



UNIVERSIDAD DE COSTA RICA

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EDNA

Estado de los Derechos de la Niñez y la Adolescencia



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IX INFORME DEL ESTADO DE LOS DERECHOS HUMANOS DE LA NIÑEZ Y LA ADOLESCENCIA EN COSTA RICA

EDNA 2019



UNIVERSIDAD DE
COSTA RICA

EDNA

Estado de los
Derechos de la Niñez



Credits

University of Costa Rica/United Nations Children's Fund. San José,
November 2019.

Recommended citation

University of Costa Rica; United Nations Children's Fund (2019). IX State of the Rights of Children and Adolescents. EDNA Project. San José. www.edna.ucr.ac.cr

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Acknowledgments

We would like to thank the United Nations Children's Fund (UNICEF), the Office of the Vice-Rector for Social Action, the Interdisciplinary Program for Studies and Social Action on the Rights of Children and Adolescents (PRIDENA), the School of General Studies, the School of Social Work, the School of Statistics, and the Computer Center of the University of Costa Rica for their valuable contributions.

Presentation

The University of Costa Rica (UCR), within the framework of the Social Action Project ***State of the Rights of Children and Adolescents*** (EDNA Project) of the School of General Studies, registered in the Vice Rectory of Social Action and attached to the Interdisciplinary Program of Studies and Social Action of the Rights of Children and Adolescents of the University of Costa Rica (PRIDENA), is pleased to present the ***IX Report on the State of the Rights of Children and Adolescents*** (EDNA), which once again has the support of the United Nations Children's Fund (UNICEF).

The 9th EDNA Report, similar to previous reports, focuses on the analysis of the situation of children and adolescents from a human rights perspective. It is worth mentioning and celebrating that EDNA reports have been published for twenty years now, becoming a national reference in the field of Children's and Adolescents' Rights (DNA). Since then, UNICEF has maintained its technical support to the EDNA, knowing its great relevance as a source of knowledge and necessary, relevant and timely evidence capable of guiding policies and programs aimed at addressing and reducing the gaps and social inequalities experienced by Costa Rican children and adolescents.

The IX EDNA Report gathers the main results of a broad process of thorough, specialized and multidisciplinary research, which are shown in five chapters, devoted, on this occasion, to the identification and analysis of topics of special relevance for the enforcement of the fundamental rights of children, grouped in the areas of: Survival; Educational Development; Protection and; Participation. The first chapter serves as a framework for the study by focusing on legislative advances and their cultural and institutional effects.

As readers will note, the analysis of the 9th EDNA Report focuses on the analysis of the structural causes underlying the main problems and challenges identified for the fulfillment of the rights of children and adolescents. This, together with the inclusion of recommendations to improve the exercise of rights in public policies and the proper functioning of the state administration, make the study an important instrument for the generation of new proposals for legislation, policies, programs and strategies, in those areas where the evidence shows that they are most deserving.

The publication of the 9th EDNA Report thus invites debate and critical reflection, helping to ensure that policy decisions are soundly based.

In order to position the importance of recognizing children and adolescents as subjects of their own rights, the 9th EDNA Report solidly incorporates a set of principles and approaches that guide the identification of the main challenges, analysis of results and definition of its recommendations. Thus, it will be noted that the researchers, in a very

The analysis incorporates basic principles such as comprehensive protection and the best interest of the child, prevalence and co-responsibility in the fulfillment of children's rights, the interrelation between legislation and public policies, consistency between national legislation and international agreements and, in a cross-cutting manner, the gender approach and the analysis of the conditions and requirements of especially vulnerable populations.

In addition, this edition includes a baseline study, composed of 101 indicators linked to compliance with the Convention on the Rights of the Child and the Sustainable Development Goals, which will facilitate better monitoring of the situation of children and adolescents in terms of their civil, political, economic, social and cultural rights.

The dissemination of the IX EDNA Report should ideally be accompanied by an open dialogue with the strategic actors of Costa Rican society, so that the research finds an echo in the different social and institutional sectors. This element is particularly important since the analysis on the enforceability and protection of the rights of minors provided by the EDNA is a priority in the country, especially due to the need to improve their opportunities and conditions because they are particularly vulnerable due to their age group, ethnicity, gender, migratory status or disability.

The University of Costa Rica, by delivering the IX EDNA Report, renews its commitment to the guiding principles of Human Rights. For UNICEF, it has been an honor to have accompanied the University throughout this twenty-year process and congratulates it for its long and sustained support for the fulfillment of the rights of children and adolescents in Costa Rica.

Gordon Jonathan Lewis
UNICEF Costa Rica Representative

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Acronyms and acronyms

ADH

ARESEP

ROASTE

D

BFE/PANI

BPN

CAI

CCSS

CCSS

ACHR

CAARs

CAARs

CDN

CIAMA

ACHR

IACHR

IACHR

CNA

CNNA

CONARE

COSECODENI

DDHH

EDA

EDNA

EDNA

ELB

EMH

EMNA

ENN

ESPH

FIO

GAM

IAFA

IMC

INAMU

IRA

INCENSE

ITS

Iron deficiency anemia	th weight
Public Utilities Regulatory Authority	Child-Friendly Cantons Program Caja Costarricense del Seguro Social (Costa Rican Social Security Fund)
Associations administering communal (rural) water supply and sewerage systems in Costa Rica.	American Convention on Human Rights Rural Aqueduct Committees
P	Convention on the Rights of the Child
A	Inter-Institutional Council for the Care of Adolescent Mothers
N	American Convention on Human Rights
I	Inter-American Court of Human Rights
	Childhood and Adolescence Code
	National Council on Childhood and Adolescence
	National Council of Rectors
	Costa Rican Coalition for the Follow-up of the Convention on the Rights of the Child
E	
I	Human Rights Acute diarrheal
i	disease
g	Report on the State of the Rights of Children and Adolescents (UCR-UNICEF)
i	Baseline Study
b	Inherited metabolic disease Inherited
I	metabolic disease Women, Childhood
e	and Adolescence Survey National
	Nutrition Survey
F	Empresa de Servicios Públicos de Heredia
a	Ibero-American Ombudsman Federation
m	Greater Metropolitan Area
i	Institute on Alcoholism and Drug Dependence Body
I	Mass Index
i	National Women's Institute
e	Instituto de Investigación y Enseñanza en Nutrición y Salud Acute
s	Respiratory Infections
	Sexually transmitted infections
B	
a	
n	
k	
L	
o	
w	
b	
i	
r	

