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MEDICAL RISKS OR COMPLEX NARRATIVES?

Using life-stories of Internally
Displaced Adolescent
Mothers in Bogota to put
policies in perspective

Yazmín Cadena-Camargo



**MEDICAL RISKS OR COMPLEX NARRATIVES? USING LIFE-STORIES
OF INTERNALLY DISPLACED ADOLESCENT MOTHERS IN BOGOTA
TO PUT POLICIES IN PERSPECTIVE**

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Yazmin Maria Lucila Cadena-Camargo

Supervisor(s):

Prof. Dr. A. Krumeich

Co-supervisor:

Prof. Dr. K. Horstman

Dr. M. C. Duque-Páramo, Bogotá, Colombia.

Assessment Committee:

Prof. Dr. M. Siegel (UM)

Prof. Dr. M. Nieuwenhuijze (UM)

Prof. Dr. H.H. Haisma (RUG)

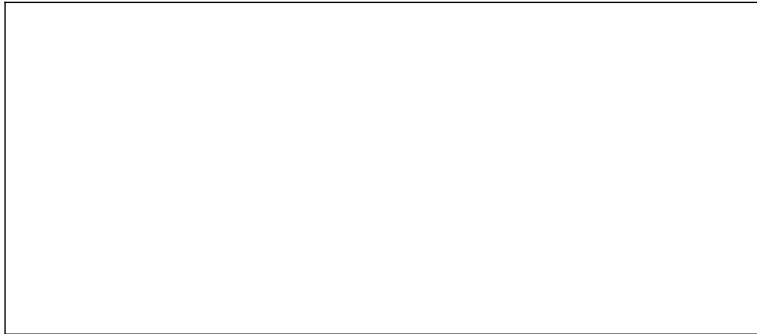
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Yazmin Maria Lucila Cadena-Camargo

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Chapter One
General Introduction

ADOLESCENT PREGNANCY AMONG INTERNALLY DISPLACED WOMEN IN COLOMBIA

During my ten years of work as a physician on Javeriana University's *Vidas Móviles* (Mobile Lives) project in Bogota, adolescent pregnancy (AP) among internally displaced persons (IDPs) was considered a major concern due to the higher incidence of AP in this population (Ruiz, 2013; Morón-Duarte, Latorre, & Tovar, 2014; Daniels, 2015). According to the *Encuesta Nacional de Demografía y Salud* ([ENDS] National Survey of Demography and Health), in Colombia, the pregnancy rate among 15–16 and 17–19-year-olds who migrated within the past 5 years is 13.8% and 36.4%, whereas the rate is 7.5% and 28.4%, respectively, among those who have lived in the country for longer than 5 years (ENDS, 2010).

There have been an estimated 7.7 million long-term IDPs in Colombia since 1985. Displacement in Colombia predominantly involves movement from rural areas to large urban cities, with the capital, Bogotá, being one of the main destinations of displaced people (IDMC, 2019; Rolon Salazar, 2018). The primary cause of this massive movement of people from rural to urban areas in Colombia is armed conflict (Ruiz-rodíguez & Wirtz, 2012). Armed conflict among illegal groups (i.e., guerrillas and paramilitaries) and the Colombian government and its army have a long history, beginning in the colonial era (Fajardo, 2014). An agreement was reached between conservatives and liberals in 1958 that excluded other political views and gave rise to the guerrillas in the 1960s. The State has not protected farmers and landowners in the countryside from guerrillas, which resulted in the development of paramilitaries. For decades, guerrillas and paramilitaries have both cultivated and traded drugs as a means to obtain financial resources (Alzate, 2008; Meertens, 2010; Wirtz et al., 2014). The armed conflict includes the recruitment of minors, sexual violence, the deployment of anti-personnel mines, extreme violence, kidnappings, and massacres of entire villages (Alzate, 2008; IDMC, 2015), and these activities have prompted the massive displacement of people from rural to urban areas (Ruiz-rodíguez & Wirtz, 2012).

In recent years, the Colombian government has created policies to help IDPs recover their rights. The first step was Judgement T-025, handed down by the Constitutional Court in 2004, which stated the authorities were not protecting this population, and it was the *egis* for 108 internally displaced persons to file rights violation cases. Columbia's various entities were not

providing IDPs assistance with, for example, humanitarian aid, healthcare, education, housing, and safety. The Supreme Court subsequently developed several orders addressing T-025 that analysed different areas. For example, order T-092 addresses the protection of internally displaced women's fundamental rights and the impact of gender on the country's armed conflict and displacement. All of these Supreme Court orders led to the 'Victims Law' (Law 1448) of 2011 being passed. This law was intended to establish parameters regarding the provision of IDPs with early and adequate attention after displacement and during resettlement, including humanitarian aid, services, assistance, and reparation (Law 1448 of 2011; UNHCR, 2016).

Despite these policies, in practice, IDPs continue to suffer from a lack of support to re-establish their lives. The Internally Displaced Monitoring Center (IDMC) has stated that of those who have applied for government assistance to return or relocate, only 26% have achieved their goals, and only 15% of them felt the process had been conducted with dignity, meaning without discrimination or mistreatment (IDMC, 2015; Integral Unit for Victims, 2017). Displacement predominantly occurs from rural areas to large urban cities, but it can also occur from one city to another or even abroad (UNHCR, 2016). IDPs face significant difficulties when arriving in large cities. They experience poverty and familial breakdowns and have minimal access to social and healthcare services (Hynes et al., 2016). Upon arriving at their destination, IDPs continue to fear cells of armed groups hidden in neighbourhoods, causing intra-urban displacement (Alzate, 2007; Meertens, 2010; Wirtz et al., 2014).

THEORETICAL REFLECTIONS ON POLICY PROBLEMS: INSIGHTS FROM BACCHI'S WORK

This thesis deals with internally displaced adolescent mothers in Bogota and provides a basis to reflect on the way AP and being internally displaced are represented and defined as a problem. In her work, *Analysing Policy: What's the Problem Represented to Be?*, Carol Bacchi (Bacchi, 2012, 2016) argues that every policy proposal contains an implicit representation of the problem (Bacchi, 2016). Using the language of 'problems' refers to a pre-existing condition or set of conditions outside the policy process that must be addressed by policymakers. The problematisation is not critically analysed in a policy agenda and is not represented objectively (Bacchi, 2016). The author proposes the 'What's the problem represented to be?' approach (Bacchi, 2012) to analyse problematisation processes and states,

Policy is not the government's best effort to *solve* 'problems'; rather, policies *produce* 'problems' with particular meanings that affect what gets done or not done and how people live their lives.

This approach helps to understand policy agendas by probing the unexamined assumptions and conceptual logics within implicit problem representations. This type of analysis demonstrates that problem representation in policy processes limits what is considered problematic, desirable, and successful. The way problems are defined also puts a stamp on the solutions that are proposed. In her work, Bacchi presents examples of Australian policies that promote training for women as a means to increase their numbers in positions of influence. She shows, implicitly, the problem of low numbers of women in top positions is represented as a problem caused by women's lack of training. The author argues that to study this policy, it is necessary to investigate critically *how* women's lack of training is problematised, the premises this representation of the 'problem' rests upon, and its effects. Another example she uses is a report on type 2 diabetes in *Science News* that stresses this form of diabetes is preventable and calls it a 'lifestyle' disease. It reports the high prevalence of type 2 diabetes among Aboriginal and poor populations. The implication is that these populations have things to 'fix' in their lifestyles, indicating individuals are primarily responsible for their own lives.

In her work, Bacchi distinguishes two types of effects of implicit problematisation in policy processes. First, specific problem representations lead to the constructions of specific political subjects, for example, the construction of identities and categories, which have specific meanings, and in this example, Aboriginal or poor populations who have 'wrong' lifestyles (Gray, 1977; Swanton, 1985; Hobson, Siim, & Lewis, 2002; Tanesini, 1994). Second, the categories do not respond to objective characteristics, but to desirable models and the lived effects. In the example regarding diabetes, there are assumptions about desirable ways of living and intimations that targeted groups bear some degree of responsibility for the diseases they acquire and, indeed, even some responsibility for their premature demise (Bacchi, 2009).

Bacchi illustrates the effects of categorisation by analysing, for instance, welfare policies affecting indigenous communities in Australia. She shows how specific policies for indigenous communities lead to categorising them as a 'group of significant disadvantage' or 'dysfunctional communities' who need to be 'advanced in a developmental sense, so they can be caught up to the rest of "us", the affluent Western mainstream' (Bletsas, 2012, cited by Bacchi, 2016). While these policies intend to help these communities and have a positive impact, in practice, the policy categorisations construct these communities as a 'problem' and confirm prejudices and stereotypes.

UNDERSTANDING THE PROBLEMATISATION OF ADOLESCENT PREGNANCY AMONG IDPS

Against the background of Bacchi's work, it is important not to take the problem of AP among IDPs mothers in Colombia for granted, but to question how it is constructed as a problem. In Colombia, the definition of AP as a policy problem is very much influenced by a biomedical perspective as AP pregnancy is considered a medical and epidemiological risk. In the biomedical literature, AP is primarily defined as a problem of maternal, perinatal, and infant mortality (WHO, 2012; UNFPA, 2013). Some authors have described the association between AP and complications during pregnancy and delivery, including pre-term delivery, caesarean section, anaemia, hypertensive disorders, infections, and post-partum depression (Cunnington, 2001; Deal & Holt, 1998; Leppalahti, Gissler, Mentula, & Heikinheimo, 2013). In Latin America, Conde concludes that all age groups of adolescents have higher risks for adverse medical outcomes (e.g., postpartum haemorrhaging, puerperal endometritis, episiotomy, low birth weight, and preterm delivery; Conde-Agudelo, Belizán, & Lammers, 2005) Pregnancy among young women in this age group has also been associated with worse outcomes for the baby, such as low birth weight or impaired cognitive development (Cunnington, 2001).

In epidemiological studies, AP is primarily framed in a different way. These studies often focus on individual risk factors and associate AP with the mother's educational level, lack of information about sexual health and family planning, cultural perceptions about motherhood, or social factors, including low socioeconomic status, non-nuclear family structures, violence at home, lack of parental supervision, early initiation of sexual intercourse, and cultural and regional factors (Gaviria, 2000; Nuñez, 2006; Morón Duarte, Latorre, & Tovar, 2014). Some authors describe how AP relates to the loss of future economic opportunities, family and social rejection, emotional difficulties, and educational underachievement, among others (Meade, Kershaw, & Ickovics, 2008; Boden, Fergusson, & Horwood, 2008). The World Health Organisation (WHO) also describes how AP contributes to the vicious cycle of ill-health and poverty (WHO, 2012).

In Colombia, national policy documents acknowledge different approaches to AP as a problem, including individual and other approaches, such as the ecological model, determinants of health, human rights, human development, and social capital. However, an individualist framing of AP as a problem of girls and young mothers is very dominant. Colombian policy reflects the WHO's recommendations to reduce pregnancies among women under age 20 by providing information for girls, health education, skills development

and counseling, family planning strategies, and friendly environments (WHO, 2012). In line with this, policy recommendations, such as ‘empowering girls’, are primarily carried out through family planning and the ‘life project’. Regarding family planning, the CONPES 147 policy recommends interventions that aim to educate girls about the risks of pregnancy and prevention methods. The *Consejo Nacional de Política Económica y Social 147* (CONPES 147, National Council of Economic and Social Policy) of 2012 states,

The Ministry of Health and Social Protection will review and implement strategic and needed actions to give adolescents more access to contraceptive methods and, if possible, universal access to these methods, especially adolescents who are already parents.

The ‘life project’ is defined as ‘encouraging girls to set their own goals and work toward achieving them’ as well as attend school (CONPES, 2012). The national policy document (CONPES, 2012) states, for instance,

[The] development of opportunities for children and adolescents is based on the promotion of school attendance, graduation, and completing the life project as protector factors to prevent adolescent pregnancy.

When examining the issue through the lens of Bacchi’s work, one can observe that policies intended to help girls and young mothers construct AP as a major problem by making use of epidemiological and medical research. Moreover, these policies construct adolescent mothers as a specific policy category that, similar to indigenous communities in Australia, is presented as lacking information, skills, or capabilities. It is remarkable, however, that most policies primarily focus on the behaviour of girls without relating it to the context in which these girls live or their perspectives and concrete experiences. Several authors have argued that to be effective, health and social policies and interventions intended to produce change should be grounded in a concrete analysis of the unique particularities of an individuals’ daily lives and need to be attuned to the stories of people who are involved in these changes (Krumeich & Meershoek, 2014).

Although important biomedical and epidemiological approaches to AP are designed to gain insight into the prevalence of AP, the statistical realities concerning the risks of AP may not provide sufficient insight into the daily lives of girls who experience AP. Therefore, it is important that policies targeting teenage pregnancy are tailored to the lives of girls.

To explore whether and to what extent the epidemiological and medical focus is in line with everyday reality and needs as experienced by pregnant adolescents, I chose an ethnographic approach to study the experiences of AP in a displaced community in Bogota.

Furthermore, I chose to use Bacchi's theory regarding how specific problem representations lead to the construction of identities and categories and how these categories have specific meanings. This research explores how internally displaced adolescent mothers understand their own identities (i.e., as '*displaced*' and '*adolescent mothers*') and analyses how these identities relate to the constructions underlying policy, particularly the CONPES policy as it relates to the prevention of adolescent pregnancy and the Victim's Law policy as it relates to IDPs. I explore how internally displaced adolescent mothers view themselves, for example, as victims versus survivors or agents. I explore how these constructions are linked, implicitly or explicitly, to constructions in the policies. I also analyse what it means for them to be categorised as '*adolescent mothers*', '*displaced*', or '*victims*'.

Additionally, policies are implemented by professionals who have daily, face-to-face encounters with internally displaced adolescent mothers. Lipsky (1980) calls these kinds of professionals '*street-level bureaucrats*', who implement the policies. Lipsky also explains how professionals on the frontlines with clients frequently make decisions with clear implications for their clients (Lipsky, 1980). The author proposes the notion of '*street-level bureaucracy*' and explains the two dimensions of the policy process: how professionals perform with discretion and autonomy (Lipsky, 1980). Some researchers have argued that IDPs often experience difficulties with professionals during resettlement in cities (Galindo-Cubillos & Guavita Moreno, 2018). Considering the overarching theory of Bacchi, I included professionals who deal with internally displaced adolescent mothers. I wanted to explore how professionals define problems regarding AP and internally displaced adolescent mothers and how these definitions may differ from those in the Colombian policies. I wanted to explore how their definitions are reflected in the way they use their discretionary space. Therefore, I wanted to analyse the dilemmas faced by professionals in Bogotá, whose work involves internally displaced adolescent mothers. I wondered how the professionals' problem definitions and constructions regarding internally displaced adolescent mothers differ from those of the young mothers and how these differences may impact the extent to which the services are attuned to meeting their needs. Against the background of all these concerns, this thesis will address the following questions:

1. How do internally displaced adolescent mothers understand and experience early pregnancy, and do they refer to the sociocultural context related to early pregnancy among IDPs in Bogotá?
2. How do professionals who deal with internally displaced adolescent mothers construct internally displaced adolescent mothers and themselves as professionals?
3. How do Colombia's policies construct the problems of adolescent pregnancy and internally displaced persons?

METHODOLOGICAL APPROACH

This research was qualitative in nature and took an ethnographic approach, seeking to learn, from the life stories of 20 young mothers, how they experienced the process of pregnancy before, during, and after forced displacement. Workshops were also organised with the 20 adolescent mothers in the community who are IDPs, which enabled sharing and exchanging experiences in a safe atmosphere and reflecting collectively on different topics regarding their lives. The setting was Ciudad Bolivar in Bogotá, Colombia. This locality receives the majority of IDPs in the region (*Departamento Administrativo de Planeación Distrital* [Administrative Department of District Planning], 2004). The vast majority (94%) of people living in this area are in the lowest socioeconomic status. This area is also one of the most violent of Bogotá, with high rates of murder and other violent crimes (Murillo Mojica, 2008). Some members of illegal armed groups, including guerrillas and paramilitary groups, live in this area (Alzate, Assistant, & Work, 2007; Meertens, 2010; Wirtz et al., 2014).

In the context of the research, interviews were conducted with fourteen professionals who work with IDPs. As previously mentioned, when developing effective policies to help young mothers, it is fundamental to ensure policymakers are aware of adolescent mothers' life experiences. As these policies are implemented in the work of professionals and policy staff, it is important to gain insight into how these frontline workers problematise AP and deal with the dilemmas encountered in their work on a daily basis. Therefore, how these professionals enact such policies, what barriers and challenges they encounter in performing their job duties, and how they describe the problems they experience in their interactions with adolescent mothers who are IDPs are addressed in the research. All the professionals who participated in the study had worked with IDPs for 6 months to 28 years in Ciudad Bolivar, had worked for governmental and non-governmental organisations (NGOs), and were medical doctors, nurses, social workers, psychologists, lawyers, school teachers, NGO volunteers, or administrative personnel.

In the interviews, adolescent mothers were invited to tell their life stories from their childhood in the countryside to their current situation in Bogotá. For this study, 'life story' is defined in accordance with Pujadas (1992), who states,

It is a story about the self-life, which is obtained by the researcher through different interviews. The objective is to show the subjective testimony of a person. It includes the experiences and the perceptions that a person has of his/her own existence.

The objective is to understand all the aspects of a person's life, and it is incentivised by the presence of a researcher. It means that the story is a result of all these interactions

with the researcher (Pujadas, 1992). I used the comprehensive analysis approach defined by Bichi (2002), which takes in to account the life cycle, the experience, and the interview itself (Bichi, 2002; Pretto, 2011). As Charriez explains, biographies attempt to cover the time and place of events in a person's life, from childhood until the moment the life-story is narrated, including different aspects of the self. They allow identifying ambiguities and changes, as a vital process, and the critical moments in the individual's life. Biographies also permit identifying the subjective perspective of the individual, as well as interpreting his or her own acts and understanding social phenomena that could only be understood through the personal experiences of an individual (Chárriez, 2012). To analyse the professionals' interview responses, we used thematic analysis (Elo & Kyngäs, 2008; Trochim, 2006; Miles & Huberman, 1994).

OUTLINE OF THE THESIS

In this doctoral dissertation, I present the results of the ethnographic study, as well as my reflections on the process and outcomes of this research. Chapters Two, Three, Four, and Five comprise co-authored papers in the format in which they have been published or submitted to peer-reviewed journals.

Chapter Two focuses mainly on how internally displaced adolescent mothers narrate their experiences of pregnancy in adolescence. This chapter goes beyond the definition of pregnancy and motherhood as a problem, with significant negative outcomes by both biomedical and epidemiological approaches, and explores the perspectives of women who experienced pregnancy and motherhood in the specific context of armed conflict and displacement. The analysis shows the diverse 'pathways of pregnancy' that resulted in early pregnancies from their viewpoint. The analysis shows that there is much more to say about these pathways than only considering them a medical risk, and the interviewees are not simply misinformed or uneducated.

In Chapter Three, against the background of scholarly discussions regarding victimisation and agency, I analyse how displaced women living in Bogotá articulate their experiences of agency and victimisation. Women have been described as the main victims of armed conflict, especially in the Colombian cultural context, which is, in some regions, still considered *machista* (chauvinistic) and patriarchal. Nevertheless, some authors have explicitly stressed Colombian women's agency instead of positioning them as victims. Some of them are described as 'survivors' of war, emphasising their impressive resistance to the outcomes of war and forced displacement. Although the perspectives of women are generally lacking, this chapter places their perspectives on center stage. This chapter analyses victimisation

and agency in four important periods in these women's lives as they relate to the process of displacement: when they left home, when they became pregnant, when they were forced to leave their towns, and when they arrived in Bogotá.

Antias (2009) explains how migration affects identity, and some authors have called migration an identity crisis in which migrants are caught between the culture they left and a new culture. In addition, adolescent motherhood represents another unique challenge to the construction of identity, and some authors explain how adolescence itself is a critical period for self and identity development (Tanti, Stukas, Halloran, & Foddy, 2011; Topolewska-siedzik, 2018). Against the background of these insights, in Chapter Four, I address the difficulties faced by internally displaced adolescent mothers in their constructions of identity and sense of belonging, beginning in their villages during childhood and continuing through their adolescence, pregnancies, and the processes of displacement and resettlement in Bogotá.

Chapter Five explores professionals' viewpoints on the situation and problems faced by internally displaced adolescent mothers. Inspired by Lipsky's (1980) theoretical ideas regarding professionals as street-level bureaucrats who have daily, face-to-face encounters with this population, this chapter presents the dilemmas professionals and policy staff experience in their work. It discusses how they problematise AP and IDPs, how they construct their clients and themselves, and how they apply their discretionary space in decision-making on a daily basis.

In Chapter Six, I reflect on the outcomes of this work and the contributions this work makes to the field. First, I summarise the findings of the research. Then, I analyse the findings through the lens of Bacchi's (2012, 2016) approach. After discussing the strengths and limitations of the study, I reflect on the implications and potential contributions of the findings to the analysis of AP and internally displaced adolescent mothers. I argue how this ethnographic approach, based on their life-stories, contributes to a comprehensive understanding of AP among this population and provides fruitful and urgent insights for policymakers to develop policies that take the actors' perspectives into account.

References

- Alzate, M. M. (2008). The sexual and reproductive rights of internally displaced women: the embodiment of Colombia's crisis. *Disasters*, 32(1), 131–148. <https://doi.org/10.1111/j.1467-7717.2007.01031.x>
- Alzate, M. M.; Assistant, P. D., & Work, S. (2007). The sexual and reproductive rights of internally displaced women: the embodiment of Colombia's crisis. *Disasters*, (August 2003), 131–148. <https://doi.org/10.1111/j.0361.>
- Anthias, F. (2009). Translocational Belonging, Identity and Generation: Questions and Problems in Migration and Ethnic Studies. *Finnish Journal of Ethnicity and Migration*, 4(1), 6–16.
- Bacchi, C. (2009). *Analysing Policy: What's the problem represented to be?* (1st ed.). Pearson Australia: Pearson.
- Bacchi, C. (2012). Introducing the 'what's the problem represented to be?' approach. *Engaging with Carol Bacchi: Strategic Interventions and Exchanges*, 21–24. <https://doi.org/10.1017/UPO9780987171856.003>.
- Bacchi, C. (2016). Problematizations in Health Policy: Questioning How "Problems" Are Constituted in Policies. *SAGE Open*, 6(2). <https://doi.org/10.1177/2158244016653986>.
- Bichi, R. (2002). *L' intervista biografica. Una proposta metodologica* (V. e Pensiero, Ed.). Milano.
- Boden, J. M.; Fergusson, D. M., & John Horwood, L. (2008). Early motherhood and subsequent life outcomes. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 49(2), 151–160. <https://doi.org/10.1111/j.1469-7610.2007.01830.x>
- Chárriez, M. (2012). Historias de vida: Una metodología de investigación cualitativa. *Revista Griot*, 5(1), 50–67. Retrieved from <http://revistagriot.uprrp.edu/archivos/2012050104.pdf>.
- Conde-Agudelo, A.; Belizán, J. M., & Lammers, C. (2005). Maternal-perinatal morbidity and mortality associated with adolescent pregnancy in Latin America: Cross-sectional study. *American Journal of Obstetrics and Gynecology*, 192(2), 342–349. <https://doi.org/10.1016/j.ajog.2004.10.593>.

- Cunnington, a J. (2001). Margaret Jackson prize essay 2000. What's so bad about teenage pregnancy? *Journal of Family Planning & Reproductive Health Care*, 27(1), 36–41.
- Daniels, J. P. (2015). Tackling teenage pregnancy in Colombia. *The Lancet*, 385(9977), 1495–1496. [https://doi.org/10.1016/s0140-6736\(15\)60738-3](https://doi.org/10.1016/s0140-6736(15)60738-3).
- Deal, L. W., & Holt, V. L. (1998). Young maternal age and depressive symptoms: results from the 1988 National Maternal and Infant Health Survey. *American Journal of Public Health*, 88(2), 266–270. <https://doi.org/10.2105/AJPH.88.2.266>.
- Departamento Administrativo de Planeación Distrital. (2004). *Recorriendo Ciudad Bolívar. Diagnóstico Físico y socioeconómico de las localidades de Bogotá, D. C.* 1–99. Retrieved from http://www.shd.gov.co/shd/sites/default/files/documentos/Recorriendo_Ciudad_Bolívar.pdf.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>.
- Fajardo, D. (2014). Estudio sobre los orígenes del conflicto social armado , razones de su persistencia y sus efectos más profundos en la sociedad colombiana. *Comisión Histórica Del Conflicto y Sus Víctimas, Universidad Externado de Colombia, 15 de Noviembre, 2014*, 1–55.
- Hynes, M. E.; Sterk, C. E.; Hennink, M.; Patel, S.; DePadilla, L., & Yount, K. M. (2016). Exploring gender norms, agency and intimate partner violence among displaced Colombian women: A qualitative assessment. *Global Public Health: An International Journal for Research, Policy and Practice*, 11(1–2), 17–33.
- IDMC. (2019). Colombia. Retrieved from <http://www.internal-displacement.org/countries/colombia>.
- Krumeich, A., & Meershoek, A. (2014). Health in global context; beyond the social determinants of health? *Global Health Action*, 7(SUPP.1), 1–8. <https://doi.org/10.3402/gha.v7.23506>.
- Leppalahti, S.; Gissler, M.; Mentula, M.; & Heikinheimo, O. (2013). Is teenage pregnancy an obstetric risk in a welfare society? A population-based study in Finland, from 2006 to 2011. *BMJ Open*, 3(8), e003225–e003225. <https://doi.org/10.1136/bmjopen-2013-003225>.
- Meade, C. S.; Kershaw, T. S., & Ickovics, J. R. (2008). The intergenerational cycle of teenage motherhood: an ecological approach. *Health Psychology : Official Journal of the Division of Health Psychology, American Psychological Association*, 27(4), 419–429. <https://doi.org/10.1037/0278-6133.27.4.419>.

- Meertens, D. (2010). Forced displacement and women's security in Colombia. *Disasters*, 34 Suppl 2, S147-64. <https://doi.org/10.1111/j.1467-7717.2010.01151.x>.
- Miles, M. B., & Huberman, A. M. (1994). Quick Guide to Qualitative Analysis. *Region of Waterloo Public Health*. Retrieved from <https://www.yumpu.com/en/document/view/17329392/qualitative-data-analysis-region-of-waterloo-public-health>.
- Morón-Duarte, L. S., Latorre, C., & Tovar, J. R. (2014). Revista panamericana de salud publica. *Revista Panamericana de Salud Pública*, 36(5), 179–184. Retrieved from <https://www.scielosp.org/article/rpsp/2014.v36n3/179-184/>.
- Morón Duarte, L. S., Latorre, C., & Tovar, J. R. (2014). Risk factors for adolescent pregnancy in Bogotá, Colombia, 2010: a case-control study. *Revista Panamericana de Salud Pública*, 36(3), 179–184.
- Murillo Mojica, O. (2008). ¿Por qué no ceden los homicidios de jóvenes en Ciudad Bolívar? *El Tiempo*. Retrieved from www.eltiempo.com/bogota/aumentan-los-homicidios-de-jovenes-en-ciudad-bolivar-201354.
- Pretto, A. (2011). Analizar las historias de vida: reflexiones metodológicas y epistemológicas. *Tabula Rasa*, 15(1794–2489), 171–194.
- Pujadas, J. J. (1992). *El método biográfico: el uso de las historias de vida en ciencias sociales*. Retrieved from <https://www.uv.mx/mie/files/2012/10/MetodoBiografico.pdf>.
- Ruiz-rodríguez, M., & Wirtz, V. J. (2012). Access to medicines among internally displaced and non-displaced people in urban areas in Colombia Acceso a medicamentos por población desplazada y no desplazada en zonas urbanas en Colombia. *Cad. Saúde Pública*, 28(12), 2245–2256.
- Ruiz, E. D. (2013). Serie De Estudios a Profundidad Ends 1990 – 2010. *Serie de Estudios a Profundidad*, 1–58.
- Tanti, C.; Stukas, A. A.; Halloran, M. J., & Foddy, M. (2011). Social identity change : Shifts in social identity during adolescence. *Journal of Adolescence*, 34(3), 555–567. <https://doi.org/10.1016/j.adolescence.2010.05.012>.
- Topolewska-siedzik, E. (2018). Trajectories of Identity Formation Modes and Their Personality Context in Adolescence. *Journal of Youth and Adolescence*, 775–792. <https://doi.org/10.1007/s10964-018-0824-7>.
- Trochim, W. (2006). Qualitative Approaches. Retrieved from Social Research Methods website: <https://socialresearchmethods.net/kb/qualapp.php>.

Wirtz, A. L.; Pham, K.; Glass, N.; Loochkartt, S.; Kidane, T.; Cuspoca, D., ... Vu, A. (2014). Gender-based violence in conflict and displacement: Qualitative findings from displaced women in Colombia. *Conflict and Health*, 8(1), 10. <https://doi.org/10.1186/1752-1505-8-10>.

Chapter Two
**Experiences of pregnancy in
adolescence of Internally Displaced
Women in Bogotá: an ethnographic
approach¹**

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Abstract

Background: Pregnancy in adolescence is higher among internally displaced women in Colombia than non-displaced women. It is defined as a problem with significant negative outcomes by both biomedical and epidemiological approaches. However, little is known about pregnancy during adolescence from the perspective of women who experienced this in the specific context of armed conflict and displacement.

Aim: This article focuses on how internally displaced women understand their experiences of pregnancy in adolescence in the context of armed conflict through an ethnographic approach in a receptor community of internally displaced women in Bogotá, Colombia.

Methods: Based on 10 years of experience in the community, we conducted one year of fieldwork, using an ethnographic approach. We collected life stories of 20 internally displaced women through in-depth interviews and run 8 workshops with them and other women from the community. We used the thematic analysis.

Results: The main themes that emerged from participants' experiences include rural violence, early family life, characterized by violence and mistreatments at home, meanings of pregnancy at an early age including being challenged and feelings of love, and different reactions to pregnancies during adolescence from their families and their partners such as stigmatization.

Conclusion: Our in-depth analysis of the in-depth interviews and the workshops suggests that pregnancy in adolescence among women who are internally displaced has complex dynamics, including their violent context in the rural areas but mainly violence experienced during their childhood. The experience of pregnancy during adolescence brings feelings of ownership and also challenges that they face, together with the forced displacement. This understanding will provide insights for policy makers and healthcare providers on how to work with this specific population who have experienced pregnancy in adolescence.

Introduction

According to the national health survey in Colombia, the proportion of adolescents who were pregnant was higher among internally displaced persons (IDPs) than among adolescent population who has not been forced to migrate (Asociación Probienestar de la Familia Colombiana Profamilia, 2011). In Colombia, 13.8 percent of internally displaced girls aged 15-16 are pregnant, as compared to 7.5 percent of girls of the same age who have not been displaced. Among girls aged 17-19, 36.4 percent of internally displaced girls have experienced pregnancy, compared to 28.4 percent of non-internally displaced girls of the same age. (Asociación Probienestar de la Familia Colombiana Profamilia, 2011)(Flórez, 2005) (Morón-Duarte, Latorre, & Tovar, 2014)(Daniels, 2015). It happens in a country where the incidence of pregnancy in adolescence is still high with a prevalence of 19,5% and has been one of the highest in Latin America (Flórez, 2005)(Morón-Duarte et al., 2014)(Daniels, 2015).

In 2017, Villarán introduced the notion of 'possible pathways of pregnancies' (Villaran & Traverso, 2017) to explain how girls understand early pregnancies from their point of view in Lima, Perú. She includes in her analysis the affective dependence of the girls to their partners, linked with the absence of girls' parents, and forced relationships and rapes [(Villaran & Traverso, 2017). Despite the studies on pregnancies during adolescence, there is a lack of information about this topic in this specific population of internally displaced women in Bogotá, and how they understand it based on their experiences and from their point of view.

We will start by sketching out the different approaches to understanding pregnancy in adolescence, including biomedical and epidemiological ones, and different currents of thought within the anthropological approach. Next, we will explain the methodology and the ethical framing of the study. After presenting the results, we will discuss them in relation to current discourses on adolescent pregnancies.

APPROACHES TOWARDS PREGNANCY IN ADOLESCENCE

In understanding pregnancy in adolescence, biomedical and epidemiological perspectives have thus far been dominant. In biomedical literature, pregnancy in adolescence is primarily

defined as a problem with negative consequences for maternal, perinatal, and infant mortality (Cunnington, 2001) (WHO, 2012) (Liang & UNFPA, 2013). Some authors have described the association between pregnancy in adolescence and medical complications and undesirable medical outcomes (Deal & Holt, 1998) (Leppälahti, Gissler, Mentula, & Heikinheimo, 2013) (Conde-Agudelo, Belizán, & Lammers, 2005). In a similar vein, other authors discuss how pregnancy in adolescence relates to negative individual consequences, such as less economic opportunities, family and social rejection, emotional difficulties and educational underachievement (Boden, Fergusson, & John Horwood, 2008) (Meade, Kershaw, & Ickovics, 2008). In addition, the World Health Organization describes how pregnancy in adolescence contributes to the vicious cycle of ill-health and poverty (WHO, 2012). In epidemiological studies, pregnancy in adolescence is primarily framed as a problem to prevent. These perspectives often zoom in on risk factors for pregnancy in adolescence such as low educational level, lack of information about sexual health and family planning, cultural perceptions about motherhood, low socioeconomic status, a non-nuclear family structure, violence at home, lack of parental supervision, early initiation of sexual intercourse, and cultural and regional factors (Daniels, 2015) (Núñez & Cuesta, 2006).

While these approaches focus on the social impacts of adolescent pregnancy, we wonder how adolescents themselves understand 'the possible pathways of pregnancies' and how they experience this early motherhood. Regarding 'the possible pathways of pregnancies', the majority of studies have pictured the adolescents as victims responsible for what happened to them. For example, Ivey found that females who experience social isolation, unrealistic expectations regarding home responsibilities, lack of control and limited opportunity for decision-making or plans for the future may be at risk for pregnancy in adolescence (Ivey, 1999). In addition, Mora Cancino, in a study conducted in Mexico argued that pregnancy in adolescence was associated with 'other antisocial behaviours', such as alcohol and drugs consumption, as well as criminal actions, showing their low level of acceptance for the social norms in their society (Mora Cancino, 2015). Regarding experiences of motherhood, some studies also convey negative perceptions of adolescents. That is the case with one study in Uganda, which showed the difficulties for adolescents in coping with the stress of the transition from adolescence to parenthood. The adolescents also expressed regrets that pregnancy had reduced their opportunities in life, and regretted the decision to get into relationships, conceive or go into motherhood at an early age (Kaye, 2008). On the other hand, some authors have different and more positive findings, ascribing agency and the 'pathway of pregnancies' as a positive choice and care. In the United Kingdom, Anwar found that the young age of girls did not affect their ability to be competent mothers. Rather than being the outcome of low expectations, these young women could see the social and personal fulfilment of having a baby (Anwar & Stanistreet, 2015). In a study of African and Australian teenage mothers, motherhood brought happiness for many of the young women, despite the associated challenges of early parenting, along with an associated sense of maturity and responsibility (Ngum Chi Watts, Liamputtong, & Mcmichael, 2015).

Furthermore, according to Anastas (Anastas, 2017), different perspectives on pregnancy in adolescence can be classified with Kelly's typology. Kelly distinguishes three approaches of adolescent pregnancy. Type A includes all the articles where teenage pregnancies can be summarized as the expression: 'Something is wrong with the girl'. This group of studies includes lack of knowledge among girls about how to prevent an unwanted pregnancy, immature expectations of what being a mother is going to be like, past or present trauma including sexual abuse and other psychological problems. Type B is resumed as 'The wrong kind of family', where the girl's family of origin or her subculture failed to convey 'good' values about sexuality and preferred family forms. These studies remain with the concern over the fate of the nuclear family. And Type C describes as 'dissenting views' which is advanced from feminist, Afrocentric and other critical standpoints, where becoming a mother can be a rational route to attaining adult status and independence (Anastas, 2017).

