, are rooted in patriarchal family dynamics at both social and community levels.

As a key informant described, in traditional Colombian communities, the *mother* is portrayed as responsible for her daughter's pregnancy at an early age. This constitutes a double burden on women in the community, as they are both blamed for the occurrence of teenage pregnancy and are expected to care for their daughter and their grandchildren. According to the perception of the lawyer (E4), it is common that a young mother's mother was in the same situation herself as well since many of these dynamics repeat themselves. Said phenomenon was supported by the accounts of the participants also. Nevertheless, due to some NGO's work in the region, spaces of solidarity, sorority, and resilience were created which contributed to a slowly changing general attitude. As a consequence, *women's groups* were formed on a self-organizing basis too. "*And there are also women who form groups, carry out activities, and provide economic support to each other.*" (E5)

Apart from the mothers, in some cases, participants reported that their support networks included *other family members*. Sometimes, if the father of the child is involved, the mother-in-law and the partner/husband might be of help. Otherwise, young mothers mainly rely on their sisters. Interestingly, male family members were very rarely mentioned. Fathers (i.e. grandfathers) were mostly absent or deceased. Where mentioned, brothers or fathers provided purely financial assistance, in line with the traditional male supporting role, for instance: "*My brother, as he has been working all the time and he has no children, so he supports me economically*" (P7)

Coming to the specific public services that are inaccessible or insufficient and therefore are substituted inside family support networks, daycare, and welfare payments were predominantly identified.

When the relationship is of trust and the (grand) mother is available, *caretaker* services are mostly provided. This can be either occasional (i.e. the mother has an errand to run) or regular, if the young mother is working for instance. As many participants shared, this service is a key enabler of their economic autonomy. “*I support myself thanks to her.*” (P4) When attending university or other post-secondary education, most young mothers must rely on their mothers to look after their children. In this case, most key informants and the participants whose situation fits this context affirmed that the grandmother takes care of the young child, usually in the form of sharing a household. As the mother must be physically present for her education in the ‘nearby’ (i.e. 3-4 hours away) city, the kid usually stays permanently at the grandmother’s home, who takes full responsibility for the child while the mother is away. In this case, reliance on the grandmother for help with the child becomes a bridge within the gap opened between the mother’s determination to study and her inability to do so, given her main responsibilities as the caretaker of her child: “*I leave her here (i.e. her mother’s home) and travel to Bucaramanga, and I stay there for two months to attend my classes and advance in my university studies.*” (P10)

Another form of support from the family involves *economic assistance*. This service supplements the income of the mother, just like the Familias en Acción or similar welfare payments. As mentioned before, in this case, several members of the family were mentioned as lending a hand. In the words of a public employee: “*My mother also supports me a lot, my mother-in-law, both emotionally and financially.*” (P3)

Nevertheless, some young mothers cannot count on their families’ help due to various reasons. To fill in the gaps, local communities have adopted several *coping mechanisms* that alleviate several barriers to accessing services. An expert sees much potential in such: “*I believe that community work plays an important role in this area.*” (E5)

The lack of *information* is a common challenge that has endlessly been addressed through community networks. There is a constant flow of information from older and more experienced community members towards young mothers about the ancestral practice of breastfeeding. “*So, among the neighbors, they share information and tell each other which things to do at a given moment.*” (E3) In this case, even if information from public institutions concerning this

essential part of childcare practice to maintain the health and wellbeing of the baby, does not reach the target population, the community behaves as an effective substitution for this education. Moreover, there is a similar community dynamic observable in the alimentation of small children.

Daycare has also been offered at the close community level to bridge the gap between the supply and demand for this service. Normally, there is a woman who gathers a group of children and looks after them, “ (...) *like a spontaneous kindergarten within the community.*” (E3) To regulate this activity, the government has created the category of FAMI mothers. “ *These women were popular women without any training in initial education, but after they began to receive more training.*”(E3) The regulation was necessary to formalize this community practice, to prevent future incidents, and to provide some legitimacy for the practice and therefore incentivize further trust. In the past accidents as well as abuse of children were heard of. However, the trust in the FAMI mother system is still questionable, as many participant young mothers shared that due to a perceived fear of insecurity, they do not trust anybody to look after their children. For example, a young mother shared that she does not like to leave her child there, because “*they arrive ruined, they bite them (...)*”.