LGBTIQ+	Lesbian (Lesbian), homosexual (Gay), bisexual (Bisexual), transgender (Transgender), transsexual, transvestite or "two-spirit" (Two-Spirit), intersex (Intersex) queer or questioning (Queer or Questioning), and future identities (+).
MEP	Ministry of Public Education
NNA	Children and adolescents
NNJ	Children and young people
NNJ	Organization for Economic Cooperation and Development
OECD	Sustainable Development Goals
ODS	Non-governmental organization Pan
OIJ	American Health Organization Civil
OMS	society organization Oxford
NGO	Committee for Famine Relief Patronato
OPS	Nacional de la Infancia State of the
OSC	Nation Program
OXFAM	Minor person
PANI	National Sanitation Investment Plan 2017-2045 United Nations
PEN	Development Program
PME	Interdisciplinary Program for the Study and Social Action of Children's and Adolescents' Rights of the University of Costa Rica
PNSAR	
PNUD	Wastewater treatment plant Acquired
UNDP	immunodeficiency syndrome
PRIDENA	System of sexual and reproductive health indicators Local subsystem of integral protection
PTAR	National Integral Protection System Infant
SIDA	Mortality Rate
SISSERE	University of Costa Rica
SLPI	United Nations Children's Fund United Nations
SNPI	Children's Fund Acquired immunodeficiency virus
TMI	Human papillomavirus
U C R	
UNICEF	
HIV HIV	
PHV	



Introductory Chapter

IX EDNA Report

Introductory Chapter

The purpose of the *State of the Rights of Children and Adolescents* Project (known as the EDNA Project) is to contribute to reflection and critical analysis of the situation, problems and position of children and adolescents (hereinafter referred to as children and adolescents) with respect to the exercise, protection and enforceability of their rights, through the development of research and social action activities, which contribute to guiding decision-making and policies on children and adolescents in the country.

Since 2000, the EDNA Project has published eight reports that precede this one, which have addressed issues and perspectives on children and adolescents in Costa Rica, highlighting the most vulnerable populations (indigenous children and adolescents, mothers, adolescents of African descent, migrants, and people with disabilities).

The University of Costa Rica orients its commitment to children and adolescents based on its humanistic vision, which reaffirms the conviction of supporting the vulnerable sectors of Costa Rican society; therefore, children and adolescents have a priority status, and their comprehensive protection must be consolidated. For this reason, the EDNA Project proposes the *IX Report* as a strategy based on knowing, raising awareness, valuing and acting, which contributes to the improvement of the living conditions of children and adolescents. In turn, the *EDNA Report* is based on the rights approach, its principles, criteria and indicators, which guide the theory of change from a political, ideological and axiological perspective.

The University of Costa Rica, in its *Institutional Policy 2016-2020* (Axis: University and Society), has the following purposes related to the *EDNA Report*:

- It will strengthen analysis, discussion and participation in the solution of national problems, and will place its institutional capacity at the disposal of the country in order to propose proposals and develop local capabilities that benefit Costa Rican society, especially the most vulnerable sectors, in order to enrich academic work.
- It will strengthen research and social action, as well as artistic, technological and cultural development, in order to meet the needs of Costa Rican society, especially those of the most vulnerable sectors.
- It will strengthen the systematization, dissemination, analysis and discussion of its substantive activities for the benefit of the institution and society in general.
- Reaffirm its commitment to the integration of public universities to promote the development of joint academic activities and contribute to the continuous improvement of public education as a strategic axis of national development.
- Stimulate and support the participation of the different university instances in the formulation and evaluation of public policies at local and national levels, especially those aimed at improving the quality of life of the Costa Rican population. (*Policies of the University of Costa Rica* 2016-2020, p. 1).

1.1 General Objective

Analyze the situation of children and adolescents, from a human rights approach, for greater efficiency in decision-making regarding public policies and in supporting cultural change towards universality, interdependence and equality in the access of children and adolescents to their rights.

Specific objectives

1. To develop a culture of recognition of children and adolescents as subjects of rights, which will contribute to more appropriate and effective decision-making in public policies.
2. To facilitate the approach to the results of the *State of the Rights of Children and Adolescents Report* to political and technical decision makers in the field of children and adolescents, in order to improve their actions under a rights-based approach.
3. Raise awareness among community members (local government, community organizations, non-governmental organizations, children's population), through dissemination and dialogue, to promote a culture of respect and recognition of children's rights in Costa Rican society.

1.2 The rights approach

The *9th EDNA Report* starts from the consideration that "every minor is a subject of rights". The *Convention on the Rights of the Child* (CRC), which entered into force in Costa Rica (Law No. 7184, signed on January 26, 1990), changes the needs-based approach, in which the State is a tutelary, welfare-based entity responsible for minimizing the deprivations of children and adolescents. In Costa Rica, Law No. 7739, *the Childhood and Adolescence Code*, establishes that: "... a child is considered to be any person from conception to the age of twelve, and an adolescent is considered to be any person over the age of twelve and under the age of eighteen" (Article 2).

The commitment that the State acquires under the rights approach implies that:

... it is the duty of States to respect, promote and guarantee the rights of children and adolescents, as well as to prevent, punish and redress any violation of these rights. The role of the State takes a turn, becoming the main guarantor of the rights of all children and adolescents. It is the rights approach, then, the foundation that supports the construction of a system for monitoring the exercise of the rights of children and adolescents, and the framework that guides the choice of variables and indicators to be included (Consejo Nacional de la Infancia, 2017, 9).

In the analysis based on a rights-based approach, this paper applies the *Convention on the Rights of the Child* (CRC), the *General Comments of the Committee on the Rights of the Child* (CRC),

Introductory chapter

the *General Comments of the Committee on the Rights of the Child (CRC)*, the *Convention on the Rights of the Child (CRC)* and the *Convention on the Rights of the Child (CRC)*.

Child (CRC), *Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights* (Protocol of San Salvador), the *Code on Children and Adolescents* (1998), the *Millennium Development Goals* (MDGs) and *the Sustainable Development Goals* (SDGs).

The change of focus brought about by the *Convention on the Rights of the Child* implies that, logically and conceptually, there is a change in the definition of the subjects of rights, the population of persons from 0 to 18 years of age:

1. Person of minor age (PME): Refers to all persons between 0 and 18 years of age. But this legal approach presupposes that a minor is not a citizen until he or she reaches the age of majority. Minority of age implies a lack of decision-making capacity and evidences the need for another person, an adult, to be able to answer for the minor: "... being an adolescent is determined by what it means to be an adult... it is not a legal concept, which necessarily leads to problems of semantic ambiguity and poses a risk when it comes to the recognition of rights" (González Contró, 2011, p. 38).