In Colombia, there are some anthropological studies regarding pregnancy in adolescence. De la Cuesta, argued that pregnancy in adolescence in Colombia occurs in the context of a relationship where rules of romantic love and gender guide the behaviour of girls and men (De la Cuesta, 2001). The author explains that sexual relationships are related to their identity as women, and the transition from girls to mature women. The role of men is to introduce girls into romantic and sexual love (De la Cuesta, 2001). In addition, Pacheco concludes that pregnancy in adolescence occurs because of a lack of knowledge of family planning methods, romantic love ideals, and willingness to have a family that guides them towards having different partners and children (Pacheco Sánchez, 2016). The same author in another study explains how pregnancy is seen by society as a mistake where the girl is guilty and feels condemnation (Pacheco, 2015). Similarly, Quintero explains how girls who become pregnant do not feel prepared for the big responsibilities, and also that they cannot do the things they did as teenagers, such as going out to parties (Quintero Rondón & Rojas Betancur, 2015). These studies are related to the A and B of Kelly's typology, and contain more negative than positive understandings about early pregnancy.

While epidemiological studies show a rise of pregnancy in adolescence among internally displaced girls, anthropological studies in Colombia have not yet addressed this specific context. The number of displaced persons in Colombia who are affected by internal migration is one of the highest in the world (IDMC, 2019) leading to 6.7 million long-term internally displaced persons (IDPs), from which approximately 300,000 are living in Bogotá (IDMC, 2019). In fact, Colombia has the world's second largest displacement situation after the conflict in Syria. The forced displacement occurs due to extreme violence by armed groups such as guerrillas and paramilitarian groups in the countryside. This violence includes the recruitment of minors, sexual violence, the deployment of anti-personnel mines, kidnapping and massacres of entire villages (Alzate, Assistant, & Work, 2007). Both guerrillas and paramilitaries cultivated the trade of drugs as a means of obtaining resources for decades

(Meertens, 2002) (Meertens, 2010)(Wirtz et al., 2014). In spite of the peace agreement with FARC (Fuerzas Armadas Revolucionarias de Colombia, Colombian Revolutionary Armed Forces) guerrillas and a failed peace process with ELN (Ejército de Liberación Nacional, National Liberation Army) guerrilla group, this history is affecting and will affect Colombia for a long time, especially in the rural areas. In order to understand pregnancy in adolescence in this specific population of internally displaced women, it is necessary to understand how the context of armed conflict and displacement in Colombia affects the life of girls.

Despite extensive scholarship on adolescent pregnancy generally, there is little known about how internally displaced women experience and make sense of their own pregnancies during adolescence against a background of conflict and displacement. Therefore, an ethnographic approach makes important contributions to the understanding of pregnancy in adolescence among IDPs and to inform and guide the development of policies and programs.

Methods

To gain in-depth insight into the lifeworld of adolescent pregnancy from the perspective of displaced women in Colombia, we used an ethnographic approach. We used this approach because it is holistic, contextual, reflexive and presented from the emic perspectives, meaning from the perspectives of the members of the cultural groups involved (Trochim, 2006).

We performed in-depth interviews with a focus on life stories and participant observations. Alongside that, we organized workshops with the IDP women (which were also open to other women from the receiving community) which enabled a process of sharing and exchanging experiences in a safe atmosphere, to capture their experiences, their perceptions of armed conflict, displacement and motherhood. We expected that these workshops would provide more in-depth insights than those we had gained from the individual interviews and would also confirm the findings from the interviews.

SETTING AND PARTICIPANTS

Research was conducted in Ciudad Bolivar, Bogotá. Ciudad Bolivar is located in the southwestern part of the Capital District in the 19th locality. It has approximately 713,000 inhabitants. The area is about 13 million square meters, and 73% of the area is rural(*Bogotá y sus localidades*, n.d.) . Its urban area is the one that receives the majority of IDPs in the capital. Of this population, 94% of the people fall into the lowest socioeconomic status. Ciudad Bolivar is known as one of the most violent parts of Bogotá, with a murder occurring every

other day (Murillo Mojica, 2008). In this area, cells from illegal armed groups are operative (Murillo Mojica, 2008) (Departamento Administrativo de Planeación Distrital, 2004).

Participants were internally displaced women, all living in the community, who were mothers during adolescence, before the displacement, but their age at the time of this study varied from 18 to 35 years. We chose the definition of adolescence according to the World Health Organization, that is 'young people between the ages of 10 and 19 years' (WHO, 2012). Most of these mothers had their first child at age of 14. They had one to six children.

RECRUITMENT, DATA COLLECTION, DATA ANALYSIS

Research participants were invited by a local program known as *Vidas Móviles*. This program has been in the community for 12 years since 2006, and it is part of the service function of the Pontificia Universidad Javeriana. For a number of years before the study, the first author worked as a project physician in the community and she was known by some of the community people who were the key informants, which enabled her to invite participants via a snowball sampling strategy until saturation point. Fieldwork involved the first author visiting the community two or three times per week between June 2015 and May 2016, and irregularly (twice per month) in the following two years.

All participants were interviewed by the first researcher individually in Spanish, and all the interviews were recorded. Interviews were open, giving participants the freedom to tell their life stories, and were guided by the following five themes: original family, early pregnancies, armed conflict, displacement, and gender norms. These themes were inspired by several years of fieldwork in the community, as well as by relevant literature.

Furthermore, the first author organized eight workshops with 20 IDP women interviewed but was open to other women from the receiving community. The workshops had 18 to 30 participants. Six of the workshops were dedicated to activities, such as painting, writing, writing on the wall, singing, and role-playing. The workshops facilitated communication among the mothers and allowed them to elaborate freely on their experiences and their ideas about topics that were discussed in the interviews. These dynamics permitted them to share their opinions freely and openly and also identify similar experiences of other participants. The first 6 workshops took place in the first year of field work, one every two months. The last two workshops were intended to have a feedback of the analysis of this study and took place in the first semester of the second year of fieldwork.

Most interviews were conducted in the houses of participants and others were done in the community house of the project *Vidas Móviles*. The workshops were also conducted in the community house except one which took place in the house of one participant.

Participants were displaced by different armed groups. During the workshops, the identities of the people who caused (violent) displacement were kept anonymous to facilitate the engagement of the participants. Some of the materials that were a result of the workshops were kept by the participants and others were stored in a safe place. Photographic records were taken of all the materials.

We used the thematic analysis proposed by Miles et al. (Miles & Huberman, 1994), that includes a repetitive and simultaneous process of reducing data (review and become familiar with the data and codification), displaying data (organizing and compressing assembly of information), and drawing and verifying conclusions. (Miles & Huberman, 1994)

To analyse the data, the life stories, interviews and workshop stories were transcribed in Spanish and entered into the Nvivo program to facilitate further data coding and analysis. After a first round of close reading by the first author, important themes and fragments were identified, discussed with the other authors, and refined. In order to receive feedback regarding the adequacy of the interpretations, the analysis was presented to and discussed with the community in two additional workshops. For the publications, relevant quotes were translated from Spanish to English.

ETHICAL FRAMING

Research and ethical approval was granted by the Ethic Committee of the School of Medicine of the Pontificia Universidad Javeriana, Bogotá (Act 21/2015.FM-CIE-8744-15). In the same way, research protocol and methods were consistent with the Colombian Law. All participants had their first baby during adolescence, but at the moment of the interview their age was from 18 to 35 years old. Participants were asked to provide and to sign informed consent. We took care that the participants were fully informed about all aspects of the project and were aware that they could withdraw at any moment without providing reasons, and that eventual withdrawal would not affect their relationship with the community project Vidas Moviles in any way. Recordings were destroyed, and transcripts will be stored in accordance with Dutch Law in a protected location at Maastricht University for 10 years.

This research followed the ethical recommendations from the American Anthropology Association and continuously reflected on possible ethical concerns during the study that go beyond informed consent. We protected the identity of the participants by changing their names in the text. In addition, we did not identify the violent groups that are mentioned as causing displacement. We took care of the participants by following up during monthly workshops and helping them with some difficulties they were facing (e.g., helping them to

access the aid offered by the government, finding schools for their children, or attending to certain questions related to health).

Results

In this section, we will analyse the four main themes that came to the fore in the life stories of the participants as well as in the workshops, namely experiences of rural violence during their early lives, family life during their childhood, stories about becoming pregnant at an early age, and experiences of responses of family members and partners. After presenting how the women look back and give meaning to their stories about pregnancy in adolescence and their lives as young mothers in retrospect, we will discuss how our findings provide insight into the 'possible pathways of pregnancy' and relate them to relevant literature.

1. *Rural violence: 'They (the armed groups) are the owners of the village. There is no other law or rule... you cannot imagine what I've been through....'*

According to the National Planning Department in Colombia (Planeación, 2015), the rural areas in Colombia have worse life conditions in comparison to the cities. This is not only because of the armed conflict, but also because of the poverty and lack of availability of health and education in those areas.

When invited to share their life story all interviewees, without exception, point to the violence in the villages and the history of later displacement as major experiences. The women narrate an atmosphere of violence in the rural areas and some shared experiences of extreme violence and massacres due to the armed conflict. Participants explained that the guerrilla or paramilitary groups had control over the villages and the population. Farmers were forced to give these groups food and resources, women suffered sexual assault by these members, and young people were forced to be part of the groups. Some of the women explained how these groups took family members when they were children and how they asked for support using violence, threats or by killing people.

'We started to build our house. We worked on a farm with coffee, yuccas, and plantains... but they (armed groups) suddenly knew that we were there, so every week they came asking for food, cassavas, or two or three banana bunches. They took our maize, and they left our farm destroyed... Once I was at home, washing clothes, when they arrived. My husband was in the field, and one of the men wanted to have sex with me... my daughter was sleeping... so I started to fight with them. I told them that our house was not their house and that they should leave us... The man took me, but at that moment, my husband arrived, and he became really angry with the guy and tried to hit him... But the other guy

took out a gun and put it to my husband's head... At that moment, one of the head men of the group arrived... fortunately, he stopped the other men ... and they left. But at 8 p.m. ... they were coming ... They almost killed my husband... he said, 'pack some clothes, we will go.' ...So Peter told me that he will call his father to bring a horse to carry us and our clothes. His father arrived at 11. We packed some clothes for our girl and something for us... we arrived at 3 a.m. My mother-in-law cried. That day, Peter got some money for the bus, and we came here (Bogotá), that day'. (Luisa, in-depth interview)

For some women, violence—rape—was the cause of their pregnancy. The stories of the women showed how they and their family members more or less inevitably got involved with armed groups and violence because they lived immersed in the violent environment that represents the armed conflict in Colombia.

2. *Early family life: 'I think my pregnancies are because of that...all the things I lived through at home'*

Next to the violent atmosphere in their communities due to the armed conflict, all interviewees tell that their family circumstances during childhood life were difficult from the start. They not only recount neglect, suffering and a lack of care in their early family life, but also violence and rape. The women see these family circumstances as important determinants of their pregnancies. The idea that pregnancy in adolescence relates to this kind of suffering during childhood was shared by all participants.

The story of Betty, a 23-year-old woman, is illustrative of this belief:

'The relationship with my mother was really bad. She always mistreated me. She told me that I am not useful for anything... She hit me all the time... with anything she found, cable, sticks, or even a machete... She liked to put me on the floor, with her foot on my neck, and hit me very hard...She didn't hit my brothers... only me. When my father died, my mum sent me to my Aunt Ursula, but she hated me. Ursula wanted to kill me... I was 9...she hung me off the rafters and hit me with everything... she left me and her younger children locked in the room, without food, extremely hungry. And you know... we were children... we saw the neighbour that prepared a lot of food. Sometimes they threw the food away... and I started to steal the food... sometimes we escaped to look for food in the garbage. My aunt arrived usually at 5 or 6, and we were locked in the room... I can't forget those years... they were very sad... also when I went to live with my Aunt Ursula, her oldest son, with a cousin, tried to rape me too. So it was very hard for me. I didn't want endure that, all that mistreatment, the hits, and all the abuse... so I made the hardest decision I ever had made. I left home'. (Betty, in-depth interview)

It is striking that while one would expect that parents, family members, and caregivers would be protective and helpful in cases of pregnancy in adolescence, the opposite is true.

The characteristics of family life contribute to a situation in which teenage girls become vulnerable to pregnancy in adolescence. While rape appears to be a common experience for the participants, they also mentioned a lack of support from others when the rape happened. This is the case of Juana:

'I was 13 years old. That man (my stepfather) was terrible. He hit us, mistreated us... every night he arrived drunk to abuse us. It was very difficult. He called us bitches and all kinds of bad words. We usually went to bed with our clothes on... with shoes on. We were ready, waiting for him... I told my mum about the rape... but she didn't trust me. She said that it was my fault, that I wanted to be with him... and I answered her that if I wanted to be with him, I wouldn't have these wounds and all the pain that I have... and we said to my mum, 'we don't want to live with him,' but she said to us that he will change... and then, that week, he arrived drunk again... 'please don't hit my mum'... so my sister took a knife to defend my mum, and then the man was looking for my sister to kill her... we were forced to leave our home in the middle of the night...' (Juana, in-depth interview)

Most participants in our study explained that they got involved in early relationships with men (even from different armed groups) as a way to escape from indifferent, hostile or violent circumstances at home. They told that entering into relationships with men at early age was at that time seen as a way to avoid the mistreatment received at home. In their stories, women constructed pregnancy in adolescence as a result of the violence experienced during childhood and the need to flee from home.

'I was living with my mum, my uncle, and my brother... but I had a 'dog's life' (mistreatment)... I had to do the cleaning... and if something was wrong with the cleaning, I didn't receive food... He left me sleeping on the floor, very cold... I made the decision to leave my home at 11 years old... I thought it was a good decision, but it was the worst thing I could do... I left my home to go with a man much older than me... I was 11, and I was rebel. I think all of this led me to be a mother so early. I didn't think... about the bad life, the needs, the abuses... but then I didn't know that my partner was an addict. He was much older than me.' (Silvia, in-depth interview)

The life stories of the interviewees tell us how some of the women perceived their childhood as an important and determinant experience that, on many occasions, led them to leave their homes while they were still very young. This linked with ideas of 'genuine love affair' where women trust men, are the main explanation to get pregnant in an early age, from participants point of view, as was explain by Villaran, 2017 (Villaran & Traverso, 2017). This is what happen to our participants, where this decision to escape from home and engage into a relationship lead them to get pregnant.

In addition, many of participants had different children with different partners. It could be explained by the desire they had to build a family and experience stability, as some authors

have argued (Cadena-camargo, Krumeich, Duque-páramo, & Horstman, 2019). This is the case of Sandra who explained as following:

'I was 17 when I got pregnant again. The father of my first baby abandon us, so I returned to my mother and stepfather, and I started to work in cleaning... and then I meet the father of my second child. He worked in a coca crop. He told me that we could live together and that he would take care of my first child. I trust him. I got pregnant of him, and when I told him, he said that he already had another woman'. (Sandra, in-depth interview).

The following section discusses how the participants described the reactions of their families and partners when they became pregnant.

3. *Reactions to pregnancies: 'When my stepfather noticed that I was pregnant, he slapped my face and told me, 'You are a whore and that is why you are pregnant''*

In narrating their life stories, the girls expressed that they did not know that they were pregnant for quite a while and that the pregnancy was unexpected. In general, most of them were only at the age of fourteen or fifteen; they expressed that they felt panic and distress and needed understanding and help. However, in line with the stories about a lack of care during early childhood, women felt that they did not receive support from their original families; rather, they received negative and punitive reactions from their parents and siblings regarding their pregnancies.

'I was 13 and pregnant, but I didn't know... I had sex with a boy, and I got pregnant, but I was not a virgin because my stepbrother had raped me, but I never told anyone about that. So... after two months, my breasts started to itch... and sometimes I had liquid come out of a breast... so my mum shouted at me... 'Don't tell me that! You are pregnant' and she grabbed my face. And later she threw me out of the house... I pleaded with her... 'Please don't do that. I can do whatever you want,' but she said, 'no,' because here in Bogotá, people don't rent rooms with children, and you knew that it is bad... My mum kicked me out of the house... she said to me 'go look for a house of a friend because you opened the legs, so you must work to deal with that'. (Monica, in-depth interview)

When we inquired about family planning methods, some mothers said that they did not pay attention about family planning before their pregnancies and also expressed that in the countryside, family planning is not an important topic. Nevertheless, other women expressed that they became pregnant even if they had some knowledge about how to prevent pregnancy, because they wanted to please their partners.

'Yes, I knew about condoms and those things...but in the village, you don't mind so much to that... for example; you put the condoms full of water in your room to protect you from mosquitos (laughing)...' (Olga, in-depth interview)

'You know, when they (men) ask for a baby, you must to give it to them... otherwise, they will ask it from another woman.' (Sonia, workshop)

Some participants expressed that talked to their mothers about sex or family planning methods were difficult, because is still a taboo. Sandy said about it:

'My mom never told me about sex or ay method. You should not date with boys, and that is it. Those are topics that you learn at school'. (Sandy, in-depth interview)

While family members were not that positive when they got pregnant, the fathers of the babies (i.e., the men or boys that had relations with the girls) often were not very helpful either. Most stories displayed a similar pattern. Women described that they often entered into relationships to escape violence in their homes or in their villages, searching for shelter, safety and happiness. Their partners were farmers or even members of the armed groups. They explain that when they became involved in relationships, the men were enthusiastic, friendly, and caring. However, after some time, especially when the women became pregnant, the men changed. Women were abused and mistreated, and their partners were unfaithful to them or even abandoned them.

'My husband left us 7 months ago... with another woman... they started at parties, dancing and drinking... and I have suffered a lot because... you know... he has been my only man, and I have cried a lot. I went to his mum's place and asked him to come back with us... I begged him 'don't leave us,' but he refused. So, I decided to go...' (Patty, in-depth interview)

During the workshops, looking back to their lives, many of the participants explained that the role of a Colombian woman is more difficult than the role of a man because a woman needs to work, take care of the children and the house, and please the man. Men only work and want to be pleased by women, and children. Regarding this 'Macho' society, as alluded to by Quevedo (Quevedo-Gómez, Krumeich, Abadía-Barrero, Pastrana-Salcedo, & van den Borne, 2012), men are socially allowed to have other women. In the case of our participants, sometimes they knew about their partner's unfaithfulness, but they decided to stay with their partners due to economic support.

'I think the men just wanted to abuse you... It is very hard, but you know... sometimes you accept because you don't have any money...' (Sandra, workshop)

'Yes, after my little boy, I got pregnant again. I realized that when I was 3 months pregnant. But at that moment, I knew that my husband had another woman, so I talked with him. He asked me for forgiveness, and I forgave him... because you know... what you can do with the children alone?' (Laura, in-depth interview)

'That is true... I think as a woman, your life is difficult. For the men, life is easy... and it could be worse if you are a single mother....' (Paola, workshop)

From the narratives of the women, it was clear that their partners did not take care of them and their children. When partners left them, it could be for different reasons: their partners were in jail, were killed, or just left because of another woman. Some of the women explained that they as women have had different partners during their lives, and they were sometimes looking for support for their children. The oldest participants had five to six children and, to a fairly large extent, had to take care of their children on their own.

4. *Meanings of pregnancy: 'That was the best experience of my life... but not really'*

In the workshops we invited the interviewees to explain what pregnancy and motherhood at a very early age meant to them. Surprisingly, considering the life stories of the women, some of the women described motherhood as a beautiful experience that offers the opportunity to give love and care for children. Motherhood for them represents a chance to build a family.

'Being a mother is a beautiful experience... you know... to have a baby, something that is yours and you can take care of... the only thing is that you need to work hard to feed them and try to give them all the things you didn't receive.' (Lourdes, workshop)

They also expressed that they would like to meet all of their children's needs and prevent them from suffering. However, they also reflected in their life stories that they were sometimes frustrated or dissatisfied by how they were raised their children. Women noted that their children felt they lacked their mother's time, attention and love; that they experienced deprivation; and that they, too, were affected by the displacement.

'My children are rebellious because of everything... my son is an addict... My daughter is now a young mother, as I was, and she has no stability. I couldn't do anything for them. I knew that they needed me, but they also shouted at me that they hated me... I once thought of suicide... I think people cannot understand all the things that happened to me, the needs, abuses, rapes... I think my children are like this because of the displacement....' (Francisca, in-depth interview)

From the workshops we found as a main topic the ideal of a nuclear and happy family that is not always a reality. Nevertheless, as young mothers, they wanted to give to the children everything they can in order to grow up as 'good persons'. They also share the opinion that being a mother represents a challenge that you cannot escape but gives to you a reason to continue in life.

Discussion

In this article we analyse the experiences of displaced women with adolescent pregnancy in Colombia and explore the 'pathway of pregnancies' they had from their point of view. Internally displaced women explain their 'pathways of pregnancies', shaped by the difficult rural context in an environment of armed conflict where they were born and raised, but not less importantly, surrounded by violent family circumstances during childhood that could be interconnected. Their ideals of having a beautiful family and putting trust in another opportunity to rebuild their lives, guides them to escape from home and get into relationships, resulting in early pregnancies, whether wanted or not. Motherhood represents an ideal opportunity to achieve fulfilment; nevertheless, breakdowns lead them to challenges in being 'good' mothers and supplying all the needs of the children.

First of all, rural violence was a major theme of participants' life stories. Being in an armed conflict context represented traumatic experiences for participants. They were forced to satisfy the needs of members of armed groups, including sexual activities. At the same time, sexual violence was used as weapon of war. It is in the same line as some scholars as Ortiz, Wilches and Alzate, who have identified these patterns (Ortiz, 2017)(Wilches, 2010)(Alzate et al., 2007). This violence included violence caused by armed groups, but also structural and interpersonal violence within home settings. Women reported that experiences of interpersonal violence at home often pushed them to leave their family home, and to seek romantic relationship with a male partner (who may have been a member of an armed group) in order to experience safety and stability. Many of the participants in this study reported early experiences of sexual coercion and violence.

Moreover, after leaving their homes, they tried to build a family, getting into relationships with men, but they often fell into abusive relationships, trying to escape again and repeating the story. That is why, they explain, they have many children with different fathers. Similar to our findings, some authors have explained this situation of desire for love or normalcy of family in different settings (Eni & Phillips-beck, 2013)(Bautista, 2016)(Nieto, 2011). From their stories become clear that the lack of support of the fathers of the babies was significant. It is according to others researches about early pregnancy (Ngum Chi Watts et al., 2015).

In addition, structural violence in the form of poverty and lack of opportunities is well-documented in Colombia and is worse in rural than in urban areas (Planeación, 2015). Childhood experiences of poverty, lack of opportunity and interpersonal violence have been reported by women who experienced adolescent pregnancy in contexts as varied as the Democratic Republic of Congo (Mels, 2012). Authors such as Zanchi (Zanchi, Pereira, Biondi, Rita, & Gonçalves, 2016) and Harden (Harden, Brunton, Fletcher, & Oakley, 2009) suggest

that girls living in unfavourable contexts, (i.e., who obtained little education, had limited future employment prospects, or lived in otherwise difficult circumstances), were likely to live in similar situations as adults and often understood early entry into motherhood not as a problem, but as a natural progression in life that would not cause them harm. This sentiment was echoed by participants in our study.

Interpersonal and sexual violence is also widely reported in the literature as a contributing factor to early pregnancy (Roosa, Tein, Reinholtz, & Angelini, 2006)(Young, Deardorff, Ozer, & Lahiff, 2011). Going back to Kelly's typology, this study could be part of type A and B, because of the traumas lived by participants, and also because of the history of violence residing in the families of origin (Anastas, 2017).

Furthermore, our participants shared how on becoming pregnant, they lacked support and were on their own. Their stories showed how they need social support in order to face the challenges of pregnancy and motherhood. Similarly to our findings, some authors have pointed out how young mothers felt being neglected by parents and other adults or how they lack social support (Eni & Phillips-beck, 2013)(Aziato et al., 2016).

Regarding their perception of teenage motherhood, participants expressed ambiguities based on their experiences. On the one hand, pregnancy was an opportunity to build a family and to experience love in an often hostile environment. On the other hand, it was extremely difficult to raise children alone. These ambiguities are shared with some authors in different settings, where motherhood helped girls to be better persons and increased sense of responsibility (Mejía-Mendoza et al., 2015)(Mohammadi, Montazeri, Alaghband rad, Ardabili, & Gharacheh, 2016). Some studies to address positive meanings of motherhood where adolescent pregnancy was described as a positive life event that transitioned them into adulthood and provided opportunity for personal growth (Spear & Lock, 2003) . This is comparable to our findings. Going back to Kelly's typology, participants' stories conveyed the desire to build a family alongside notions that becoming a mother can lead them to an adult status, leading us into type C (Anastas, 2017).

Limitations

As a qualitative approach, the empirical findings cannot be generalized to other populations in other contexts. We analysed life-stories, which are the construction about their lives, from their perspective in a moment of life. It is specifically on how they constructed on their own lives. In that sense, there is not recall bias, because it is not about the 'truth', but instead, it is about on how they construct their lives, even if the pregnancy or the displacement occurred long time ago.

Coding was only conducted by one person, nevertheless, the emerging themes were discussed with other authors. Similarly, eventual bias is also reduced because all data and interpretations were discussed with the other members of the research team, who were not part of Vidas Móviles project.

People from the neighbourhood known the first author as a physician and as part of the project Vidas Móviles. Participants in the study expressed that condition as a plus, because they trusted the researcher and felt that they could share their experiences, including medical issues.

Conclusion

This study demonstrates the ambiguities and complexities in which pregnancy during adolescence among internally displaced women occurs from their perspectives. The pathways of pregnancies from their perspective are mainly led by the violence not only suffered in the armed conflict context in the rural areas, but mainly by the violence suffered in their original families. According to the analysis, early pregnancies brought them stigmatization but also feelings of challenge and ownership. Pathways of pregnancies among internally displaced women are complex and go beyond anticonception methods or family planning strategies. This study provides insights of realities of this specific population and their perspectives regarding they experiences as young mothers.

References

- Alzate, M. M.; Assistant, P. D., & Work, S. (2007). The sexual and reproductive rights of internally displaced women : the embodiment of Colombia ' s crisis. *Disasters*, (August 2003), 131–148. <https://doi.org/10.1111/j.0361>.
- Anastas, J. W. (2017). What's the Story? Views of Pregnant Teens in Qualitative Research. *Affilia*, 32(2), 133–170. <https://doi.org/10.1177/0886109916678028>.
- Anwar, E., & Stanistreet, D. (2015). "It has not ruined my life; it has made my life better": a qualitative investigation of the experiences and future aspirations of young mothers from the North West of England. *Journal of Public Health (Oxford, England)*, 37(2), 269–276. <https://doi.org/10.1093/pubmed/fdu045>.
- Asociación Probienestar de la Familia Colombiana Profamilia. (2011). *Encuesta Nacional de Demografía y Salud 2010 Ministerio de la Protección Social*. Retrieved from <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/GCFI/Base de datos ENDS 2010 informe.pdf>.
- Aziato, L.; Hindin, M. J.; Maya, E. T.; Manu, A.; Amuasi, S. A.; Lawerh, R. M., & Ankomah, A. (2016). Adolescents' Responses to an Unintended Pregnancy in Ghana: A Qualitative Study. *Journal of Pediatric and Adolescent Gynecology*, 29(6), 653–658. <https://doi.org/10.1016/j.jpag.2016.06.005>.
- Bautista, N. C. (2016). De víctima a victimaria: la mujer en la crianza de los hijos * From victim to victimizer: women in parenting. *Revista Diversitas -Perspectivas En Psicología*, 12(1), 83–96. <https://doi.org/10.15332/s1794-9998.2016.0001.06>.
- Boden, J. M.; Fergusson, D. M., & John Horwood, L. (2008). Early motherhood and subsequent life outcomes. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 49(2), 151–160. <https://doi.org/10.1111/j.1469-7610.2007.01830.x>.
- Bogotá y sus localidades*. (n.d.). Retrieved from <https://www.culturarecreacionydeporte.gov.co/es/bogotanitos/bogodatos/bogota-y-sus-localidades>.
- Cadena-camargo, Y.; Krumeich, A.; Duque-páramo, M. C., & Horstman, K. (2019). ' We just been forced to do it ' : exploring victimization and agency among internally displaced young mothers in Bogotá. *Conflict and Health*, 1, 1–15.

- Conde-Agudelo, A.; Belizán, J. M., & Lammers, C. (2005). Maternal-perinatal morbidity and mortality associated with adolescent pregnancy in Latin America: Cross-sectional study. *American Journal of Obstetrics and Gynecology*, *192*(2), 342–349. <https://doi.org/10.1016/j.ajog.2004.10.593>.
- Cunnington, a J. (2001). Margaret Jackson prize essay 2000. What's so bad about teenage pregnancy? *Journal of Family Planning & Reproductive Health Care*, *27*(1), 36–41.
- Daniels, J. P. (2015). Tackling teenage pregnancy in Colombia. *The Lancet*, *385*(9977), 1495–1496. [https://doi.org/10.1016/s0140-6736\(15\)60738-3](https://doi.org/10.1016/s0140-6736(15)60738-3).
- De la Cuesta, C. (2001). *Taking Love Seriously : The Context of Adolescent Pregnancy in Colombia Tomarse el Amor en Serio : El Contexto del Embarazo en la Adolescencia en Colombia*. *12*(3), 180–192. <https://doi.org/10.1177/104365960101200302>.
- Deal, L. W., & Holt, V. L. (1998). Young maternal age and depressive symptoms: results from the 1988 National Maternal and Infant Health Survey. *American Journal of Public Health*, *88*(2), 266–270. <https://doi.org/10.2105/AJPH.88.2.266>.
- Departamento Administrativo de Planeación Distrital. (2004). *Recorriendo Ciudad Bolívar. Diagnóstico Físico y socioeconómico de las localidades de Bogotá, D. C.* 1–99. Retrieved from http://www.shd.gov.co/shd/sites/default/files/documentos/Recorriendo_Ciudad_Bolívar.pdf.
- Eni, R., & Phillips-beck, W. (2013). Teenage Pregnancy and Parenthood Perspectives of First Nation Women Teenage Pregnancy and Parenthood Perspectives of First Nation Women. *The International Indigenous Policy Journal*, *4*(1), 1–23. <https://doi.org/10.18584/iipj.2013.4.1.3>.
- Flórez, C. E. (2005). Factores socioeconómicos y contextuales que determinan la actividad reproductiva de las adolescentes en Colombia. *Revista Panamericana de Salud Pública*, *18*(6), 388–402. <https://doi.org/10.1590/S1020-49892005001000002>.
- Harden, A.; Brunton, G.; Fletcher, A., & Oakley, A. (2009). Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies. *Bmj*, *339*(nov12 1), b4254–b4254. <https://doi.org/10.1136/bmj.b4254>.
- IDMC. (2019). Colombia. Retrieved from <http://www.internal-displacement.org/countries/colombia>.
- Ivey, J. B. (1999). “Good little girls”: Reports of pregnant adolescents and those who know them best. *Comprehensive Child and Adolescent Nursing*, *22*(2–3), 87–100. <https://doi.org/10.1080/014608699265310>.

- Kaye, D. K. (2008). Negotiating the transition from adolescence to motherhood: Coping with prenatal and parenting stress in teenage mothers in Mulago hospital, Uganda. *BMC Public Health*, 8(1), 83. <https://doi.org/10.1186/1471-2458-8-83>.
- Leppälahti, S., Gissler, M., Mentula, M., & Heikinheimo, O. (2013). Is teenage pregnancy an obstetric risk in a welfare society? A population-based study in Finland, from 2006 to 2011. *BMJ Open*, 3(8). <https://doi.org/10.1136/bmjopen-2013-003225>.
- Liang, E. L. M., & UNFPA. (2013). ADOLESCENT PREGNANCY : A Review of the Evidence ADOLESCENT PREGNANCY : A Review of the Evidence. *Unfpa*, (2013), 1–58.
- Meade, C. S.; Kershaw, T. S., & Ickovics, J. R. (2008). The intergenerational cycle of teenage motherhood: an ecological approach. *Health Psychology : Official Journal of the Division of Health Psychology, American Psychological Association*, 27(4), 419–429. <https://doi.org/10.1037/0278-6133.27.4.419>.
- Meertens, D. (2002). DESPLAZAMIENTO E IDENTIDAD SOCIAL. *Revista de Estudios Sociales*, (11), 4–6. <https://doi.org/https://doi.org/10.7440/res11.2002.12>.
- Meertens, D. (2010). Forced displacement and women's security in Colombia. *Disasters*, 34 Suppl 2, S147-64. <https://doi.org/10.1111/j.1467-7717.2010.01151.x>.
- Mejía-Mendoza, M. L.; Laureno-Eugenio, J.; Gil-Hernández, E.; Ortiz-Villalobos, R. C.; Blackaller-Ayala, J., & Benitez-Morales, R. (2015). Condiciones socioculturales y experiencia del embarazo en adolescentes de Jalisco, México: estudio cualitativo. *Revista Colombiana de Obstetricia y Ginecología*, 66(4), 242. <https://doi.org/10.18597/rcog.291>.
- Mels, C. (2012). Entre pobreza y violencia: ¿ cómo afectan los estresores diarios y la violencia a adolescentes en zonas de guerra? *Ciencias Psicológicas*, 6(2), 111–122. Retrieved from http://www.scielo.edu.uy/scielo.php?pid=S1688-42212012000200002&script=sci_arttext&tlng=pt.
- Miles, M. B., & Huberman, A. M. (1994). Quick Guide to Qualitative Analysis. *Region of Waterloo Public Health*. Retrieved from <https://www.yumpu.com/en/document/view/17329392/qualitative-data-analysis-region-of-waterloo-public-health>.
- Mohammadi, N.; Montazeri, S.; Alaghband rad, J.; Ardabili, H. E., & Gharacheh, M. (2016). Iranian pregnant teenage women tell the story of “fast development”: A phenomenological study. *Women and Birth*, 29(4), 303–309. <https://doi.org/10.1016/j.wombi.2015.11.003>.
- Mora Cancino, A. M. (2015). erinatología Y. *Perinatología y REproducción Humana*, 29(2), 83–87. <https://doi.org/10.1016/j.rprh.2015.05.004>.

- Morón-Duarte, L. S.; Latorre, C., & Tovar, J. R. (2014). Revista panamericana de salud publica. *Revista Panamericana de Salud Pública*, 36(5), 179–184. Retrieved from <https://www.scielosp.org/article/rpsp/2014.v36n3/179-184/>.
- Murillo Mojica, O. (2008). ¿Por qué no ceden los homicidios de jóvenes en Ciudad Bolívar? *El Tiempo*. Retrieved from www.eltiempo.com/bogota/aumentan-los-homicidios-de-jovenes-en-ciudad-bolivar-201354.
- Ngum Chi Watts, M. C.; Liamputtong, P., & Mcmichael, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15(1), 873. <https://doi.org/10.1186/s12889-015-2215-2>.
- Nieto, J. (2011). *Embarazo adolescente en Bogotá: construir nuevos sentidos y posibilidades*. Retrieved from <http://colombia.unfpa.org/sites/default/files/pub-pdf/Páginas-interiores-publicación-SDS-UNFPA%281%29.pdf>.
- Núñez, J., & Cuesta, L. (2006). *Efectos de la demografía sobre el bienestar de las madres y sus hijos*.
- Ortiz, W. (2017). *Reclutamiento forzado de niños, niñas y adolescentes: de víctimas a victimarios Recruiting forced from children and adolescents: from victims to perpetrators Recrutamento forçado de crianças e adolescentes: de vítimas para agressores*. 15(01), 147–161. <https://doi.org/10.15665/re.v15i1.692>.
- Pacheco, C. I. (2015). Agencia social, sexualidad y embarazo en menores de 15 años. *Gerencia y Políticas de Salud*, 14(29), 62–82. <https://doi.org/10.11144/Javeriana.rgyeps14-29.asse>.
- Pacheco Sánchez, C. I. (2016). Embarazo en menores de quinceaños: Los motivos y la redefinición del curso de vida. *Salud Publica de Mexico*, 58(1), 56–61. <https://doi.org/10.21149/spm.v58i1.7668>
- Planeación, D. nacional de. (2015). Diagnóstico de la pobreza rural en Colombia. Retrieved August 20, 2006, from https://colaboracion.dnp.gov.co/CDT/Agriculturapecuarioforestal_y_pesca/PobrezaRural.pdf
- Quevedo-Gómez, M. C.; Krumeich, A.; Abadía-Barrero, C. E., Pastrana-Salcedo, E., & van den Borne, H. (2012). Machismo, public health and sexuality-related stigma in Cartagena. *Culture, Health and Sexuality*, 14(2), 223–235. <https://doi.org/10.1080/13691058.2011.629682>.
- Quintero Rondón, A. P., & Rojas Betancur, H. M. (2015). El embarazo a temprana edad, un análisis desde la perspectiva de madres adolescentes. *Unplanned Pregnancy, an Analysis from the Perspective of Teenage Mothers.*, (44), 222–237. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=fua&AN=101332421&lang=es&site=ehost-live>.