Another form of community support is the practice of quasi-medical consultancy in pharmacies. Due to the inefficiency and lack of capacities in the public *healthcare* system, many pharmacies act as a quasi-substitute of medical guidance, consisting of advising the customer with a potential choice of medicine for their given health-related problem and other good practices. In recent years, stricter regulations have been passed in Colombia regarding the availability of medication in pharmacies, including injection of vaccines or other medicine, due to several health risks that this practice caused. Furthermore, there is still a hereditary practice of applying or taking substances of herbal origin. This is usually acquired from the local lady who learned all her knowledge from her mother, “*So there's the lady in the marketplace who sells herbs and gives you the herb for everything, right?*” (E3)

To conclude, even though young mother’s support system in Colombia seems to have numerous pillars, there are still various necessities that are left unassisted. Some of these needs were identified during the data collection and are found in *Figure 3*. The need for a housing program, entrepreneurship subsidies, and welfare payments for school materials are all connected to a deeper, structural socioeconomic condition that greatly impedes the possibility of investing in a longer-term solution, such as education or housing. Sexual education and help with family planning are also a demand formed around a desire to stop the vicious circle of poverty. A participant who articulated this need said the following: “*They have to think about the future if they get pregnant.*” (P7) Lastly, women are looking for emotional and mental support, either in the form of women’s workshops where they can share personal challenges and learn about coping mechanisms together or mental healthcare services.



Figure 3. Identified further needs of young mothers, based on participant interviews.

6. Discussion

The discussion examines the findings and investigates how they provide an answer to the research questions and objectives of the study. The findings are then linked to the academic work evaluated in the literature, highlighting new insights and potential implications for theory and practice. The next section discusses the study's shortcomings, and ethical considerations and proposes options for future research.

6.1. Discussion of findings

To examine the main research question ‘How do young mothers (14 - 28 yrs) in Sur de Bolívar and Sur de Cesar perceive and access the support networks provided by both public services and family members in a post-conflict environment?’ a summary of key findings is provided and embedded in the relevant literature through sections marked by the secondary questions.

Starting with how *socio-economic factors* influence young mothers' access to and experiences with public services in rural, post-conflict areas of Colombia, it can be stated that for each of the relevant service categories, the financial situation of the mother plays a significant role in their experience. Aligning with the literature, respondents who were coming from economically more disadvantaged backgrounds, became mothers at an earlier age and also spent less time in education. (Kiernan, 1997; Muhanguzi, & Kyomuhendo, 2021)

Moreover, given the remoteness of townships and villages from the urban center, to access most public services in the area, transportation is an unavoidable cost. This financial difficulty reported by respondents, further deepens the already existing social inequality and upholds the lack of social mobility. (Motala, 1995) Therefore, financial restraints prevent young mothers from physically accessing crucial services, prolonging cycles of poverty and limiting educational prospects. Young mothers, with a disadvantaged economic background, further decrease their possibilities of pursuing additional education when becoming mothers, as poverty impedes their access to daycare facilities and quality healthcare found in nearby urban centers. (Bayona-Rodríguez, 2021) Barriers to access education then contribute to perpetuating transgenerational impoverishment, as the next generation also becomes deprived of the opportunity to attend higher-quality private institutions. (Cárdenas et al., 2021) Similarly, obstacles attending healthcare rooted in lack of resources furnish disparities in health and well-being existing between lower and upper classes. (Calderón et al., 2011) As several participants shared, in some instances reaching hospitals or purchasing medicine was financially not possible for them. Furthermore, given that welfare payments are received at specific locations, subsidy schemes like Familias en Acción are also unable to provide a specific remedy for transport costs. These findings emphasize the need for specific measures to minimize transportation costs and increase service accessibility and coverage in rural areas. (Bedoya-Ruiz et al., 2020)