2. Children and adolescents (NNA), refers to individuals, as holders of their rights of persons from 0 to 18 years of age, and of their recognition as members of society: "***it is individuals and not collectives who have dignity***" (González Contró, 2011, p. 39). This expression attempts to overcome the paradigm of minority by the principle of progressive autonomy that implies "the continuous development of skills and establishes the need to gradually grant capacity in the autonomous exercise of rights" (González Contró, 2011, p. 43).

The *Convention on the Rights of the Child* (CRC) stipulates the recognition of the status of children and adolescents as subjects, within the framework of the *Doctrine of Integral Protection*, which implies:

1. The recognition of all children and adolescents, regardless of their gender, culture, nationality or any other condition, as holders of the full range of rights inherent to the human person. Also of those rights specifically called for due to situations that demand particular protection.

2. The legal and social capacity granted to this population must be understood within the limits of their special condition of development. In other words, it must be taken into account that children and adolescents are progressively acquiring the capacity to assert their rights and demand their fulfillment.

3. The best interest of the child as a principle of guarantee that seeks to ensure the effectiveness of the fulfillment of rights (...) is an interpretative instrument that recognizes the integral nature of the rights of this population and allows establishing the priority of children and adolescents in the definition of public policies.

4. In order to ensure the guarantee of minors and their integral development, adults (fathers, mothers, teachers, institution officials, among others) are granted a

legitimate power that seeks to satisfy the rights of this population. However, this power is based on the obligation of adults to protect children; that is, it is not arbitrary and should not be exercised to the detriment of minors, their physical, material or emotional well-being (Junta de Notables, 2002, pp. 13-14).

The programming of children and adolescents' rights is operationalized along two lines: "Development and the application of rights in daily life" (Valverde Mosquera, 2008). For their part, the *Millennium Development Goals* and the *Sustainable Development Goals* coincide with development as mediation to achieve the condition of Human Rights. Development is understood not only as that...

... the competencies and health of an individual depend on a cumulative process based on good health, access to health care, a safe living environment, education, skills development and vocational training (...) but also that it is the life cycle of a person as a whole. The capabilities, health, and productivity of a person in each of the stages of his or her life... (Sachs, 2015, pp. 301-302).

The rights-based approach seeks legitimacy through a legal framework with international validation, which implies the accountability of the State in its responsibility to ensure the rights of children and adolescents, as well as achieving equity to combat poverty and exploitation, under a holistic approach to children and adolescents and the reality in which they live:

Every approach has at its base an ideology that sustains it, basically understood as a set of principles and guidelines that give it an understanding of the world; it has a certain valuation of the subjects; a meaning, a proposition of where to go, what they aspire to achieve (the ideal), and a modality of intervention (Valverde Mosquera, 2008, p. 99).

It should be noted that the conception of BGTs as subjects of rights is the result of complex struggle processes for the recognition of their autonomy and freedom: "Childhood is not an a priori subject or a formal abstract legal subject, but a historical and relational construction" (Arias Venegas, 2017, p. 130).

The *Convention on the Rights of the Child* establishes, on the one hand, the principles of recognition of individuals and their context, which refer to:

...the recognition of the equal dignity and inalienable rights of the "human family", which is the basis of all the postulates enshrined in international human rights instruments; the universal entitlement to rights; the mandates of international treaties mandating that children are entitled to special care and assistance; the family as the natural environment for the growth and well-being of all its members and especially children; the protection and assistance necessary for the family to fulfill its responsibilities; the duty to grow up in a family for the full and harmonious development of his or her personality and in an atmosphere of happiness, love and understanding; the duty to be trained to lead an independent life in society, and to be educated in a spirit of peace,

dignity, tolerance, freedom, equality and solidarity. It also recalls the importance of cultural differences (Galvis Ortiz, 2009, p. 601).

The CRC also provides for the special protection of children (*Geneva Declaration of 1924*; the *Declaration of the Rights of the Child* of 1959 and the *Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights*), which implies:

...Adoption and family placement are forms of protection, juvenile justice is governed by the Beijing Rules, comprehensive protection for children living in difficult circumstances and the importance of international cooperation for the fulfillment of the purposes of the Convention (Galvis Ortiz, 2009, p. 601).

From a rights-based approach, the State is not only responsible for situations that require special protection to balance or alleviate a condition of social vulnerability, but must also ensure that conditions of social vulnerability do not arise, and therefore the *Code for Children and Adolescents* establishes that: "It shall be the general obligation of the State to adopt administrative, legislative, budgetary or any other type of measures to guarantee the full effectiveness of the fundamental rights of minors" (Article 4).

The Code establishes a National System of Integral Protection (SNPI) (Article 168 et seq.) as a guarantee of attention, prevention and defense of the PME; with four bodies: the National Council for Children and Adolescents (CNNA), the governmental institutions and civil society organizations that make it up, the Child Protection Boards and the Guardianship Committees linked to the Community Development Associations (Law No. 3856 *on community development*).

The purpose of this *IX EDNA Report* is to generate ideas for social intervention, since there can be no change in the conditions of children and adolescents in the country without a change in cultural values, awareness of the recognition of the human rights of children and adolescents, and the responsibility and efficiency of adults for their realization and safeguarding. In this sense, the *9th EDNA Report* aims to generate a critical vision based on an evidence-based analysis of a series of indicators, which focus on five dimensions: structural framework of rights, survival rights, development rights, protection rights and participation rights.

1.3 Methodology

For this *IX EDNA Report*, we took into account the need to carry out an analysis that considered the requirements of an ombudsman's report, as well as to allow a critical correlation of the contributions of reports and publications of public institutions (Ministries of Planning and Social Development, Education, Health, National Institute of Statistics and Censuses, Costa Rican Social Security Fund, among others), the *Civil Society Alternative Report*

(COSECODENI 2018), the studies developed by the State of the Nation Project, *State of the Nation* (2018), *State of Costa Rican Education* (2019), *Survey of Women, Children and Adolescents* (EMNA, 2019). All these inputs allowed us to establish a Baseline Study (ELB), which is expected to provide more constant monitoring and respond to 101 indicators related to the CRC, as well as to the global targets of the *Sustainable Development Goals*. These indicators are not exhaustive; rather, they are based on key issues that make it possible to establish criteria for analysis and recommendations.

The ELB consists of a tool for evaluating a situation (compliance with the CRC), from a starting point (baseline) to a point of arrival (exit line), which gives an account of a reality, according to contrasted indicators. For this research, the scope of the study covers children and adolescents in Costa Rica, based on the samples and records generated by the public institution, and related studies by other organizations or authors, with more recent related work.