- Roosa, M. W.; Tein, J.-Y.; Reinholtz, C., & Angelini, P. J. (2006). The Relationship of Childhood Sexual Abuse to Teenage Pregnancy. *Journal of Marriage and the Family*, Vol. 59, p. 119. <https://doi.org/10.2307/353666>.
- Spear, H. J., & Lock, S. (2003). Qualitative research on adolescent pregnancy: A descriptive review and analysis. *Journal of Pediatric Nursing*, 18(6), 397–408. [https://doi.org/10.1016/S0882-5963\(03\)00160-X](https://doi.org/10.1016/S0882-5963(03)00160-X).
- Trochim, W. (2006). Qualitative Approaches. Retrieved from Social Research Methods website: <https://socialresearchmethods.net/kb/qualapp.php>.
- Villaran, V., & Traverso, P. (2017). Narrativas sobre el embarazo y la maternidad en mujeres adolescentes de sectores urbano marginales de Lima que acaban de dar a luz. *Revista de Psicología*, 35(0254–9247), 442. <https://doi.org/10.18800/psico.201702.004>.
- WHO. (2012). Adolescent health. Retrieved December 3, 2018, from http://www.who.int/topics/adolescent_health/en/.
- Wilches, G. H. (2010). Lo que hemos aprendido sobre la atención a mujeres víctimas de violencia sexual en el conflicto armado colombiano. *Revista de Estudios Sociales*, (36), 54–59. <https://doi.org/10.7440/res36.2010.08>.
- Wirtz, A. L.; Pham, K.; Glass, N.; Loochkartt, S.; Kidane, T.; Cuspoca, D.; ... Vu, A. (2014). Gender-based violence in conflict and displacement: Qualitative findings from displaced women in Colombia. *Conflict and Health*, 8(1), 10. <https://doi.org/10.1186/1752-1505-8-10>.
- Young, M.-E. D.; Deardorff, J.; Ozer, E., & Lahiff, M. (2011). Sexual Abuse in Childhood and Adolescence and the Risk of Early Pregnancy Among Women Ages 18–22. *Journal of Adolescent Health*, 49(3), 287–293. <https://doi.org/10.1016/j.jadohealth.2010.12.019>.
- Zanchi, M.; Pereira, N.; Biondi, H. S.; Rita, M., & Gonçalves, C. V. (2016). *Teenage maternity : life ' s new meaning ?* 26(2), 199–204.

Chapter Three

**‘We just been forced to do it’: Exploring
victimization and agency among internally
displaced young mothers in Bogotá¹**

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Abstract

Background: Armed conflict in Colombia has a history of 50 years that continues to this day. According to the Victims Record of Colombia, from 1985 to 2013 2.683.335 women have been victims of the armed conflict. Women have been described as the main victims of the armed conflict, especially in the Colombian cultural context that in some regions is still considered to be a 'machista' and patriarchal one. In contrast, some authors have explicitly stressed Colombian women's agency instead of positioning them only as victims. Some of them are described as 'survivors' of the war, emphasizing their impressive resistance to the outcomes of war and forced displacement. In contrast to the background of these scholarly discussions, our study focused on how displaced women living in Bogotá themselves articulate their experiences of agency and victimization. This paper will therefore explore how women, in reconstructing their life stories, expressed the tussles between victimization and agency.

Methods: We used qualitative methods conducted within an ethnographic approach. Based on ten years of experience in the neighbourhood and one year of fieldwork, we collected the life stories of twenty internally displaced mothers, and ran eight workshops with them. We analysed the narratives with a specific focus on how women expressed victimization and agency in four important periods in their life that related to the process of displacement: when they left home, when they became pregnant, when they were forced to leave their towns, and when they arrived in Bogotá.

Results: Participants' life stories showed how they struggled with agency during their lives. They were victims of abuse and violence during childhood and finally decided to leave their homes. They decided to have their babies despite the fact that they were abandoned by their partners and families, and after doubts about and attempts to have an abortion. Throughout the process of displacement the participants had been engaged in ambiguous relationships with armed groups. Finally they arrived in Bogotá and faced adverse circumstances but were looking for better opportunities for them and their children.

Conclusion: The analysis of how internally displaced women narrated their life stories showed us that the concepts that dominate scholarly debates about agency, victimization and survivorship do not do justice to the life stories of the participants in our study. These stories show that changes with a major impact were loaded with ambiguity and were characterized by helplessness, lack of control and agency simultaneously. The reconstruction of these life

stories goes beyond the stereotype of displaced women as only 'victims', but points also to their agency and courageous decisions they made in contexts that were not controlled by them and where support was often lacking. Instead of labeling them, it is important to understand the complexity of the life experiences of IDW, in order to build policies that offer them aids as victims, but also build policies and intervention programs that empower them as agents in order to support them during resettlement.

Introduction

ARMED CONFLICT AND INTERNAL DISPLACEMENT IN COLOMBIA

Armed conflict in Colombia has a history of more than fifty years that still continues, despite the peace treaty signed by government and the biggest guerrilla group FARC (Fuerzas armadas revolucionarias de Colombia, in English: Revolutionary armed forces of Colombia). According to the Victims Record of Colombia, from 1985 to 2013 there are 2.683.335 women that are victims of the armed conflict. From those, 2.420.887 women have been forcibly displaced, 1.431 have suffered sexual violence, 2.601 have been forced to disappear, 12.624 have been killed, 592 have been hurt by an antipersonnel mine, 1.697 have been illegally recruited and 5.873 have been kidnapped (Historica, 2013).

Women have been described as the main victims of the armed conflict, especially in the Colombian cultural context that in some regions is still considered to be 'machista' and patriarchal one (Quevedo-Gómez, Krumeich, Abadía-Barrero, Pastrana-Salcedo, & van den Borne, 2012). Cadavid shows how women in Colombia are vulnerable targets of the armed conflict, a condition that requires specific policies that aim to protect them (Cadavid Rico, 2014). Alzate points out how displaced women in Colombia are victims of all kinds of violations of their sexual and reproductive rights, such as the right to health, right to decide on the number of children, right to physical integrity and to live free from violence, and the right to privacy (Alzate, 2008). In addition, according to the Consejo Nacional de Política Económica y Social (CONPES, in English: Politic, Economic and Social National Council), there is visible recognition of the power relationships among men and women, whereby masculinity is considered as privileged, unequal and unjust (Consejo Nacional de Política Económica y Social República de Colombia, 2013).

On the other hand, some authors in Colombia have also explicitly stressed Colombian women's agency instead of being victims only. Osorio described them as 'survivors' of the war but even more, he showed their impressive resistance to these extremely painful and precarious situations, positioning them as 'agents' who can restart life and overcome their displacement (Osorio Perez & Breña, 2008).

In this study we were interested in how Internally Displaced Women (IDW) living in Bogotá themselves articulate their experiences of victimization and agency. To that purpose, we studied how they reconstructed their life stories and reflected on their own experiences.

DEBATES ABOUT VICTIMIZATION, SURVIVORSHIP AND AGENCY

Violence against women during and after armed conflict is globally recognized. United Nations reports explain how armed conflict exacerbates patterns of violence against women in different ways: increasing the incidences of everyday violence, particularly domestic violence, and increasing as communities break down during and after conflicts (Daher, 2002). Additionally, among different kinds of violence, sexual violence in particular is used against women during and after armed conflict. As Haeri explained, sexual violence is used to punish, shame, intimidate, or simply to destroy the fabric of a community. Jack et al., explain that ‘By raping women, who represent the purity and culture of the nation, invading armies are also symbolically raping the nation itself’ (Haeri & Puechguirbal, 2010).

Violence against displaced women has been documented worldwide (Jack, 2003). In Europe, for example, Freedman (Freedman, 2016) showed how women refugees from Syria who arrived recently in Europe to find protection, are vulnerable to multiple forms of insecurity and violence. They have been forced to engage in sex to pay for their passage, among other violent acts (Freedman, 2016). In Asia, experiences of armed conflict and displacement in Syria, Sri Lanka and Nepal, clearly show how women experience violence (Alsaba & Kapilashrami, 2016) (Tambiah, 2004) (Rajasingham-Senanayake, 2004) (Siriwardhana & Wickramage, 2014) (Thomas, Roberts, Luitel, Upadhaya, & Tol, 2011). Alsaba pointed out how even new forms of violence emerged and existing patterns of violence are often amplified and intensified as sexual violence. The author said that violence against women is understood as a tactic of war that includes military sexual slavery and forced prostitution in Syria (Alsaba & Kapilashrami, 2016). Africa is not an exception, with examples in different countries such as Uganda and the Republic of Congo (Dryden-Peterson, 2006) (Jacobsen, 2004). Jacobsen and Dryden pointed out how refugees in these countries have been found to be at risk of sexual violence, human trafficking or labor exploitation (Dryden-Peterson, 2006) (Jacobsen, 2004). In addition, Knap pointed out how migration represents a drastic life change and gender roles and relations often shift in this process; this has been even more difficult for women (Knap, Muller, & Quiros, 2009).

Historically, violence is considered to be committed by men (Hayle, 2007). For example, Goldstein’s historical review pointed out how it is implied in history that men fight and women do not (Goldstein, 2011). Women are portrayed as supportive to men when they go to war, in example providing them with entertainment and relief after battles while the ones who fight are the men. Furthermore, the author explained how the roles of women

remained consistent after war, especially the responsibility for home life (Goldstein, 2011). As Jack argued, the construction of the identities of women in their gendered roles as mothers and guardians of the culture implies that they are vulnerable and need protection (Jack, 2003). This identity is embedded in culture as described by Elshtain in 1989. She suggested the features of women's role in war as two opposites: the 'beautiful soul' or the 'Spartan mother'. The first depicts women as better human beings, distanced from the dirt and brutality of the world, with the mission of being mothers and wives. On the other hand, the Spartan mother encourages men to fight, or wishes to fight herself, and actively supports war (Harders, 2011).

Many authors over time have agreed that in war zones, being a woman is a synonym of being a victim, just based on their gender. Some authors define 'victim' as any form of violence of abuse committed against women (Hayle, 2007) (Dignan, 2005). This concept even initiated a specific research field in criminology, namely victimology (Hayle, 2007) (Dignan, 2005). The use of the concept 'victim' has been controversial especially related to sexual violence and rape. Discussions about this notion reflect the tensions between the fields of feminist studies and victimology. Victimologists, working in a specific research field in criminology, prefer the use of 'victim' for persons who suffer a sexual assault, and feminist researchers prefer the term 'survivor' (Hayle, 2007). As Walklate explained, the use of the term 'victim' has been associated with blaming and re-victimization of the person who was sexually assaulted. The author also argued that the term 'victim' has implicit the assumption of a specific stereotype of 'normal' victim. The stereotype of a victim allows men to judge if the behavior of the victim was or was not appropriate, for example, dressing in a particular way that may incite male to rape (Hayle, 2007). According to Serrier, the concept of 'survivor' was introduced in the eighties in order to empower women to 'speak out'. When women share their experiences, their speech permit them to recover their autonomy. They are not blamed or made to feel guilty. They become heroic activists and speakers, rather than silenced victims. It also is an inspiration for others who suffered assault to change their thinking around self-blame or isolation. They could understand that there are more survivors of this kind of assaults. It contributes to changing the social myths and victim-blaming attitudes about rape (Serisier, 2018).

The use of the term victim or survivor is fundamental, because can be internalized and made part of one's identity (Williamson & Serna, 2018). For example, the label 'victim' could imply several things. First, it could mean that the individual was passive or accepting of their assault and may not currently be actively working to overcome the situation. Second, it can theoretically lead to self-conscious emotions such as shame, guilt, and a lack of self-compassion: feelings which impede recovery from traumatic events. (Williamson & Serna, 2018). On the contrary, the term 'survivor' implies strength of will, resistance to the assault or self-shaming after-effects, and an active role in facing one's traumatic experience and recovery. Survivor labels present the individual as an agent who does not experience abuse passively.

In that sense, self-labelling as a survivor would result in coping better with traumatic events and experiencing positive mental health outcomes. (Williamson & Serna, 2018).

In addition, it might be a better strategy to frame oneself as a victim to stress innocence and vulnerability, for example, in the context of a court trial.(Knowles, 2013) (Schwark & Bohner, 2019)(McGlynn & Westmarland, 2018) However, to recover from the experience and create a positive self-identity, adopting the term survivor might be the better strategy (Thompson, 2000).

Although we found the use of the term 'survivor' to be very important, in this study, we focus more in the term agency, because we think that our participants expressed in their narratives not only experiences of sexual assaults (survivors), but they expressed how they passed through many other different traumatic experiences including armed conflict and internally displacement.

However, some authors have a different perspective regarding men and women roles in conflict and post conflict settings. For example, according to the Human Security Report, 2005, 'With the critically important exception of sexual violence, there is considerable evidence to suggest that men, not women, are more vulnerable to the major impacts of armed conflict' (Mack, 2005). In this report, it is pointed out how males are more likely to die on the battlefield, but also more likely to be victims of collateral damage (Mack, 2005). Moreover, Haeri explained how, far from being passive victims, 'women from all walks of life including peasants and members of the educated class such as teachers, nurses, journalists and even nuns played a key role in sustaining the conflict and demonstrated their potential for inflicting extraordinary cruelty' (Haeri & Puechguirbal, 2010). Examples include the atrocities committed in the genocide of Rwanda, where women participated actively as killers from the Hutu group and other women fought in the Tutsi resistance (Sharlach, 1999).

Cohen points out that men and women are likely to succumb to and participate in violent behavior under certain conditions. (Cohen, 2013) She explains how combatants of both sexes may face enormous social pressure to commit violence and that both sexes are likely to respond to such pressures in similar ways. (Cohen, 2013) For example, gang rapists where pressures from a group can cause individuals to behave in ways that they would never do on their own. Women and men are subjected to similar pressures from within armed groups and, facing similar circumstances, can be expected to commit similar atrocities. Moreover, she explained that, 'women perpetrate wartime atrocities is surprising only because of the gendered assumptions that scholars and policymakers often make about women's capacity to commit violence'. (Cohen, 2013) Inspired by these studies, some scholars discuss the conceptualization of agency and victimization in zones of war, violent conflict and displacement. Hutchinson, in her literature overview reframes women from passive victims to active agents, able to draw upon personal strengths and resilience to develop strategies, which maximize survival

chances. She also points to the paradoxical character of 'passivity' as a potential strategy of women to survive (Hutchinson, Waterhouse, March-McDonald, Neal, & Ingham, 2017). She observed this for instance in the case of North Uganda, where young women seek to marry or to become pregnant by high commanders due to the associated privileges such as exceptions from hard labor (Dryden-Peterson, 2006). Some authors described how girls can use sex and marriage consciously and voluntarily to bargain themselves into units and to gain access to food, water and other material goods (Haeri & Puechguirbal, 2010) (Hutchinson et al., 2017) (36). According to Haeri, women show remarkable strength in coping with the challenges of living in war and often adopt new roles and responsibilities to care of their families and take part in community life (Haeri & Puechguirbal, 2010). In Sri Lanka for example, Rajasingham suggested that despite the psychosocial traumas that displacement entails, women found an opportunity for greater personal and group autonomy finding new spaces as heads of households or income generators in a post-conflict setting (Rajasingham-Senanayake, 2004).

The term 'agency' is linked as well with resilience. Some authors define resilience as: 'psychological attributes of an individual which may protect against negative consequences'(Gerke et al., 2016). It is also conceived as the maintenance of healthy/successful functioning or adaptation within the context of a significant adversity or threat and is better characterized as a dynamic process, since individuals can be resilient to specific environmental hazards or resilient at one time but not another (Tsirigotis & Łuczak, 2018). Nevertheless, subsequently the focus shifted towards exploring how broader systems facilitate processes of resilience. This led to an understanding that resilience processes are facilitated by culture and context-specific transactions between individuals and their social ecology (Jefferis & Theron, 2018).

Regarding the term 'agency', the debate goes further. As Hitlin notes, 'Agency remains a slippery concept because of inconsistent definitions across theoretical projects' (Hitlin & H Elder, 2012). For example, Campbell (Campbell, 2016) defined this debate as the 'black box' of 'personal agency'. In his essay, he identified two main conceptions regarding agency. The first one, agency is defended for some authors as 'the power that individuals possess that enables them to realize their chosen goals'. Against this position, some other authors, such as Weber (Campbell, 2016) defined agency as 'the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance'. Salzman argued that the concept of agency includes the intention, options, purposes and how people could achieve their goals, but in a context of social norms that they are not following passively, but modifying their social worlds (Duque Páramo, 2008). Hitlin also explained, that agentic behavior is influenced by the requirements of the interactions; as actors become more or less concerned with the immediate moment versus long-term life goals, they employ different social psychological processes and exhibit different forms of agency according to the self and the time (Hitlin & H Elder, 2012).

In their book: “Beyond Mothers, Monsters, Whores: Thinking about women’s violence in Global Politics”, Laura Sjoberg and Caron Gentry, pointed out regarding agency, that people do not make choices independent of either other people or the social structures around them. They argued that people do make choices, but that those choices are both heavily and differentially constrained: “By heavily constrained, we mean that a wide variety of social structures, expectations and significations play a role in constituting conditions of possibility for choices and the choices themselves. By differentially constrained, we mean that both the level and type of constraints differ across people’s positions in social and political life

– based on gender, race, class, nationality and other features of position in global politics’. (Gentry & Sjoberg, 2015).

Inspired by these scholarly discussions, this paper will explore the different tussles between agency and helplessness that internally displaced young mothers in Bogotá lived, according to their life stories and their own perspective.

Methods

Study design

This research was qualitative in nature and took an ethnographic approach, seeking to learn from the life stories of young mothers how they experienced agency and helplessness before, during and after forced displacement. Alongside that, we organized workshops with IDW in the community, which enabled a process of sharing and exchanging experiences in a safe atmosphere and to collectively reflect on the issue of victimization and agency.

Study Setting

This research was conducted in Ciudad Bolivar, a locality² in Bogotá, Colombia. This locality is the one that receives the majority of Internally Displaced Persons in the capital (Departamento Administrativo de Planeación Distrital, 2004). The 94% of people who live in this locality are in the lowest socioeconomic status. This locality is one of the most violent of Bogotá, with a high incidence of murders and violent acts (Murillo Mojica, 2008). In this area, there are some members of the illegal armed groups, even guerrilla or paramilitary (Alzate, Assistant, & Work, 2007) (Donny Meertens, 2010) (Wirtz et al., 2014).

² Bogotá is the Capital of Colombia, and the largest city in the country. It is divided in twenty localities with administrative purpose. Each locality has their own local Mayor and the local council. Each locality is formed of neighborhoods (*Bogotá y sus localidades*, n.d.).

Data collection

The first author, YC is a female physician-anthropologist who worked there since 2006 as part of the social extension program of the Pontificia Universidad Javeriana, known as the Vidas Móviles Project. That project wanted to help internally displaced families in different areas such as health, housing, and life-conditions. The fieldwork for this research was developed between June 2015 and May 2016, a period when the first author visited the locality two or three times per week, and irregularly (twice per month) in the following two years. During the first year of fieldwork, YC who was familiar with the research context and had experience in the field, collected the life story narratives through in-depth interviews from twenty internally displaced women who were pregnant during adolescence. In addition, YC organized eight workshops with the same twenty women who were interviewed, but also with another fifteen women from the neighbourhood. All of them were invited to these workshops as taking part of interesting activities provided by the project for the neighbourhood. It allowed participants to elaborate freely on their experiences and their ideas about topics that were discussed in the interviews. These workshops developed these topics through creative processes such as painting, writing, writing on the wall, singing, and role-playing. The last two workshops provided were developed in addition to provide feedback of the results of this research. Six of the workshops took place in the project building, and the last two in two houses of participants.

Participant observation was made by the first author during the visits conducted to the neighborhood, taking notes about informal conversations in the daily life activities with people from the community including visits to some of the houses of participants.

Sampling

Participants were twenty IDW, all living in the locality, who were mothers during adolescence, and their age at the time of this study varied from 18 to 35 years. We choose the definition of adolescence according to The World Health Organization, that is 'young people between the ages of 10 and 19 years' (WHO, 2012). Most of these mothers had their first child at the age of 14. They had one to six children.

As the first author has contact with people from the neighbourhood, we chose key informants to invite different participants via a snowball sampling strategy until reaching saturation point (Tong, Sainsbury, & Craig, 2007). The inclusion criteria for this research were: women who have been forced displaced and have been mothers during adolescence. The majority of participants were part of the program, but it was not an inclusion criterion. For example, to be part of the project, participants need to have had the status of displacement

provided by the government, that was not the case for participants of this research. The project had different family members including fathers and boys, that was not the case of this research.

All participants were interviewed by the first researcher individually in Spanish once, twice or three times, and all the interviews were recorded. All interviews were open, giving participants freedom to talk about their life stories.

Data analysis

To analyse the data, all the life stories, interviews, and workshops were transcribed in Spanish and translated in to English.

We analysed the narratives of their life-stories from the moment of their childhood in the countryside to their situation at the moment of the interview in Bogotá. For this study, life story is defined in accordance with Pujadas: 'It is a story about the self-life, which is obtained by the researcher through different interviews. The objective is to show the subjective testimony of a person. It includes the experiences but also the perceptions that that person made of his/her own existence' (Pujadas, 1992). The objective is to understand all the aspects of that life, and it is incentivized by the presence of a researcher. It means that the story is a result of all those interactions (Pujadas, 1992).

We use the comprehensive analysis defined by Bichi, 2002, that takes in to account the life cycle, the experience and the interview itself (Pretto, 2011). We started with familiarizing ourselves with all narratives and subsequently we analysed the narratives on specific themes meaning the moments of their lives when they showed agency, or were survivors or victims. As Charries explains, the biographies try to cover time and place from childhood until the moment the life-story is narrated, including different aspects of the self. They allow as identifying the ambiguities and changes, as a vital process, and the critical moments in the individual. They permit as well to identify the subjective perspective of the individual, as well as the interpretation of their own acts. Biographies permit to understand social phenomena that only could be understood though the personal experiences of the concrete individuals.(Chárriez, 2012)

In this article, we present an analysis of four life-stories that, besides the similarities that those cases represent regarding rural origin, armed conflict context, and teenage pregnancy, show as well the diversity of experiences that could be followed during a lifetime. We selected those particular life-stories primarily because of the way each one deals comprehensively with the manoeuvres made by victims-survivors over a lifetime. We will follow their narratives from their childhood in hometown to their settlement in Bogotá in the four moments as turning points or transitions in their lives. It provides a better understanding of how they

deal with agency and helplessness during the same life. Those were the moment they left home, when they became pregnant, when they were forced to leave their towns, and when they came to Bogotá as IDW.

The analysis was regularly discussed with the other authors. In order to receive feedback regarding the adequacy of the interpretations, the analysis was presented to and discussed with the participants in two workshops.

Limitations

As a qualitative approach, the empirical findings cannot be generalized to other populations in other contexts. The focus on life-stories limits an in-depth focus on a specific theme. Nevertheless, the conceptual analysis can provide important insights that may be helpful to understand difficulties of displacement in other contexts.

People from the neighbourhood known the first author as a physician and as part of the project *Vidas Móviles*. Participants in the study expressed that condition as a plus, because they trusted the researcher and felt that they could share their experiences, including medical issues.

Eventual bias is also reduced because all data and interpretations were discussed with the other members of the research team, who were not part of *Vidas Moviles*.

Ethical framing

Research and ethical approval was granted by the Ethic Committee of the School of Medicine of the Pontificia Universidad Javeriana, Bogotá (Act 21/2015.FM-CIE-8744-15). In the same way, research protocol and methods were consistent with the Colombian Law. All participants had their first baby during adolescence, but at the moment of the interview their age was between 18 and 35 years old. Participants were asked to provide and to sign informed consent. We took care that the participants were fully informed about all aspects of the project and were aware that they could withdraw at any moment without providing reasons, and that eventual withdrawal would not affect their relationship with the community project *Vidas Moviles* in any way. Recordings were destroyed, and transcripts will be stored in accordance with Dutch Law in a protected location at Maastricht University for 10 years.

This research followed the ethical recommendations from the American Anthropology Association and continuously reflected on possible ethical concerns beyond informed consent during the study. We protected the identity of the participants by changing their names in the text. In addition, we did not identify the violent groups that are mentioned as causing displacement. We took care of the participants by following up during monthly workshops

and helping them with some difficulties they were facing (e.g., helping them to access the aid offered by the government, finding schools for their children, or attending to certain questions related to health).

Results

In this section, we will present fragments of four life stories, which show how they reconstruct four important moments in their lives in terms of agency and helplessness. These four moments were when they left home, when they became pregnant and had the baby, when they left their home towns, and when they came to Bogotá as IDW.

1. *Leaving home while still young*

For all of our participants, childhood was shaped by violence and mistreatments at home. The diversity of the stories explain difficult childhoods, some of them without fathers, because they were in jail or killed because of the armed conflict. Other participants lived with stepfathers, or other family members, but all of them expressed living with violence and having sad memories from their childhood. Their narratives described the struggle to stay at home, until they decided to leave. One example is Vicky who was thirty-five years old at the moment of the interviews. She was born in a town from the south of the country and had one sister and two brothers. She had five children with three partners. She told us about the difficulties in her childhood and her decision to leave home.

'When my father passed away, my mother left me with my grandma. Grandma was nice to me. She hit me, but because she was teaching me to do things... you know. She was old. I was with her until I was nine. And she passed away, so I had to live with my aunt, Ursula. She was very bad with me. She did not like me. She hit me a lot. She left me without food, locked in the house. And the neighbor prepared big pans of food... I started to steal the food from them. I was thinking about how to leave that house. My older cousin tried to rape me, and I was too tired to take care of my little cousins, so one day, I decide to break the hand of the little one. I knew that if my aunt arrived, she would kill me. I decided to escape. I was used to doing it through the back window, to go to my neighbours, so I did it. I spent the night hidden there, and the next day, after eating something, I escaped from my neighbour's house. So I started to walk, and a police officer asked me about my mother. I explained everything to him... and he decide to take me to the Welfare Institute. I lived there a couple of years' (Vicky).

The Welfare Family Institute is a government organization that take cares of children who do not have families or have families that cannot support them properly, in terms of

food, care, or health. In the next phase, she again made some bold choices. Vicky, as with all our participants, suffered from different kinds of violence during childhood, by parents and caregivers. She expressed how she 'was thinking of leaving that house' and finally she 'decided to escape'. She explained that when she was at the Welfare Family Institute, one couple wanted to adopt her, but she refused, because she did not want to be 'given' to others. So, in a very violent context, she made difficult choices to take care of herself, in accordance with her own ideas, and she resisted that violence at home until she left it.

Other stories also showed how women made choices to escape sexual violence. Esther, in her life-story, is not an exception. She was a woman of twenty-six years old, the second of seven siblings. She left her home when she was ten. At the moment of the interviews she had three children. This is what she explained us about her childhood:

'I was born in a small town in a central department of Colombia. I lived with my six brothers and sisters... but we were not so close because four of them were from another father. I was from the first husband of my mother. I used to live eight days with my mother and eight days with my grandmother. The husband of my mother gave us a terrible life. He hit my mom all the time, until he killed her some years ago, when I was pregnant. I was suffering a lot with them, so when I was ten. I started to work for a person, doing the cleaning, cooking and helping her. It was also difficult with my grandmother, because there my uncle raped me. That was also a reason I left them. I told my mom about the rape, but she never did anything. So it was like that' (Esther).

In both narratives, we see how the women presented their experiences as victims of mistreatment at home, but also how they resisted this mistreatment and at one point decided to leave home.

2. *Becoming pregnant and having a baby*

To have a baby and become a mother is a life changing experience. For all participants, the first pregnancy was at an early age, unexpected and not a deliberate choice. In the case of Vicky's narrative, the first pregnancy was at thirteen. She explained that she was living with a friend and she fell in love with the father of her two first children:

'I was thirteen, when I got pregnant. I was living with my friend and I met the father of my oldest two. At the beginning, everything was nice, the men took you to the park, and picnics to the river, and dancing. But later, they change. When he realized that I was pregnant, he changed completely. He was twenty-eight and I was thirteen. He locked me in the room, very possessive, jealous...'

I: 'And you knew about family planning?'

V: 'Yes. I had gone to the hospital, but they said that I was very young to do it... and after the first baby, when she was one year old, I got pregnant again.' (Vicky).

It should be noted that Vicky knew about family planning methods, but according to her interview, health professionals at the hospital refused to give her any method, because of 'her age'. She explained and believed that her pregnancies were also result of the lack of support of the health professionals. She tried, but the guidance regarding family planning was denied. Referring to this she considered herself a victim of the health care system. The two pregnancies were unexpected, but she explained that she was in love with the father and continued living with him, even though he mistreated her. She clearly identified herself as victim of inter-partner violence. For several participants, the romantic trajectories were spoiled by the mistreatment of their partners after some time. This common experience usually ended because something happened with their partners, they were killed, or went to jail. Vicky related that she continued living with her partner and their two children until her husband went to jail for two years because of theft. Vicky lost the third pregnancy because of a big fight with her husband. Some months after, her husband was killed. She pointed out that it was a very difficult moment in her life.

Similarly, Esther evoked her difficult pregnancies. In her narrative, she expressed how all the pregnancies were unexpected and hard:

'... I started to hang with friends, and I met the father of my children. I met him when I was sixteen and I got pregnant at eighteen. It was an unwanted pregnancy. I was alone during the pregnancy, because the father of the baby went to the army. He decided to leave me. But after the delivery he came to see us... My daughter was born sick... I think it happened because of the death of my mom during that pregnancy. Her husband killed her. I was shocked... I found her killed, in the living room, smelling very bad (crying). Later, I got pregnant again. It was also a surprise, because I did not want it. But my husband was happy, because it was a boy. And then, when the baby was three months old, I got pregnant again. I was not using any method.... And then I noticed that my husband had another woman. But then, he asked me forgiveness ... and what can you do with three children? So I accepted him. And then after two years, he went to jail. And he left me alone with the children'. (Esther)

Here Esther's narrative reflects how she openly chose her partner, and how she did not use any method of contraception even after her first pregnancy. However, she explained how she was abandoned by her partner during the pregnancy, and later she struggled with the relationship with her partner because of his infidelity. Additionally, she referred to herself as a victim of the violence of the stepfather, who killed her mother. She also presented herself as a victim of the circumstances that did not permit her to take care of her siblings.

Mary's pregnancy was unexpected too. She told that she became pregnant when she was fourteen. She shared how she was struggling with the idea of an abortion, but that she 'decided' to keep the pregnancy and become a single mother.

'When I started to have sexual relationships with Mark, I was fourteen years old. He is pretty much older than I am and when we had sexual relationships, he asked me if I took the pill. I answered him, "No, because I don't have headache"' (smiling).

I: 'That means that you did not know...'

M. 'No!. And when I knew about the pregnancy... Oh My God!... I was the one who walked away from him. I did not want him. My brother looked for him, but I took the decision. My pregnancy was very difficult, because I had preeclampsia. I was afraid, so I told my mom that I was pregnant, but she reacted very badly and started to ask me why... "You are very young! And how many months of pregnancy do you have?"... and I had already four months... I tried to abort... that is something that hurts so much (crying)... I decided to have him alone. My mom later wanted to take my son, but I said not to, because it was my responsibility' (Mary).

In the story, becoming pregnant unexpectedly on a very early age is related to feelings of lack of agency and control. Nevertheless, phrases such as 'I decided to have him alone' indicate how she determined to make her own choice with respect to continuation of the pregnancy and to resist other opinions as her mom's. She also 'took the decisions' to not tell her partner about the pregnancy and to leave him.

Carla explained how she got pregnant unexpectedly, and she did not know of contraception. She also explained how she was struggling with the idea of abortion as well and actually tried, but following her mom's advice, she changed her mind.

'I did not know anything about family planning... My mom did not explain me anything about that... At the age of fifteen, I had already three months of pregnancy. I just stayed with a boy!... I thought that if I said anything my mom would kill me... but that month I didn't asked my mom for sanitary towels. So, she slapped me, because I was taking something to abort (crying). So, that was hard, but I think I could understand many things... So because of the pregnancy, my mom took me to the farm with my grandpa and my uncles. They were not nice at all. I worked in the coca crop, but I was bad at that, so they moved me to the chemicals, but the gasoline made me dizzy... so I was moved to the kitchen, and my uncle made fun of me "That is the thing you wanted! Why you are pregnant!" Once I was milking the cow, and I received a kick... I thought I would lose the baby.' (Carla)

The fact that Carla decided to keep the pregnancy following her mom's reaction might be related to the conservative Colombian moral culture in some regions that considers abortion as illegal and as a sin. However, she described how she was verbally mistreated by her family and had to work during pregnancy in bad conditions. Regarding the partner, there were many

expressions in the interviews whereby women took for granted the way they felt they were in love and became pregnant. In one example, Carla also mentioned that 'the flesh is weak' when she was sharing with us about the relationship with the father of her second child:

'When my first baby was six months old I came back to the village. I helped my mom to prepare food to sell. An.o months on pregnancy, when I started to feel bad, so my mother took me to the nurse. I told her with a very low voice "I am pregnant". And suddenly she said it to my mom! My mom started to ask me, "Who is the father?" and I said, "Who cares! It is only mine!. (Carla)

The life story of Carla reflected pride about her pregnancies and about having a baby for herself, on her own. She pointed out how she resisted family or society's opinions regarding her pregnancies. Even more, in relation to the abortion, Carla's narrative pointed out how in her third pregnancy she struggled to keep the pregnancy, despite diverse opinions of family members, society, her economic situation, or the bad relationship with her partner. She said that she was working in a house for a lady, doing the cleaning. She was twenty-four.

'...The lady said to me that I cannot have more babies and that if I was pregnant I could not work anymore... But I worked harder. My brother also told me, "you are pregnant again! What are you going to do? It is not possible..." He was suggesting for me to abort... but I told him, "don't be silly, I didn't abort the others, I will not abort this one!" (Carla)

Several participants had an ideal of a harmonious and happy family. Their narratives showed the desire to be married to a good partner and in the context of this ideal they sometimes agreed to have another baby to please their partners. Carla had four or five children from different partners. Her story reveals the struggle to take the decision to have another baby in order to build a family with her new partner.

'My fourth child was a miracle. I was starting my relationship with my current husband. But because I already had other three children from different fathers, I had asked for the surgery to not have more babies. After some time, I started to be dizzy, and I thought that is not possible... But at that time, I wanted to have another baby... So I went to the doctor, and he said "you want another baby, but it is impossible. Anyway, I will ask you to take a pregnancy test, and don't bother me anymore". My husband wrote me a letter as a gift, you know, that he wanted a baby, so that day I prayed to God, because you know, you like to have a family, a beautiful family... I am not a bad woman, and I really hoped to have a home, with a husband and children! So I asked God, but for a male, not a female, because females... we suffer a lot... and then, God gave me a girl!' (Carla)

Carla's story conveyed the desire to have another baby. She prayed, she went to the doctor, and she asked for a miracle. She resisted advice against this wish, including the doctor's.

3. *Engaging with armed groups and escaping*

In general, participants described their rural environment as aggressive and violent due to the armed conflict. Some areas in Colombia were suffering due to the guerrillas, the paramilitary groups and sometimes the army. Participants described that this environment forced people to choose and to be part of one or the other group as a way to feel safe. The stories show how the women became involved in the war, as they had family members or partners in these armed groups, and they even became part of an armed group themselves. Continuing with the narrative of Vicky, she explained that during this specific crisis, she received an offer to work as a cook, on a farm. However, that appeared to be a false setup. As some authors have described, the guerrilla or paramilitary groups took girls from the countryside, cheated to be part of those illegal armed groups, and asked them for sexual relationships or to be victims of human trafficking (Historica, 2013) (Cadavid Rico, 2014). This was the case with Vicky and her cousin.