Considering *family dynamics* in the support networks of young mothers, and their interaction with public services, it can be claimed that they enjoy a substantial position. According to the literature, extended families of young mothers provide numerous services, including childcare, financial support, and even emotional assistance. (Tinsley & Parke, 1984) As respondents affirmed, familial support frequently supplements government-provided services, filling gaps where public services are insufficient or inaccessible, such as in the cases of daycare or financial support. (Parish & Hogan, 1991) Rooted in the findings, in Colombia accessing childcare within the bounds of the family also serves as a security measure to avoid the risk of leaving a child in a possibly dangerous place. In many cases, therefore, support from the family mitigates inadequacies of public services, demonstrating the importance of such dynamics for the overall safety net of young mothers. Corresponding to Furstenberg & Crawford (1978), the younger somebody became a mother, the more involved in her life was her mother in the beginning. Furthermore, the young mothers who reported pursuing further educational goals did so in part because of their family's multidimensional support ranging from financial to physical. While it is worth noting that reliance on the family is critical for the satisfaction of a young mother's basic needs, it also highlights gaps in the coverage, where the government's ability to bring essential services to more remote areas is limited. These results underline the necessity for a wider supply of public services such as daycare, key for dedicating time to any economic activity and consequently for financial autonomy and the closing of the gender gap. (Amarante et al., 2023)

Regarding the perceptions of government *institutional capacity* affecting the utilization of public support services for young mothers in Colombia, the findings do not seem that evident. The community's perception of the government's ability to deliver effective services impacts service utilization. (Sanabria-Pulido & Velasquez-Ospina, 2021) However, trust in government institutions did not result in being homogenous among respondents and services. The two most common patterns that provide evidence of mistrust involve corruption in welfare schemes and insecurity concerns in daycare facilities. These preoccupations effectively undermine the willingness of some young mothers to use such services, as highlighted in the literature. (McFee, 2019) In the cases of education and healthcare where the government is the only possible provider of service in the perception of the participants, no anxieties were raised regarding institutional capacity. In the identified instances, however, efforts to build trust, such as involving community members or associations in service implementation could enhance positive perceptions of efficacy and in exchange increase engagement.

Lastly, identifying the specific *barriers* that young mothers face in accessing childcare, financial assistance, healthcare, and education support services in Colombian post-conflict areas provides a widespread exploration of the research phenomenon. Following the theory of access (Penchansky and Thomas (1981), modified by Saurman (2016)), each barrier will be categorized into the corresponding dimension that is breached. A summary of all barriers is found in *Figure 4*.

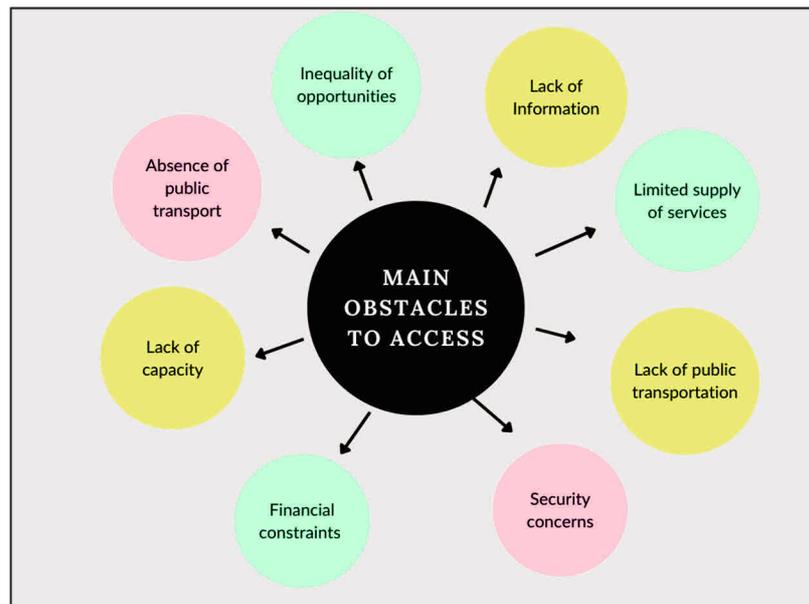


Figure 4. Identified barriers to accessing public services

The first dimension of access is availability, which is fulfilled if there is a sufficient supply of services for the formulated demand. As apparent from the findings, the supply of services is limited in Sur de Bolívar and Sur de Cesar. The lack of satisfactory capacity (i.e. enough places/quota/space) for Familias en Acción and public daycare service or the lack of school and health facilities in the townships are all examples of such. Participants often named the absence of further capacity as their barrier to accessing a subsidy or CDI that they considered to be essential for the fulfillment of their needs. The complete lack of supply is another barrier closely associated with availability. Young women who reside in isolated townships or ranches reported the inexistence of services, specifically daycare. For this reason, many young mothers find themselves needing to rely on their family if available or making a financial decision to hire private babysitters. (Seccombe et al., 1998) Moreover, many respondents expressed their will to move to a more urban area, specifically for the availability of more services and institutions. This highlights again the predicaments of universal coverage and reflects on the

feeling of abandonment and vulnerable situation of rural, disconnected communities in Colombia.