The selection of variables and indicators is based on the CRC as the central axis, which is divided into five areas of rights (see Annex 1 for a list of indicators by area of rights). To establish the relationship between the norm contained in the right, standards were used, which, in turn, are measured by indicators (Pautassi and Rollo, 2012, p.13). The standards considered are the following:

1. Minimum content and universality of rights.
2. Maximum use of available resources.
3. Progressivity and non-regressivity.
4. Equality and non-discrimination.
5. Access to justice and grievance mechanisms.
6. Production and access to information.

The standardization of criteria makes it possible to determine the extent to which the rights of children and adolescents are being achieved. For this reason, it is essential to establish constructed and standardized indicators to measure the scope of each right, which will give an account of the situation of children and adolescents in terms of their civil, political, economic, social and cultural rights:

These indicators (...) are used as useful tools for the follow-up of commitments assumed within the framework of the different international declarations and consensus, as is the case of the Millennium Declaration and the eight goals (MDGs) adopted; the Human Development indicators, the Education Goals 2021, among others, as well as being part of the country reports submitted by the States in the United Nations system and in each of the Covenants that so require, especially in the *Convention on the Rights of the Child*. (Pautassi and Rollo, 2012, p. 7).

The *analysis by indicators* adopted in the *9th EDNA Report* is based on the *Rights-based approach to child policy: Indicators for its measurement* by Laura Pautassi and Laura Rollo.

(2012), and the *Technical and Methodological Guide for the Preparation of Ombudsman Reports on Children and Adolescents* of the Childhood and Adolescence Network of the Ibero-American Federation of the Ombudsman (FIO, 2015).

For the selection of indicators, we will follow the methodological classification of the United Nations Children's Fund (UNICEF) for the analysis and understanding of the rights of children and adolescents (*Annual Report* ODENA Panama, 2015, 43-44, and the *Analysis of the Situation of Children and Adolescents in Honduras*. Concept Note by UNICEF, 2015), documents that integrate the rights approach and are instruments already tested in practice.

According to the Working Group of the Protocol of San Salvador (OAS, 2011), the indicators are characterized by responding to specific moments of analysis: structural, which account for what already exists in the regulations in force; process, which make it possible to see specific plans and actions; and results, which refer to the achievements attained.

The Working Group of the Protocol of San Salvador distinguishes two groups of rights: the first, which contemplates the right to health, social security and education, and the second, the right to work and trade union rights, to adequate food, to a healthy environment and to the benefit of cultural rights. However, according to the rights approach based on the *Convention on the Rights of the Child*, five areas of work and their indicators can be recognized (see *Annual Report of the Observatory on the Rights of Children and Adolescents - Panama, 2010-2011*, and the *Technical and Methodological Guide for the preparation of advocacy reports on children and adolescents*, FIO, 2015).

The *Sustainable Development Goals* are linked to the rights of children and adolescents and, therefore, the orientation of the country's economic, political, social and environmental development cannot be separated from the achievement of conditions for the fulfillment of the rights of children and adolescents. In this sense, we can project the SDGs in relation to the aforementioned areas as follows:

Table 1.	
Areas of rights according to the articles of the Convention on the Rights of the Child	
Rights Area	CDN Articles
Fulfillment of Rights: Institutional Framework	1-5
Survival	6, 24-27
Development	9, 10, 17, 18, 28 y 31
Protection	2-5, 7, 8, 11, 16, 19, 23, 32-41
Participation	12-15

Source: CRC, 1989

Similarly, the correspondences between the SDGs and the CRC can be established:

Table 2. Relation of the Sustainable Development Goals to the articles of the Convention on the Rights of the Child	
ODSArticles of the CRC	
1. Put an end to poverty in all its forms	
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture.	24.2 24.2c
Ensure healthy living and promote wellness for all people at all ages.	21.1 24.2 24.2 24.2a 24.2b 24.2c 24.2d 24.2e 24.2f 24.3
Ensure inclusive, equitable and quality education and promote lifelong learning opportunities for all.	28.1 28.1a 28.1b 28.1d 28.1e 28.1e 28.2 28.3 29.1 29.1 29.1 to 29.1b 29.1c 29.1d 29.1e
5. Achieving gender equality and empowering all women and girls.	2.1 2.2 19.1 34 34a 34b 34c 34d 34e 35
6. Ensure water availability and sustainable water management and sanitation for all.	24.2 24.2c
Guarantee access to affordable, safe, sustainable and modern energy for all.	Not applicable
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.	32.1 32.2 32.2 a 32.2c 33 34 34b 34c 35 38.2 38.3
9. Building resilient infrastructure, promoting inclusive and sustainable industrialization, and fostering innovation.	
10. Reducing inequality within and between countries	2.1 4 19.1 19.2 26.1 26.2 6.1 6.2 10.1 22.1 22.2 33 34 34b 34c 35 37 37 37a 37b 37c 37d
11. Make cities and human settlements inclusive, safe, resilient and sustainable.	12.1 6.3 6.2 37 37c 31.2
12. Ensure sustainable consumption and production patterns.	Not applicable
13. To provide urgent measures to combat climate change and its effects.	6.1 6.2 37 37c 12.1
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development.	Not applicable
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation and halt biodiversity loss.	Not applicable
16. promote peaceful and inclusive societies for sustainable development, facilitate access to justice for all and build effective, accountable and inclusive institutions at all levels.	6.1 6.2 19.1 38.2 38.3 13.1 14.1 15.1 16.1 16.2 17 17d 2.1 2.2 4 19.1 19.2 17 17d 17e 2.1 2.2 33 34 34 ^a 3 3 2.2 4 12.1
17. Strengthen the means of implementation and revitalize the global partnership for sustainable development.	2.1 4

Source: Danish Institute for Human Rights.

The research is based on secondary sources; in particular, the official and public information of the mentioned institutions was reviewed through their official pages and publications. In addition, this research is the result of analysis processes that start with a review of all previous EDNA reports (UNICEF 2017), with dialogue with experts (conducted on June 12, 2017), and a methodological validation with institutions and NGO's (conducted on August 9, 2017).

The development by areas and indicators constitute a selection of relevant elements that make it possible to determine the degree of compliance that the country has achieved, especially over the last five years, based on a strategy in which the rights of children and adolescents are conceptualized, systematized and measurable, and constitute the baseline. The results of the analysis form an output line that shows an evaluation of the quality of achievements, as well as the pending tasks of institutions, organizations and society in general. In the future, with the development of new applications of this form of work, it is hoped that more in-depth comparisons can be made and that a critical review of the selected indicators can be maintained. In addition, the output line will provide new, more specialized research, which will delve deeper into topics that are not developed under the systematicity of this work.