'I really need the money because my children were in the Welfare Family Institute because I didn't have the money to take care of them, and I wanted to be with them... I was twenty... so my cousin and I met a woman. She told us that in Guaviare her husband needed women for cooking and that it was a very good paying job. So we wanted the jobs... I was thinking six hundred thousand pesos is a lot! So I wanted to do my best, so I prepared myself, I did my hair and nails, in order to be accepted in the job. She paid our tickets and we took a flight to Guaviare, spending one night in Bogotá. She paid everything and said to us that we can reimburse her later. When we arrived, there was a tall man who said, "Hi, I am the Commandant Lucas, these are fresh flesh..." And he took our bags and we went in to a house with girls without clothes... a prostitution house. I was shocked, very afraid and I said, no! We came here to work as cooks. He started to laugh and he said that we cannot go until we paid the flight tickets and the hotel... I was very beautiful, because I had prepared myself for the job, even though I was poor; I wanted to be prepared, with my hair and nails... My cousin was fourteen, and she had big breasts so many men wanted to be with her... then the commandant said to me, "I will be with you, black girl, tonight, the whole night..."' (Vicky)

This narrative shows how the women become victims of sexual violence from the armed groups. Vicky wanted to resist entering the prostitution house, but she was unable to. After being cheated into the guerrilla and having been victim of human trafficking, she had a partner who was from the guerrillas, and he was the father of two more children. This way she became part of the armed group. She explained that after some time, when she decided to leave, she literally escaped from the two-armed groups. Here Vicky reflected that experience:

'I was in the guerrillas, but I got sick... so when someone is sick they don't like that person to die in the camp, so I left the guerrillas, and the father of my children, who was an *armed group 1* man. I found a job on a farm, with an old man, but then he wanted to have sex with

me, but I didn't like him... so I refused... And that stupid old man went to the *armed group 1* to tell them that I was now from the *armed group 2*. So one day, some of the *armed group 1* arrive in to the farm and told me: "Come here, *armed group 2* bitch!" and they hit me, and I started to cry, and shout, "I am not *armed group 2*! How many times did you have lunch in my place, and I gave you my hens and my food! I am not an *armed group 2*!" And they continued hitting me... some of them were digging my grave... I thought only of my children... I begged them: "I am only a cook, please, don't kill me". So, one of them went to find the father of my children... so they decided to leave me there... At midnight one boy from the *armed group 1* arrived at my home, and he told me: "They will come to kill you at 6 a.m. You have to go, now". So I packed some clothes, and took my two girls and my baby, and I started to walk, I heard any noise and immediately I was trying to hide... and it is difficult because you need to be aware of snakes, and the mud... When a group arrived, I thought, "We are dead... is it the *armed group 1*", so they asked me: "Lady, where are you going?" And I understood that was the army: "Are you slipping away?" And I answered: "Yes". So they told me, don't worry, we can help you and lead you to a safe place...' (Vicky)

Vicky explained how she and her children were escaping from one armed group, she received some help from the army, and she continued explaining how they met the other armed group. She shared how they were in the middle of the different armed actors in the village.

'So we continued walking for three more hours... but then one fight started, and they shouted: "Lay down! Lay down!" And there were shouts everywhere... My children and I were on the ground, with mud and cow shit, terrified... because they also started the bombs from the helicopters... So we continued until the river... The army asked a person with a small boat to lead me to the next village, but we need to be hidden. So they put us under rice sacks and we started to move... It was very hot, and without air... My poor children... It was very difficult... then, another fight started... it was the *armed group 1*, so they stopped our boat, and they asked to the driver: "Do you have the *armed group 2* bitch? We are looking for her to kill..." but the driver said, "Comrade, I only have this rice to sell in the village." So they allowed us to continue. After some kilometers, the driver let us put out our heads out, and I saw the border of the river! It was a relief... but then I saw one of the heads of the *armed group 2* there... He stopped two boats, and he said: Finally these son of a bitch *armed group 1* people... And he asked us to leave the boat. So I was so nervous and I started to shout: "I am not a *armed group 1*, I am escaping one day with my children from them! I am not!!! Kill us now! I am upset with this shit!" So, the man told me, "don't shout, because I don't like that". So he put me and my children in the right side, and all the other people in the left. And he killed all these people in front of us... And then he let us go....' (Vicky)

The story of Vicky counters the image of weakness and emphasizes the courage of displaced women. As Vicky recollected her experiences of displacement, she emphasized her desperation to save her children and herself from the war. This intense wish for safety drove her to face the power of the heads of the armed groups. Finally, Vicky expressed that

she decided to come to Bogotá, looking for better economic opportunities and better health. In her story, she presented herself as a victim, but she also resisted all the organizations of armed groups in order to recover her freedom, start a new life and provide better opportunities for her children.

The relationship with the armed groups, in the story of Esther is explained when she was an active member of one armed group. Her husband and her were in charge of taking care of kidnapped persons. For this reason, his husband went to jail.

'We worked on a farm but my husband helped the *armed group* keeping kidnapped people... and once, one of the kidnapped was killed. When I was pregnant with the third, people from the prosecution office took my husband and put him in jail for 25 years. After my last child was born, people from the prosecution office took me as well... but I did not do anything...but they accused me of being an accomplice, that I knew everything... and it is true, but I could not say anything to the police or others... you know, *they* (armed group) would kill me... so I told that to the Prosecution, and then I was free again. So I came back to the farm, but two days later, the *armed group* arrived, they wanted to kill me because they thought that I had gone to the Prosecution to tell stories about them and about the murders and kidnappings... and that I was responsible for the prosecution findings... And I told them: "That is not possible, because I need my husband, and I never would go to accuse him or you in the Prosecution" but they did not believe me... So, they told me that they would kill me if I stayed on the farm... They gave me two hours, so I packed some clothes and asked my sister for money for me and my children for the bus...' (Esther)

These examples show how women were victims of armed groups, but in this role also took part in the armed conflict. Some of the participants explained that they knew about kidnappings, murders, massacres, or coca crops, but that they were involved because of their circumstances. Several studies have shown that due to the armed conflict context, some families are forced to take the side of one group or the other (Historica, 2013). However, on many occasions, our participants mentioned that they chose one group to be part of as this group offered relevant help in that context. Sometimes, they made agreements with armed actors and sometimes they married armed group members.

The relationships of participants with armed groups could be very close, because some family members or partners could be part of these armed groups. Sometimes, women agreed with the ideology of armed groups and were proud of their partners or family members who were part of those armed groups. Mary, for example, conveyed her admiration for her husband, one of the heads of one armed group:

'My son was eleven when I met Joseph. I met his family, so we began a good friendship, and we liked each other... so we started to live together. After one year, I got pregnant with

my second child. We lived there for thirteen years... there I understood that Joseph (husband) was part of them (armed group). He was a communist and he did not find a place. The armed group took him when he was twelve years old, and when he escaped he was 21... he is amazing... chavist, fidelist... (Smiling) he is awesome! very serious, he can assemble and disassemble a weapon with closed eyes!... then, people from the army arrived... I thought, and then I understood that was the *armed group* ... Joseph is a complicated person.... He says that there are no trustworthy people. He does not believe in the government or the State. He doesn't believe in anything... on the contrary, I like to help people, so he arrived and there were a lot of clashes with the two armed groups... paramilitary people, and the guerrillas, and one of them offered him work, but he was with the others... Many of them were radicals before, they fought following an ideal, but today it is mixed with drugs, narco-groups. I know that Joseph is not a bad person... he just passed through many things... we talk, we chat, and he knows all the things I do here in Bogotá.' (Mary)

Mary expressed her intention to choose her husband and her decision to support one armed group. This choice however led to her being a victim of the violent context in the village. She shared that she lived in a village controlled by one armed group and how she lived through the massacre when her village was taken as the enemies of the other armed group.

'We usually go to the market on Wednesday. But I remember very well that Wednesday... I will not forget that time, I was in that massacre, I was with my child and my husband on the boat, but the atmosphere in the village was different. Nobody said anything, all the people were looking at the floor. I understood that *they* (enemies-armed group) were in the village. I cannot forget that smell of blood and brains... My husband only said me "just walk... just walk..." but it was really hard. I started to see the corpses, the brains on the grass... I can't not forget that smell... My child started to cry, but I couldn't be there for him, because I was shocked... and I could not cry until we arrived at the house of my father in law..." (Mary)

Participants frequently became emotional during the interviews, demonstrating how much this civil war still affected them. Mary was still shocked in the moment of the interview and found it painful to remember that massacre. She said that she still had nightmares and depression. That was the reason to struggle with the decision of stay or leave. Staying meant being in danger because of the conflict, but leaving meant starting a new life, without anything, no money, no job, no family, and with children.

4. *Becoming displaced*

Once the women arrived in the big cities after displacement, they faced many barriers in terms of access to housing, jobs, and health services, among others (4). But at the same time, they had the responsibility of raising their children. Vicky explained how difficult it was

to find a job and to take care of the children when she arrived in Bogotá. She foregrounded her feelings of sadness and depression.

'Sometimes is difficult, because I need to eat and give some food to the children. Sometimes I wake up and I would like to be dead, because I feel very stressed... Sometimes I am angry with my children. I know they do not deserve it, but it is difficult. Sometimes I work in cleaning...' (Vicky)

Esther expressed that it has been very difficult, but she was able to receive some aid provided by the government for displaced population. She also mentioned that her daughter with the disability is at the Welfare Institute. Esther presented herself as a victim of forced displacement, but actively searching for help and at some point she received aid from the government.

'Here it has been very difficult. My husband has to spend twenty-five years in jail. Everything you do in your life, you must pay. But here in Bogotá, I have received some help. My children are at school and they receive food there. The oldest now is in the Welfare Institute. They took her away from me. I had to work, because of the food, so when I arrived home, she was dirty, and sick... So, they took her away from me. Now we live in a small room, and I work hard.' (Esther)

The story of Mary reveals that she suffered three displacements in total. Nevertheless, at this moment in the fieldwork, Mary and another woman were recognized by the community as leaders and are considered examples of how to overcome violence, displacement and abuse. Mary was working in the community, helping other women who had newly arrived from the countryside and did not know how to proceed in the city or how to get access to government aid and health services. However, Mary shared her feelings of frustration and depression, which reflected how much violence and displacement affected her life, despite her leadership in the community.

'I know how hard it is... I came from starvation, violence, and many memories that I would prefer not to have in my mind... I can understand them. I know what it means if you do not have any food to give to your children before going to bed... life is hard. I passed through many, many things, rapes, murders of family members, and my husband... I know how difficult it is to start your life again. Now, I feel so happy when I can do anything for others. Sometimes it is very difficult, because there are a lot of needs... Many things that you cannot solve... But I can confess to you than my heart is still in pain... sometimes it is like the clown... I need to smile and tell them that will be fine, but you still have your heart broken... I usually cry a lot.' (Mary)

These feelings of depression and sad memories were present in all the interviews. In the last two workshops we organized a conversation about this study and asked for feedback on

our interpretations. We told them that, based on the analysis of the stories, we considered them to be strong women, who had faced difficult situations but who took decisions and overcame those difficulties. Nevertheless, they explained that their decisions were forced by their circumstances. Moreover, they openly expressed that they described themselves as victims who needed to elaborate those experiences. They mentioned that they needed to put aside the mask of being strong women, and receive all kind of help. They showed appreciation for the workshops we conducted. They expressed that the workshops had helped them significantly. They expressed that workshops were an opportunity to share with others who passed through similar situations. They valued the workshops as opportunities to remember the experiences they have had and to elaborate on them in areas such as forgiveness, self-esteem, and to look to the future.

Discussion

Against the background of scholarly debates about agency, victimhood and survivorship of internally displaced women, we analysed life stories of internally displaced women with adolescent pregnancy in Colombia to understand how women themselves present their struggles with agency and helplessness. From the analysis it became clear how childhood was shaped by mistreatment and violence at home, leading them to escape the family home, to resist family violence and to take the decision to leave, despite all the challenges that this decision entailed. Secondly, the analysis of the stories shows that the pregnancies were unexpected, but that the women decided to keep the babies despite advices to terminate the pregnancy and despite a rather fragile and insecure relationship with their partners. Thirdly, the description of their relationships with armed groups were diverse and complex. The stories present the women as victims of armed groups who were stolen, cheated, or abused, but also as active members of those groups and sympathizers with their ideologies. Finally, the ways in which women narrated their experiences of displacement and resettlement in the big cities represented how they resisted the power of the armed groups and took decisions to leave the towns. They faced new challenges of displacement, and tried to adapt to the receptor community.

Many scholars have studied displaced women in terms of victims of the civil war. It is known worldwide how women have suffered the consequences of war, sexual violence and gender violence in those settings (Freedman, 2016) (Alsaba & Kapilashrami, 2016) (Tambiah, 2004) (Rajasingham-Senanayake, 2004) (Siriwardhana & Wickramage, 2014) (Thomas et al., 2011) (Dryden-Peterson, 2006)(Jacobsen, 2004) (Knap et al., 2009) (Hayle, 2007) (Dignan, 2005). In the specific context of Colombia, Meertens, for example, (D Meertens, 1995) argued that displaced women could be considered as victims three times: first through the trauma

produced by the violent acts such as murders (partners of family), second, loss of their land (house, crops, animals), and third, the social and emotional uprooting from a rural area to a big city (D Meertens, 1995). Cadavid showed how women are simultaneously intimidated within a machista and patriarchal society and main victims of war. (Cadavid Rico, 2014). Our analysis partly confirms these literatures. Internally displaced women do present themselves as victims of violence at home, of inter-partner violence, and of violence by the armed groups.

Other authors reframed women from passive victims to active agents (Haeri & Puechguirbal, 2010) (Dryden-Peterson, 2006) (Hutchinson et al., 2017) (36), developing resilience, resisting violence and taking decisions in order to maximize survival chances or even being active members of violent groups in war (Sharlach, 1999). Meertens (Donny Meertens & Stoller, 2001) illustrated how displaced women in Colombia were widows of rural violence, heads of household in the new cities, spouses, and leaders whose experiences of participation and organization help them to forge new life projects, individual and collective, in the city (Donny Meertens & Stoller, 2001). Following Campbell (Campbell, 2016) in his essay about the 'black box' of 'personal agency', and the definition of Weber, 'the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance' (Campbell, 2016), the life stories can be seen as expressing agency.

Our analysis of the life stories shows how women escaped family violence at a very early age, which can be considered a brave act that expresses the wish to resist violence and to find a better place to live. They related to armed groups that they met while escaping home, but also decided to escape them again, as they did not offer the protection they needed. They decided to keep their pregnancies, not to choose abortion, although some family members or others advised them to do so. In many respects, the life stories testified to agency.

Our analysis suggests that the conceptual dichotomy of victims-survivors/agents is not a very fruitful way to grasp the life stories of displaced women, as it does no justice to the dual and ambiguous character of their experiences and the choices they made.

Laura Sjoberg and Caron Gentry explain, in their book about 'Women's Violence in Global Politics', that categorizations of women that help researchers or policy makers, often do not attune very well to the everyday life worlds of women. It says:

'In our enthusiasm to highlight what we saw as the most problematic element of the mother, monster and whore narratives, though, we discussed agency and lack thereof as a dichotomy, with a preference for the recognition of agency, even if that agency is a complicated, relational decision-making framework. In so doing, we related the recognition of women's agency to the subversion of gender oppression, arguing that in order to 'move towards a more gender-equal international society, we, as scholars and political actors, must be willing to embrace and study the agency of not only the best of women but also the worst of women'. We argued that the path to this gender equality was

through questioning scholars' 'own implicitly racialized and sexualized discourse in order to transform the (increasingly subtle) discursive''. (Gentry & Sjoberg, 2015)

That the dichotomy victim/survivor/agent does capture the experiences of displaced women also became clear in our study. The life stories contain elements of both. Moreover, in reflecting their life stories participants explicitly underlined that whatever agency or resilience or courage they demonstrated, they felt that they were forced to take those decisions because they did not have other options. Moreover, survivorship also entailed that they still were struggling with depressive thoughts, memories of violence, lack of perspectives for the future, and with raising the children in a way they would have liked to.

To conclude, while notions of victimization and survivorship can be helpful to guide the analyses of displaced women, our analysis of the life stories shows that the categorization of women as either victim or as survivor/agent does not grasp the ambiguous and dual nature of the experiences and reflections of displaced women.

Conclusion

Our study shows that women themselves explain their life stories not solely in terms of victimization, nor solely in terms of agency. From the analysis, it is clear that the different experiences they passed through in their lives were not black and white: victims or agents. It is possible to see how women in their everyday life were victims, but also survivors and agents.

The analysis of how internally displaced women narrated their life stories showed us that the concepts that dominate scholarly debates about agency, victimization and survivorship do not do justice to the life stories of the participants in our study.

We think that in the case of our participants in this study, the dichotomy of labelling as victims or agents/survivors remains incomplete, as the life-stories and the reflections of women show that they experience themselves as both. It may help to underline the resilience, the agency and the survivor skills of women as they display tremendous capabilities and sources of empowerment. On the other hand, women made clear that this may disregard the violent context and the fact that they felt they had no choice: 'I was forced to do it'. Furthermore, women stressed that they were victims. Based on this, we believe it is important to develop policies that do not require overly simplistic indications for help and that do not force women to label themselves into one category. Policies should enable help and support for victims without denying their capabilities to re-build their lives during resettlement, and to make their own choices. In administrative policy practices, with a tendency to make clear

categories and indication, this may be difficult, but this should be the point of departure. After having escaped violence, women should not be forced to present themselves as either victim or survivor. Moreover, policies should empower them as agents and brave women that they already are, in order to support them during resettlement.

References

- Alsaba, K., & Kapilashrami, A. (2016). Understanding women's experience of violence and the political economy of gender in conflict: the case of Syria. *Reproductive Health Matters*, 24(47), 5–17. <https://doi.org/10.1016/j.rhm.2016.05.002>.
- Alzate, M. M. (2008). The sexual and reproductive rights of internally displaced women: the embodiment of Colombia's crisis. *Disasters*, 32(1), 131–148. <https://doi.org/10.1111/j.1467-7717.2007.01031.x>.
- Alzate, M. M.; Assistant, P. D., & Work, S. (2007). The sexual and reproductive rights of internally displaced women : the embodiment of Colombia's crisis. *Disasters*, (August 2003), 131–148. <https://doi.org/10.1111/j.0361>.
- Bogotá y sus localidades*. (n.d.). Retrieved from <https://www.culturarecreacionydeporte.gov.co/es/bogotanitos/bogodatos/bogota-y-sus-localidades>.
- Cadavid Rico, R. M. (2014). Mujer: blanco del conflicto armado en Colombia. *Analecta Política*, 4(7), 301–318. Retrieved from <https://revistas.upb.edu.co/index.php/analecta/article/view/2784>
- Campbell, C. (2016). Distinguishing the Power of Agency from Agentic Power : A Note on Weber and the “ Black Box “ of Personal Agency Author (s): Colin Campbell Published by : American Sociological Association Stable URL : <http://www.jstor.org/stable/40376120>. *Sociological Theory*, 27(4), 407–418. <https://doi.org/40376120>.
- Chárriez, M. (2012). Historias de vida: Una metodología de investigación cualitativa. *Revista Griot*, 5(1), 50–67. Retrieved from <http://revistagriot.uprrp.edu/archivos/2012050104.pdf>.
- Cohen, D. K. (2013). Female Combatants and the Perpetration of Violence: Wartime Rape in the Sierra Leone Civil War. *World Politics*, 65(03), 383–415. <https://doi.org/10.1017/s0043887113000105>.
- Consejo Nacional de Política Económica y Social República de Colombia. (2013). Lineamientos de Política pública para la prevención de riesgos, la protección y garantía de los derechos de las mujeres víctimas del conflicto armado. *Conpes 3784*, 41–48. Retrieved from <http://>

historico.equidadmujer.gov.co/Normativa/Documents/Conpes-3784-Mujeres-victima-conflicto-armado.pdf.

- Daher, M. (2002). World report on violence and health. *Le Journal Medical Libanais. The Lebanese Medical Journal*, 51(2), 59–63. [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0).
- Departamento Administrativo de Planeación Distrital. (2004). *Recorriendo Ciudad Bolívar. Diagnóstico Físico y socioeconómico de las localidades de Bogotá, D. C.* 1–99. Retrieved from http://www.shd.gov.co/shd/sites/default/files/documentos/Recorriendo_Ciudad_Bolívar.pdf.
- Dignan, J. (2005). Victims , victimization and victimology. *Understanding Victims and Restorative Justice*, 248.
- Dryden-Peterson, S. (2006). “I find myself as someone who is in the forest”: Urban refugees as agents of social change in Kampala, Uganda. *Journal of Refugee Studies*, 19(3), 381–395. <https://doi.org/10.1093/jrs/fel010>.
- Duque Páramo, M. C. (2008). Niñas y niños en los Estados Unidos. Agencia, identidades y cambios culturales alrededor de la comida. *Revista Colombiana de Antropología*, 44(2), 281–308.
- Freedman, J. (2016). Sexual and gender-based violence against refugee women: a hidden aspect of the refugee “crisis.” *Reproductive Health Matters*, 24(47), 18–26. <https://doi.org/10.1016/j.rhm.2016.05.003>.
- Gentry, C., & Sjoberg, L. (2015). 7 | Conclusion : Beyond Mothers , Monsters, Whores. In Zed Books (Ed.), *Beyond Mothers, Monsters, Whores: Thinking about women’s violence in Global Politics* (2015th ed., pp. 135–159). London.
- Gerke, D.; Auslander, W.; Voth Schrag, R.; Edmond, T.; Threlfall, J., & Tlappek, S. M. (2016). The moderating role of resiliency on the negative effects of childhood abuse for adolescent girls involved in child welfare. *Children and Youth Services Review*, 73, 437–444. <https://doi.org/10.1016/j.childyouth.2016.11.026>.
- Goldstein, J. (2011). *How Gender Shapes the War Sytem and Vice Versa*.
- Haeri, M., & Puechguirbal, N. (2010). From helplessness to agency: Examining the plurality of women’s experiences in armed conflict. *International Review of the Red Cross*. <https://doi.org/10.1017/S1816383110000044>.
- Harders, C. (2011). Gender Relations, Violence and Conflict Transformation Cilja Harders. *Advancing Conflict Transformation. The Berghof Handbook II*.
- Hayle, C. (2007). Hoyle_2007_Feminism_victims_and_victimology.pdf. In S. Walklate (Ed.), *Handbook of Victims and Victimology* (pp. 146–174). Retrieved from <https://books.google.nl/books?hl=en&lr=&id=yYa0EYbl5oC&oi=fnd&pg=PP5&dq=%27Feminism,+victimology>

+and+domestic+violence%27&ots=WbTqJz_kF4&sig=BcGT05oOi0xNtyhUNwPJJaHEN6bl#v=onepage&q='Feminism%2Cvictimology and domestic violence'&f=false.

Historica, C. nacional de memoria. (2013). Basta ya. In A. C. Calle (Ed.), *Journal of Chemical Information and Modeling* (Gonzalo Sa, Vol. 53). <https://doi.org/10.1017/CBO9781107415324.004>.

Hitlin, S., & H Elder, G. (2012). Time , Self , and the Curiously Abstract Concept of Agency. *Sociological Theory*, 25(2), 170–191. <https://doi.org/20453074>.

Hutchinson, A.; Waterhouse, P.; March-Mcdonald, J.; Neal, S., & Ingham, R. (2017). Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection. *Conflict and Health*, 11(1), 1–13. <https://doi.org/10.1186/s13031-017-0117-x>.

Jack, A. El. (2003). GENDER and ARMED CONFLICT Overview Report. *Development*, 44(0), 50. Retrieved from http://www.ids.ac.uk/bridge/%5Cnhttp://uaf.edu.pk/faculties/social_sci/courses/gender_and_development/11.pdf.

Jacobsen, K. (2004). Just Enough for the City: Urban Refugees Make their Own Way. *World Refugee Survey*, 57–65.

Jefferis, T. C., & Theron, L. C. (2018). Explanations of resilience in women and girls: How applicable to black South African girls. *Women's Studies International Forum*, 69(August 2016), 195–211. <https://doi.org/10.1016/j.wsif.2018.03.006>.

Knap, J.; Muller, B., & Quiros, A. (2009). Women , Men , and the Changing Role of Gender in Immigration Why is Gender Important ? Traditional Roles in Mexico. *StudentResearchSerieS*, 3(3), 1–15.

Knowles, G. (2013). Evaluating law reform using victim/survivor stories from the criminal justice system. *Sexual Abuse in Australia and New Zealand*, 5(2), 40–47. Retrieved from http://uta.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwnV3LSsNAFB2kKze-H9UKs3IXO5mZJJOViLQURapt0GWYyUwUrE2Nrf6-9-ZRiuDGbSAQcicn577OIUTwK-b9wgSrVMacZSMRaaGN8XlkBTOMG8eUqfLGh2k4GcfjiN81S_1YKaij3YJkhdy2yLBo3gcm17DLFgX Xiw8PbaSw3dp4aiAmxwFq6d-zx3XNBaXaZWV.

Mack, A. (2005). Human Security Report. In *Security*.

McGlynn, C., & Westmarland, N. (2018). Kaleidoscopic Justice: Sexual Violence and Victim-Survivors' Perceptions of Justice. *Social and Legal Studies*. <https://doi.org/10.1177/0964663918761200>.

Meertens, D. (1995). Mujer y violencia en los conflictos rurales. *Análisis Político*. Retrieved from <http://www.bdigital.unal.edu.co/39968/>.

- Meertens, Donny. (2010). Forced displacement and women's security in Colombia. *Disasters*, 34 Suppl 2, S147-64. <https://doi.org/10.1111/j.1467-7717.2010.01151.x>.
- Meertens, Donny, & Stoller, R. (2001). Facing destruction, rebuilding life: Gender and the internally displaced in Colombia. *Latin American Perspectives*, 28(1), 132–148. <https://doi.org/10.1177/0094582X0102800108>.
- Murillo Mojica, O. (2008). ¿Por qué no ceden los homicidios de jóvenes en Ciudad Bolívar? *El Tiempo*. Retrieved from www.eltiempo.com/bogota/aumentan-los-homicidios-de-jovenes-en-ciudad-bolivar-201354.
- Osorio Perez, F. E., & Breña, M. O. (2008). Forced Displacement among Rural Women in Colombia. *Latin American Perspectives*, 35(6), 29–40. <https://doi.org/10.1177/0094582X08326021>.
- Pretto, A. (2011). Analizar las historias de vida: reflexiones metodológicas y epistemológicas. *Tabula Rasa*, 15(1794–2489), 171–194.
- Pujadas, J. J. (1992). *El método biográfico: el uso de las historias de vida en ciencias sociales*. Retrieved from <https://www.uv.mx/mie/files/2012/10/MetodoBiografico.pdf>.
- Quevedo-Gómez, M. C.; Krumeich, A.; Abadía-Barrero, C. E.; Pastrana-Salcedo, E., & van den Borne, H. (2012). Machismo, public health and sexuality-related stigma in Cartagena. *Culture, Health & Sexuality*, 14(2), 223–235. <https://doi.org/10.1080/13691058.2011.629682>.
- Rajasingham-Senanayake, D. (2004). Between reality and representation: Women's agency in war and post-conflict Sri Lanka. *Cultural Dynamics*, 16(2–3), 141–168. <https://doi.org/10.1177/0921374004047741>.
- Schwark, S., & Bohner, G. (2019). Sexual Violence—“Victim” or “Survivor”: News Images Affect Explicit and Implicit Judgments of Blame. *Violence Against Women*. <https://doi.org/10.1177/1077801218820202>.
- Serisier, T. (2018). Speaking out, and beginning to be heard: feminism, survivor narratives and representations of rape in the 1980s. *Continuum*, 32(1), 52–61. <https://doi.org/10.1080/10304312.2018.1404675>.
- Sharlach, L. (1999). Gender and genocide in Rwanda: Women as agents and objects of Genocide. *Journal of Genocide Research*, 1(3), 387–399. <https://doi.org/10.1080/14623529908413968>.
- Siriwardhana, C., & Wickramage, K. (2014). Conflict, forced displacement and health in Sri Lanka: A review of the research landscape. *Conflict and Health*, 8(1), 1–9. <https://doi.org/10.1186/1752-1505-8-22>.

- Tambiah, Y. (2004). Sexuality and women's rights in armed conflict in Sri Lanka. *Reproductive Health Matters*, 12(23), 78–87. [https://doi.org/10.1016/S0968-8080\(04\)23121-4](https://doi.org/10.1016/S0968-8080(04)23121-4).
- Thomas, F. C., Roberts, B., Luitel, N. P., Upadhaya, N., & Tol, W. A. (2011). Resilience of refugees displaced in the developing world: A qualitative analysis of strengths and struggles of urban refugees in Nepal. *Conflict and Health*, 5(1), 7–9. <https://doi.org/10.1186/1752-1505-5-20>.
- Tong, A.; Sainsbury, P., & Craig, J. (2007). Consolidated criterion for reporting qualitative research (COREQ): a 32- item checklist for interviews and focus group. *International Journal of Qualitative in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>.
- Tsirigotis, K., & Łuczak, J. (2018). Resilience in Women who Experience Domestic Violence. *Psychiatric Quarterly*, 89(1), 201–211. <https://doi.org/10.1007/s11126-017-9529-4>.
- WHO. (2012). Adolescent health. Retrieved December 3, 2018, from http://www.who.int/topics/adolescent_health/en/.
- Williamson, J., & Serna, K. (2018). Reconsidering Forced Labels: Outcomes of Sexual Assault Survivors Versus Victims (and Those Who Choose Neither). *Violence Against Women*, 24(6), 668–683. <https://doi.org/10.1177/1077801217711268>.
- Wirtz, A. L.; Pham, K.; Glass, N.; Loochkartt, S.; Kidane, T.; Cuspoca, D., ... Vu, A. (2014). Gender-based violence in conflict and displacement: Qualitative findings from displaced women in Colombia. *Conflict and Health*, 8(1), 10. <https://doi.org/10.1186/1752-1505-8-10>.

Chapter Four
**Identities and belonging among
internally displaced adolescent
mothers in Bogotá: An ethnographic
approach¹**

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Abstract

Many internally displaced persons in Colombia are teenage mothers, who experience unique challenges in constructing identity and feeling a sense of belonging during their displacement and resettlement. An ethnographic approach was employed to collect the life stories of 20 displaced adolescent mothers who had resettled in Bogotá and to conduct eight workshops. The participants had struggled to construct their identities since childhood, had been mistreated at home and had escaped violent relationships and armed conflicts. As they faced motherhood, they wavered between resentment of their unwanted pregnancies and desires to have an 'ideal' family. While they embraced the 'displaced person' identity, it also entailed painful memories and proof of their past suffering, as well as difficulties with their new communities. Our analysis thus showed that internally displaced adolescent mothers' struggles with belonging and identity did not end when they resettled in a new city and received a formal identity label or categorisation.

Introduction

Colombia has one of the world's highest rates of internal displacement and migration ((IDMC, 2019); Rolon Salazar, 2018), and it is estimated that 7.7 million Colombians have been permanently displaced within the country since 1985. Displacement in Colombia predominantly involves movement from rural areas to large urban cities (especially to the capital, Bogotá), primarily as a result of the armed conflict that has persisted for more than five decades (IDMC, 2019) (Rolon Salazar, 2018) (Ruiz-rodríguez & Wirtz, 2012). The primary actors in this conflict are illegal guerrilla forces and paramilitaries, the Colombian government and its army and civilians and peasants in rural areas (Ruiz-rodríguez & Wirtz, 2012). The guerrillas and paramilitaries have committed crimes of extreme violence, including kidnapping, rape, murder and massacres of entire villages; they have also engaged in drug cultivation and trafficking (Ruiz-rodríguez & Wirtz, 2012) (Wirtz et al., 2014). Despite the 2016 peace agreement, illegal armed groups remain active and continue to cause displacement (IDMC, 2019).

Internally displaced persons (IDPs) in Colombia encounter specific challenges when they arrive in large cities, including poverty, little access to social and health services and family breakdowns (Hynes et al., 2016) (IDMC, 2019), and they often have difficulty accessing government aid, such as food, temporary housing and economic subsidies (Lemaitre & Sandvik, 2015). As a result, 92% of Colombia's IDPs live below the poverty line, with 33% in extreme poverty (IDMC, 2019). Moreover, due to bureaucratic barriers, an estimated 30% of the IDPs who live in urban slums are unable to access public healthcare (Ruiz-rodríguez & Wirtz, 2012). In addition, some IDPs experience discrimination due to their rural origins or their presumed connections with guerrillas, paramilitary groups and drug trafficking (Lemaitre & Sandvik, 2015). Tensions with host communities and local populations have also developed due to competition for public services, jobs and facilities (Quintero & Culler, 2009) Ramos-Vidal, 2017; (Ruiz-rodríguez & Wirtz, 2012)(Ramos-Vidal, 2017). Moreover, IDPs' relationships with their host communities have been found to be very important for their ability to construct a sense of identity and experience a feeling of belonging during their migration processes (Anthias, 2009)(Bello, 2000)(Kabir, 2014) (Kiely, Bechhofer, & Mccrone, 2005); (Lambo, 2012) (Oliver, 2011) (Sibel, 2013) (Vieten, 2006) (Vila Freyer, 2017).

The national government is responsible for handling displacement issues during armed conflicts, but over the decades of conflict, the Colombian government has arguably failed

to protect its citizens' rights (Naranjo Giraldo, 2001). The government has sought to rectify this by creating policies and laws to help IDPs; for example, the 2011 Law of Victims (El Congreso de la República, 2011) sought to provide IDPs with early and adequate attention and to bring safety to IDP communities and leaders (Rolon Salazar, 2018). However, according to organisations like the International Displacement Monitoring Centre and Amnesty International, Colombia has not yet achieved these goals, and there remains a lack of support for IDPs who are trying to re-establish their lives (IDMC, 2019)(Internacional, 2019).

Rural women, in particular, experience many challenges when they first arrive in the new and strange environment of a big city. They typically lack education, which can deeply affect their personal and social lives (Galindo-Cubillos & Guavita Moreno, 2018). Moreover, many internally displaced women (IDWs) first become pregnant during their adolescence, and they often arrive in Bogotá as single young mothers and experience particular difficulties with resettlement.

In the present research, we specifically focused on how young mothers from rural areas struggled with identity formation and feelings of belonging during their displacement and resettlement. It is important to put their stories centre stage in order to gain a deeper understanding of their experiences. In the next sections, we introduce theoretical debates about resettlement, identity and belonging and draw from these discussions to make sense of the complexities of displacement. We next explain our methodology and then present our results and conclude with a discussion of our findings.

Background

Theorising Resettlement, Belonging and Identity

Forced resettlement, leaving one's roots and adapting to a new region can all affect feelings of identity and belonging (Hiruy, 2009). Galbally, using a multiculturalism approach, defined resettlement as a complex process of adjusting to a new environment following migration. He underscored that resettlement is a long-term process that affects all migrants, but particularly those who come from different cultures than their host community's. Moreover, resettlement implies both IDPs' acceptance by the host community and IDPs' feeling that they belong to the host community; as such, it requires changes by both the migrants and the host society (Hiruy, 2009).

Somewhat similarly, Andersson defined 'resettlement' as a migrant's process of exploring new ways of 'living-place making' that is established by comparing their new life to their former life in their place of origin, especially its traditions, customs and social relations (2006).

A number of studies have since used this approach to study resettlement in the United Kingdom (Wessendorf, 2017), Canada (Kobayashi & Preston, 2014), Australia (Kabir, 2014), Kenya (Sibel, 2013), New Zealand (Vodanovich, 2009). These studies have found that, during resettlement, migrants struggle with memories of their home of origin. Gupta and Ferguson, cited by Lambo consider this act of remembering 'home', among displaced communities, as a symbolic anchor. Migrants use these memories to construct their new world, and the concept of a shared 'homeland' remains one of the most powerful unifying symbols for mobile and displaced people (Lambo, 2012). However, as noted by Hiruy, if displacement has occurred as a result of war, people may not want to return to a place where they witnessed horrendous acts of violence and may have lost friends or family (Hiruy, 2009) (Hiruy, 2009) (Hiruy, 2009) (Hiruy, 2009) (Hiruy, 2009) (Hiruy, 2009).

For decades, the relationships among people, place and identity have been the subject of much debate among social and cultural anthropologists. The debate centres on the notion of the territorialisation of identity. While some scholars have argued that people and place have a deep and lasting natural bond (Hernández, Carmen Hidalgo, Salazar-Laplace, & Hess, 2007)(Hiruy, 2009) (Knez, 2005), others have advocated a de-territorialised notion of identity, which argues that a robust identity can exist without a strong attachment to place (Lambo, 2012). While the former considers displacement a cause for huge distress, as it forces people to be disconnected from their roots, the latter – while acknowledging the pain of forced resettlement – sees opportunities for displaced persons to develop new identities in their new environments (Lambo, 2012).