Subsequently, accessibility refers to the reachability of services within a reasonable travel distance, time, and expense. This dimension is condemned by several barriers, but most importantly financial constraints. As discussed above, young mothers interviewed did not have a budget allowance to afford frequent travel. For this reason, their necessity to access health, education, and daycare facilities is breached. Moreover, two subsequent obstacles arise the availability of road infrastructure and the provision of public transport. Given the difficult landscape that the Magdalena Medio presents, both aspects result in an impediment to access. (Delgado & Dietz, 2013)

Ensuing, acceptability adheres to cultural, religious, and societal norms. The only identified barrier to access in this dimension connects to the inequality of opportunities observed by participants and experts similarly. It is admitted that somebody's inability to access a given service is rooted in another less needy person's access or a discriminatory system that grants privileges to some. This practice deepens beliefs about the absence of institutional capacity, provides grounds for further mistrust and can consequently result in the unwillingness of future usage of public services. (Sanabria-Pulido & Velasquez-Ospina, 2021)

Adequacy is the dimension that refers to the quality of services. In the case of Colombian young mothers, security concerns are present as a serious barrier to accessing services. Several respondents perceive daycare facilities as insecure for their children, which results in their reluctance to utilize the service and look for other means of childcare. As the security of their baby is paramount, some mothers refrain from working/studying while their baby reaches the age of primary school, to avoid the necessity of daycare. This phenomenon perpetuates economic difficulties. (Sánchez Torres, 2019)

Moving on, awareness concerns general knowledge of the existence of services and how to access them. Underpinned in the findings, this dimension is breached whenever a participant confesses her lack of understanding of some services. For instance, when a woman is not aware of the location of the SISBEN office, she cannot take the necessary administrative steps to become a beneficiary of the welfare system, to which she is a target. This barrier stands in the way of the least educated and usually most isolated young women, who in exchange tend to be overly vulnerable. (De La Torre et al., 2018)

Ultimately, in the dimension of affordability, financial constraints play an important role. Adding to the aforementioned transport costs, despite services being financed by the government, additional costs often rise which can easily result in the exclusion of the service user if not fulfilled. For instance, school supplies or nappies are required in education and daycare or medicine is a necessary expense based on the investigation results. This tendency reinforces deprivation and social segregation entrenched in Colombian society. (Brunori et al., 2013)

6.2. Limitations and Ethical Considerations

Despite all efforts, the study presents numerous limitations due to its nature. Generalizability of results is not possible. It is admitted that the sample of this research is not representative of all experiences of ‘young mothers’ in a remote, rural community. Regarding the geographic focus, the research covers Sur de Bolívar and Sur de Cesar, Colombia. Given that socio-cultural and economic settings can differ greatly, the findings may not apply to other parts of Colombia or other post-conflict rural communities throughout the world. Moreover, due to the data collection process, some nuances might have gotten lost in translation and not represent the same socially constructed reality as they would have in the original language. Subsequently, the study is based on self-reported data from participants, which might be affected by numerous biases, including social desirability and personal beliefs, which can impact the reliability of the data acquired.

Another aspect to consider is the lack of probability sampling. The use of purposive and snowball sampling methods might have introduced bias, as participants were selected based on specific criteria and referrals. To reduce researcher bias, for the sample selection criteria I relied on key informants who helped identify possible respondents with distant demographics and socio-economic backgrounds to achieve a heterogenous sample within the established sample selection framework. However, my embeddedness as a researcher calls for reflexivity since all information presented here is the product of my interpretation of multiple realities and, therefore prone to bias.