2. Rights Area of Compliance

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2. Compliance Rights Area

This chapter analyzes, on the one hand, the area of legislation, in which the country has significant compliance, and, on the other hand, the cultural and institutional aspect, which has been structured on the basis of this legislation.

2.1 Context: Cultural, economic, social and political problems that affect the exercise of the rights of children and adolescents.

The political, social and economic context of Latin America, particularly Costa Rica, presents serious challenges for the protection of the human rights of children and adolescents and the guarantee that progress can continue to be made on an agenda that broadens the basis of these rights, which have been won through broad social struggles and in a progressive manner.

In economic terms, the country is going through a process of retraction of public policies justified by the government in the fiscal crisis affecting public finances since 2008, which has been progressing until it has become critical after 10 years of dragging problems due to tax evasion and avoidance, with figures that have amounted to 8% of GDP¹. This crisis has been the justification for approving Law No. 9635 Strengthening Public Finances², a process that involved a national strike of the union sector for more than 90 days, which especially affected access to public education services during the third quarter 2018 for children and adolescents. This situation of fiscal crisis, added to the reforms of the aforementioned law, affects access to the rights of the population of NNA. On the one hand, because it implies the pre-budgetary reduction of key state programs to address situations of violence, favor access to education and care services for early childhood; on the other hand, it implies a social and economic situation that affects families with lower economic incomes in a negative way and, therefore, minors belonging to this sector.

Consequently, one of the major problems on which urgent action must be taken is the increase in inequality, which especially affects the population of children and adolescents. According to data from the international organization OXFAM (2018) the richest 10% of the population in Latin America concentrates 71% of the wealth, while almost half of working women earn less than the minimum wage (Cañete, 2018).

¹ High tax evasion, narrow tax bases, and a multiplicity of tax expenditures mean that there is room to raise revenues to support growth and reduce inequality. The authorities estimate that tax evasion and avoidance accounted for 8.22% of GDP in 2013. Tax exemptions amounting to 5% of GDP, which continue to be granted, further reduce tax re-collection (Estado de la Nación, 2017), reduce the redistributive capacity of the tax system, and also generate distortions in the allocation of resources. Given the urgency of balancing the budget, and that reforms to improve spending efficiency will take some time, a key priority for Costa Rica remains to increase public revenues with further progress in reducing tax evasion, reducing exemptions, and passing a tax reform. (OECD, 2018, p. 114)

² Published in Scope n°202 to La Gaceta n°225 of December 04, 2018.

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Thus, the political, economic and social conditions in the country, which have an impact on families, must be taken into account when discussing the challenges facing this population. The increase in unemployment, underemployment and informal employment has caused the living conditions of a large number of children and adolescents to become precarious.

According to INEC (2018a) data retrieved from the 2017 and 2018 *National Household Survey*, household groups belonging to the first quintile, which is equivalent to the poorest 20% of households in the country, by July 2018 had an income of ₡203,546 colones, while households in the fifth quintile, or the 20% with the highest income in the country had an income of ₡2,568,482 colones.

Inequality becomes more critical if it becomes evident that households in poverty³ have a greater number of people and also a greater number of economic dependents, which implies that the fact of having a lower income is aggravated because it must be distributed among a greater number of people⁴. Thus, the monthly per capita income of a family in the first quintile is ₡58,527 colones, while that of a person in the fifth quintile is ₡1,063,425 colones.

Table 3.

Number of households, number of persons and average household income by household per capita income quintile, July 2017 and July 2018.

Quintile	Homes	Average number of persons per household	Total country	Percentage	Average	Change 2017-2018	Average	Change 2017-2018	Relative income distribution
Total Country	1 561 637	3,20	4 990 727	100,0	1 018 142	-1,6	369 534	0,4	100,0
I	312 387	3,50	1 094 855	21,9	203 546	-2,1	58 527	-1,7	4,0
II	312 198	3,52	1 098 682	22,0	461 317	0,8	130 944	0,7	9,1
III	312 530	3,32	1 038	20,8	726 874	-2,2	218 965	1,4	14,3
IV	312 201	3,03	945 853	19,0	1 130 684	0,2	375 882	1,5	22,2
V	312 321	2,60	813 115	16,3	2 568 482	-2,5	1 063 425	-0,2	50,5

Source: INEC-Costa Rica. National Household Survey, 2017 and 2018.

³ Since poverty is between 20 and 25% of the national population, people belonging to the first quintile are in this condition.

⁴ "At the national level, the average number of members per household is 3.20; this composition regularly varies inversely among the quintiles, the lower the income, the greater the number of people in the household; thus, quintile one has an average of 3.50 members per household, and although it increases in the second quintile (to 3.52), it decreases in the following quintiles until it reaches 2.60 members per household in quintile five. This behavior of household size, results in a concentration of people in the lowest income households, where quintile one comprises 21.9% of the total population, while the 20% of households with the highest income groups only

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16.3% of the perso- nas." (INEC, 2018, p. 39).

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The discussion on inequality should show that, in addition to economic aspects, this context implies inequality in access to opportunities of all kinds, lack of information that would allow families to improve their child-rearing patterns, as well as lack of opportunities in access to training and educational alternatives complementary to formal education, which would allow them to develop their potential in various areas, such as culture or sports.

On inequality, Cañete (2018) in research prepared for OXFAM International, points out that in Latin America and the Caribbean 4.2% of salaried workers in the region - and therefore their families - are in indigence, and 15.6% of them in monetary poverty (Cañete, 2018, p. 12).

Immediate action must be taken to address this situation, since if this trend continues, the future of children and adolescents and their access to their rights will only become more complex. The situation becomes more critical if we incorporate the position of MIDEPLAN and the Costa Rican government regarding the reduction of inequality as part of the public policy strategy on the subject, who in the *National Development and Public Investment Plan* indicate that during this governmental period:

One of the main conclusions that stands out is the non-decreasing trend in inequality. Regardless of the scenario used, inequality will remain the same or increase in the next four years, as there are structural factors that would not allow for a change in the GINI index values in the short term. As Trejos (2012) points out, the achievement of reducing inequality requires a series of economic measures that have an impact in the long term. Proof of this is that growth alone does not guarantee a decrease in inequality (MIDEPLAN, 2018, p. 105).

In order to guarantee the relationship between the *Sustainable Development Goals* and the articles of the Convention on the Rights of the Child, it is necessary to promote transformations both at the cultural level and, especially, in structures, public policies, production and consumption relations, among others.