More recently, migration studies have given a lot of attention to the concept of 'belonging'. Hiruy (2009) defined belonging as the will and determination to integrate into the host community, and Lambo (2012) argued that struggling with feelings of belonging is the main emotion associated with resettlement. However, Hiruy also noted that the construction of 'belonging' is not a unidirectional process; an individual's willingness to belong must receive a response of acceptance from the host group to enable a feeling of firm belonging (2009) (Hiruy, 2009) (Hiruy, 2009) (Hiruy, 2009) (Hiruy, 2009). On a similar theme, Ager and Strang identified a number of key domains related to migrants' successful integration and belonging to their new communities: access to employment, housing, education and health; citizenship and rights; and social connection within and between groups within the community, for example related to language, culture or the local environment (Ager & Strang, 2008) (Strang & Ager, 2010). Others have pointed out that belonging is not exclusivist; an individual can feel a sense of belonging to multiple groups simultaneously, such as groups based on gender, social class and religious or political values, as well as ethnicity (Anthias, 2009).

Discussions about resettlement and belonging are highly relevant to understanding the identity experiences of IDWs. Migration affects identity, and some authors have even

gone so far as to call migration an identity crisis, in which migrants are caught between the culture they left and the culture they have found (Anthias, 2009). This view holds that identity hinges on the family, culture and religion that one is born into and that it is integrally shaped by one's community and life experiences (Anthias, 2009). Kiely et al. identified 10 identity markers that people typically use to claim or attribute identity: place of birth, ancestry, place of residence, length of residence, upbringing and education, name, accent, physical appearance, dress and commitment to place (Kiely, Bechhofer, Stewart, & McCrone, 2001); notably, all of these are directly or indirectly related to one's place of origin. However, other concepts of identity associate identification processes with others or groups of others, and this is linked to feelings of belonging (Anthias, 2009). In this sense, belonging is related to the place at which a migrant arrives.

In addition, identity is defined not only by who we are and who and what we identify with, but also by who we want to be and how we wish to be seen by others (Douglas, 2009). How displaced persons are seen by their host community and by the government is therefore highly relevant to the study of belonging and identity among IDPs. Labels like 'migrant', 'refugee' or 'displaced person' may be quite important for an individual's identity formation. For example, Hiruy noted that it is only after a displaced person receives a paper with an official ID number that they finally accept their new identity as a refugee (Hiruy, 2009). However, other authors have described identity as a more fluid process that is shaped according to circumstances and opportunities (Douglas, 2009) (Kabir, 2014).

Adolescent motherhood represents another unique challenge to the construction of identity. Adolescence is a critical period for self and identity development (Tanti, Stukas, Halloran, & Foddy, 2011) (Topolewska-siedzik, 2018), and pregnancy during adolescence represents an even a bigger challenge. A teenage mother '... has crossed the line between childhood and adult experience, without the usual process of time with gives her the opportunity to pass from one to the other in the adjusting period of adolescence' (Koffman, 2015). Moreover, teenage motherhood is socially constructed as a predominantly negative experience that denies the ways in which motherhood can be a positive and fulfilling experience for many young women (Shea, Rebecca; Bryant & Wendt, 2016).

Oberman and Josselson (1996) proposed a 'model of mothering' that is comprised of a 'matrix of tensions', and they argued that mothering involves 'a maintenance of tensions, a balance of conflicting emotions, attitudes, experiences, or states of mind' (Ali, Hall, Anderson, & Willingham, 2013). Displacement and experiences of trauma and violence can complicate feelings of identity among teenage mothers, especially because displacement often leads to shifts in gendered roles and responsibilities that result in women becoming the heads of their households (Internacional, 2019). This can create new opportunities for women, but it can also further marginalise their place in society (Jack, 2003).

Against the background of these theoretical debates about feelings of identity and belonging during displacement and resettlement, we sought to analyse the life stories of internally displaced adolescent mothers who lived in Bogotá, as told from their perspectives. Our goal was to understand more about their experiences of identity and belonging during displacement and resettlement.

Methods

Study design

This research used a qualitative ethnographic approach to try to understand identity construction and feelings of belonging among displaced adolescent mothers. We collected their life stories and also conducted fieldwork and participant observation. In addition, we organised workshops with these women that enabled them to share and exchange experiences and reflect on their identities and the process of resettlement.

Study setting

This research was conducted in Ciudad Bolívar, a neighbourhood in Bogotá, Colombia that contains the majority of Bogotá's IDPs (Planeación, 2017). Moreover, 94% of the people who live in Ciudad Bolívar are of the lowest socioeconomic status, and the area is one of the most violent in Bogotá, with high incidences of murders and other violent acts (Murillo Mojica, 2008). Members of illegal armed groups, including guerrilla or paramilitary groups, also operate or reside in this area (Alzate, 2008)(Meertens, 2010) (Wirtz et al., 2014). The fieldwork for this research was carried out between June 2015 and May 2016, during which the first author, YC, visited Ciudad Bolívar two or three times per week. She also continued to visit twice per month in the following two years.

Data collection and sampling methods

The participants consisted of 20 IDWs who had become mothers during adolescence and who lived in Ciudad Bolívar at the time of research. Their ages at the time of this study ranged from 18 to 35 years old. We defined adolescence according to the World Health Organization: 'young people between the ages of 10 and 19 years' (Organization, 2018). The study's inclusion criteria were women who had been forcefully displaced and who had first become mothers during adolescence. Most of the participants had their first child at the

age of 14 and had a total of one to six children. All participants were individually interviewed in Spanish by YC once, twice or three times, and all of the interviews were recorded. All interviews were open, giving participants freedom to talk about their life stories.

YC has worked in Ciudad Bolívar since 2006 as part of a social extension programme through Pontificia Universidad Javeriana, called the *Vidas Móviles* project, which seeks to help internally displaced families in a variety different social capacity, such as health, housing and life conditions. Since she had links to people from the neighbourhood, we were able to choose key informants to recruit participants, via a snowball sampling strategy, until reaching saturation point (Tong, Sainsbury, & Craig, 2007). The majority of participants were part of the *Vidas Móviles* programme, but this was not an inclusion criterion; notably, *Vidas Móviles* participants needed to have received official government displacement status, while this was not required for participants of the present research.

During the first year of fieldwork, YC, who was familiar with the research context and had experience in the field, used in-depth interviews to collect the life story narratives of 20 IDWs who had been pregnant during their adolescence and who lived in Ciudad Bolívar. YC also observed the participants during her visits to the neighbourhood and took notes about her informal conversations with people from the community, including visits to some of the participants' homes. Finally, YC also organised eight workshops with the 20 participants that allowed them to elaborate freely on their experiences and the ideas that they had brought up in the interviews. These workshops engaged the women through creative activities such as painting, writing, writing on the wall, singing and role-playing. During the last two workshops, participants' feedback was sought about the research results. The first six workshops took place in the *Vidas Móviles* project building and the last two were held in the houses of two participants.

Data analysis

All of the participants' life stories, interviews and workshops were first transcribed in Spanish and then translated into English. Their life narratives began during their childhood in the countryside and continued up to their situation at the moment of the interview in Bogotá. The objective of having the participants relate their life stories was to understand all aspects of each participant's life. The telling was incentivised by the presence of a researcher, and the resultant story is thus the result of these interactions (Pujadas, 1992). We used Pujadas's (1992) definition of life story:

It is a story about the self-life, which is obtained by the researcher through different interviews. The objective is to show the subjective testimony of a person. It includes the experiences but also the perceptions that that person made of his/her own existence.

Life stories, or biographies, seek to cover all times and places, from childhood up until the moment the life story is told, and to include different aspects of self (Chárriez, 2012). They therefore vitally allow for the identification of ambiguities, changes and critical moments in the establishment of an individual's self, and they permit identification of the subjective perspective of the individual, as well as the individual's interpretation of their own acts. Crucially, they allow an understanding of social phenomena that can only be grasped through the concrete personal experiences of individuals (Chárriez, 2012).

In the present research, each participant's life story was subjected to comprehensive analysis that took into account the participant's life cycle and experience and the interview itself (Pretto, 2011). We started by familiarising ourselves with each participant's narrative. Subsequently, we analysed the narratives for themes of identity and belonging related to the processes of displacement, resettlement and motherhood during adolescence. In order to reduce bias, all data and interpretations were regularly discussed with the other members of the research team, most of whom were not part of the *Vidas Móviles* project. The analyses were also discussed with the participants themselves in the final two workshops, in order to confirm their accuracy.

Limitations

Since this research used a qualitative approach, its empirical findings cannot be generalised to other populations in other contexts. In addition, people from the neighbourhood were already familiar with the first author due to her work as a physician and as part of the *Vidas Móviles* project. Participants in the study expressed that this familiarity was an advantage because they already trusted the researcher and felt that they could share their experiences with her, including medical issues.

Ethical framing

Research and ethics approval were granted by the Ethics Committee of the School of Medicine of the Pontificia Universidad Javeriana, Bogotá (Act 21/2015.FM-CIE-8744-15), and all research protocols and methods were consistent with Colombian law. Although all participants had given birth to their first baby during adolescence, at the time of the interviews their ages ranged from 18 to 35. Participants were fully informed about all aspects of the project and were aware that they could withdraw at any moment, without providing a reason, and that withdrawal would not affect their relationship with *Vidas Móviles* in any way. Participants were also informed that, upon withdrawal, all recordings would be destroyed, and transcripts would be stored, in accordance with Dutch law, in a secure location at Maastricht University for 10 years. All participants signed a written document of informed consent.

This research followed the ethical recommendations from the American Anthropology Association and continuously reflected on possible ethical concerns beyond informed consent during the study. Participants' names have been changed to protect their identities. We also chose not to identify the violent groups that were mentioned by participants as having caused their displacement. After finishing all of the research interviews, we stayed in contact with the participants by conducting monthly workshops and helping them to navigate various difficulties that they encountered, such as helping them access government aid, finding schools for their children and attending to health issues.

Results and Analysis

This section shows how the IDWs in our study struggled to construct identities and feelings of belonging, beginning in their villages during childhood and continuing during their adolescence, pregnancies and throughout the processes of displacement and resettlement in Bogotá. Our findings and conclusions are presented in the context of current scholarly debates.

1. *Becoming a mother while still a child*

All participants described being mistreated during their childhoods, and through hearing their life stories, we identified how these childhood experiences affected their identities and their senses of belonging. Many of them lived with only one parent and/or were mistreated by stepfathers or other family members. They experienced physical and emotional violence; some of them were raped. Their stories also testified to the influence of their childhoods on their identities. They expressed how their experiences of mistreatment manifested in different aspects of their lives, such as low self-esteem. During their childhoods, they struggled with feeling like they belonged in their homes and families, and they wanted to leave.

Participants also perceived that their childhood mistreatment was primarily responsible for their early pregnancies. When asked why they thought they became pregnant at such young ages, all participants listed their childhood experiences as a primary reason: they felt that the solution to their difficult childhood family circumstances was to find a man and start a new family. For example, Alejandra told her story as follows:

'Well, I used to live with my uncles, and they mistreated me a lot. I suffered from hunger and a lot of need. My father had passed away, and my mom left me with my uncles. They hit me all the time, I had to do many tasks like ironing or washing the clothes. It happened from 8 to 14 years old... When I was 14, I escaped from home... when I met the father of my first two children. I got pregnant at 15... I fell in love with him, but after my second child, he told me that he liked another woman. He left us.' (Alejandra)

This is consistent with several studies that have found links between child abuse, including sexual abuse during childhood and adolescence, and pregnancy during adolescence (Blinn-Pike, Berger, Dixon, Kuschel, & Kaplan, 2002; Gerke et al., 2016; Knowles, 2013; Pallitto & Murillo, 2008; Roosa, Tein, Reinholtz, & Angelini, 1997; Tlapek et al., 2017; Tremblay et al., 2004; Young, Deardorff, Ozer, & Lahiff, 2011).

For almost all of our participants, their pregnancies were unwanted. Most participants first conceived when they were 13 or 14 years old. They described receiving judgement and criticism because of their pregnancies, and expressions such as 'whore' were common in their narratives as they described family members' reactions to their pregnancies. Olga told that

'My brother began to tell me, 'you are pregnant again!', actually all the people started to talk about me... She is a single mother! And who is the father? No one is going to come for that baby'... (Olga)

Previous authors have described how young mothers experience moral judgements that are related to specific cultural expectations and ideals with respect to motherhood. For instance, Ali (Ali et al., 2013) studied the romanticised ideals of motherhood and noted that in American society, for example, the typical view of a mother is of a white, middle-class woman who stays at home full-time and is fully engaged with her role; women who do not fit this ideal are often stigmatised (2013). Common subjects of the so-called 'deviancy discourses' are poor mothers, mothers of colour, unwed mothers, teenage mothers and mothers receiving public assistance (Ali et al., 2013). However, while all of our participants can in this sense be categorised as 'deviants', their life stories showed how, despite being stigmatised because of their early pregnancies, they all found happiness and joy in their motherhood.

As noted before, identity is related to not just who we are but to who we want to be (Kabir, 2014). According to self-discrepancy theory, people are motivated to achieve congruity between their self-concept (how they see themselves) and their ideal self (the self they think they should be or desire to be; Ali et al., 2013). The presence of a child can produce a discrepancy between these two facets of identity, and the birth of a baby can also change a new parent's conception of their ideal self (Ali et al., 2013). In the case of our participants, they expressed that even if their pregnancies had been initially unwanted, they still wanted to have an 'ideal family' composed of a mother, father and children. This desire was expressed, for instance, by Julia:

'I want with all my heart to have a family. A home. I don't think I am a bad woman... you know? So, I met Dani. He wanted another baby, so I accepted him. I know he is an alcoholic, but I think everybody has something... problems... It is hard sometimes, but I still live with him'. (Julia)

However, despite their efforts to have 'ideal' families, participants described their relationships with their partners as difficult. Many participants stated that their partners were unfaithful and sometimes violent to them. Nevertheless, they engaged in new relationships in order to find stability or to again seek an 'ideal family', leading them to have different children with different partners. For example, Jenny described her case this way:

'My first pregnancy was when I was 13. I had sexual relationships with a boy, but I was not a virgin, because my uncle raped me... We were at a party, but he did not take any responsibility, even though he was 20 years old... so I left my son with my father, and I started to work in cleaning... then I met another boy, he worked in a Coca crop, I was 17 when I got pregnant again. At the time, this boy had another woman, and he said that he was not the father... I lost the help from my father, so I started to work in the streets as recycler. One day, someone called me from the Welfare Institute and the Institute got my children. They took my children away from me'. (Jenny)

At the time of our interview, Jenny had five children in total, each with a different partner. She conveyed a sense of sadness when she talked about her children. They were in the Welfare Institute (a governmental institution for the care of Colombian children who are in need, vulnerable or without support) for many years, and two were in jail before the age of 18. Some of our other participants also stated that their children were taken by the Welfare Institute. For several participants, this experience of being separated of from their children evoked feelings of sadness and frustration. This resonates with work by Grundetjern, who found that mothers who were separated from their children and lost custody felt sadness as well as anger with child welfare services, which they believed to have worked against them (Grundetjern, 2018). Many participants expressed how difficult it was to keep their children with them and expressed fear of losing their children; for example, Sandra stated that

'I had my daughter when I was 16 and my son when I was 17. Both were unwanted... and I had the deliveries prematurely. The Welfare Institute was following me... asking me if I did not want them anymore, telling me that I was an easy girl, and would I leave them, but of course not. I suffer a lot to give them food, but I want to be with them always. I don't want to lose them'. (Sandra)

Motherhood, as Florescu noted, is defined by expectation (Florescu, 2013). Mothers are expected to provide physical care, nurture, love, socialisation and an education for their children. 'While maternal expectations vary according to nation and class, mothers are assessed by their society's standards, and their children are the measure of their success or failure.' (Florescu, 2013). Our participants' life stories suggest that, in Colombia, and particularly in rural, conservative communities, motherhood is seen through this lens. However, a mother's ability to meet societal expectations is often contingent upon factors beyond her control, such as physical or mental illness, competing obligations, poverty, death

or her own family history. Nonetheless, mothers remain subject to societal definitions, expectations and assessments and mothers who fail to meet societal expectations are seen as 'selfish, wilful, aberrant, abusive, strange, eccentric, or monstrous' (Florescu, 2013).

While many studies about pregnancy among adolescents have highlighted feelings of 'hardship and reward', others have identified feelings of strength and positive life chances as a result of motherhood, as well as increased social status (Shea, Rebecca; Bryant & Wendt, 2016). Our participants expressed that they experienced both of these feelings. For instance, Ana referred to her children in the following terms:

'I will never leave my children, never. I am suffering because I want to give them food, and I don't have it, but I will be there with them, forever. I pray that God helps me, and I can have them always in my heart. I am working hard, and I will put the oldest one in school next year'. (Ana)

Many women's lives can be characterised by an absence of goals for the future, leading one author to write that 'motherhood is the pitilessness of the present tense', pointing to the disruptive influence of the tasks of motherhood, not only to career or long-term plans, but also to daily life (Ali et al., 2013) p. 601). For our participants, women's options in their home villages were largely focused on motherhood, learning how to cook and being good housewives. Several participants expressed that education was unimportant:

'I went to school without food, notebooks... But to be honest, I did not like school too much... finally, you will be a mother, at the farm, and cooking... you know? At that time, I did not think school was useful. (Alejandra)

I helped my mom with the cooking... and actually I did not like to go to school... I was more of a rebel... I did not see things like now. (Maria)

My father did not like that we went to school... he said that we could find a mozo (boyfriend) there, and then get pregnant'. (Olivia)

Notably, the Colombian programmes that aim to prevent teenage pregnancies focus on giving girls education in order to avoid early pregnancies (Quintero Rondón & Rojas Betancur, 2015). However, our participants' life stories make clear that this approach is not easily applied to the real situations of girls in rural communities.

2. A village girl arriving in a big city

IDPs in Colombia are a very heterogeneous group. They come from different regions, ethnic groups, religions and political and economic backgrounds, and they have different

relationships with various armed groups (Naranjo Giraldo, 2001). Categorising their identity labels is therefore a complex task.

All of our participants expressed that their towns were essentially war zones. They explained how different armed groups (guerrillas or paramilitaries) controlled different villages and how they, as residents of the villages, had different relationships with the armed groups – as victims or escapees, as the wife or relative of a member of an armed group, or even as an active member themselves of an armed group. Despite these differing relationships, all of the interviewees were forced to leave their towns; in almost all cases, the violence drove them to leave home without packing anything. These complex factors led the women to struggle continuously with feeling that they belonged.

Despite their differences, however, they shared similar stories about the process of displacement. Jenny's story provides an example:

'My husband arrived in panic. He told me that we had to leave the town immediately. They (armed group) would come for us... We spent many years helping them, but we could not do it anymore... We just couldn't... So, they were angry, and they wanted to pick us up to become a part of their group. We did not want that kind of life for our children... And if you disagree with them, they kill you. There was no option. So, I packed some clothes for the children, and something for us. I told him why don't we take other things with us? He answered no, because we cannot be here at midnight, if we are here, they said that will be 'very bad'. So I remember that I brought some food from the kitchen, and we took the horse to go down to my parents- in-law's house, we arrived at 3 a.m., my mother-in-law cried, and that day my husband got some money for the bus, and we came here to Bogotá'. (Jenny)

All participants also conveyed similar feelings of sadness about being forced to leave their places of origin. For example, Elizabeth described her situation:

'My brother was in the armed group, because he suffered a lot as a child, like me, without food and mistreated by our stepfather. So, the armed group was an alternative. And I also joined them... But there was an encounter with the army, and there was a helicopter shooting... Killing a lot of people... My brother told me that I had to escape with my mom... Without anything. We couldn't'. (Elizabeth)

Participants also expressed that they were used to working in the countryside and that they missed that life, and they compared their living conditions in their home villages to the city. Many things were new for them, even simple things such as obtaining food. This is the case of Mariza:

'We used to work on the farm. There, the food is different. There are many crops, you do not need to go to the supermarket, and you just go to the field... Of course, I would love to come back to the village! This weather here is very cold'. (Mariza)

Participants also described missing their relatives who remained in the villages. This is consistent with research that has shown that, when migrants leave their entire social network in their home community and begin new lives in a new place, their social networks must be re-built (Knap, Muller, & Quiros, 2009). Furthermore, in addition to missing their relatives, our participants also experienced difficulties relating to the host community. For example, Margaret was living in a rented small room in Bogotá and stated that:

'At the village I could see my mother, we had a bed, television, washing machine, a home, a family, we did not pay rent, and here no... here we need to pay the rent and pay for the bus to go to the hospital. I usually cry a lot, because I miss everything. We also have problems with the people. Here, the woman who I live with, she has a washing machine. I used it for my girls' clothes, and then the clothes disappeared. Once, the man of the house where I live brought things for his child, and my girl wanted those things, so she cried, and I couldn't give her those things... here you just get used to this life. It has been hard; you do not know how to take a bus, or things like this... I wash the clothes by hand, and we eat food the same day we buy it, because it is spoiled the next day'. (Margaret)

Various studies have reported poor living and health conditions for IDPs residing in urban host communities (Ruiz-rodríguez & Wirtz, 2012). The host community in Bogotá also lives in poverty, and its inhabitants compete with IDPs for jobs, housing and other facilities and services. Research has shown that the immediate locality in which migrants live and the nature of their social interactions with other residents can crucially impact their sense of inclusion or exclusion (Wessendorf, 2017). IDPs compete for public resources with local populations, and their low economic status makes them vulnerable while also reinforcing their status as unwanted and stigmatised (Ruiz-rodríguez & Wirtz, 2012). Our participants' experiences were largely consistent with these findings. However, some participants also expressed that, despite the difficulties they had experienced during the resettlement processes, some people from the host community had also helped them and were determined. For example, Mariza described how she was crying on the street, without a place to spend the night with her children, when a local woman found her and offered her a place to stay:

'She saw me in the street. I was crying with my children. She invited us to have coffee with milk and bread. We chatted a little bit, and because it was so late at night, she offered for me to stay with her and her sons. So, I helped her with the cleaning, and she let me stay there. She told me: 'the only thing I ask is you, it is don't have relationships with my sons'. They were quite old, the youngest was 40. But was the only thing she asked me, the first thing I did... (smiling). One of them started to talk to me, and give me presents, diapers for my children, milk... He said to me, 'let me help you.' I worked very hard, and I made the house very beautiful. I also ironed the clothes, cooked and did everything she asked me. And I started to hang out with her son... (Maritza)'

This example shows how IDWs struggled to belong to the host community and experienced hostility, but also received help from some community members.

Another important aspect of identity and belonging for IDPs relates to their experiences with governmental and non-governmental organisations during resettlement, and our participants' experiences with these factors are examined in following section.

3. *Resettling and receiving a formal identity while struggling for acceptance*

The Colombian government formally recognises the status of displaced persons but achieving this formal status can be difficult. When IDPs arrive in a big city, they must first declare the reasons for their displacement at an Attention and Orientation Unit Office in order to receive government benefits, such as food, money or temporary housing. The validity of their declaration is then investigated; if accepted, the displaced person will receive a letter formally confirming their status as a displaced person.

Although this status is very much needed, as it often is the basis for government help and contributes to the process of resettlement, many participants felt that the process of attaining the status was a negative experience. Remembering their displacement entailed a painful process of re-victimisation. In addition, some participants struggled with bureaucratic procedures, including corruption, that were necessary to obtain the letter of displacement. Julia described how her testimony at the Office was sold to others:

'I went to the Office and I did my declaration, but they rejected it. I told them everything I went through, about the armed groups and all the things that happened in the village. But there were some people who bought the testimonies. It is convenient to have the letter of displacement, I know. But that was my testimony! Those people bought it for 1 or 2 million pesos. I noticed that, because when I went to the Office, in the papers there was another signature, not mine! I do not know how to write and read. But I can recognise my signature! I told them, but they ignored me. They stole from me. That is not fair at all. You cannot trust anyone.' (Julia)

Other interviewees also described misunderstandings at the Office that prevented them from receiving the letter. This is the case of Alicia, as told by Mildred:

'She didn't receive the letter... She was born in a very small village, so in order to get the ID she had to go to the office that is located in the big city, the capital of the region. When she declared, they denied the letter because of what she said happened in the village... where she lived. The officer said nothing matched up because her ID said that she was from the city... not from the village... This is unfair! That is ridiculous!' (Mildred)

Some participants also noted that, even with the letter, it was difficult to get the help provided by the government. Monica explained that she received her letter quickly, because she knew the mayor of her town. Nevertheless, they received only temporary help:

'When we arrived was easier, because the mayor of our town told us that we would receive help. We had to go to the Unit of Attention and we told the story... so they had to check, and then we received a letter of displacement, and economic assistance, so we could buy some dishes, and blankets, and they gave us food... but we have not received anything else since that time. My husband works, so he cannot go there to ask, and I do not have my ID so I cannot go. Nothing else...' (Monica)

In addition to these types of bureaucratic challenges, the process of gaining formal status as an IDP entails adopting a new identity. 'They give you a paper that says so... and finally you succumb to the new identity' (Hiruy, 2009). Our participants expressed that they felt stigmatised if they identified themselves as an IDP and that it was a barrier to employment and housing. Moreover, discarding their old identity and replacing it with a new IDP identity moved them from victims to actors; they become stigmatised and 'responsible' for their own situation (Naranjo Giraldo, 2001). Monica and Sandy provided two examples of this:

'The owner of the house where we are living now said that she doesn't want any displaced people... so we need to find a new place this week.' (Monica)

'I understand other displaced mothers who arrive, because if people know that you are displaced, they will think... why? Maybe you are a bad person.' (Sandy)

From these narratives, we can see how they struggled with accepting their new identity as IDPs; on the one hand, it was necessary to obtain government benefits, but on the other hand, it brought stigmatisation and reduced their acceptance by the host community.

Belonging is about emotional attachment, feeling 'at home' and feeling safe; yet, for many people in many places, feeling 'at home' does not generate only warm and positive feelings (Sibel, 2013). Displacement and resettlement can trigger radical transformations due to their abrupt contextual changes that put individuals in positions that may be unsafe, uncertain and confusing, to the detriment of their identities (Bello, 2000). Research has also shown that there are important mental health concerns among populations who have been displaced by conflict (Siriwardhana & Wickramage, 2014). Our participants expressed how hard it was to leave their memories of war in their villages and how the displacement itself was also traumatising. The government provides IDPs with two appointments with a psychologist, but Sandy argued that these were not enough to deal with all of the trauma she had experienced:

'I still have nightmares... I went through many things, and I have seen many things... I was in the massacres; they (armed group) killed my family in front of me... I am like a clown, sometimes I smile, but I suffer a lot inside...' (Sandy)

In addition to mental health care, the provision of optimal reproductive and maternal healthcare is critical for ensuring both the immediate and long-term health and well-being of refugee women and their families. Moreover, access to maternity care also affects refugees' integration, attitudes towards health and health-seeking behaviours, and it has ramifications for intergenerational health (Pangas et al., 2019). However, our participants described their experiences with health care services as being very chaotic. Many shared that they could not receive medical attention even when they had serious medical conditions:

'I went to the health services and I couldn't receive anything, because they asked me for the papers, which I don't have. My health ID is from the village, but they do not allow this... So, what can I do? I spent time, effort and money... but they did not take me. They said that I needed to go here and there...' (Monica).

Others received care but were mistreated by medical professionals. Research has found that adolescent mothers may experience 'obstetric violence' at the hands of medical professionals due to stigmatisation and the moral positions taken by the professionals (Pacheco Sánchez, 2016). Some of our participants' experiences were consistent with this, such as in this story told by Lucia:

'I had preeclampsia, I almost died... Well you know, they think that you should not be pregnant so early... So I felt that I was sick because it was my fault... Some doctors are grumpy... and some nurses quarrel too...' (Lucia)

Our participants also experienced difficulties finding employment, which was especially vital since the majority of our participants were single mothers and the sole provider for their children. For example, Margaret was still looking for employment at the time of our interview:

'It is very difficult for me, I want to work, but no one wants to hire me, because I did not finish my school, and I don't have any experience...' (Margaret)

Likewise, Julia expressed that the only option she had was prostitution:

'I am ashamed to say this... I had to work as a 'happy life girl' (prostitution), because I had to pay the rent, to feed my children... Because I was younger than 18, I could not find any job, and also because I am black. You can feel a little of racism... nowadays it's getting better, but some time ago, it was even worse.' (Julia)

Although our participants experienced many challenges interacting with the government and integrating with their host communities, many were able to receive aid from various

non-governmental organisations and churches, whose volunteers listened to them and provided extremely valuable help with their resettlement processes. For example, Sandy expressed gratitude for the workshops developed during this research:

'I always will be grateful to you, because you listened to us, and helped us deal with all our fears, memories and bad experiences...' (Sandy)

Other participants shared that the workshops encouraged them to overcome difficulties and that it was helpful to hear testimonies from other IDWs who went through similar situations of displacement and teenage pregnancy. They felt that the workshops provided opportunities to overcome their hatred of their situations and of their experiences with armed groups in their home villages.

Discussion and Conclusion

It is clear from the analysis of our participants' life stories that their lives were disrupted in several different ways and that these disruptions caused continuous struggles with identity and belonging. As adolescents, they had to deal with complicated experiences of armed conflict and displacement; our participants were exposed to trauma, persecution, fear and loss due to armed conflict. This is consistent with previous research, which has described how, during forced migration, women often experience violence, separation from loved ones, displacement, poverty and human rights violations (Pangas et al., 2019). Displacement itself also brings radical changes in context and relationships with others, and displaced persons may experience first violence and then stigmatisation (Meertens, 2002).

In particular, our participants' experiences as young displaced mothers entailed three specific identity tensions. First, they faced a tension between childhood and motherhood. Their desires for a safe and caring family for their children were stimulated by their escapes from violent homes and led them to engage in relationships that further led to unexpected pregnancies. While the ideal self for village girls was a life of motherhood and housewifery, our participants were forced to take initiatives that did not fit that ideal: motherhood arrived unexpectedly, and, although they were largely happy with their pregnancies, they experienced negative judgements and stigmatisation from others. Part of their identity also became focused on the challenge of motherhood and the expectations of others, as well as their own expectations. Moreover, instead of being an 'ideal' housewife, they were young mothers on the run. As Ali et al. noted, it is necessary to identify the gap between dominant 'ideal' motherhood discourses and the lived experiences of real mothers, and to explore how marginalised women negotiate and construct their own identities as mothers (Ali et al., 2013).

Second, our participants experienced tension between good and bad memories of their home villages. Despite their violent home situations, they appreciated the places where they were born and remembered the good things. Forced displacement and leaving their towns, family members and belongings led to feelings of grief and sorrow. When comparing their home villages to their place of resettlement, they saw advantages and disadvantages to both places. Moreover, research has shown that the impacts of displacement are diverse and depend on the specific characteristics of the violence that caused the displacement and the context of the displaced persons' resettlement (Bello, 2000). Our participants' relationships with their host community were largely difficult, and this hampered new feelings of 'belonging'. Nonetheless, despite the considerable difficulties of resettlement and host community acceptance encountered by our participants, many had also had some positive experiences with some individuals from the host community who had helped them in the process of resettlement.

Third, resettlement forced our participants to adopt a formal identity as a 'displaced person' in order to obtain government recognition and aid. This formal identity gave them new opportunities, but also led to hostility from their host community due to the competition for scarce resources. The struggle to belong was also intensified by fears of armed group cells that were active in the host community.

Our participants struggled simultaneously with both identity and belonging, and these struggles accompanied them during the process of resettlement. Displacement did not cause them to discard their previous identities, memories and experiences from their original homes. Identity creation is not a static process (*Vila Freyer, 2017*); it is composed of multiple facets, and an individual can develop different consciousnesses and identities simultaneously – one does not exclude the other. Identity is instead based on an internal accumulation of experiences and belongings that are developed from social interactions and are expressed in the different communities with which the individual interacts; the more different experiences a person has, the more specific their identity will be.

Important scholarly debates have focused on the impacts of adolescent pregnancy or displacement. This study sought instead to focus on the life stories of individual IDWs to highlight the complexities of their struggles with identity and belonging during displacement and resettlement. It is important to understand that IDWs are dealing with an accumulation of these unresolved struggles. Professionals and policy-makers need to be aware of the complex realities of IDWs' experiences in order to fully engage with this population. The present analysis of IDWs' life stories has shown that the process of resettlement is even more challenging if forced displacement due to armed conflict is further complicated by difficult childhoods and teenage motherhood. IDWs' identities and feelings of belonging during the process of resettlement are linked not only to their displacement but also to their experiences during childhood, adolescence and motherhood.

References

- Ager, A., & Strang, A. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies*, 21(2), 166–191. <https://doi.org/10.1038/tpj.2011.14>.
- Ali, D. S.; Hall, M. E. L.; Anderson, T. L.; & Willingham, M. M. (2013). 'I Became a Mom': Identity Changes in Mothers Receiving Public Assistance, 90639, 587–605. <https://doi.org/10.1080/01488376.2013.801391>.
- Alzate, M. M. (2008). The sexual and reproductive rights of internally displaced women: the embodiment of Colombia's crisis. *Disasters*, 32(1), 131–148. <https://doi.org/10.1111/j.1467-7717.2007.01031.x>.
- Anthias, F. (2009). Translocational Belonging, Identity and Generation: Questions and Problems in Migration and Ethnic Studies. *Finnish Journal of Ethnicity and Migration*, 4(1), 6–16.
- Bello, M. N. (2000). Identidad, Dignidad y Desplazamiento Forzado. Una lectura psicolocial. *Universidad Nacional de Colombia*. Retrieved from <http://www.bivipas.unal.edu.co/handle/10720/240>.
- Blinn-Pike, L., Berger, T., Dixon, D., Kuschel, D., & Kaplan, M. (2002). Is there a causal link between maltreatment and adolescent pregnancy? A literature review. *Perspectives on Sexual and Reproductive Health*, 34, 68–75. <https://doi.org/10.2307/3030209>.
- Chárriez, M. (2012). Historias de vida: Una metodología de investigación cualitativa. *Revista Griot*, 5(1), 50–67. Retrieved from <http://revistagriot.uprrp.edu/archivos/2012050104.pdf>.
- Douglas, F. M. (2009). What is Scottish Identity? In *Scottish Newspaper, Language and Identity* (p. 11). Edinburgh: Edinburgh University Press. Retrieved from <https://epdf.pub/scottish-newspapers-language-and-identity-film-media-and-cultural-studies15bf350bb497e7aa3fdcec897920c36613905.html>.
- El Congreso de la República. (2011). Ley 1448 de 2011 (Junio 10). Retrieved from <https://www.unidadvictimas.gov.co/sites/default/files/documentosbiblioteca/ley-1448-de-2011.pdf>.
- Florescu, C. F. (2013). Introduction. In *Disjointed Perspectives on Motherhood* (Vol. 32, pp. xi–xii). Lanham: Lexington Books.

- Galindo- Cubillos, S., & Guavita Moreno, R. N. (2018). *Construcción de tejido social entre víctimas del conflicto armado. Una experiencia de los campesinos de la localidad de Sumapaz* (Universida). Bogota: Universidad de la Salle. Retrieved from http://repository.lasalle.edu.co/bitstream/handle/10185/28281/72162209_2018.pdf?sequence=1&isAllowed=y.
- Gerke, D.; Auslander, W.; Voth Schrag, R.; Edmond, T.; Threlfall, J., & Tlapek, S. M. (2016). The moderating role of resiliency on the negative effects of childhood abuse for adolescent girls involved in child welfare. *Children and Youth Services Review, 73*, 437–444. <https://doi.org/10.1016/j.childyouth.2016.11.026>.
- Grundetjern, H. (2018). Negotiating Motherhood: Variations of Maternal Identities among Women in the Illegal Drug Economy. *Gender and Society, 32*(3), 395–416. <https://doi.org/10.1177/0891243218759006>.
- Hernández, B.; Carmen Hidalgo, M.; Salazar-Laplace, M. E., & Hess, S. (2007). Place attachment and place identity in natives and non-natives. *Journal of Environmental Psychology, 27*(4), 310–319. <https://doi.org/10.1016/j.jenvp.2007.06.003>.
- Hiruy, K. (2009). Finding home far away from home : place attachment , place-identity , belonging and resettlement among African- Australians in Hobart Kiros Hiruy. *Geography, (March)*. <https://doi.org/10.1007/bf00048255>.
- Hynes, M. E.; Sterk, C. E.; Hennink, M.; Patel, S., DePadilla, L., & Yount, K. M. (2016). Exploring gender norms, agency and intimate partner violence among displaced Colombian women: A qualitative assessment. *Global Public Health: An International Journal for Research, Policy and Practice, 11*(1–2), 17–33.
- IDMC. (2019). Colombia. Retrieved from <http://www.internal-displacement.org/countries/colombia>.
- Internacional, A. (2019). Colombia. Retrieved from <https://www.amnesty.org/es/countries/americas/colombia/>.
- Jack, A. El. (2003). GENDER and ARMED CONFLICT Overview Report. *Development, 44*(0), 50. Retrieved from http://www.ids.ac.uk/bridge/%5Cnhttp://uaf.edu.pk/faculties/social_sci/courses/gender_and_development/11.pdf.
- Kabir, N. A. (2014). Young Somalis in Australia , the UK and the USA : An Understanding of Their Identity and their Sense of Belonging. *Journal of Muslim Minority Affairs, 34*(3), 259–281. <https://doi.org/http://dx.doi.org/10.1080/13602004.2014.939556> Young.
- Kiely, R.; Bechhofer, F., & Mccrone, D. (2005). Birth , blood and belonging : identity claims in post-devolution Scotland 1. *The Sociological Review, (1992)*.