Ethical considerations mainly revolve around the protection of identity and the idea of giving back to the community. Before each interview, I made sure that participants were aware of the purpose of the study, the voluntariness of their participation, and their right to withdraw or stop the interview at any point. After the explanation of these concepts and the academic nature of

the study, verbal informed consent was required from each interviewee. A voice recording device was used to be able to store all information, ordinarily after a thorough explanation of research purposes and requiring consent to do so. The anonymity of the interviewees has been guaranteed (i.e. the complete names of the participants were not even voice recorded), as well as the voluntary nature of the interview itself, allowing participants to omit any questions they did not feel comfortable enough to answer. For confidentiality purposes, the information has been kept in a password-locked folder on my personal computer, to which nobody else had access during or after the research period. Moreover, for the sake of security, the name of the NGO that I collaborated with, has been omitted from all transcripts and the analysis as well. And lastly, the research was conducted with an intended respect for the cultural context of participants.

As an effort to give back to the community, I aspired that the main research findings reach all contributors. Furthermore, as an exchange for the NGO's collaboration, I made sure to explain all shortcomings and barriers that I could identify regarding young mother's access to services. Based on this we have distinguished some intervention strategies to ensure that community support is strengthened and the flow of information is more constant.

7. Conclusion

The Universal Declaration of Human Rights affirms that all individuals are entitled to equitable access to public services within their own country. Nevertheless, young mothers residing in rural parts of Colombia affected by post-conflict conditions have substantial obstacles when attempting to avail themselves of public services. These regions are marked by elevated levels of poverty, inadequate infrastructure, and limited coverage of essential services. Although the Colombian government endeavors to offer public services, young women frequently perceive these programs as insufficient, inaccessible, or distant.

Public healthcare, education, childcare facilities, and financial assistance programs are integral components of the support system for young mothers. Nevertheless, socioeconomic considerations, such as individuals' income level, educational background, and geographical location, have a substantial influence on their ability to access and utilize these services. The geographical isolation of these communities worsens existing inequalities since the high costs of transportation and corrupt practices hinder the efficient use of services.

The interplay of family dynamics and community support networks is significant in the safety net of young mothers, however, the availability and effectiveness of these informal systems vary. As observed, there is a complex interlink between accessible public and family-supporting services that allows young mothers to navigate complex challenges and aim to break cycles of poverty.

This research looks at a commonly researched phenomenon (i.e. access to services) from a different angle by combining public service with familial. This way a new understanding of young mother's coping mechanisms is provided to the reader that examines the experiences, perspectives, and barriers that surround access to public services and looks into one kind of solution that young mothers find: reliance on their families.

Moreover, this research is geographically limited to a rarely researched, post-conflict area. The specific background conditions give this research a unique outlook, integrating features such as remoteness, armed conflict, poverty, and structural inequalities. Findings from such a particular context can contribute to informing development policymakers, NGOs, or international organizations in the realms of gender equality, health, and education, about further needs and challenges that young mothers express in accessing public services, therefore enhancing the design of more effective and accessible support networks for them.

Future research could include larger sample sizes, more in-depth and exploratory interviews, as well as address further public services. Moreover, contextual and individual factors for the high prevalence of young motherhood in Colombia could be specified in post-conflict scenarios. Other aspects through which young mothers rely on their community and family for support could be enriching to investigate as well.

In sum, young mothers in a Colombian post-conflict environment have substantial obstacles while attempting to access public services, such as financial constraints, transportation, and cultural stigmas associated with early parenting, which they aim to overcome through reliance on their families and community.

8. References

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9. Appendices

Appendix 1. Classification table for participants.

ID	Gender	Age	Place of birth	Place of residence	Highest attained education	Age at first motherhood¹¹	Marital status
P1	F	18	Sur de Bolívar	Mina Ye (Santa Rosa del Sur)	Unfinished high school	17	single
P2	F	20	Sur de Bolívar	Morales	Unfinished high school	19	single
P3	F	28	Sur de Bolívar	Sur de Bolívar	Bachelor's Degree	28	married
P4	F	24	Sur de Bolívar	San Pablo	Middle school	14	single
P5	F	24	Venezuela	Morales	Finished high school	18	civil union
P6	F	24	Mompox	Cantagallo	Finished high school	18	single
P7	F	26	Río Viejo	Río Viejo	Middle school	22	separated
P8	F	26	Río Viejo	Río Viejo	Superior Vocational School	25	separated
P9	F	28	Bogotá	Santa Rosa del Sur	Finished high school	16	civil union
P10	F	26	Santa Rosa del Sur	Santa Rosa del Sur	Superior Vocational School	14	single

¹¹ This column represents the ages that interviewees had when they first became mothers. Their age at the time of the interview is shown in the third column 'Age'. Even though some women were underage at the time of giving birth for the first time, no participant was in fact under the age of 18 at the time of the interview.