With respect to social and cultural aspects, although social transformations have allowed for the recognition of a series of rights that protect the population from threats to their rights, in terms of access to education, health care in accordance with their needs, or the promotion of equality for the respect of diversity in all its forms - sexual identity and choice, disability, gender, racial/ethnic, among others, or the promotion of equality for the respect of diversity in all its forms - sexual identity and choice, disability, gender, racial/ethnic, among others -, currently such advances are confronted with a neoconservative turn that has been taking center stage in Latin America, mainly driven by neo-pentecostal evangelical tendencies.

This reactionary current has not only been gaining importance in social terms, but has managed to position itself as a political current that has been gaining followers, and particularly in the Costa Rican case, it has meant that the second place in the period of

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2018 election was taken over by a political party with an openly anti-human rights agenda and discourse⁵.

Despite the fact that this political party has not been able to assume the executive power, it has achieved 14 seats in the Legislative Assembly for the period 2018-2022, which has been implying a sterile discussion around issues that seek to protect the rights of this population, for example by the approval in the month of February 2019 of the **Protocol for Attention to Bullying** against the LGBTIQ+ population inserted in educational centers, to which openly deputies of this bench have opposed in the legislative plenary⁶.

A similar situation arose in June 2018 when the questioning was generated for the approval of the **Protocol of Attention to the Student Population** that presents self-inflicted injuries and/or at risk for suicide attempts, also from the MEP⁷. Although the decision was not necessarily based on religious issues, but on a political struggle, the serious risk to the protection of the rights of this population is evident when the decisions of those who hold political power in Costa Rica are not based on technical or scientific aspects, but on partisan political interests, despite being detrimental to the rights of a population that should be especially protected.

On the other hand, it is worth highlighting the fact that, in recent years, the accessibility of rights for girls and women has been constantly placed on the public agenda, as opposed to the unequal access and violence they suffer. It is of fundamental importance to highlight that the advances in the struggles for gender equity that social movements, especially feminist movements, have developed in the last 50 years are generating the recognition in public policy agendas of the need to generate actions that enable girls and women to have access to the same opportunities as boys and men, as is evident in the United Nations resolution approving the **2030 Agenda and the Sustainable Development Goals⁸**, in which inequality towards girls and women is incorporated as a core issue:

5 In this regard, it can be seen in the written press of the moment how the presidential candidate of Restauración Nacional gained popularity due to his declarations against the IACHR Advisory Opinion in favor of equal marriage. In this regard, the following news item refers to this matter: <https://www.elmundo.cr/costa-rica/fabricio-alvarado-dispuesto-salirse-la-corte-idh-no-le-impongan-agenda-lgbti/>

6 <http://www.monumental.co.cr/2019/02/05/diputado-evangelico-critica-al-mep-por-protocolo-contra-aco-so-population-lgbti/>

7 <https://www.nacion.com/el-pais/politica/diputados-piden-frenar-protocolo-del-mep-contra/57DXH7LRX-JE3RFRHMBMCTHKW2M/story/>

8 The Sustainable Development Goals (SDGs) are the strategy set forth by the United Nations since 2015, with a view to positioning a global agenda that - it is proposed - will make it possible to **put an end to the most acute problems afflicting humanity** by 2030, both from the economic and social, as well as the ecological point of view.

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It is not possible to realize the full human potential and achieve sustainable development if half of humanity continues to be denied the full enjoyment of its human rights and opportunities. Women and girls must have equal access to quality education, economic resources and political participation, as well as the same opportunities as men and boys in employment, leadership and decision-making at all levels. (...) (UN, 2015, p. 7)

Despite the rhetoric, gender inequalities continue to be one of the greatest problems, since there is inequality in the ways in which girls and boys are characterized and socialized from the moment they are born. In addition, situations that may arise in critical periods, such as teenage pregnancies or improper relationships, imply unequal access to possibilities for the rest of their lives. Similarly, it is evident if we analyze the situation presented by the resistance to the modification of the menus of school canteens ⁹, when it comes to improving the right to health of the sectors in which children and adolescents are in the most vulnerable situation.

Another element that has been exacerbated is the lack of accompaniment with which the current generations of children and adolescents are growing up, as a result, among other conditions, of the need for adult members of family groups to join the labor market in order to cover their needs, and in some cases even in this way it is not possible for them to meet the family's demands. For this reason, the care of children often falls to older adults, or older children are left alone to care for the younger ones. In addition, it is common for other adults in neighborhoods to care for several young children, without having the most appropriate conditions, but they do so at an affordable price for the parents, instead of sending the children to appropriate children's centers.

Cultural transformations are urgently needed to counteract the tendencies of "I will educate my children myself", against fictitious gender ideologies, or to halt necessary transformations in terms of food that could benefit access to the right to health of children and adolescents.

Therefore, it is clear that one of the greatest threats to further progress in the creation of conditions that guarantee the maximum enjoyment of the rights of the population of children and adolescents are the neoconservative positions that have gained access to political power, added to a scenario of economic crisis that makes the situation even more complex.

2.2 Integrated legislation and modernized

Regarding the progress made by the Costa Rican State in the area of children and adolescents' rights, one of the most relevant in terms of legislation is undoubtedly Law No. 9406 *"Strengthening the legal protection of girls and adolescent women in situations of gender-based violence"* (Law No. 9406).

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9 Both situations are referred to later in this document.

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The following amendments to the Criminal Code, Family Code, Organic Law of the Supreme Court of Elections and Civil Registry and the Civil Code, popularly known in the country as the "Improper Relationships Law", have been enacted to *reform the Criminal Code, Family Code, Organic Law of the Supreme Court of Elections and Civil Registry and Civil Code*.

Bill No. 19,337, which gives life to the current *Law on Improper Relationships*, arises from the impulse of the PANIAMOR Foundation, in response to a summons from the Executive Branch, and the NGO points out two fundamental circumstances that motivate the presentation of the document to the Legislative Assembly:

1. Data from the 2011 Census¹¹ and the Registry of Births and Marriages, which indicate that of girls aged 12 to 14 who reported being in union, about 89% were living with a man at least 5 years older than themselves. For adolescents between 15 and 17, this percentage was 72%. The data show that three-quarters of girls and adolescents in union were not attending the educational system and that almost 60% had at least one child (UNFPA, 2017, p. 5).
2. As of 2014, the NGO is committed to carry out research and advocacy actions in order to comply with the recommendations of the Committee on the Rights of the Child (2011) and those of the Committee on the Eradication of all forms of Discrimination against Women (2011)¹².