- Kiely, R.; Bechhofer, F.; Stewart, R., & McCrone, D. (2001). The markers and rules of Scottish national identity. *Sociological Review*, 49(1), 33–55. <https://doi.org/10.1111/1467-954X.00243>.
- Knap, J.; Muller, B., & Quiros, A. (2009). Women , Men , and the Changing Role of Gender in Immigration Why is Gender Important ? Traditional Roles in Mexico. *StudentResearchSeries*, 3(3), 1–15.
- Knez, I. (2005). Attachment and identity as related to a place and its perceived climate. *Journal of Environmental Psychology*, 25(2), 207–218. <https://doi.org/10.1016/j.jenvp.2005.03.003>.
- Knowles, G. (2013). Evaluating law reform using victim/survivor stories from the criminal justice system. *Sexual Abuse in Australia and New Zealand*, 5(2), 40–47. Retrieved from http://uta.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwnV3LSsNAFB2kKze-H9UKs3IXO5mZJJOViLQURapt0GWYyUwUrE2Nrf6-9-ZRiuDGbSAQcicn577OIUTwK-b9wgSrVMacZSMRaaGN8XlkBTOMG8eUqfLGh2k4GcfJiN81S_1YKaij3YJkhdy2yLBo3gcmi7DLFgX Xiw8PbaSw3dp4aiAmxwFq6d-zx3XNBaXaZWV.
- Kobayashi, A., & Preston, V. (2014). Being CBC : The Ambivalent Identities and Belonging of Canadian-Born Children of Immigrants, 104(June 2013), 234–242.
- Koffman, O. (2015). Fertile bodies, immature brains?: A genealogical critique of neuroscientific claims regarding the adolescent brain and of the global fight against adolescent motherhood. *Social Science and Medicine*, 143, 255–261. <https://doi.org/10.1016/j.socscimed.2014.10.063>.
- Lambo, I. (2012). In the shelter of each other: notions of home and belonging amongst Somali refugees in Nairobi. *UNHCR*, (233). Retrieved from <https://www.unhcr.org/research/working/4face3d09/shelter-other-notions-home-belonging-amongst-somali-refugees-nairobi-idil.html>.
- Lemaitre, J., & Sandvik, K. B. (2015). Shifting Frames, Vanishing Resources, and Dangerous Political Opportunities: Legal Mobilization among Displaced Women in Colombia. *Law and Society Review*, 49(1), 5–38. <https://doi.org/10.1111/lasr.12119>.
- Meertens, D. (2002). DESPLAZAMIENTO E IDENTIDAD SOCIAL. *Revista de Estudios Sociales*, (11), 4–6. <https://doi.org/https://doi.org/10.7440/res11.2002.12>.
- Meertens, D. (2010). Forced displacement and women’s security in Colombia. *Disasters*, 34 Suppl 2, S147-64. <https://doi.org/10.1111/j.1467-7717.2010.01151.x>.

- Murillo Mojica, O. (2008). ¿Por qué no ceden los homicidios de jóvenes en Ciudad Bolívar? *El Tiempo*. Retrieved from www.eltiempo.com/bogota/aumentan-los-homicidios-de-jovenes-en-ciudad-bolivar-201354.
- Naranjo Giraldo, G. E. (2001). El desplazamiento forzado en Colombia : reinención de la identidad e implicaciones en las culturas locales y nacional. *Scripta Nova*, (94), 1–17. Retrieved from <http://bibliotecadigital.udea.edu.co/dspace/handle/10495/5658#.WfjbaKySHAU.mendeley>.
- Ngum Chi Watts, M. C.; Liamputtong, P., & McMichael, C. (2015). Early motherhood: A qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15(1), 1–11. <https://doi.org/10.1186/s12889-015-2215-2>.
- Oliver, A. J. (2011). Articulating ‘ Home ’ from ‘ Away ’: Cultural Identities, Belonging and Citizenship, 2, 9–18. <https://doi.org/10.3167/aia.2011.180203>.
- Organization, W. (2018). Adolescent health. Retrieved from https://www.who.int/maternal_child_adolescent/adolescence/en/.
- Pacheco Sánchez, C. I. (2016). Embarazo en menores de quinceaños: Los motivos y la redefinición del curso de vida. *Salud Publica de Mexico*, 58(1), 56–61. <https://doi.org/10.21149/spm.v58i1.7668>.
- Pallitto, C. C., & Murillo, V. (2008). Childhood Abuse as a Risk Factor for Adolescent Pregnancy in El Salvador. *Journal of Adolescent Health*, 42(6), 580–586. <https://doi.org/10.1016/j.jadohealth.2007.11.148>.
- Pangas, J.; Ogunsiji, O.; Elmir, R.; Raman, S.; Liamputtong, P.; Burns, E., ... Schmied, V. (2019). International Journal of Nursing Studies Refugee women ’ s experiences negotiating motherhood and maternity care in a new country : A meta-ethnographic review. *International Journal of Nursing Studies*, 90639(3), 31–45. <https://doi.org/10.1016/j.paid.2016.08.044>.
- Planeación, S. D. de. (2017). *Monografía de la localidad de Ciudad Bolivar*. Bogotá. Retrieved from <http://www.sdp.gov.co/gestion-estudios-estrategicos/informacion-cartografia-y-estadistica/repositorio-estadistico/monografia-la-localidad-de-ciudad-bolivar-2017%5D>.
- Pretto, A. (2011). Analizar las historias de vida: reflexiones metodológicas y epistemológicas. *Tabula Rasa*, 15(1794–2489), 171–194.
- Pujadas, J. J. (1992). El método biográfico: el uso de las historias de vida en ciencias sociales (1992nd ed., p. 107). Madrid: Centro de Investigaciones sociológicas. Retrieved from <https://www.uv.mx/mie/files/2012/10/MetodoBiografico.pdf>.

- Quintero, A. L., & Culler, T. A. (2009). IDP health in Colombia: needs and challenges. *Forced Migration Review*, (33), 70–71. Retrieved from <http://www.raiseinitiative>.
- Quintero Rondón, A. P., & Rojas Betancur, H. M. (2015). El embarazo a temprana edad, un análisis desde la perspectiva de madres adolescentes. *Unplanned Pregnancy, an Analysis from the Perspective of Teenage Mothers.*, (44), 222–237. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=fua&AN=101332421&lang=es&site=ehost-live>.
- Ramos-Vidal, I. (2017). Community Dynamics among Displaced and Non-Displaced Residents in Socially Excluded Areas of Barranquilla (Colombia). *Revista De Estudios Sociales*, (60), 49–61. <https://doi.org/10.7440/res60.2017.04>.
- Rolon Salazar, M. (2018). “Hay más víctimas de desplazamiento forzado en Colombia que número de habitantes en Costa Rica.” *UNHCR*. Retrieved from <https://www.acnur.org/noticias/noticia/2018/12/5c243ef94/hay-mas-victimas-de-desplazamiento-forzado-en-colombia-que-numero-de-habitantes.html%0Ahttp://www.internal-displacement.org/countries/colombia%0A>.
- Roosa, M. W.; Tein, J.-Y.; Reinholtz, C., & Angelini, P. J. (1997). The Relationship of Childhood Sexual Abuse to Teenage Pregnancy. *Journal of Marriage and the Family*. <https://doi.org/> <http://dx.doi.org/10.2307/353666>.
- Ruiz-rodríguez, M., & Wirtz, V. J. (2012). Access to medicines among internally displaced and non-displaced people in urban areas in Colombia Acceso a medicamentos por población desplazada y no desplazada en zonas urbanas en Colombia. *Cad. Saúde Pública*, 28(12), 2245–2256.
- Shea, Rebecca; Bryant, L., & Wendt, S. (2016). ‘ Nappy bags instead of handbags ’: Young motherhood and self-identity. *Journal of Sociology*, 52(4), 840–855. <https://doi.org/10.1177/1440783315599594>.
- Sibel, S. (2013). Turkish youth in the UK: an analysis of their identity formation, belonging and perceptions of Europe. *Zeitschrift Für Die Welt Der Türken*, 5(3), 49–63. Retrieved from <http://www.dieweltdertuerken.org/index.php/ZfWT/article/viewArticle/550>.
- Siriwardhana, C., & Wickramage, K. (2014). Conflict, forced displacement and health in Sri Lanka: A review of the research landscape. *Conflict and Health*, 8(1), 1–9. <https://doi.org/10.1186/1752-1505-8-22>.
- Strang, A., & Ager, A. (2010). Refugee integration: Emerging trends and remaining agendas. *Journal of Refugee Studies*, 23(4), 589–607. <https://doi.org/10.1093/jrs/feq046>.

- Tanti, C., Stukas, A. A., Halloran, M. J., & Foddy, M. (2011). Social identity change: Shifts in social identity during adolescence. *Journal of Adolescence*, 34(3), 555–567. <https://doi.org/10.1016/j.adolescence.2010.05.012>.
- Tlapek, S. M.; Auslander, W.; Edmond, T.; Gerke, D.; Voth Schrag, R., & Threlfall, J. (2017). The moderating role of resiliency on the negative effects of childhood abuse for adolescent girls involved in child welfare. *Children and Youth Services Review*, 73, 437–444. <https://doi.org/10.1016/j.childyouth.2016.11.026>.
- Tong, A.; Sainsbury, P., & Craig, J. (2007). Consolidated criterion for reporting qualitative research (COREQ): a 32- item checklist for interviews and focus group. *International Journal of Qualitative in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>.
- Topolewska-siedzik, E. (2018). Trajectories of Identity Formation Modes and Their Personality Context in Adolescence. *Journal of Youth and Adolescence*, 775–792. <https://doi.org/10.1007/s10964-018-0824-7>.
- Tremblay, R. E.; Nagin, D. S.; Séguin, J. R.; Zoccolillo, M.; Zelazo, P. D.; Boivin, M.; ... Japel, C. (2004). Physical aggression during early childhood: trajectories and predictors. *Pediatrics*, 114(1), e43-50. <https://doi.org/10.1542/peds.114.1.e43>.
- Vieten, U. M. (2006). 'Out in the blue of Europe': modernist cosmopolitan identity and the deterritorialization of belonging. *Patterns of Prejudice*, 40(3). <https://doi.org/10.1080/00313220600769562>.
- Vila Freyer, A. (2017). Pertenencias múltiples e identidades compuestas en un contexto norteamericano . Exploraciones a partir de la trayectoria migratoria de cuatro jóvenes en el sur de Guanajuato. *Norteamérica*, 1, 53–79. <https://doi.org/http://dx.doi.org/10.20999/nam.2017.a002> Pertenencias.
- Vodanovich, I. (2009). Tarara . Croats and Maori in New Zealand ; memory , belonging , identity . Bo ž i ć -Vrban č ić , Senka . (2008) Dunedin : Otago University Press. *New Zealand Sociology*, 24(2008), 124–130.
- Wessendorf, S. (2017). Migrant belonging, social location and the neighbourhood: Recent migrants in East London and Birmingham. *Urban Studies*, 1–24. <https://doi.org/10.1177/0042098017730300>.
- Wirtz, A. L.; Pham, K.; Glass, N.; Loochkartt, S.; Kidane, T.; Cuspoca, D., ... Vu, A. (2014). Gender-based violence in conflict and displacement: Qualitative findings from displaced women in Colombia. *Conflict and Health*, 8(1), 10. <https://doi.org/10.1186/1752-1505-8-10>.
- Young, M.-E. D.; Deardorff, J.; Ozer, E., & Lahiff, M. (2011). Sexual Abuse in Childhood and Adolescence and the Risk of Early Pregnancy Among Women Ages 18–22. *Journal of Adolescent Health*, 49(3), 287–293. <https://doi.org/10.1016/j.jadohealth.2010.12.019>.

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Chapter Five

Heroes or villains? Dilemmas of professional working with displaced adolescent mothers in Bogotá: an analysis of street-level bureaucracy¹

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Chapter Six
General Discussion

Introduction

I began this doctoral study because I was eager to understand the situation of internally displaced adolescent mothers in Bogotá. As a physician, I had learned to consider adolescent pregnancy (AP) as problematic because of the associated health risks (WHO, 2012; Liang & UNFPA, 2013). As a public health practitioner, I was introduced to an epidemiological perspective, and I understand that AP is associated with different risk factors, such as poverty, a lack of education, and a lack of knowledge about contraceptive methods (Gavira, 2000; Núñez & Cuesta, 2006; Morón Duarte, Latorre, & Tovar, 2014). When I became involved in the *Vidas Móviles* (Mobile Lives) project and met many internally displaced adolescent mothers, I felt that my academic knowledge, however valuable, gave me an inadequate understanding of their situation, problems, and resilience. I turned to anthropology to learn about understanding the everyday realities of people and was inspired to choose an anthropological perspective of AP that could do justice to the perspectives and experiences of internally displaced adolescent mothers. In line with this first choice, I became interested in how the policies that aim to help internally displaced adolescent mothers relate to their own stories and experiences. These policies are CONPES 147, which aims to prevent adolescent pregnancies, and the Victims Law, which aims to offer aid and attention to internally displaced persons (IDPs; *Cultura y Nacional* [Cultural and National], 2012; *El Congreso de la República* [The Congress of the Republic], 2011).

To gain anthropological insights into AP among the IDP population in Bogotá, I utilised an ethnographic approach. I analysed the life-stories of 20 internally displaced adolescent mothers via the stories they shared in eight workshops. Additionally, I analysed the responses given by 14 professionals during semi-structured interviews. Including professionals in the study enabled me to gain insight into how they consider their everyday work with IDPs, how they define the problems of internally displaced adolescent mothers, how they construct these mothers and the dilemmas they experience in applying policies in practice.

The results of the study were presented in the four previous chapters. In the current chapter, I summarise the results and reflect on the outcomes. Then, I return to Bacchi's critical analysis of the implicit assumptions of policies as presented in the introduction and reflect on the results of the study in light of Bacchi's approach (Bacchi, 2009). After reflecting on the strengths and limitations of the study, I present my final conclusions.

ETHNOGRAPHIC UNDERSTANDING OF INTERNALLY DISPLACED ADOLESCENT MOTHERS

The primary research question guiding the study asks how internally displaced adolescent mothers, as well as the professionals who work with them, understand and experience AP in the context of the process of displacement and resettlement. I begin Chapter Two by exploring how internally displaced adolescent mothers give meaning to early pregnancy. In understanding this phenomenon, the biomedical and epidemiological perspectives have, thus far, been dominant. In the biomedical literature, AP is primarily defined as a problem of maternal, perinatal, and infant mortality (WHO, 2012; UNFPA, 2013). Epidemiological studies of AP often focus on individual risk factors and associate AP with the mother's educational level, lack of information about sexual health and family planning, cultural perceptions about motherhood, or social factors, including low socioeconomic status, non-nuclear family structures, violence at home, lack of parental supervision, early initiation of sexual intercourse, and cultural and regional factors (Gaviria, 2000; Nuñez, 2006; Morón Duarte, Latorre, & Tovar, 2014).

In 2017, Villarán introduced the notion of 'possible pathways of pregnancy' (Villaran & Traverso, 2017) to explain how girls understand early pregnancy. Most studies related to this topic characterise adolescents as victims responsible for what happened to them. For example, Ivey (1999) found that females who experience social isolation, unrealistic expectations regarding home responsibilities, a lack of control, and limited opportunities for decision-making or plans for the future may be at risk for pregnancy in adolescence. Furthermore, according to Anastas (2017), different perspectives of pregnancy in adolescence can be classified using Kelly's typology. Kelly distinguishes three approaches to adolescent pregnancy in the literature. Type A includes all the articles in which teenage pregnancy can be summarised with the expression 'something is wrong with the girl'. This group of studies includes a lack of knowledge among girls about how to prevent unwanted pregnancy, immature expectations of what being a mother is going to be like, past or present trauma, including sexual abuse, and other psychological problems. Type B articles presume adolescent pregnancy is caused by being born into 'the wrong kind of family', where the girl's family of origin or her subculture failed to convey 'good' moral values about sexuality and preferred family structures. These studies remain concerned about the fate of the nuclear family. Type C articles can be described as 'dissenting views' that originate from feminist, Afrocentric, and other critical standpoints, which view becoming a mother as a potentially rational route to attaining adult status and independence (Mora Cancino, 2015). In the United Kingdom, Anwar and Stanistreet (2015) found that young mothers could be competent. Rather than being the outcome of low expectations, these young women could appreciate the social and personal fulfilment of having a baby. In a study of African and Australian teenage mothers,

motherhood brought happiness for many of the young women; despite the associated challenges of early parenting, it gave them a sense of maturity and responsibility (Ngum Chi Watts, Liamputtong, & Mcmichael, 2015).

My analysis of the life stories of 20 internally displaced adolescent mothers found evidence of the diverse 'pathways of pregnancy'. The pathways that led them to early pregnancies include not only rural violence in the context of armed conflict but also violence and mistreatment at home. In the context of these experiences, pregnancy at an early age has positive meanings, such as motherhood and love. As such, these meanings of pregnancy also enable the girls to deal with stigmatisation and rejection by their families and partners. The analysis makes clear that it is important to understand the 'pathways of early pregnancy' not simply as a set of risk factors, but as a complex 'pathway'. Their pathways go beyond the three types distinguished by Kelly's typology, and based on the analysis, it is clear that these pathways integrate into the three types Kelly describes. The analysis shows how childhood, armed conflict, and life experiences during one's lifetime interact and create complexity in the 'pathways of pregnancy'.

In Chapter Three, I introduce debates regarding victimisation and agency among internally displaced adolescent mothers. Women have been described as the main victims of armed conflict, especially in the Colombian cultural context, which is still considered to be *machista* (chauvinistic) and patriarchal in some regions (Quevedo-Gómez, Krumeich, Abadía-Barrero, Pastrana-Salcedo, & van den Borne, 2012). Many authors agree that in war zones, being a woman is a synonym for being a victim due to their gender. Some authors define a 'victim' as anyone who has experienced any form of violence or abuse (Hayle, 2007; Dignan, 2005). This concept even initiated a specific research field in criminology, namely victimology (Hayle, 2007; Dignan, 2005). Alzate (2008) notes that displaced women in Colombia are victims of all kinds of violations of their sexual and reproductive rights, such as the right to health, to decide the number of children they will have, to physical integrity, to live free from violence, and to privacy. However, some authors, such as Heari and Puechguirbal (2010), explain how women show remarkable strength in coping with the challenges of living in a war zone and often adopt new roles and responsibilities to care for their families and take part in community life. He showed that women have agency and are not merely victims. Osorio Perez and Breña (2008), describe them as 'survivors' of the war in Colombia and their impressive resistance to these extremely painful and precarious situations, positioning them as 'agents' who can restart lives and overcome their displacement.

Against the background of these studies, I explore the different struggles between agency and helplessness in the lives of internally displaced adolescent mothers in Bogotá as articulated in their life stories. It appears that the participants presented themselves as victims of a lack of love, as well as abuse and violence during childhood, yet they also emphasised how they made the decision to leave their homes. In their stories, they describe how they explicitly chose to have their babies despite being abandoned by their partners

and families, including doubts about and attempts to have an abortion. Throughout the process of displacement, the participants reported ambiguous relationships with armed groups that were forced upon them but were used simultaneously as a strategy of survival. Finally, when they arrived in Bogotá, they faced adverse circumstances of which they were victims while actively searching for better opportunities for themselves and their children. In their accounts, the women emphasised that they were victims and expressed how difficult it was to overcome their traumatic experiences, but these accounts also demonstrated their resilience in managing to overcome very difficult life situations. The analysis of their life stories shows that classifying internally displaced adolescent mothers in Bogotá as victims or agents does not do justice to the multi-layered experiences in their lives. Despite the valuable insights from Osorio, Hayle, and Haeri used in this analysis, the results clearly show that during their lifetimes, internally displaced adolescent mothers struggle to overcome being victims and develop into survivors and women who have agency.

In Chapter Four, I study the construction of identities and belongings among internally displaced adolescent mothers. As Huri (2009) explains, forced resettlement or leaving one's roots and adapting to a new region can affect feelings of identity and belonging. Moreover, resettlement implies internally displaced adolescent mothers are accepted by the host community and feel a sense of belonging, which requires change in both the migrant and the host society (Hiruy, 2009). Migration affects identity, and some authors have even gone so far as to call migration an identity crisis, in which migrants are caught between the culture they left and the new culture they have adopted (Anthias, 2009). Furthermore, adolescent motherhood poses another unique challenge to the construction of identity. Adolescence is a critical period for self and identity development (Tanti et al., 2011; Topolewska-Siedzik, 2018), and pregnancy during adolescence represents an even bigger challenge. Teenage motherhood is socially constructed as a predominantly negative experience that denies the ways in which motherhood can be a positive and fulfilling experience for many young women (Shea et al., 2016).

In my analysis, it becomes clear how feelings of belonging changed during the women's lifetimes. The participants' construction of identity frequently shifted when they moved from adolescence to adolescent motherhood, followed by being an internally displaced person in a context of armed conflict, and finally, to being newcomers in Bogota. Their sense of belonging changed when they were mistreated at home and engaged in romantic relationships to escape. Later, they found themselves struggling with an unwanted pregnancy and their desire to have an 'ideal family' while facing the challenges of motherhood at an early age and its expectations. Displacement led them to migrate to a large city, bringing the sufferings of armed conflict in their villages with them and exposing them to a completely new environment. Finally, they adopted an identity as a 'displaced' person but faced different difficulties, such as developing a sense of belonging to the new community and navigating the different organisations. The analysis reveals how internally displaced adolescent mothers

do not lose their previous identities, memories, attachments, and experiences during the process of displacement, but they often feel torn between different feelings. The participants accumulate many different experiences of belonging and getting lost and still struggle with issues of belonging when arriving in 'a safer place'.

Returning to Hiruy's (2009) and Antias' (2009) work, in the case of internally displaced adolescent mothers, they clearly do not lose their original identities and adopt a new one after migrating to a new location. Based on the results of the analysis, internally displaced adolescent mothers are in a constant process of identity development that is continuously changing but preserving the previous experiences that remain with them in their new lives in Bogotá.

Some researchers have argued that IDPs often experience difficulty interacting with professionals during resettlement in cities (Galindo-Cubillos & Guavita Moreno, 2018). Chapter Five analyses the perspectives of professionals regarding their work with internally displaced adolescent women. Policies that aim to help IDPs are implemented by professionals who have daily, face-to-face encounters with IDPs. These professionals include government employees from non-profit organisations and for-profit firms, as well as other public-private partnerships (Edlins & Larrison, 2018) and are involved in applying CONPES 147 and the Victims Law. To better understand their perspectives and experiences, I draw from the theoretical ideas of the sociologist, Michael Lipsky (1980).

According to Lipsky (1980), the implementation of public policy in everyday practice is in the hands of so-called street-level bureaucrats (SLBs) who actually apply these policies. Given their proximity to individuals on the frontlines of government policies, these SLBs are required to make decisions about other people's lives. Lipsky states that these professionals socialise with citizens, determine the eligibility of citizens for government programs, and control the treatment or services citizens receive. The notion of street-level bureaucracy refers to the discretion of professionals: the 'power to decide or act according to one's judgement' (Farlex, 2019). As Lipsky (1980) explains, professionals have considerable discretion in determining the nature, amount, and quality of benefits and sanctions provided by their agencies. Although their discretion is formally circumscribed by rules and subject to relatively close supervision, these professionals have relative autonomy in relation to the organisational authority for which they work. In helping clients, frontline professionals must balance compassion and flexibility with impartiality and adherence to rules. While flexibility and professional discretion are necessary to translate policies into practice, as well as implement uniform policies and programs in unique situations for diverse groups of people, flexibility and discretion also give SLBs power (Lipsky, 1980; Edlins & Larrison, 2018).

I analysed the constructions professionals working with internally displaced adolescent mothers face in the context of street-level bureaucracy. The analysis indicates that

professionals construct internally displaced adolescent mothers simultaneously as (1) heroes who survived violence and displacement and are attempting to rebuild their lives in a new city and as (2) villains who are dangerous due to their links with armed conflict and immoral due to becoming pregnant at an early age. These categorisations have an impact on the decisions they make and affect their decisions to provide or withhold services. Once labelled as villains, adolescent women who are IDPs receive less help are labelled as heroes, and the professionals can act as protectors and providers. Similarly, professionals construct themselves as heroes because of their complex work, working conditions, and altruism and as villains who criticise their clients, who are adolescent mothers and IDPs, and deny them services or benefits. Referring to themselves as heroes is a justification for why they cannot do all the work required, which forces them to make strict choices. All these constructions could explain the difficulties Galindo-Cubillos and Guavita Moreno (2018) identified regarding the attention paid to IDPs by professionals. In addition, the analysis confirms Lipsky's (1980) statements regarding street-level bureaucracy and the use of discretionary space in the specific context of attention given to internally displaced adolescent mothers in Bogotá.

LOOKING THROUGH THE LENS OF BACCHI'S WORK

The French philosopher Foucault (1994) states,

A critique does not consist of saying that things aren't good the way they are. It consists of seeing on what types of assumptions, familiar notions, and established, unexamined ways of thinking the accepted practices are based.

In line with Foucault's ideas expressed in this quote, my research aimed to gain further insight into the unexamined, implicit assumptions in policies designed to help internally displaced adolescent mothers. Thus, in the introduction, I explain the fruitfulness of Bacchi's (2009) work, *Analysing Policy: What's the Problem Represented to Be?*. She argues that all policies contain an implicit framing of the problems being addressed (Bacchi, 2009, 2012, 2016). The language used to define 'problems' refers to a pre-existing condition or set of conditions outside the policy process that must be addressed by policymakers, but the actual problematisation needs to be critically analysed as a policy agenda does not simply reflect reality in an objective way (Bacchi, 2016). In Bacchi's (2009) words,

Policy is not the government's best effort to *solve* 'problems'; rather, policies *produce* 'problems' with particular meanings that affect what gets done or not done and how people live their lives.

Bacchi (2009) states that to understand how we are governed, rather than accepting that these policies focus on problems that are given, we need to interrogate how a 'problem' is defined and the underlying assumptions. According to Bacchi (2009), 'In this way, we gain important insights into the thought (the "thinking") that informs governing practices'. She explains that the way in which the 'problem' is represented carries all sorts of implications for how the issue is conceptualised and how the people involved are treated and are induced to think about themselves (Bacchi, 2009). In problem presentations, some 'knowledge' is often taken for granted. Bacchi's work enables me to open the black box of policies and identify some implicit assumptions about adolescent pregnancy.

The CONPES 147 policy was developed to prevent pregnancy among adolescents, including early pregnancy among IDPs, but it may not have the intended effects. In this policy, it is assumed that APs are mainly due to a lack of knowledge about conception and failure to use effective contraceptive methods consistently. However, my study shows that early pregnancy among IDPs typically occurs in the context of leaving home because of mistreatment, despite the women's knowledge or lack of knowledge about contraceptive methods. Another assumption in the CONPES 147 policy is that the 'life project', which encourages young women to finish their education, can prevent AP. However, my analysis shows that from the perspective of teenage girls, getting pregnant can also be part of a life project. In rural areas, many girls think about having a family and working as farmers, and in some cases, their parents limit their access to education. In this context, as well as in the context of displacement, getting an education typically is not a priority. However, interventions based on a specific normative idea of a 'good life project', as articulated in the CONPES 147 policy, inform girls implicitly that if they become pregnant when young, their life project is derailed.

Viewing the issue through the lens of Bacchi's (2009, 2012, 2016) work also raises the question of whether pregnancy constitutes a 'problem'. According to Mohyuddin, who conducted a study in Pakistan, 'Pregnancies were never treated as an illness in the village'. Mohyuddin found that in this particular community in Pakistan, pregnancy and delivery were a part of normal life, usually facilitated by midwives in the home. However, within the past few decades, women began going to a hospital during pregnancy for check-ups and examinations, which could be quite costly. The author states that this process was influenced by educators and the media, as well as the 'capitalist pharmaceutical industry' (Mohammadi, Montazeri, Alaghand rad, Ardabili, & Gharacheh, 2016). Some authors refers that pregnancy is viewed as a disease that can cause many unfortunate outcomes, but for much of human history, as well as in nature, birth is a normal and common process that brings new life into the world. A person labelled as ill could be blamed because he or she is responsible for his or her own health, behaviours, lifestyle, and consequences (Minkler, 2011). Based on the results of the current study, early pregnancies, themselves, do not constitute a problem for

internally displaced adolescent mothers. From the analysis, it is clear that although internally displaced adolescent mothers sometimes mentioned physical problems associated with pregnancy and childbirth, they did not pay as much attention to the medical issues as they did to the context of violence, mistreatment, and lack of social support.

Using the concept 'victim' has also been controversial, especially in relation to sexual violence and rape. Discussions of this issue reflect the tensions between the fields of feminist studies and victimology. Victimologists working in a specific research field in criminology prefer to use 'victim' for persons who suffer a sexual assault, and feminist researchers prefer the term 'survivor' (Hayle, 2007). Whether the term victim or survivor is used is fundamental because it can be internalised and made part of one's identity (Williamson & Serna, 2018). For example, the label 'victim' could imply several things. First, it could mean that the individual was passive or accepting of their assault and may not currently be actively working to overcome the situation. Second, it can, theoretically, lead to self-conscious emotions, such as shame, guilt, and a lack of self-compassion, feelings which impede recovery from traumatic experiences (Williamson & Serna, 2018). Conversely, the term 'survivor' implies a strength of will, resistance to the assault or its self-shaming after-effects, and an active role in facing one's traumatic experience and recovery. The survivor label conceptualises the individual as an agent who does not experience abuse passively. In this sense, self-labelling oneself a survivor would result in coping more effectively with traumatic events and experiencing positive mental health outcomes (Williamson & Serna, 2018).

Using Bacchi's (2009, 2012, 2016) work as a lens also helps to delve deeper than the scholarly debates and assumptions about victimisation and agency currently allow. In Colombia, internally displaced adolescent mothers are categorised as 'victims', which is clearly evident in the name of the policy, 'Victims Law', indicating they are vulnerable and in need of aid. Framing people as victims may determine legal entitlement to certain support services, but this framing does not support women's agency and, in some ways, obliges women to present themselves as victims, grateful for assistance. A policy focused on women's agency as survivors might provide a more effective framework for counseling or economic empowerment programs. Identifying circumstances that lead to resiliency can also inform interventions to protect and support internally displaced adolescent mothers in conflict-affected areas more effectively. According to Bacchi, it is important not to accept categories as given but to see how they are constructed and what they do. The creation of policy categories and labels to enable policies for specific groups has significant effects on how people come to think about themselves and others. While my analysis does provide insight into the suffering of internally displaced adolescent mothers, it also demonstrates braveness and courage in overcoming extremely difficult circumstances. One can wonder whether the presentation of themselves as victims during the workshops confirms Bacchi's

statement that people adopt policy identities or whether this type of reasoning, again, does not take the perspective of internally displaced adolescent mothers seriously.

Other categories constructed in CONPES 147 and Victims Law policies include 'adolescent mother' and 'internally displaced'. These labels, like 'migrant', 'refugee', and 'displaced person', are important in an individual's identity formation. For example, Hiruy (2009) notes that only after a displaced person receives a paper with an official ID number do they finally accept their new identity as a refugee. However, other authors describe identity as a more fluid process shaped according to circumstances and opportunities (Douglas, 2009; Kabir, 2014). From the analysis, we saw how the identities of internally displaced adolescent mothers are changing in a continuous process in which they do not lose their previous identities, memories, and experiences and are dealing with an accumulation of struggles. Applying Bacchi's approach, internally displaced adolescent mothers are named and categorised by the receiving community and its professionals. This categorisation has had consequences for them and the interactions they have had during resettlement, including stigmatisation, moral judgements, relationships with the receiving community, and relations with the government and workers on the front line working with them. As Bacchi explains, 'the creation of people categories has significant effects on the ways in which governing takes place and for how people come to think about themselves and about others'. Internally displaced adolescent mothers have had to adopt categorisations, such as 'adolescent mother', 'victim', and 'displaced', to receive benefits from the government. At the same time, seeing them as 'victims' has led to creating policies to, for example, provide them economic aid for each child (i.e., the 'Family in Action' policy); from the viewpoint of some professionals an assistance managers, this approach prevents adopting structural solutions.

Additionally, professionals have constructed internally displaced adolescent mothers as heroes and victims. From the analysis, it is clear that professionals construct internally displaced adolescent mothers by identifying the diversities and convergences among these categories. Confirming Bacchi's approach, once again, these categorisations affect how professionals use their discretionary space, and thus, affect internally displaced adolescent mothers. Interestingly, the 'hero' and 'villain' categories imposed on internally displaced adolescent mothers by professionals differ from categories used to describe them in the policies, namely 'victim' and 'adolescent mother'. The perspective of professionals adds a new view of internally displaced adolescent mothers as 'villains', which, of course, is not in the policies. The 'hero' categorisation is similar to 'agency', that is see by professionals as well. Regarding the categories assigned to them by professionals, internally displaced adolescent mothers never present themselves as villains; although they recognise they made mistakes in their lives, they attribute the mistakes to their circumstances. Moreover, the professionals categorising themselves as heroes or villains, depending on how their discretionary space is used, also represents ambiguities in categorisation.

Strengths and Limitations

Methodologically, one of the main strengths of this study is the ethnographic approach and the use of life stories. Life stories enabled the researcher to grasp the struggles of internally displaced adolescent mothers over their lifetime. As Charriez (2012) explains, biographies attempt to cover the time and place of events in a person's life, from childhood until the moment the life -story is narrated, including different aspects of the self. They also allow the biographer to grasp ambiguities and changes as vital processes and critical moments in an individual's life. Biographies provide the opportunity to identify the subjective perspective of the individual, as well as the reflexive interpretation of his or her own acts and understand social phenomena that could only be understood through the personal experiences of an individual (Chárriez, 2012).

The use of workshops is another strength of the current study because it enabled a process whereby participants could share and exchange experiences in a safe atmosphere to capture their experiences and their perceptions of armed conflict, displacement, and motherhood. It is remarkable that the internally displaced adolescent mothers came from different regions and were displaced by different armed groups, who are considered enemies. Workshops constituted an opportunity to elaborate on motherhood and displacement as a common experience shared by all of them, and we are proud of how much they appreciated this methodology. In addition, workshops provided more in-depth insights than those we had gained from individual interviews and confirmed the findings from the interviews.

Another strength of the study is that people in the neighbourhood know the first author as a physician and as having taken part in the *Vidas Móviles* (Mobile Lives) project. Participants in the study stated this familiarity was beneficial because they trusted the researcher and felt that they could share their experiences openly. Although eventual bias was a potential cofounder, its effect was reduced by discussing all the data and interpretations with the research team.

One of the limitations of the study is that the empirical findings cannot be generalised to other populations in other contexts. However, future studies could explore whether insights gained from this study are fruitful in studying AP and displacement in other regions of the world and how there could be gaps between policies and experiences of self in daily life. Another limitation regarding the sample is that I used the snowball sampling strategy, and in the first stage, the key informants had also participated in Javeriana University's *Vidas Móviles* (Mobile Lives) project. Including a diverse group of women who were displaced by different armed groups was difficult. Some of them did participate, shared their stories despite the sensitive topics we addressed, despite the danger of sharing them in a context

where they could be threatened by armed groups in the community. Because of their fear, half of the women were displaced again after the interviews, which made it difficult to organise a follow-up and invite feedback. It implies that in this research, I had to be aware of all the ethical considerations, not only because of the sensitive topic of 'early pregnancy' in a conservative society but also because of the population involved and the context of armed conflict.