Appendix 2. Classification table for key informants.

ID	Gender	Age	Place of birth	Place of residence	Education	Marital status	Profession
E1	F	27	Santa Rosa del Sur	Bogotá	ongoing Master's	single	psychologist
E2	F	30	Santa Rosa del Sur	Santa Rosa del Sur	Vocational	married	nurse
E3	F	43	Bucaramanga	Bucaramanga	Master's	married	university professor
E4	F	31	Pamplona	Bogotá	Bachelor's	single	lawyer
E5	F	50	Pueblorrico	Bogotá	Bachelor's	single	NGO worker

Appendix 3: Model of Oral Consent Script (for participants)

Información de consentimiento informado para entrevista

Apoyo a las madres jóvenes: Acceso a los servicios en la Colombia rural del posconflicto

Pregunta de investigación: ¿Cuáles son las experiencias de acceso a los servicios públicos disponibles para las madres jóvenes (14 - 28 años) en Magdalena Medio, Colombia y cómo estas interactúan con el apoyo de los miembros de la familia?

Universidad Palacky de Olomouc, República Checa

Investigadora: Réka Eszter Oláh

Solicitud de Permiso para Grabar la Entrevista

Antes de comenzar la entrevista, me gustaría solicitar su permiso para grabarla. La grabación se realizará únicamente con el propósito de asegurar una transcripción precisa y facilitar el análisis posterior. Quiero asegurarle que cualquier información proporcionada se manejará con la máxima confidencialidad y solo se utilizará con fines de investigación académica. Su participación en la grabación es completamente voluntaria, y si prefiere que no se grabe la entrevista, respetaré esa decisión por completo. ¿Está de acuerdo en que grabemos la entrevista? Si está de acuerdo, por favor diga 'sí' en voz alta para que quede grabado.

[Esperar la respuesta de la participante]

Información para participantes

Gracias por considerar participar en este estudio. Antes de comenzar con la entrevista, es imperativo destacar las consideraciones éticas que guiarán este estudio. Su participación es completamente voluntaria y tiene el derecho de retirarse en cualquier momento sin ninguna consecuencia. A continuación, se detallan los principios éticos que se seguirán durante el proceso de investigación:

Presentación y Objetivo del Estudio

Mi nombre es Réka Oláh, soy estudiante de maestría en Política de Desarrollo Global en la República Checa. El propósito de mi investigación es entender cómo madres jóvenes acceden a servicios públicos ofrecidos y si existen, cuales son los desafíos que encuentran.

Necesito asegurarme de que se sientan cómodos y bien informados sobre el proceso. Estoy solicitando su consentimiento verbal para participar en este estudio. No será necesario que firmen ningún documento, pero es esencial que comprendan los objetivos de la investigación y si están de acuerdo, que participen voluntariamente. Durante la entrevista, responderé

cualquier duda o pregunta que puedan tener. La entrevista tiene una duración prevista de 30 minutos.

Confidencialidad: La información proporcionada durante las entrevistas se tratará con la más estricta confidencialidad. Todos los datos recopilados se utilizarán únicamente con fines académicos y se protegerá la identidad de los participantes. Los resultados se presentarán de manera agregada y anónima, sin revelar información que pueda identificar a un individuo específico. Por eso, por favor necesito que no mencionen sus nombres completos en la grabación.

Beneficencia y No Maleficencia: Este estudio busca contribuir al conocimiento académico sin causar daño a los participantes. Se procurará que las preguntas y el proceso de entrevista sean respetuosos y no generen malestar. Si en algún momento se siente incómodo, tiene el derecho de interrumpir la entrevista.

Manejo Ético de Datos: Todos los datos recopilados se almacenarán de manera segura y solo accederé a ellos la investigadora con fines de investigación. Los resultados se presentarán de manera que no permitan la identificación de individuos específicos.

En caso de cualquier duda, consulta o queja, por favor comuníquese conmigo al correo: orekae@gmail.com.

¿Tiene alguna pregunta o duda?

¿Está dispuesta a participar en esta entrevista bajo las condiciones que le he explicado?