During the approval process, the Legislative Assembly proceeded to make an optional consultation to the Constitutional Chamber on the content of the, at that time, bill. The purpose of the consultation was to determine whether there was a violation of the right to form a family. Both rights are established in the *Ibero-American Convention on Youth Rights*, a convention that Costa Rica ratified in 2007. It was through Resolution n°2016014893¹³ that the legislative consultation was evacuated, determining that there are no procedural or substantive constitutional flaws in the consulted topics of the project. Another important actor that gave its public support, even before the constitutional resolution for the approval of the project, was the Ombudsman's Office (Defensoría de los Habitantes).

This law, as its name indicates, seeks to strengthen the State's measures to protect children and adolescents from abusive or unequal relationships.

10 Non-Governmental Organization created on September 9, 1987 focused on the defense of the rights of children and adolescents, declared of public interest for the purposes of the Costa Rican State by Decree n°19212-J-H of September 13, 1989. More information on its website: <https://paniamor.org/>

11 National Institute of Statistics and Census. Census 2011, available at: <http://www.inec.go.cr/censos/censos-2011>

12 The 2011 Concluding Observations of the Committee on the Elimination of Discrimination against Women can be reviewed at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N11/441/54/PDF/N1144154.pdf?OpenElement> It is worth noting that for 2017 this Committee issued new recommendations that can be consulted at the following link <https://undocs.org/es/CEDAW/C/CRI/CO/7>.

13 Resolution N°2016014893, Constitutional Chamber of the Republic of Costa Rica, available at <http://www.asamblea.go.cr/glcp/Votos%20de%20la%20Sala%20Constitucional/Votos/19.337/Resolución%20Sala%20Constitucional%2019.337%2024-10-2016.pdf>.

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and power relations between an adult and an adolescent (UNFPA, 2017). This regulation was approved by the Legislative Assembly on November 30, 2016 and entered into force on January 13, 2017, date on which it was published in *La Gaceta*¹⁴.

At the time of the entry into force of the Law, the incumbent President Ana Elena Chacón Echeverría, at a press conference and symbolic act of delivery of the document to the Judiciary, indicated that the new law is intended to provide "legal protection against situations that flagrantly hurt and violate their human dignity and specific protection for a population that has historically been subjected to abuses and social mandates that violate their rights" (Presidency of the Republic of Costa Rica, 2017).

Penalize sexual relations with minors when there is a sufficient age difference in the relationship to establish power relations due to age. 2. It prohibits the marriage of persons under 18 years of age in Costa Rica.

The "age difference sufficient to establish power relations because of age" was determined by the Legislative Branch, by establishing that it will punish with imprisonment for up to 3 years "those who, being of legal age, have sexual relations with persons under 15 years of age, if the age difference between them is five or more years. It imposes the same punishment when the minor is between 15 and less than 18 years of age, if the difference in age between the two is 7 years or more.

Regarding marriage with underage persons, article 2 establishes the prohibition and consequently reformed paragraphs 4) and 7) of article 14 of the *Family Code* of December 21, 1973, establishing that marriage with a person under 18 years of age is legally impossible in Costa Rica¹⁶. Currently, there are educational publications on the law for the knowledge of adolescents, as well as for adults.¹⁷

14 *La Gaceta* is the Official *Gazette* of the Republic of Costa Rica, which, by constitutional mandate, publishes laws and documents relevant to the Costa Rican legal system and public order; its purpose is to guarantee legal security and effectiveness.

15 Articles 159 and 161 of Law n°4573, Penal Code, of May 4, 1970, and its re-forms are amended. Law n°9406 "Strengthening of the legal protection of girls and adolescent women in situations of gender violence associated with abusive relationships, reform of the Criminal Code, Family Code, TSE Organic Law and Civil Registry and Civil Code" http://www.pgrweb.go.cr/scij/Busqueda/Normativa/Normas/nrm_texto_completo.aspx?param1=NRTC&nValor1=1&nValor2=83353&nValor3=106995&strTipM=TC

16 Law No. 9406 "*Strengthening the legal protection of girls and adolescent women in situations of gender violence associated with abusive relationships, reform of the Penal Code, Family Code, TSE Organic Law and Civil Registry and Code*".

17 To learn more about the Law we recommend the text: Improper Relationships: when age does matter Pedagogical version of Law n°9406 published by United Nations Population Fund (UNFPA) in 2017. In the following link you can find the digital version of the text: <https://costarica.unfpa.org/sites/default/files/>

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It is pertinent to mention the training work that PANIAMOR has done in contributing to the sensitization of Judicial Branch personnel. The reason for providing this advice to judicial officials is because they are the ones with public responsibilities related to protection against improper relationships; however, they are a first step towards the development of a training plan that is expected to be extended to other institutions and communities¹⁸.

Since the end of 2018, challenges in the implementation of the *Law on Improper Relationships* have been visualized. By this date, several civil society organizations have already expressed their concern about the collateral effects of the implementation of the new regulation. Both people with expert knowledge and NGOs have detected alert situations and have evidenced the lack of investigation that currently exists in the country, since it is perceived that teenage mothers are not pointing out the father of their daughter or son for fear of revealing that the father is an adult and therefore their relationship would be catalogued, according to the law, as an improper relationship. This situation exposes the male parent to criminal sanctions and, at the same time, allows him to evade the responsibilities assigned to him by the *Responsible Paternity Law*¹⁹. This is of concern both because of the existence of an abusive relationship between the adolescent mother and the father and because of the situation of lack of protection to which the minor born as a result of this relationship, and the adolescent mother, are exposed.

Another current challenge is the invisibility of improper relationships in homosexual or sexually diverse couples. As mentioned above, the Law on Improper Relationships responds to the number of teenage mothers, so information campaigns have not made the existence of improper relationships in same-sex couples visible. This is evident in the existing campaigns and pedagogical guides on the new law, which mostly or almost exclusively use heterosexual representations.

In the period from 2016 to 2017, the Patronato Nacional de la Infancia, as the governing body for children and adolescents, through the Institutional Technical Committee, a body that is part of its Technical Management, concentrated efforts to update and initiated the standardization of internal procedures on the attention to problems that violate the rights of the target population.

The process to approve the protocols²⁰ began in 2015 with the analysis and acceptance of the documents by the 42 Local Offices. It is worth mentioning that the approval and implementation of these protocols coincides with the drafting date of the Status Report.

[pub-pdf/notebook%20relationships%20proper.pdf](#)

18 For more information: <https://www.paniamor.org/news/poder-judicial-se-capacita-con-pania-mor-en-relaciones-impropias>

19 Responsible Parenthood Law Law No. 8101 of April 16, 2001.

20 Review the list of protocols in Annex 2.

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on compliance with the CRC, a document submitted to the *Committee on the Rights of the Child* and scheduled to be reviewed by the UN body at its 83rd session scheduled for the period from January 13 to January 31, 2021.