For me, as a researcher, fieldwork was a challenge because of encountering unsafe conditions in the neighbourhood and choosing a topic that includes talking about displacement and armed groups. I had to convince participants their participation was confidential and provide a safe environment for internally displaced adolescent mothers. In addition, I only could only visit the area during the daytime and was always accompanied by one or more participants when I visited some specific zones.

Conclusion

This study demonstrated the importance of understanding policy 'problems' from the emic perspective. Understanding the experiences of internally displaced adolescent mothers is fundamental to developing effective policies that address AP among IDPs. Regarding the debates regarding AP among IDPs, this study revealed the complexities, ambiguities, and ambivalences in the 'pathways of pregnancy', the constructions of them as victims, agents, and survivors, and the construction of their identities and feelings of belonging. We explored the difficult role that professionals play in implementing policies to help internally displaced adolescent mothers during resettlement, as well as how their constructions of internally displaced adolescent mothers as heroes or villains interfere in performing their daily work with this population.

While policies that address AP focus on the health risks of early pregnancy or define it as a lifestyle issue, the women talk about pregnancy as a pathway rooted in an abusive childhood and in their violent past and ending in difficult situations when trying to provide for themselves and their children in a new environment. They presented their problems in terms of a continuous struggle of providing food, shelter, and protection for their children in continuously changing, difficult, and dangerous conditions. As they have no one to rely on as they struggle to belong, they balance between victimhood and agency during this process. The solutions they identify are in light of these problems, not in terms of lifestyle or education regarding the risks of pregnancy. Although these problems, defined in policies as biomedical and social-epidemiological, are serious, they do not align with the everyday reality as presented by the women who participated in the study. While the policies aim

to make girls the managers of their lives, they undermine this aim by refusing to include their voice in the policies. The study participants mentioned pathways rather than risks and determinants, shifting identities rather than risks and life plans, and how difficult it is to belong. The solutions and what is expected of internally displaced adolescent mothers in these policies differ significantly from the problems and needs, as expressed in the stories. When comparing the way the professionals construct AP when applying their discretionary room and the internally displaced adolescent mothers' stories, it is clear that as professionals, they apply their own constructions regarding this population.

This study also revealed the importance of categorisation and implications that go beyond policies, can clearly affect the way policies are implemented, and, more importantly, affect how these categorisations can affect relationships with the community and the women's constructions of themselves. Finally, understanding the realities lived by the target population provides a wider perspective of the policies that have to take in to account the 'problem' representations and the categories behind the policies because they have important implications for the target populations and society.

References

- Alzate, M. M. (2008). The sexual and reproductive rights of internally displaced women: the embodiment of Colombia's crisis. *Disasters*, 32(1), 131–148. <https://doi.org/10.1111/j.1467-7717.2007.01031.x>.
- Anastas, J. W. (2017). What's the Story? Views of Pregnant Teens in Qualitative Research. *Affilia*, 32(2), 133–170. <https://doi.org/10.1177/0886109916678028>.
- Anthias, F. (2009). Translocational Belonging, Identity and Generation: Questions and Problems in Migration and Ethnic Studies. *Finnish Journal of Ethnicity and Migration*, 4(1), 6–16.
- Anwar, E., & Stanistreet, D. (2015). "It has not ruined my life; it has made my life better": a qualitative investigation of the experiences and future aspirations of young mothers from the North West of England. *Journal of Public Health (Oxford, England)*, 37(2), 269–276. <https://doi.org/10.1093/pubmed/fdu045>.
- Bacchi, C. (2009). *Analysing Policy: What's the problem represented to be?* (1st ed.). Pearson Australia: Pearson.
- Bacchi, C. (2012). Introducing the 'what's the problem represented to be?' approach. *Engaging with Carol Bacchi: Strategic Interventions and Exchanges*, 21–24. <https://doi.org/10.1017/UPO9780987171856.003>.
- Bacchi, C. (2016). Problematizations in Health Policy: Questioning How "Problems" Are Constituted in Policies. *SAGE Open*, 6(2). <https://doi.org/10.1177/2158244016653986>.
- Chárriez, M. (2012). Historias de vida: Una metodología de investigación cualitativa. *Revista Griot*, 5(1), 50–67. Retrieved from <http://revistagriot.uprrp.edu/archivos/2012050104.pdf>.
- Cultura, M. De, & Nacional, M. D. D. (2012). *Documento Conpes Social 147–Lineamientos para el desarrollo de una estrategia para la prevencion de embarazo en adolescentes*.
- Cunnington, a J. (2001). Margaret Jackson prize essay 2000. What's so bad about teenage pregnancy? *Journal of Family Planning & Reproductive Health Care*, 27(1), 36–41.

- Daniels, J. P. (2015). Tackling teenage pregnancy in Colombia. *The Lancet*, 385(9977), 1495–1496. [https://doi.org/10.1016/s0140-6736\(15\)60738-3](https://doi.org/10.1016/s0140-6736(15)60738-3).
- Dignan, J. (2005). Victims , victimization and victimology. *Understanding Victims and Restorative Justice*, 248.
- Douglas, F. M. (2009). What is Scottish Identity? In *Scottish Newspaper, Language and Identity* (p. 11). Retrieved from <https://epdf.pub/scottish-newspapers-language-and-identity-film-media-and-cultural-studies15bf350bb497e7aa3fdcec897920c36613905.html>.
- Edlins, M., & Larrison, J. (2018). Street-level bureaucrats and the governance of unaccompanied migrant children. *Public Policy and Administration*. <https://doi.org/10.1177/0952076718811438>.
- El Congreso de la República. (2011). Ley 1448 de 2011 (Junio 10). Retrieved from <https://www.unidadvictimas.gov.co/sites/default/files/documentosbiblioteca/ley-1448-de-2011.pdf>.
- Farlex. (2019). discretion. Retrieved August 9, 2019, from The free dictionary website: www.thefreedictionary.com/discretion.
- Foucault, M. (1994). *Power: Essential works of Foucault 1954-1984*. London: Penguin.
- Galindo-Cubillos, S., & Guavita Moreno, R. N. (2018). *Construcción de tejido social entre víctimas del conflicto armado. Una experiencia de los campesinos de la localidad de Sumapaz* (Universida). Retrieved from http://repository.lasalle.edu.co/bitstream/handle/10185/28281/72162209_2018.pdf?sequence=1&isAllowed=y.
- Gavira, A. (2000). Decisiones : sexo y embarazo entre las jóvenes colombianas. *Coyuntura Social*, (1987), 83–95.
- Haeri, M., & Puechguirbal, N. (2010). From helplessness to agency: Examining the plurality of women’s experiences in armed conflict. *International Review of the Red Cross*. <https://doi.org/10.1017/S1816383110000044>.
- Hayle, C. (2007). Hoyle_2007_Feminism_victims_and_victimology.pdf. In S. Walklate (Ed.), *Handbook of Victims and Victimology* (pp. 146–174). Retrieved from https://books.google.nl/books?hl=en&lr=&id=yYal0EYbl5oC&oi=fnd&pg=PP5&dq=%27Feminism,+victimology+and+domestic+violence%27&ots=WbTqJz_kF4&sig=BcGT05oOi0xNtyhUNwPJJaHEN6bl#v=onepage&q='Feminism%2Cvictimology and domestic violence'&f=false.
- Hiruy, K. (2009). Finding home far away from home : place attachment , place-identity , belonging and resettlement among African- Australians in Hobart Kiros Hiruy. *Geography*, (March). <https://doi.org/10.1007/bf00048255>.

- Ivey, J. B. (1999). "Good little girls": Reports of pregnant adolescents and those who know them best. *Comprehensive Child and Adolescent Nursing*, 22(2–3), 87–100. <https://doi.org/10.1080/014608699265310>.
- Kabir, N. A. (2014). Young Somalis in Australia, the UK and the USA: An Understanding of Their Identity and their Sense of Belonging. *Journal of Muslim Minority Affairs*, 34(3), 259–281. <https://doi.org/http://dx.doi.org/10.1080/13602004.2014.939556> Young.
- Liang, E. L. M., & UNFPA. (2013). ADOLESCENT PREGNANCY: A Review of the Evidence. *Unfpa*, (2013), 1–58.
- Lipsky, M. (1980). *Street-Level Bureaucracy. Dilemmas of the individual in Public Services*. (30th anive; T. R. S. Foundation, Ed.). New York.
- Mohammadi, N.; Montazeri, S.; Alaghand rad, J.; Ardabili, H. E., & Gharacheh, M. (2016). Iranian pregnant teenage women tell the story of "fast development": A phenomenological study. *Women and Birth*, 29(4), 303–309. <https://doi.org/10.1016/j.wombi.2015.11.003>.
- Mora Cancino, A. M. (2015). erinatología Y. *Perinatología y REproducción Humana*, 29(2), 83–87. <https://doi.org/10.1016/j.rprh.2015.05.004>.
- Morón Duarte, L. S.; Latorre, C., & Tovar, J. R. (2014). Risk factors for adolescent pregnancy in Bogotá, Colombia, 2010: a case-control study. *Revista Panamericana de Salud Pública*, 36(3), 179–184.
- Ngum Chi Watts, M. C.; Liamputtong, P., & McMichael, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15(1), 873. <https://doi.org/10.1186/s12889-015-2215-2>.
- Ngum Chi Watts, M. C., Liamputtong, P., & McMichael, C. (2015). Early motherhood: A qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*, 15(1), 1–11. <https://doi.org/10.1186/s12889-015-2215-2>.
- Núñez, J., & Cuesta, L. (2006). *Efectos de la demografía sobre el bienestar de las madres y sus hijos*.
- Osorio Perez, F. E., & Breña, M. O. (2008). Forced Displacement among Rural Women in Colombia. *Latin American Perspectives*, 35(6), 29–40. <https://doi.org/10.1177/0094582X08326021>.
- Quevedo-Gómez, M. C.; Krumeich, A.; Abadía-Barrero, C. E.; Pastrana-Salcedo, E., & van den Borne, H. (2012). Machismo, public health and sexuality-related stigma in

- Cartagena. *Culture, Health & Sexuality*, 14(2), 223–235.
<https://doi.org/10.1080/13691058.2011.629682>.
- Shea, Rebecca; Bryant, L., & Wendt, S. (2016). ' Nappy bags instead of handbags ': Young motherhood and self-identity. *Journal of Sociology*, 52(4), 840–855.
<https://doi.org/10.1177/1440783315599594>.
- Tanti, C.; Stukas, A. A.; Halloran, M. J., & Foddy, M. (2011). Social identity change : Shifts in social identity during adolescence. *Journal of Adolescence*, 34(3), 555–567.
<https://doi.org/10.1016/j.adolescence.2010.05.012>.
- Topolewska-siedzik, E. (2018). Trajectories of Identity Formation Modes and Their Personality Context in Adolescence. *Journal of Youth and Adolescence*, 775–792.
<https://doi.org/10.1007/s10964-018-0824-7>.
- Villaran, V., & Traverso, P. (2017). Narrativas sobre el embarazo y la maternidad en mujeres adolescentes de sectores urbano marginales de Lima que acaban de dar a luz. *Revista de Psicología*, 35(0254–9247), 442. <https://doi.org/10.18800/psico.201702.004>.
- WHO. (2012). Adolescent health. Retrieved December 3, 2018, from http://www.who.int/topics/adolescent_health/en/.
- Williamson, J., & Serna, K. (2018). Reconsidering Forced Labels: Outcomes of Sexual Assault Survivors Versus Victims (and Those Who Choose Neither). *Violence Against Women*, 24(6), 668–683. <https://doi.org/10.1177/1077801217711268>.

Summary

This thesis utilises an anthropological approach to address the question of how internally displaced adolescent mothers in Bogota understand early pregnancy and how their perspective relates to the policies aimed to help them. Adolescent pregnancy (AP) among internally displaced persons (IDPs) has been considered a major concern due to the higher incidence of AP in this population compared to adolescents who are not IDPs (Ruiz, 2013; Morón-Duarte, Latorre, & Tovar, 2014; Daniels, 2015).

There have been an estimated 7.7 million long-term IDPs in Colombia since 1985. Displacement in Colombia predominantly involves movement from rural areas to large urban cities, with the capital, Bogotá, being one of the main destinations of displaced people (IDMC, 2019; Rolon Salazar, 2018). The primary cause of this massive movement of people from rural to urban areas in Colombia is armed conflict (Ruiz-rodíguez & Wirtz, 2012). This conflict involves illegally armed groups, guerrillas, and paramilitaries (Alzate, 2008; Meertens, 2010; Wirtz et al., 2014), who have perpetuated all kinds of violence, including the recruitment of minors, sexual violence, the deployment of anti-personnel mines, kidnapping, and massacres of entire villages (Alzate, 2008; IDMC, 2015).

The government has created policies to help IDPs recover their rights. The Victims Law (Law 1448) of 2011 was intended to establish parameters regarding the provision of IDPs with early and adequate services after displacement and during resettlement, including humanitarian aid, assistance, and reparation (Law 1448 of 2011; UNHCR, 2016). Despite these policies, in practice, IDPs continue to suffer from a lack of support to re-establish their lives (IDMC, 2015; Integral Unit for Victims, 2017). They experience poverty, limited access to social and healthcare services, and familial breakdown during displacement and resettlement (Hynes et al., 2016).

In understanding AP, biomedical and epidemiological perspectives have, thus far, been dominant. In the biomedical literature, AP is primarily defined as a problem of maternal, perinatal, and infant mortality (WHO, 2012; UNFPA, 2013; Liang & UNFPA, 2013). Some authors have described the association between AP and medical complications and undesirable medical outcomes (Deal & Holt, 1998; Leppälähti, Gissler, Mentula, & Heikinheimo, 2013; Conde-Agudelo, Belizán, & Lammers, 2005). Similarly, in epidemiological studies, pregnancy in adolescence is primarily framed as a problem to prevent. These

perspectives often focus on individual risk factors and associate AP with the mother's educational level, lack of information about sexual health and family planning, cultural perceptions about motherhood, or social factors, including low socioeconomic status, non-nuclear family structures, violence at home, lack of parental supervision, early initiation of sexual intercourse, and cultural and regional factors (Gaviria, 2000; Nuñez, 2006; Morón Duarte, Latorre, & Tovar, 2014).

Colombia's national policy documents, such as CONPES 147, acknowledge different approaches to AP as a problem, including the individual and other approaches, such as the ecological model, determinants of health, human rights, human development, and social capital, among others. However, an individualist framing of AP as a problem of girls and young mothers is dominant. For example, in the CONPES 147 policy, it is assumed that AP is mainly related to a lack of knowledge about conception and failing to use effective contraceptive methods and that a 'life project' that encourages young women to finish their education can prevent AP.

Although important biomedical and epidemiological approaches to AP involve gaining insight into the prevalence of AP, the statistical realities concerning the risks of AP may not provide sufficient insight into the everyday lives of internally displaced adolescent mothers who experience AP. Therefore, it is important that policies addressing the issue of teenage pregnancy in this population are tailored to the lives of internally displaced adolescent mothers. This doctoral dissertation presents an anthropological perspective of AP among internally displaced adolescent mothers and professionals involved in the implementation of policies designed to help these mothers. The main objectives were to gain an in-depth understanding of (1) how internally displaced adolescent mothers understand and experience early pregnancy, and how they refer to the sociocultural context related to early pregnancy among IDPs in Bogotá. (2) how professionals who deal with internally displaced adolescent mothers construct internally displaced adolescent mothers and themselves as professionals, and (3) how Colombia's policies construct the problems of adolescent pregnancy and internally displaced persons.

To gain insight into the meaning of AP, I analysed the life stories of 20 participants, who described their experiences from childhood in the countryside in the context of armed conflict to their resettlement in Bogotá as internally displaced adolescent mothers. I conducted 8 workshops and analysed the participants' responses in which they shared common experiences related to motherhood and displacement, among other topics. Additionally, to understand how professionals define AP and how they experience working with internally displaced adolescent mothers, I conducted 14 semi-structured interviews with professionals who work with this population and analysed their responses. Including internally displaced adolescent mothers and professionals in the study enabled me to explore to what extent

problems defined in the policies regarding this population are related and attuned to the meanings of AP constructed in the life stories of internally displaced adolescent mothers.

Chapter One introduces the work of Carol Bacchi, *Analysing Policy: What's the Problem Represented to Be?*. She argues that all policies contain an implicit framing of the problems being addressed (Bacchi, 2009, 2012, 2016). The language used to define 'problems' refers to a pre-existing condition or set of conditions outside the policy process that must be addressed by policymakers, but the actual problematisation needs to be critically analysed as a policy agenda does not simply reflect reality in an objective way (Bacchi, 2016). In Bacchi's (2009) words,

Policy is not the government's best effort to *solve* 'problems'; rather, policies *produce* 'problems' with particular meanings that affect what gets done or not done and how people live their lives.

This approach helps to understand policy agenda's by probing the unexamined assumptions and conceptual logic within implicit problem representations.

Bacchi distinguishes two types of effects of implicit problematisation in policy processes. These include the constructions of specific political subjects and categorisations (Bacchi, 2009). Against the background of Bacchi's work, it is important not to take the problem of AP among IDP mothers in Colombia for granted, but to question how it is constructed as a problem.

In Chapter Two, I studied the question of how internally displaced adolescent mothers give meaning to AP and describe their experiences with AP. Many policies that deal with internally displaced adolescent mothers rely on medial and epidemiological studies that frame AP as a medical or social risk. Furthermore, according to Anastas (2017), different perspectives of pregnancy in adolescence can be classified using Kelly's typology. Kelly distinguishes three approaches to adolescent pregnancy. Type A includes all the articles in which teenage pregnancy can be summarised with the expression 'something is wrong with the girl'. Type B presumes AP is due to 'the wrong kind of family', and Type C can be described as 'dissenting views' in which becoming a mother can be a rational route to attaining adult status and independence (Anastas, 2017).

From the analysis of the life stories, it becomes clear that the participants define AP differently. The analysis reveals that the 'pathways of adolescent pregnancy' (Villaran & Traverso, 2017), meaning how girls understand early pregnancy from their viewpoint, are rather complex. These pathways include rural violence related to civil war, as well as violence and mistreatment at home. The analysis finds that internally displaced adolescent mothers link the pathways of pregnancy with the violent context of armed conflict in rural areas, but mainly violence experienced during their childhood. The meanings of AP include feelings of

love as a way to deal with their families' and partners' reactions to their early pregnancies, such as stigmatisation and rejection. Their pathways go beyond the three types distinguished by Kelly's typology, and from the analysis is clear that these pathways integrate into the three types Kelly describes. The analysis shows how childhood, armed conflict, and life experiences interact in the development of the complexities of the 'pathways of pregnancy'.

Chapter Three is dedicated to exploring the maneuvers internally displaced adolescent mothers experienced between victimisation and agency during their lives. Between 1985 and 2013, according to the Victims Record of Colombia, 2,683,335 women were victims of armed conflict. Women have been described as the main victims of armed conflict. In contrast, some authors have explicitly stressed Colombian women's agency instead of positioning them only as victims. Some of them are described as 'survivors' of war, emphasising their impressive resistance to the outcomes of war and forced displacement. In contrast to the background of these scholarly discussions, our study focused on how displaced women living in Bogotá articulate their experiences of agency and victimisation. The analysis showed how internally displaced adolescent mothers constructed themselves as victims of a lack of love, abuse, and violence during childhood, yet they were also agents when they made the decision to leave their homes. Internally displaced adolescent mothers explicitly chose to have their babies despite being abandoned by their partners and families and after doubts about and attempts to have an abortion. Throughout the process of displacement, the participants reported ambiguous relationships with armed groups that were forced upon them but were used simultaneously as a strategy of survival. Finally, when they arrived in Bogotá, they faced adverse circumstances of which they were victims while actively searching for better opportunities for themselves and their children. In their accounts, the women emphasised that they were victims and expressed how difficult it was to overcome their traumatic experiences, but these accounts also demonstrated their resilience in managing to overcome very difficult life situations.

In Chapter Four, I studied the construction of identities and feelings of belonging among internally displaced adolescent mothers. As Huri (2009) explains, forced resettlement or leaving one's roots and adapting to a new region can affect feelings of identity and belonging. Migration affects identity, and some authors have even gone so far as to call migration an identity crisis in which migrants are caught between the culture they left and the new culture they have adopted (Anthias, 2009). In addition, adolescent motherhood represents another unique challenge to the construction of identity. Adolescence is a critical period for self and identity development (Tanti et al., 2011; Topolewska-Siedzik, 2018), and pregnancy during adolescence represents an even bigger challenge. In addition, teenage motherhood is socially constructed as a predominantly negative experience that denies the ways in which motherhood can be a positive and fulfilling experience for many young women (Shea et al., 2016).

Summary

I studied how participants constructed their identity, which frequently shifted during different periods in their lives, for example, when they moved from adolescence to adolescent motherhood, to being an internally displaced person in a context of armed conflict, and finally, to being a newcomer in Bogotá. Their stories show how feelings of belonging changed during these periods. Their sense of belonging changed when mistreated at home and engaged in relationships to escape. Later, upon becoming adolescent mothers, they found themselves between an unwanted pregnancy and the desire to have an 'ideal family' while facing the challenges of motherhood at an early age and its expectations. Displacement led them to migrate to a large city, bringing the sufferings of armed conflict in their villages with them and exposing them to a completely new environment. Finally, they got an identity as a 'displaced' person but faced the difficulty of feeling a sense of belonging in the new community and navigating its various organisations.

The analysis reveals they did not lose their previous identities, memories, and experiences from their original place of residence during the process of displacement. Conversely, their identity became an accumulation of experiences that are developed inside the individual from social interactions. Internally displaced women are dealing with an accumulation of struggles that remain unresolved.

Chapter Five explored the viewpoint of professionals who work with internally displaced adolescent mothers. This chapter presents their constructions regarding internally displaced adolescent mothers in the context of street-level bureaucracy, inspired by the theoretical ideas of Lipsky (1980). According to Lipsky, the implementation of public policy in everyday practice is in the hands of so-called street-level bureaucrats (SLBs) who apply these policies. The term 'street-level bureaucrats' refers to policy staff and professionals who work on the frontline and have direct interaction with citizens. The work of these professionals can have a substantial impact on the lives of the people with whom they interact. SLBs perform in their daily work discretion and autonomy with their clients (Lipsky, 1980).

This chapter reveals how professionals construct internally displaced adolescent mothers simultaneously as heroes who survived violence and displacement and were attempting to rebuild their lives in a new city and as villains who are dangerous and immoral because they became pregnant at an early age. This categorisation influences how the professionals use their discretionary space, which affects internally displaced adolescent mothers when receiving professional attention, services, or goods. Similarly, professionals construct themselves as heroes because of their complex work, working conditions, and altruism and as villains who criticise their IDP clients and deny them services or benefits.

Chapter Six presented reflections on the outcomes in light of Bacchi's approach, as well as the potential strengths, limitations, and contributions during the research process. This

study showed the importance of understanding policy 'problems' from the emic perspective. Understanding the experiences of internally displaced adolescent mothers is fundamental to developing effective policies. Regarding the debates surrounding AP among IDPs, this study revealed the complexities, ambiguities, and ambivalences in the 'pathways of pregnancy', in the constructions of them as victims, agents, and survivors, and the constructions of their identities and feelings of belonging. We explored the difficult role that professionals play, as well as how their constructions interfere with their performance in their daily work with this population.

Although these problems, defined in policies as biomedical and social-epidemiological, are serious, they do not align with the everyday reality as presented by the women who participated in the study. The study participants mentioned pathways rather than risks and determinants, shifting identities rather than risks and life plans, and how difficult it is to gain a sense of belonging. The policy solutions designed to prevent AP and what is expected of internally displaced adolescent mothers in these policies differ greatly from the problems and needs expressed in the stories. Unsurprisingly, professionals who implement these policies also have quite different ideas about AP than internally displaced adolescent mothers.

In line with Bacchi's (2009, 2012, 2016) work, this study also reveals the importance of a critical understanding of policy categorisation and the implications of these categorisations in everyday life; policy categorisations related to AP among IDPs can affect women's relationships with the community and their constructions of self. In scholarly debates, the categories of victims, survivors, and agents are discussed. In Colombia, internally displaced adolescent mothers have been categorised as 'victims'. The name of the policy, 'Victims Law', clearly characterises them as vulnerable and in need of aid. Framing people as victims may determine legal entitlement to certain support services, but this framing does not support women's agency and, in a way, obliges women to present themselves as victims, grateful for assistance. A policy focused on women's agency as survivors might provide a more effective framework for counseling or economic empowerment programs. Other categories that are constructed in the CONPES 147 and Victims Law policies include 'adolescent mothers' and 'internally displaced'. These labels, like 'migrant', 'refugee', or 'displaced person', are important to an individual's identity formation and have consequences for them, as well as the interactions they have had during resettlement, including stigmatisation, moral judgements, relationships with the new community, and relations with the government and the workers who are on the front line working with them. Additionally, professionals constructed internally displaced adolescent mothers as heroes and victims, identifying the diversities and convergences among those categories. Moreover, the professionals considering themselves as heroes or villains, depending on their discretionary space, highlights the ambiguities in categorisations.

Summary

Finally, understanding the realities lived by the target population provides a broader perspective in the policies developed for this population. It is important for policies dealing with internally displaced adolescent mothers to acknowledge and be attuned to the everyday experiences and perspectives of AP as the women present them to make these policies more effective and prevent them from becoming damaging to the population they aim to help.

Resumen

Esta tesis tiene por objeto indagar cómo algunas madres adolescentes en situación de desplazamiento comprenden sus experiencias antes, durante y después de su gestación, y de qué manera sus perspectivas se relacionan con las políticas públicas enfocadas a esta población.

El embarazo adolescente en las personas en situación de desplazamiento ha sido un tema de gran importancia dado a su alta incidencia en esta población, en comparación con las adolescentes que no viven desplazamiento forzado. (Ruiz, 2013) (Morón-Duarte, Latorre, & Tovar, 2014) (Daniels, 2015).

Se estima que hay cerca de 7.7 millones de personas en situación de desplazamiento en Colombia desde 1985. Una de las características del desplazamiento forzado en Colombia es la migración de personas dentro del territorio colombiano, siendo Bogotá una de las ciudades que más los ha recibido. (IDMC, 2019) (Rolon Salazar, 2018). La principal causa de este movimiento masivo de personas es el conflicto armado. (Ruiz-rodríguez & Wirtz, 2012). Este conflicto armado involucra grupos armados ilegales, guerrilla y paramilitares, (Alzate, 2008) (Meertens, 2010)(Wirtz et al., 2014) quienes han perpetuado toda clase de actos violentos incluyendo reclutamiento de menores, violencia sexual, uso de minas antipersonas, secuestros y masacres de pueblos enteros. (Alzate, 2008; IDMC, 2015).

El gobierno colombiano ha creado políticas que buscan ayudar a la población en situación de desplazamiento a recobrar sus derechos. La Ley de Víctimas (Ley 1448 de 2011) por ejemplo, define acciones para la atención adecuada y temprana a esta población, e incluye ayuda humanitaria, asistencia y reparación. (Ley 1448 of 2011) (ACNUR, 2016). Sin embargo, ellos aún siguen presentando grandes dificultades en el restablecimiento de sus derechos cuando llegan a las grandes ciudades (IDMC, 2015; Unidad Integral de Víctimas, 2017). Entre otros experimentan pobreza, barreras de acceso a los servicios de salud y a los servicios sociales y rupturas familiares. (Hynes et al., 2016).

Para abordar el tema de embarazo adolescente, las perspectivas biomédicas y epidemiológicas han tenido gran liderazgo. Desde la literatura biomédica el embarazo adolescente es definido como un problema con consecuencias negativas y con alta carga de morbimortalidad. (Cunnington, 2001)(WHO, 2012)(Liang & UNFPA, 2013). (Deal & Holt, 1998) (Leppälähti, Gissler, Mentula, & Heikinheimo, 2013)(Conde-Agudelo, Belizán, & Lammers,

2005). De manera semejante, en estudios epidemiológicos, el embarazo en adolescentes es definido como un problema a prevenir. Estas perspectivas generalmente se enfocan en los factores de riesgo como bajo nivel educativo, falta de información sobre salud sexual y reproductiva, falta de conocimiento sobre métodos anticonceptivos, percepciones culturales sobre la maternidad, bajo estrato socioeconómico, no tener una familia nuclear, violencia intrafamiliar, iniciación temprana de relaciones sexuales y factores sociales y culturales. (Daniels, 2015) (Núñez & Cuesta, 2006).

En Colombia, las políticas públicas presentan diferentes abordajes para prevenir el embarazo en adolescentes; por ejemplo, el CONPES 147 utiliza diferentes abordajes como el modelo ecológico, el de los determinantes sociales de la salud, los derechos humanos, el desarrollo humano y el modelo de capital social, entre otros. Sin embargo, las intervenciones, dominantes son de modelos enfocados en los factores individuales de las gestantes adolescentes. Por ejemplo una de las intervenciones hace referencia a la falta de conocimiento de métodos anticonceptivos y el no uso de los mismos, así como también propone realizar intervenciones relacionadas con el 'proyecto de vida' que motive a las niñas a estudiar, y así prevenir el embarazo en adolescentes.

A pesar de la gran importancia de los abordajes biomédicos y epidemiológicos, y las realidades estadísticas sobre el embarazo adolescente, estos no proveen una comprensión completa de las vivencias de estas madres adolescentes en situación de desplazamiento que tuvieron embarazos tempranos. Esta disertación doctoral presenta una perspectiva antropológica de las madres adolescentes en situación de desplazamiento y de los profesionales que trabajan con ellas, en la implementación de las políticas públicas que tienen por fin ayudarlas.

El objetivo principal de esta investigación es tener un acercamiento a profundidad del embarazo en adolescentes en población en situación de desplazamiento desde su propia perspectiva, y desde ésta, analizar cómo se relacionan sus experiencias con las políticas públicas que buscan prevenir embarazos tempranos en esta población. Para esto, analizamos veinte historias de vida en donde las participantes construyeron sus experiencias de vida desde la niñez en el campo, en un contexto de conflicto armado, hasta su asentamiento en Bogotá siendo madres adolescentes en situación de desplazamiento. Adicionalmente, analizamos ocho talleres utilizando diferentes didácticas en donde los participantes compartieron sus experiencias en común sobre la maternidad y el desplazamiento, entre otros. De la misma manera, realizamos catorce entrevistas semi-estructuradas a profesionales quienes trabajan con esta población.

Involucrar tanto madres adolescentes como profesionales en el estudio me permitió explorar en alguna medida la definición de los problemas que subyacen en las políticas que

buscan atender esta población y relacionarlas con los significados dados por las madres adolescentes en situación de desplazamiento.

El capítulo uno introduce el trabajo de Carol Bacchi 'Analizando las políticas: Cómo está representado el problema?'(Bacchi, 2016)(Bacchi, 2012). En su trabajo, Bacchi argumenta que todas las propuestas de políticas contienen implícito una representación del problema. El uso de 'problemas' se refiere a una condición pre existente o unas condiciones que están fuera del proceso de la política y que debe ser abordado por los hacedores de política. Sin embargo, la problematización necesita ser analizada críticamente, dado que la agenda política no siempre es objetiva. (Bacchi, 2016). En sus palabras, 'la política no es el mayor esfuerzo que hace el gobierno para resolver 'problemas'; por el contrario, las políticas producen 'problemas' con significados particulares que afectan lo que debe hacerse o no, y cómo las personas deben vivir sus vidas. Este abordaje permite entender la agenda de la política, probando los supuestos que no se han examinado, y las lógicas conceptuales de las representaciones implícitas de los problemas.

Bacchi presenta los efectos que tiene la problematización implícita en las políticas. Estos incluyen la construcción de sujetos políticos específicos y sus categorizaciones (Bacchi, 2009). A la luz del trabajo de Bacchi, es importante no dar por sentado que el embarazo en adolescentes en población desplazada es un "problema", sino que es necesario preguntarse cómo ha sido construido ese problema como problema.

En el segundo capítulo, se estudia la pregunta de cómo las madres adolescentes en situación de desplazamiento le dan significado y describen por si mismas sus experiencias de embarazo adolescente. Muchas políticas enfocadas en esta población se suscriben a los abordajes médicos y epidemiológicos, que presentan el embarazo en adolescentes como un problema médico con factores de riesgo biológicos y sociales. Sin embargo, de acuerdo con Anastas, hay diferentes perspectivas sobre embarazo en adolescentes que pueden ser clasificadas por la tipología de Kelly.(Anastas, 2017). Kelly distingue tres tipos de abordajes de embarazo adolescente. La tipo A incluye todos los artículos en donde el embarazo adolescente se resume en la expresión: "algo anda mal con la joven", la tipo B se resume como 'El tipo de familia equivocada' y la tipo C se describe como 'puntos de vista distintos' en donde convertirse en mama puede ser una ruta racional para llegar al estatus de la adultez y lograr independencia. (Anastas, 2017).

A partir del análisis de las historias de vida es claro que las participantes definen el embarazo en adolescentes de una forma diferente. El análisis mostro como las 'rutas de embarazo adolescente' (Villaran & Traverso, 2017), entendido como cómo las adolescentes entienden sus propias experiencias de embarazo desde su punto de vista, son más que complejas. Esas rutas de embarazo incluyen violencia por vivir en zonas de conflicto armado y la violencia vivida en su casa. El análisis mostro como las madres adolescentes en situación

de desplazamiento explican sus rutas de embarazo en por el contexto violento de sus zonas de origen, pero principalmente por la violencia vivida en su infancia. Los significados de embarazo incluyen los sentimientos de amor como un camino para lidiar con las diferentes reacciones a sus embarazos tempranos de sus propias familias y de los padres de sus bebés, que incluyen rechazo y estigmatización. Estas rutas van más allá de los tres tipos definidos por Kelly. De hecho, a partir del análisis vemos como estos tres tipos descritos por Kelly se integran en las historias de las madres adolescentes en situación de desplazamiento. El análisis muestra como la infancia, el contexto de conflicto armado y las experiencias de vida interactúan en el desarrollo de las complejas rutas de embarazo adolescente.

El tercer capítulo se dedica a explorar las distintas maniobras que las madres adolescentes en situación de desplazamiento experimentaron entre la victimización y la agencia durante sus vidas. De acuerdo con el Registro de Víctimas de Colombia, 2.683.335 mujeres han sido víctimas del conflicto armado de 1985 a 2013. Por el contrario, algunos autores han descrito la agencia de las mujeres en situación de desplazamiento que se oponen a verlas como solamente víctimas. Algunos autores usan el término 'sobreviviente' de la guerra, haciendo un énfasis en su impactante resiliencia a los resultados de la guerra y el desplazamiento forzado.

A la luz de estas discusiones académicas, este estudio se enfoca en cómo las madres adolescentes en situación de desplazamiento articulan sus experiencias de agencia y de victimización. El análisis mostró que las madres adolescentes en situación de desplazamiento se construyen a sí mismas como víctimas, quienes experimentaron violencia y abusos durante la infancia, pero al mismo tiempo fueron agentes, resistiéndose a esa violencia y escapando de casa. Posteriormente, asumen su embarazo y su maternidad, a pesar de las críticas, el abandono de los padres de sus hijos, y superando las dudas sobre abortar o no. Durante el proceso de desplazamiento, las participantes tuvieron relaciones ambiguas con los grupos armados, y finalmente, cuando llegan a Bogotá, enfrentan circunstancias adversas, siendo víctimas, pero al mismo tiempo buscando activamente oportunidades para salir adelante, y sacar adelante a sus hijos.

En el capítulo cuarto, analizo la construcción de identidades y de pertenencia en las madres adolescentes en situación de desplazamiento. Como Huri explica, el asentamiento forzado hace que la persona deje sus raíces y se adapte a una nueva región, lo cual afecta su identidad y pertenencia. (Hiruy, 2009). Algunos autores han llamado el proceso migratorio como una crisis de identidad en donde los migrantes se encuentran entre la cultura que dejan y la cultura a la cual llegan. (Anthias, 2009). Adicionalmente, la maternidad en la adolescencia representa otro reto en la construcción de identidad. La adolescencia es un periodo crítico para el individuo y el desarrollo de su identidad. (Tanti et al., 2011; Topolewska-Siedzik, 2018) El embarazo durante la adolescencia representa un reto mayor. Aun más, la maternidad en la adolescencia es construida socialmente como una experiencia negativa que trae

consecuencias también negativas y que niega que pueda ser una experiencia positiva de realización para las mujeres jóvenes. (Shea et al., 2016).