Si está de acuerdo, por favor indique que entiende y consiente participar diciendo "Sí, consiento."

[Esperar la respuesta de la participante]

Gracias por su consentimiento. Procederemos con la entrevista.

Appendix 4: Model of Consent Agreement (for key informants)

Acuerdo de consentimiento informado para entrevista

Apoyo a las madres jóvenes: Acceso a los servicios en la Colombia rural del posconflicto

Pregunta de investigación: ¿Cuáles son las experiencias de acceso a los servicios públicos disponibles para las madres jóvenes (14 - 28 años) en Magdalena Medio, Colombia y cómo estas interactúan con el apoyo de los miembros de la familia?

Universidad Palacky de Olomouc, República Checa

Investigadora: Réka Eszter Oláh

Información

Gracias por considerar participar en este estudio. La presente hoja de información presenta los propósitos de la investigación y proporciona una descripción de su participación y de sus derechos. Antes de comenzar con la entrevista, es imperativo destacar las consideraciones éticas que guiarán este estudio. Su participación es completamente voluntaria y tiene el derecho de retirarse en cualquier momento sin ninguna consecuencia. A continuación, se detallan los principios éticos que se seguirán durante el proceso de investigación:

1. La investigación

Mi nombre es Réka Oláh, soy estudiante de maestría en Política de Desarrollo Global en la República Checa. El propósito de mi investigación es entender cómo madres jóvenes acceden a servicios públicos ofrecidos y si existen, cuales son los desafíos que encuentran.

2. Su participación

Su participación en este estudio es completamente voluntaria. Si usted voluntariamente decide participar, necesito pedirle que firme un formato de consentimiento informado, el cual usted podrá firmar y devolver antes de empezar con la entrevista.

Su participación será requerida en una entrevista que busca saber acerca su experiencia profesional y personal sobre las experiencias y percepciones con acceso a servicios de madres jóvenes en el Sur de Bolívar y en Sur de Cesar. Durante la entrevista, responderé cualquier duda o pregunta que puedan tener. La entrevista tiene una duración prevista de una hora.

3. Derecho de retiro

En el caso en el que Usted quiera, puede retirarse de la investigación en cualquier momento. Si durante la entrevista alguna pregunta le hace sentir incómodo, no es necesario que conteste.

Retirarse de la investigación no le afectará a Usted de ninguna manera. En este caso no retendré la información que usted me habrá proporcionado hasta el momento.

4. Confidencialidad

La información proporcionada durante las entrevistas se tratará con la más estricta confidencialidad. Todos los datos recopilados se utilizarán únicamente con fines académicos y se protegerá la identidad de los participantes. Los resultados se presentarán de manera agregada y anónima, sin revelar información que pueda identificar a un individuo específico. Por favor, para proteger su anonimidad eviten mencionar sus nombres completos en la grabación.

Si Usted desea participar en esta investigación, por favor firme este documento.

Al firmar este documento, acepto que:

1. Participo voluntariamente en este proyecto.
2. Doy mi consentimiento para grabar la entrevista.
3. Con fines académicos autorizo a la investigadora para que use la transcripción traducida.
4. He leído el presente acuerdo de consentimiento.

Firma

Appendix 5: Semi-defined interview protocol for participants

Introducción

¿Me podría compartir un poco sobre Usted?

- Me interesaría su edad, su municipio de nacimiento y de residencia, su profesión, su estado civil, su nivel más alto de educación adquirida.
- ¿Cuántos hijos tiene Usted? ¿Cuándo tuvo Usted su primer hijo/a?

Conocimiento de servicios

¿Sabe acerca de servicios del gobierno para apoyar a madres jóvenes, como ayuda educativa, cuidado infantil, asistencia financiera o servicios de salud?

- ¿Podría contarme cómo se enteró de estos servicios?

En su opinión, ¿cómo han funcionado estos servicios?

- ¿Podría compartir algún ejemplo específico de cómo estos servicios han impactado positiva o negativamente en su vida?

Desafíos

¿Ha enfrentado desafíos específicos al acceder a servicios como ayuda educativa, cuidado infantil, asistencia financiera o servicios de salud?

- ¿Qué obstáculos ha encontrado?
- ¿Cómo intentó superarlos?