Yo analizo en esta disertación cómo los participantes construyen su identidad, que frecuentemente cambia durante las diferentes etapas de sus vidas, cuando llegan a la adolescencia, cuando son madres, cuando son forzadas al desplazamiento en un contexto de conflicto armado y cuando llegan a Bogotá. Sus historias muestran como los sentimientos de pertenencia fueron cambiando durante este proceso. Sus sentidos de pertenencia cambiaron cuando fueron maltratadas en casa, luego cuando se involucran en relaciones sentimentales con sus compañeros y abandonan su casa, posteriormente cuando son madres adolescentes, y se encuentran entre embarazos no deseados y el deseo de tener una 'familia ideal', pero enfrentando los retos de la maternidad en una edad temprana. El desplazamiento las obliga a llegar a una ciudad grande, pero ellas llevan consigo todo el sufrimiento del conflicto armado que experimentaron en sus pueblos, y además son expuestas a un nuevo entorno. Finalmente, ellas adoptan la identidad como 'desplazadas', pero enfrentan diversas dificultades al tratar de pertenecer en la comunidad receptora y al tratar de recibir ayuda de las diferentes organizaciones.

El análisis mostró como ellas no pierden sus identidades previas, sus memorias y sus experiencias de los lugares de origen durante el proceso de desplazamiento. Por el contrario, sus identidades son una acumulación de experiencias que se desarrollan dentro del individuo y de sus interacciones sociales. Las madres adolescentes en situación de desplazamiento enfrentan una acumulación de estas experiencias que aún no están resueltas.

El capítulo quinto muestra el punto de vista de los profesionales que trabajan con las madres adolescentes en situación de desplazamiento. Este capítulo presenta las construcciones que tienen estos profesionales de las madres adolescentes en situación de desplazamiento, en el contexto de la burocracia de calle (street-level bureaucracy), inspirado por las ideas conceptuales de Lipsky (Lipsky, 1980). De acuerdo con Lipsky, la implementación de la política pública en la práctica diaria está en manos de los que él llama burócratas de calle, quienes son los que realmente aplican las políticas. El término burócratas de calle, se refiere al personal que trabaja en la primera línea de atención y que tiene interacción directa con los ciudadanos. El trabajo de estos profesionales tienen un impacto sustancial en la vida de las personas con los que ellos interactúan. Los burócratas de calle realizan su trabajo mediante el uso de la discreción y la autonomía con sus clientes. (Lipsky, 1980).

En este capítulo se muestra como los profesionales construyen las madres adolescentes en situación de desplazamiento como héroes, quienes sobrevivieron a una historia de violencia y desplazamiento y están tratando de reconstruir sus vidas en la ciudad, pero al mismo tiempo como villanos, quienes son peligrosas por su pasado de conflicto armado e inmorales por sus embarazos a temprana edad. Estas categorizaciones influyen el uso de su

discreción y tiene consecuencias en las madres adolescentes en situación de desplazamiento para recibir atención, bienes y servicios.

De la misma manera, los profesionales se construyen a sí mismos como héroes, debido a su complejo trabajo, sus condiciones laborales y su altruismo, pero también se reconocen como villanos, ya que critican a sus clientes, madres adolescentes en situación de desplazamiento y niegan servicios o beneficios.

El capítulo sexto, presenta las reflexiones de los hallazgos a la luz de la teoría de Bacchi, como también las potenciales fortalezas, limitaciones y contribuciones de esta investigación. Este estudio muestra la importancia de entender los 'problemas' de la política pública desde la perspectiva émica. Es fundamental entender las experiencias de las madres adolescentes en situación de desplazamiento para poder construir políticas públicas efectivas. Con respecto a los debates sobre el embarazo adolescente en población en situación de desplazamiento, este estudio se muestra la complejidad, ambigüedad y ambivalencias de las 'rutas de embarazo' y la construcción como víctimas, agentes y sobrevivientes, así como también las construcciones de identidad y sentidos de pertenencia. Vemos como los profesionales tienen un rol difícil y al mismo tiempo, como las construcciones que como profesionales tienen de esta población interfieren con su trabajo y sus decisiones en su práctica diaria.

A pesar que las definiciones de los problemas que subyacen la política –biomédicos y epidemiológicos– son de gran relevancia, estas definiciones no se alinean con las experiencias diarias y las realidades presentadas por las madres adolescentes en situación de desplazamiento. Las participantes en este estudio mencionan las 'rutas de embarazo' y no los riesgos del embarazo, hablan de sus identidades, no de riesgos o proyectos de vida, y hablan de lo difícil que es pertenecer a su nueva ciudad. Las soluciones que plantea la política para prevenir el embarazo en adolescentes y lo que se espera de las madres adolescentes en situación de desplazamiento en las políticas, difiere ampliamente de los problemas y necesidades que ellas manifiestan en sus historias de vida. Tampoco sorprende, que los profesionales que implementan estas políticas tienen también diferentes ideas sobre el embarazo en adolescentes y las madres adolescentes en situación de desplazamiento.

En línea con el trabajo de Bacchi, este estudio muestra la importancia de un entendimiento crítico de las categorizaciones y de las implicaciones de estas categorizaciones en la vida diaria. Estas mismas categorizaciones afectan las relaciones de las madres adolescentes con la comunidad, y con su propia construcción del ser. De acuerdo con los debates académicos sobre las categorías de víctimas, sobrevivientes y agentes, en Colombia las madres adolescentes en situación de desplazamiento son categorizadas como 'víctimas'. Esto se refleja desde el mismo nombre de la 'ley de víctimas', mostrándolas como vulnerables y merecedoras de ayuda. Categorizar a las personas como víctimas las hace merecedoras de ciertos beneficios, sin embargo, sus historias muestran como ellas son también agentes, llenas de capacidades

y de gran resiliencia. Una política enfocada en la agencia y en ser 'sobrevivientes' proveería una mayor efectividad en los programas de empoderamiento. Otras categorías como las de 'madre adolescente' o 'desplazada' también tiene repercusiones. Estas categorizaciones tienen consecuencias en la formación de identidades y en las interacciones que ellas tienen en el asentamiento, con la población receptora, incluyendo estigmatización, juicios morales y relaciones con los profesionales. Asimismo, los profesionales quienes las construyen como víctimas y héroes muestran implicaciones para que las madres adolescentes en situación de desplazamiento reciban o no beneficios.

Finalmente, entender estas realidades vividas por esta población provee una perspectiva más amplia que puede dar luces para la construcción de la política pública que busca dar soporte a las madres adolescentes en situación de desplazamiento.

Es importante poner las experiencias de vida de las madres adolescentes en situación de desplazamiento en perspectiva para lograr construir políticas más efectivas.

Samenvatting

In dit proefschrift staat de vraag centraal hoe tienermeisjes, die tijdens de vlucht voor geweld in Colombia op jonge leeftijd zwanger werden en zich als interne vluchteling in Bogota vestigden, hun moederschap (hebben) ervaren.

Door de vijftigjarige burgeroorlog heeft Colombia naar schatting ruim 7 miljoen interne vluchtelingen. De conflicten tussen diverse gewapende paramilitaire groepen en guerrilla's gingen gepaard met vele vormen van geweld zoals de rekrutering van minderjarigen, seksueel geweld, ontvoeringen, verspreiding van mijnen en zelfs het uitmoorden van hele dorpen (Alzate, 2008; IDMC, 2015). Veel mensen vluchtten van plattlandsgebieden naar grote steden, en de meesten vestigden zich in de hoofdstad Bogota (IDMC, 2019) (Rolon Salazar, 2018). De laatste jaren heeft de overheid beleid gemaakt om deze interne vluchtelingen te helpen en hun burgerrechten te herstellen. De 'Law of Victims' bepaalt dat vluchtelingen recht hebben op humanitaire hulp en begeleiding bij herstel (UNHCR, 2016). Ondanks dit beleid kampen vluchtelingen met armoede, slechte toegang tot sociale hulp, gezondheidszorg en woonproblemen, problemen die het familieleven beschadigen (Hynes et al., 2016).

Tienerzwangerschappen onder intern vluchtelingen is een specifiek onderwerp van zorg in Colombia, aangezien tienerzwangerschappen onder vluchtelingen veel meer voorkomen dan onder adolescenten zonder ervaringen van geweld en ontheemding (Ruiz, 2013) (Morón-Duarte, Latorre, & Tovar, 2014) (Daniels, 2015). In het onderzoek naar tienerzwangerschappen zijn biomedische en epidemiologische perspectieven dominant. In de biomedische literatuur worden tienerzwangerschappen voornamelijk gedefinieerd als een medisch probleem met negatieve gevolgen voor moeder-, perinatale en kindersterfte. (Cunnington, 2001) (WHO, 2012) (Liang & UNFPA, 2013). Sommige auteurs hebben de relatie tussen tienerzwangerschappen, medische complicaties en ongewenste medische uitkomsten beschreven (Deal & Holt, 1998) (Leppälähti, Gissler, Mentula, & Heikinheimo, 2013) (Conde-Agudelo, Belizán, & Lammers, 2005). In epidemiologisch onderzoek worden tienerzwangerschappen primair gezien als een 'risico' en er is een scala aan risicofactoren in kaart gebracht die aanknopingsbieden bieden om dat risico te verkleinen. Risicofactoren zijn bijvoorbeeld een laag opleidingsniveau, gebrek aan informatie over seksuele gezondheid en gezinsplanning, culturele percepties over moederschap, lage sociaaleconomische status, een gebrek aan gezinsstructuur, huiselijk geweld, gebrek aan ouderlijk toezicht, een jonge

leeftijd bij eerste geslachtsgemeenschap en andere culturele en regionale factoren (Daniels, 2015) (Núñez & Cuesta, 2006).

Recentelijk heeft de overheid beleid ontwikkeld om het fenomeen tienerzwangerschappen terug te dringen. In nationale beleidsdocumenten, zoals CONPES 147, worden verschillende benaderingen van tienerzwangerschappen genoemd: een individuele benadering, een ecologische model, een juridische benadering, een benadering vanuit human development en sociaal kapitaal. Een individualistische framing van tienerzwangerschappen als een probleem van meisjes en jonge moeders is echter zeer dominant. Zo wordt bijvoorbeeld verondersteld dat tienerzwangerschappen voornamelijk verband houden met het gebrek aan kennis over conceptie en afwezigheid van voorbehoedsmiddelengebruik. Als een reactie daarop worden meisjes het aanspreekpunt voor preventief beleid: ze zouden geïnformeerd moeten worden over conceptie en zwangerschap. Ook zouden ze gestimuleerd moeten worden een 'levensproject', een toekomstplan, te ontwikkelen, waarin scholing en beroep een belangrijke rol spelen, vanuit het idee dat zo'n plan zwangerschap op jonge leeftijd kan voorkomen.

Hoewel biomedische en epidemiologische benaderingen van tienerzwangerschappen belangrijk zijn om inzicht te krijgen in de prevalentie van tienerzwangerschappen, biedt de statistische focus op risicofactoren geen inzicht in de dagelijkse leefwereld van intern ontheemde adolescenten met een tienerzwangerschap. Omdat het belangrijk is dat het beleid met betrekking tot tienerzwangerschappen wordt afgestemd op de concrete ervaringen en ideeën van deze ontheemde tienermoeders, is een verkenning van hun leefwereld en van hun perspectief belangrijk. Mijn proefschrift biedt daarom een antropologisch perspectief op tienerzwangerschappen onder interne vluchtelingen. Daarnaast worden perspectieven verkend van professionals die betrokken zijn bij de implementatie van het beleid om deze moeders te helpen. Met behulp van inzicht in de ervaringen van tienermoeders en van professionals, kan gekeken worden hoe het beleid zich tot hun ervaringen verhoudt.

Om inzicht te krijgen in de betekenis van tienerzwangerschap voor jonge vluchtelingen, heb ik twintig levensverhalen geanalyseerd, waarin de deelnemers hun ervaringen reconstrueren: hun jeugd op het platteland, de ervaringen met conflicten en geweld, verhuizen en vluchten, en de vestiging in Bogotá. Daarnaast analyseerde ik acht workshops waarin deelnemers ervaringen met moederschap en ontheemding delen en bespreken. Om te begrijpen hoe professionals tienerzwangerschap van vluchtelingen definiëren en hoe zij het werken met deze tienermoeders ervaren, heb ik veertien semigestructureerde interviews geanalyseerd met professionals. Door de leefwereld van zowel ontheemde tienermoeders als professionals te bestuderen, kreeg ik inzicht in de vraag hoe de probleemdefinitie in het beleid voor deze zeer specifieke populatie afgestemd is op de leefwereld van ontheemde tienermoeders, zoals geconstrueerd op basis van hun levensverhalen.

In het eerste hoofdstuk introduceer ik het theoretisch perspectief van het onderzoek, namelijk het werk van Bacchi "Analysing Policy: What's the problem represented to be?" (Bacchi, 2016) (Bacchi, 2012). Bacchi stelt dat elk beleidsvoorstel een impliciete idee bevat van 'het probleem' waar dat beleid op gericht is (Bacchi, 2016). Volgens Bacchi moet deze probleemdefinitie echter kritisch worden geanalyseerd, aangezien ze geen objectieve representatie van een probleem is, maar een specifieke constructie van een probleem en van specifieke probleemgroepen, en die leidt tot de specifieke oplossingen (Bacchi, 2016). Ze geeft bijvoorbeeld voorbeelden van Australisch beleid om inheemse gemeenschappen te helpen. Door de gedragingen van leden van deze gemeenschappen als probleem te definiëren en structurele sociale achterstelling en discriminatie niet te benoemen, wordt deze gemeenschap gestigmatiseerd en blijven andere oplossingen dan 'gedragsverandering' buiten beeld. De benadering van Bacchi impliceert dat een beleidsprobleem niet als gegeven wordt gezien, maar dat de impliciete veronderstellingen en de logica van representaties van een beleidsprobleem worden onderzocht. Tegen de achtergrond van Bacchi's werk, beschouw ik tienerzwangerschappen van jonge vluchtelingen niet als een gegeven, vanzelfsprekend 'probleem', maar wil ik onderzoeken hoe dit fenomeen als probleem wordt geconstrueerd.

In hoofdstuk 2 analyseer ik hoe jonge vluchtelingenmoeders betekenis geven aan hun tienerzwangerschap. Veel beleid dat gericht is op preventie van tienerzwangerschappen is gebaseerd op medisch- en epidemiologisch onderzoek dat deze zwangerschappen definieert als een medisch en sociaal risico. Uit de analyse blijkt dat de participanten hun tienerzwangerschap niet zo definiëren en dat er verschillende routes naar tienerzwangerschap zijn. (Villaran & Traverso, 2017). Het is opvallend dat ze niet alleen wijzen op het belang van oorlogsgeweld in de gebieden waar ze woonden, maar ook op huiselijk geweld. Dat laatste speelt een belangrijke rol in de beslissing het huis te verlaten, soms al terwijl of juist omdat ze zwanger waren. Zwangerschap betekende voor hen niet per se een probleem, maar is ook geassocieerd met gevoelens van liefde, kracht en verantwoordelijkheidsgevoel, waardoor juist de zwangerschap het gemakkelijker maakte om afwijzing en stigmatisering door familie en partners te verdragen.

Tegen de achtergrond van debatten over de concepten slachtoffer, overlever en actor, gaat het derde hoofdstuk in op de vraag hoe de tienermoeders hun levenservaringen duiden. In Colombia zijn tussen 1985 en 2013 formeel 2.683.335 vrouwen geregistreerd als slachtoffer van de burgeroorlog: vrouwen worden dan ook vaak aangeduid als de belangrijkste slachtoffers van de burgeroorlog. Sommige onderzoekers stellen dat deze victimisering geen recht doet aan de actieve rol die vrouwen hebben gespeeld in de burgeroorlog. Sommige auteurs zien vrouwen als 'overlevers', om te benadrukken dat ze actief verzet hebben gepleegd en zelf hun vluchtelingen hebben gevormd. In dit onderzoek heb ik geanalyseerd hoe jonge vluchtelingenmoeders hun leverervaringen uitdrukken en hoe ze zich verhouden tot noties als actor en slachtoffer. De analyse laat zien dat de participanten zichzelf zien als

een slachtoffer door gebrek aan ouderlijke liefde en steun en van huiselijk geweld tijdens hun jeugd. Ze maken echter ook duidelijk dat ze zelf hebben besloten om—daarom—het ouderlijk te verlaten. Ze vertellen ook bewust te hebben besloten om hun zwangerschappen te behouden, ondanks het feit dat hun partners hun verlieten of ouders of partners hen onder druk zetten om de zwangerschap af te breken. Gedurende hun vlucht hadden ze vaak tweeslachtige relaties met gewapende groepen, soms omdat ze hulp verwachtten, soms gedwongen, soms als zelfgekozen overlevingsstrategie, maar vaak hebben ze daar zelf ook weer een eind aan gemaakt. Na aankomst in Bogota voelden zij zich vaak slachtoffer van de situatie, maar waren ze ook actief op zoek naar betere kansen voor hun kinderen en henzelf. De analyse laat zien dat vrouwen zich zeker slachtoffer voelden, en dat het moeilijk was om de trauma's van hun vluchtervaringen te verwerken, maar dat ze actief stappen hadden gezet om uit een moeilijke situatie te komen en geweld achter zich te laten.

In hoofdstuk vier staat de vraag centraal hoe het proces van ontheemding de identiteit en de ervaring van 'thuisgevoel' en 'erbij horen' van deelnemers in het onderzoek heeft beïnvloed. Volgens Hiruy hebben zowel gedwongen verhuizing als vestiging op een nieuwe plek veel invloed op de ervaring van identiteit en erbij horen (Hiruy, 2009). Sommige andere auteurs noemen migratie zelfs een identiteitscrisis, waarbij migranten gevangen zitten tussen de cultuur die ze hebben verlaten en de cultuur waar ze zich gaan vestigen (Anthias, 2009). Ik veronderstel dat deze worstelingen met 'thuisgevoel' voor jonge moeders nog sterker spelen dan voor volwassen migranten, omdat de adolescentie een cruciale periode is in de identiteitsontwikkeling (Tanti et al., 2011; Topolewska-Siedzik, 2018). Bovendien betekenen zwangerschap en aanstaand moederschap ook een grote verandering in de identiteit van jonge vrouwen. Omdat tienerzwangerschap vaak als negatief gezien wordt, is het moeilijk voor tieners om er een positieve identiteit aan te ontleen. (Shea et al., 2016).

Dit hoofdstuk laat zien hoe de deelnemers in het onderzoek hun identiteit geconstrueerd hebben in verschillende fases van hun leven: toen ze van tiener tienermoeder werden, toen vluchteling werden, en daarna een nieuwkomer in Bogota. Hun verhalen laten zien dat de ervaringen van identiteit en thuisgevoel veranderden tijdens dit proces. Het thuisgevoel stond al vroeg in hun leven onder druk door huiselijk geweld in hun jeugd. Relaties met mannen werden vaak gezien als een ontsnapping en een manier om een nieuw thuisgevoel te krijgen. Toen ze zwanger werden, worstelden ze met de spanning tussen een niet geplande zwangerschap en het verlangen naar een eigen gezin. Door de ontheemding kwamen ze uiteindelijk in een stad waarin het leven heel anders was dan in de landelijke gebieden waar ze vandaan kwamen. Toen ze uiteindelijk de formele status en identiteit als vluchteling kregen in Bogota, een status waar ze naar uitkeken, voelden de deelnemers zich vaak nog niet thuis, onder andere omdat de verhouding met de reeds gevestigde burgers van Bogota gecompliceerd was. De analyse laat zien dat de identiteit en het thuisgevoel van de tieners niet plaats maakten voor een nieuwe identiteit van moeder of vluchteling, maar dat

identiteitsgevoel eerder een accumulatie is van ervaringen en herinneringen in de context van vele verschillende sociale relaties. De worsteling met dat proces en met ervaringen van thuis en niet thuis voelen, stoppen niet bij vestiging in Bogota.

Het vijfde hoofdstuk onderzoekt het perspectief van professionals die werken met tienermoeders die vluchten voor geweld. Voor de analyse gebruik ik het concept 'street-level-bureaucracy' van de socioloog Lipsky (Lipsky, 1980). Volgens Lipsky is de implementatie van publiek beleid in de praktijk in de handen van zogenaamde 'street-level-bureaucrats', een term die verwijst naar ambtenaren en professionals die in de praktijk werken en direct contact met burgers hebben. Ze passen beleidsregels toe in de alledaagse, concrete praktijk, en hebben daarbij discretionaire ruime en autonomie. De beslissingen van deze professionals kunnen dan ook grote gevolgen hebben voor het leven van burgers. (Lipsky, 1980). Uit de analyse van de interviews met professionals die werken met jonge vluchteling moeders blijkt dat zij deze vrouwen tegelijkertijd zien als helden, die veel geweld hebben meegemaakt en een nieuw leven proberen op te bouwen in Bogota, en als immorele, slechte vrouwen en potentiële bedriegers. Deze categorieën drukken mede stempel op de beslissingen die deze professionals nemen als het gaat om toekenning van hulp, diensten of goederen. Het is interessant om te zien dat deze professionals ook een ambigu beeld hebben van zichzelf: enerzijds zien zij zichzelf als altruïstische helden die complex werk doen met een moeilijke groep cliënten onder zware omstandigheden, maar anderzijds voelen zij zich schuldig omdat ze cliënten diensten of goederen ontzeggen.

Het laatste hoofdstuk schetst de waarde van het gebruik van de theorie van Bacchi in dit onderzoek. Het onderzoek laat zien hoe belangrijk het is om 'beleidsproblemen' zoals tienerzwangerschappen onder vluchtelingen te begrijpen vanuit het perspectief van de betrokkenen om impliciete aannames in beleid voor deze groep op te kunnen sporen en beleidsproblemen en oplossingsroutes zo te kunnen formuleren dat beleid positief uitpakt voor de groep waar ze voor bedoeld is. Dit onderzoek laat zien dat de routes naar tienerzwangerschap, de ervaringen als slachtoffer en actor, en de constructie van identiteit en thuisgevoel, complex en ambigu zijn. Het onderzoek laat zien dat ook de ervaringen van professionals die een grote invloed hebben op het leven van de ontheemde tienermoeders professionals, ambigu zijn. Het onderzoek suggereert dat een medische of epidemiologische benadering van problemen van tienerzwangerschappen als een 'risico' niet goed aansluit bij deze levensverhalen van jonge moeders. Daarin gaat het niet over een complex pad naar zwangerschap (niet risico's of determinanten), over accumulatie van verschillende ervaringen van identiteit (geen levensplan) en over ambiguë ervaringen van thuisgevoel (formele vluchtelingenstatus is geen oplossing). Beleid dat gericht is op preventie van tienerzwangerschappen door informatie over medische en gezondheidsrisico's en over anticonceptie, en de waarde benadrukt van een levensplan gericht op scholing en werk, staat ver af van de ervaringen van tienermoeders. Deze uitgangspunten maken het werk van

professionals die dit beleid moeten uitvoeren extra gecompliceerd en genereert ambigue beelden van tienermoeders onder deze professionals.

Het onderzoek laat zien dat het belangrijk is om beleidscategorieën kritisch te onderzoeken omdat deze concepten en onderscheidingen bepalend zijn voor alledaagse praktijken: beleidscategorieën hebben invloed op de manier waarop tienermoeders zich zelf ervaren en definiëren en hoe ze relaties met de omgeving kunnen vormgeven. In Colombiaans beleid zoals in CONPES 147 en The Law of Victims zijn ontheemde tienermoeders gecategoriseerd als kwetsbare 'slachtoffers'. Deze formele status als slachtoffer is de basis voor recht op hulp en voorzieningen, maar ze doet geen recht aan de manier waarop vrouwen hun eigen leven vormen en het verplicht ze ook in zekere zin om zich te presenteren als slachtoffer om recht op economische en sociale hulp te kunnen doen gelden. Wellicht zou beleid gebaseerd op de notie overlever een beter basis zijn voor toekenning voor hulp en steun. Andere categorieën in the CONPES 147 and the Law of victim policies zijn bijvoorbeeld 'tienermoeder' included en 'intern ontheemd', labels die net als migrant of vluchteling belangrijk zijn voor het zelfbegrip en de interactie met anderen. Deze begrippen zijn geen objectieve beschrijvingen van de situatie maar een specifieke representatie met morele effecten: ze hebben impact op de relaties met andere vluchtelingen, met andere bewoners van Bogota, en met professionals, en geven aanleiding tot uitsluiting en discriminatie.

De conclusie van deze studie luidt dat een antropologisch begrip van de realiteit van ontheemde tienermoeders, belangrijke inzichten geeft in het leven van deze jonge moeders en er toe kan bijdragen dat beleid gericht op deze groep beter aansluit bij de ervaringen van deze moeders, geen schade toebrengt en effectiever is.

Valorisation

Valorisation is, officially, the third task of Dutch universities, after education and research. It refers to the

process of creating value from knowledge, by making knowledge suitable and/or available for social use and by making knowledge suitable for translation into competitive products, services, processes, and new commercial activities. (adapted definition based on the National Valorisation Committee, 2011:8)

In this chapter, I briefly explain the societal relevance of this study and the possible impact on public debates.

The foundation of this study, the topic of research, and the target population already have important social relevance. As is well known, Colombia has experienced armed conflict for more than fifty years, which has involved illegal groups (i.e., guerrilla and paramilitaries) and the Colombian government and its army, negatively impacting many non-combatant civilians. The armed conflict includes the recruitment of minors, sexual violence, the deployment of anti-personnel mines, extreme violence, kidnappings, and massacres of entire villages (Alzate, 2008; IDMC, 2015); it has created an estimated 7.7 million long-term internally displaced persons (IDPs) since 1985. This displacement predominantly involves movement from rural areas to large urban cities, with the capital Bogotá being the primary destination of displaced individuals (IDMC, 2019; Rolon Salazar, 2018). IDPs face significant difficulties when arriving in large cities. They experience poverty and familial breakdowns and have minimal access to social and healthcare services (Hynes et al., 2016). Upon arriving at their destination, IDPs continue to fear cells of armed groups hidden in neighbourhoods, causing intra-urban displacement (Alzate, 2007; Meertens, 2010; Wirtz et al., 2014).

The topic dealt with in this research is adolescent pregnancy (AP) among internally displaced persons (IDPs). It is considered a major concern due to the higher incidence of AP among this population compared to adolescents who are not IDPs (Ruiz, 2013; Morón-Duarte, Latorre, & Tovar, 2014; Daniels, 2015), despite the policies aimed to prevent it. This study employed an anthropological approach to explore the life stories of internally displaced adolescent mothers. The study's primary social relevance because the findings provide

important information and insights to Colombian policy makers to attune their policies better to the Internally displaced adolescent mothers' experiences and needs.

Moreover, the development of this study is an example of research that has a social impact because involves internally displaced adolescent mothers who were displaced by different armed groups and came from different regions of Colombia. It represents a way to work with persons who have experienced armed conflict and displacement in a country that is still experiencing armed conflict in rural areas. Through this research they could share bonding time and doing so, they found communalities in their experiences, such as motherhood or the displacement itself.

First, I will present an overview of the different activities that took place during the study to disseminate the findings and valorise the insights of this research. Then, future directions for further valorisation are described.

1. VALORISING WHILE DOING

The valorisation of this study was organised in parallel with the research due to the methodology employed, which permits the co-production of activities (i.e., in-depth interviews and workshops). This enabled mutual engagement between the researcher and participants. Additionally, topics related to this research are considered extremely relevant to our country, namely armed conflict, internal displacement, and health conditions among IDPs, specifically adolescent pregnancy.

Beginning this research in the neighbourhood had a social impact in the sense that the community was sensitised to new strategies that internally displaced persons consider valuable. Although there was another project going on in the community at the same time as this study (Vidas Móviles), the methodology used in this research went beyond health-promotion lectures and focused on participants' viewpoints, their experiences, and their knowledge. For example, we conducted in-depth interviews, some of them conducted in the participants' homes, and explored the women's life stories. Participants were free to openly express their personal and sensitive experiences they had living in rural areas during their childhood. Participants expressed several times that these activities were opportunities to be open and share their lives with someone who wanted to listen to them and was a great benefit. They expressed that otherwise, they would not have the opportunity to express their experiences to someone who is neutral and interested. They valued being listened to more than my visits as a physician when I worked with them on a previous project. They stated these activities were an opportunity to reflect on and rebuild their lives, as well as find new opportunities for them and their children.

We also conducted workshops with internally displaced adolescent mothers. During the first six workshops, participants engaged in different activities, such as role-playing, making

clay crafts, painting, or singing, as a way to discuss and elaborate on various topics, such as motherhood or displacement. These workshops were also opportunities for the mothers to be engaged with other mothers who were considered ‘enemies’ because they were displaced by rival armed groups. They were able to build relationships and find common experiences that helped them to forgive and overcome difficulties, for example, obtaining information from other mothers on how to enrol their children in school.

The final two workshops’ agendas included presenting the results and analysis. These were a clear opportunity to reflect on their own lives and for the researcher to request their opinions and suggestions regarding the different topics covered in the study. Participants considered these activities a tool that could help them in the process of dealing with their past and help them during resettlement. This is an example of how research can play a role in the peace process and how the development of and participation in this type of study can impact women’s lives.

In a similar way, the work with professionals was an opportunity for them to be open and share their experiences freely, although it could compromise their image or job. They found it valuable and stated this kind of activity is a way to deal with stress and emotional tiredness caused by their work. This research opened the door for professionals to reflect on how they are performing their work. The researcher listening to and being interested in their experiences was considered valuable. Organisations could take this into account and provide these kinds of activities as a tool to improve the professionals’ work performance and wellbeing.

Photographs of a selection of the valorisation activities with Internally displaced adolescent mothers during this study:

- *Clay crafts created during a workshop on displacement.*



- *Socialisation of ideas regarding motherhood in the workshops.*



- *Sharing with Internally displaced adolescent mothers and their children.*



Over the past three years, the findings of this study were disseminated for an academic and scientific audience. Presentations and discussions of the different parts of this study took place during several conferences, seminars, and workshops in Bogota, Colombia, and in other countries (i.e., China, Canada, the United Kingdom, and the Netherlands). I felt that my presentation of this study should be interesting to the different academic audiences, and the academic meetings provided an opportunity to elaborate on this topic, as well as find commonalities and differences with other settings. To enable disseminating the study's results and conducting follow-up processes (see the next section) among diverse, somewhat literate Spanish-speaking audiences, we developed a website on which the information is presented, along with additional information about the study communicated via blogs, brief videos, and other formats: www.yazmincadenacamargo.co.

2. CONTINUING THE VALORISATION PROCESS

To continue the valorisation process, different kinds of activities addressing various audiences are under development.

Policymakers and professionals

One of the next steps following this research will focus on engaging with policy bodies, professional organisations, and IDP organisations, such as Colombia's First Lady (i.e., office of the President), the Ministry of Health, and the People's Defense, who work with IDPs and have engaged in the peace process. This research provides interesting and valuable insights regarding why some of the policies have not met the government's expectations (i.e., decreasing the incidence of AP among IDPs) and provides new insight into why it is relevant to include the perspectives of adolescent mothers in the process of building effective policies. We are currently organising a series of meetings that will take place in 2020, where these bodies can be made aware of the outcomes of this research and co-develop new research agendas that address internally displaced adolescent mothers and include them and their perspectives in the policymaking process.

Guiding a new generation of academics

First, as a professor of medicine at Javeriana University, I will share the knowledge and experiences obtained during this research through several courses and workshops presented to medical students and graduate students. Insights will be used as input for educational and training activities to understand the importance of the emic perspective. As health professionals, they will understand the importance of not only addressing the biomedical and epidemiological perspective but also understanding the individual as a person rather than as a disease or 'problem', as well as and their contexts (e.g., their histories, the armed conflict, life in rural areas). This will be crucial for developing their professionalism and the effectiveness of medicine and other health professions. Additionally, I have contacted colleagues from other universities to arrange meetings and share experiences with these topics, build a larger network, sensitise colleagues to these topics in other institutions, and collaborate with them.

IDP communities

One of Javeriana University's aims is to offer social support to vulnerable populations, and we plan to continue working with IDP communities by implementing the aforementioned activities and workshops as a follow-up due to the value internally displaced adolescent mothers found in them. For example, despite the difficulties IDPs face as a mobile population (i.e., they typically continuing changing their place of residence), I still have contact with some of them to build a network that can provide guidance to other displaced individuals when they arrive in Bogota.

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Curriculum Vitae

Yazmin Maria Lucila Cadena Camargo was born in Bogotá, Colombia, on the 24th of May 1982. In 1999 she graduated as academic bachelor at the Nuestra Señora del Buen Consejo School. In 2007 she received the title of Medical Doctor (M.D.) (Médico Cirujano) at Pontificia Universidad Javeriana, in Bogotá. Subsequently, she obtained a scholarship to study a Master of Public Health (M.P.H.) at the Hebrew University of Jerusalem and graduated on 2008. Since 2009, she has worked as a Professor of Pontificia Universidad Javeriana, at the Preventive and Social Medicine Department, in the Faculty of Medicine. There she participated in different research programs on social medicine, in particular 'Vidas Moviles', that aimed to offer support to Internally displaced persons in Bogotá. She worked as lecturer during several years. On 2015, She obtained NFP-Nuffic scholarship grant to conduct her PhD studies at Maastricht University. She maintained her interest on research on Internally displaced adolescent mothers, finishing her doctoral studies the 2019, and graduate on March 2020.

Yazmín María Lucila Cadena Camargo nació en Bogotá, Colombia, el 24 de mayo de 1982. Se graduó como bachiller académico en el colegio de Nuestra Señora del Buen Consejo. En el 2007 recibió el título de Médico Cirujano en la Pontificia Universidad Javeriana. Posteriormente, obtuvo una beca para hacer su Maestría en Salud Pública en la Universidad Hebrea de Jerusalén en Israel, de donde se graduó en el 2008. Desde el año 2009 ha trabajado como docente en el Departamento de medicina preventiva y social, de la Facultad de Medicina de la Pontificia Universidad Javeriana. Allí ha participado en distintos proyectos de investigación de medicina social, en especial en el Proyecto 'Vidas Móviles', que buscaba ofrecer apoyo a la población en situación en desplazamiento en Bogotá. Trabajó como docente durante varios años en esta institución, hasta que en el año 2015 obtuvo una beca para realizar sus estudios universitarios doctorales en la Universidad de Maastricht, en los Países Bajos. Ha mantenido su interés en la investigación sobre madres adolescentes en situación de Desplazamiento, terminando su doctorado en el 2019 y obteniendo su grado en el mes de marzo del año 2020.

Medical risks or complex narratives? Using life-Stories of Internally Displaced Adolescent Mothers in Bogota to put policies in perspective

1. Policies that advice to provide information about the use of contraceptive methods and the 'life plan' in the context of internally displaced adolescent mothers are rather irrelevant. (chapter 2)
2. Internally displaced adolescent mothers show agency and survivorship but they consider themselves primarily as victims. (chapter 3)
3. Internally displaced adolescent mothers build their identities as an accumulation of – often stigmatizing–experiences as 'women', 'adolescent mothers', 'victims', and 'displaced'. (chapter 4)
4. The way in which professionals construct internally displaced adolescent mothers and themselves simultaneously as heroes and as villains, influences how they use their discretionary space. (chapter 5)
5. Many policies for vulnerable populations in Colombia do not take in to account the voices of the target population. (Anastas, 2019)
6. Anthropology should be a key element in any medical curriculum, as an anthropological perspective goes beyond medical, statistical and epidemiological perspectives to understand major health issues (chronic diseases, mental health, infectious diseases, etc.) (Lock, 2010; Kleinman, 1995)
7. While Colombia is still dealing with internally displacement due to armed conflict, receiving 1.4 million Venezuelan migrants (UNHCR, United Nations Refugee Agency) is a major challenge.
8. The use of research methodologies such as workshops involving activities like painting, writing, writing on the wall, clay, singing, or role-playing, permits mutual engagement between a researcher and participants, and between participants. It constitutes an opportunity of 'valorization while doing'.
9. 'El gato no es como lo pintan'. The cat is not how they paint it. (Popular saying).
10. Colombia is not about violence and drugs but about Coffee, bananas, biodiversity, soccer players, bikers who win, fat draws and One Hundred Years of Solitude.
11. "My Presence will go with you, and I will give you rest." (Exodus 33:14)

12.

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Tels: 2300731 - 2386035
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