Dinámicas familiares y soporte de familia

¿Cómo la dinámica familiar ha influido en su capacidad para acceder a estos servicios?

- ¿La familia le ha proporcionado apoyo adicional, o ha habido desafíos en este aspecto?

Capacidad gubernamental e institucional

¿Cómo percibe la capacidad institucional actual del gobierno en términos de apoyo a las madres jóvenes?

- ¿Existen áreas específicas donde el gobierno podría mejorar?

Acceso a servicios

¿Cuáles son los principales desafíos en el acceso a los servicios de apoyo familiar para las madres jóvenes?

- ¿Podría describir alguna experiencia específica?

Servicios públicos específicos

¿Cómo describiría su experiencia al acceder a servicios de educación, tanto en su caso como en el caso de su hijo/a?

- ¿Existen barreras que dificultan el acceso?

¿Ha utilizado los servicios de cuidado infantil proporcionados por el gobierno?

- ¿Qué tan accesibles y útiles son estos servicios?

¿Ha utilizado alguna ayuda financiera (ayuda social) del gobierno, cómo Familias en Acción o Jóvenes en Acción?

- ¿Cómo ha afectado eso en sus circunstancias?

¿Ha utilizado los servicios sanitarios ofrecidos por el gobierno, cómo por ejemplo los EPS o hospitales?

- ¿Cómo ha sido su experiencia en terminos de accesibilidad y calidad?

Mejoras posibles

¿Qué cambios o mejoras esperaría en los servicios de apoyo a madres jóvenes en la comunidad?

Appendix 6: Semi-defined interview protocol for key informants

Introducción

¿Me podría compartir un poco sobre Usted?

- Me interesaría su edad, su estado civil, su municipio de nacimiento y de residencia, su profesión, su nivel más alto de educación adquirida, su trabajo en la comunidad, y sus vínculos con la región de Magdalena Medio.

Preguntas contextuales

¿Cree que el embarazo de mujeres jóvenes en la región puede tener consecuencias para el futuro de la comunidad?

- ¿Por qué sí o por qué no?

¿Cómo definiría el nivel de confianza que la comunidad tiene en el estado y en los servicios públicos?

- ¿Qué factores influyen en este nivel de confianza?

Desafíos e influencias

¿Cuáles son los principales desafíos que las madres jóvenes enfrentan en su vida diaria?

- ¿Podría proporcionar ejemplos específicos?

¿Cómo se intersectan factores como etnia, edad y estatus socioeconómico en las experiencias de las madres jóvenes con respecto a los servicios públicos?

- ¿Existen diferencias notables entre distintos grupos?

Dinámicas familiares y soporte de familia

¿Qué papel juegan las dinámicas familiares en las redes de apoyo de las madres jóvenes?

¿Cómo se complementa este apoyo con el recibido de fuentes gubernamentales y comunitarias?

- ¿Podría dar ejemplos de cómo la familia y la comunidad apoyan a las madres jóvenes?

Capacidad gubernamental e institucional

¿Cómo percibe la capacidad institucional actual del gobierno en términos de apoyo a las madres jóvenes?

- ¿Existen áreas específicas donde el gobierno podría mejorar?

Acceso a servicios

¿Cuáles son los principales desafíos en el acceso a los servicios de apoyo familiar para las madres jóvenes?

- ¿Podría describir alguna experiencia específica?

Servicios públicos específicos

¿Cómo describiría la experiencia de las madres jóvenes al acceder a servicios de educación, como becas o apoyo en material escolar?

- ¿Existen barreras que dificultan el acceso?

¿Cómo cree que las madres jóvenes han utilizado los servicios de cuidado infantil proporcionados por el gobierno?

- ¿Qué tan accesibles y útiles son estos servicios?

¿Cómo cree que la ayuda financiera (ayuda social) del gobierno ha impactado en las circunstancias de las madres jóvenes?

- ¿Podría proporcionar ejemplos de impactos positivos o negativos?

¿Cómo describiría la accesibilidad y calidad de los servicios sanitarios para las madres jóvenes?

- ¿Qué mejoras serían necesarias?

Mejoras posibles

¿Qué cambios o mejoras esperaría en los servicios de apoyo a madres jóvenes en la comunidad?

- ¿Cómo cree que estos cambios podrían implementarse?

Appendix 7: System of Codes