The subject matter of the protocols coincides with the Recommendations of the Committee on the Rights of the Child to the *Fourth Periodic Report of Costa Rica* in 2011²². As mentioned above, the Costa Rican State is awaiting the Committee's next recommendations after having submitted several reports: 1. the report of the State of Costa Rica, prepared by the National Council for Children and Adolescents with the leadership of PANI; 2. the *Alternative Report of the Ombudsman's Office*; and 3. the *Alternative Report of the Costa Rican Coalition of Social Organizations for the Follow-up of the Convention on the Rights of the Child* (COSECODENI).

Another aspect to be considered that has represented a turning point in recent times is family law in view of the advisory opinion 24/17 IACHR and Resolution n°2018012782 Constitutional Chamber.

In this regard, on May 18, 2016, the Government of Costa Rica submitted a consultation to the Inter-American Court of Human Rights (IACHR) in accordance with the provisions of Article 64 of the American Convention on Human Rights (ACHR). The content of the consultation concerns the interpretation and scope of Articles 11.24, 185 and 246 of the ACHR, in relation to Article 1 of the same instrument and the compatibility of Costa Rican legislation with the aforementioned articles.

As a result of the above, the IACHR issues Advisory Opinion 24/17 which confirms the interpretation of Article 1 on the equality of families formed by persons of the same or different sex and the need to avoid interpretations or applications of laws that limit, restrict, exclude or suppress the exercise or enjoyment of rights and obligations. Subsequently, the Constitutional Chamber, taking as a basis the Advisory Opinion 24/17 for the national order cataloging it as "advice and a qualified technical opinion", resolves the request for the declaration of the unconstitutionality of subsection 6) of numeral 14 of the *Family Code* raised through an action of unconstitutionality on August 08, 2018 by the plaintiff Paul Rueda Leal.

This resolution n°2018012782 of the Constitutional Chamber constitutes a key pronouncement in the matter of human rights for the normative order of the country with multiple points to analyze, but specifically, in the matter of family law, it imposes to the Legislative Power the need to legislate the rights of same-sex couples so that they may contract marriage and have the same rights recognized for hetero-sex couples. It is important to emphasize that in the face of a possible silence from the Legislative Assembly, the pro

21 For current status of the Costa Rican State's report see: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/SessionDetails1.aspx?SessionID=1323&Lang=en

22 This document can be consulted at https://pani.go.cr/images/stories/documentos/INFORME_RECOMENDACIONES_CDN_CUARTO_INFORME_PERIODICO_CR.pdf

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The existing prohibition in the current *Family Code* will be repealed, so that the legality of same-sex marriage will undoubtedly come into effect on May 20, 2020.

The possibility of adoption by same-sex couples, which increases the number of families that will be able to adopt and, consequently, the positive impact that this may have on the lives of children and adolescents declared adoptable. 2. It poses a positive scenario for the recognition of the rights of the sexually diverse population, which, of course, includes the population of children and adolescents. In other words, the resolution is a precedent for the discussion of the rights of sexually diverse people.

2.3 Regulation recognizing the participation of minors

Progress with respect to the rights of children and adolescents, as well as the gap between the discourse and the practice of people in their daily lives, must be seen in the light of a broader framework of human rights, struggles, achievements and progress in this area.

The right to participation is of vital importance in the framework of the paradigm shift from ISD to IPR, "This transformation is usually summarized in the transition from a conception of "minors" (...) as objects of guardianship and segregative protection, to the consideration of children and young people as full subjects of rights..." (Beloft, 2009, p.4), the recognition of autonomy rights makes participation viable, as well as expressing, making decisions, being informed, associating, among other aspects. However, it should be considered that "...the adult-centric view persists, which makes substantial changes in the living conditions of these populations impossible..." (Brenes, 2016, p. 18), transformation requires, in order to see results and improvements, cultural changes in a historically adult-centric society, in socialization and generally in the interaction established with children and adolescents.

It is no coincidence that progress related to the right to participation is difficult to observe, that there are still enormous limitations, challenges and debts, even when the paradigm shift no longer seems to be an innovative issue. As a society, it is necessary to take greater action and assume even greater responsibility for the challenge of positioning children and adolescents as subjects of rights.

It is necessary to work on how, not only to demand alternatives for inclusion and resign oneself to the difficulty it represents, but to create them in each institutional space: "There must be not only an inter-institutional effort, but an interdisciplinary work where participation is active, dynamic, which is also a scenario where the collective effort and capacity is for the benefit of policies, plans, programs and projects for this population" (Consejo Nacional de la Niñez y la Adolescencia; Universidad de Costa Rica, Programa PRIDENA, Patronato Nacional de la Infancia y Fondo de las Naciones Unidas para la Infancia, 2011, p. 128); in addition, it is necessary to review good practices at the national and international levels and take into account the diversity of the group referred to.

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The following is a closer look at the subject from the standpoint of national and international regulations that recognize the right to participation of children and adolescents, including some *General Observations of the Committee on the Rights of the Child* and some reflections based on the review of the *State Reports on the Rights of Children and Adolescents (EDNA)* of previous years.

2.3.1 National legal instruments and international

As can be seen in Annex 3, the right to participation has acquired greater importance following the *Convention on the Rights of the Child*, which is the document with the strongest international linkage in the field of children and which has marked at a legal level the visualization of children as subjects of rights, expressing the change of paradigm and the need to generate conditions for the exercise of the right to participation.

From the instruments addressed, the right to participation is identified as the right to form one's own judgment, to express one's opinion freely in all matters affecting one's life, freedom of expression, freedom of thought, freedom of association, conscience and religion. Progress can be observed more explicitly in recent years, both at the legal level and in the discourse of those institutions that work with this population.

The legal review also highlights the approach of progressive autonomy, as it is a fundamental aspect when discussing the right to participation of children and adolescents. This principle is essentially based on Article 12 of the *Convention on the Rights of the Child*, which states that respect for the responsibilities, rights and duties of caregivers and the community must be fulfilled for children and adolescents in accordance with their evolving capacities. In this regard, Gómez (2018) states that:

Progressive exercise, in accordance with the evolution of their faculties, implies that children acquire the capacity to exercise their rights and duties as they develop as persons. No fixed age is established for children to exercise their rights, but rather the child's development in exercising them is evaluated (p. 134).

As has been discussed, economic, social and cultural mediations are fundamental for studying the right to participation, so that when speaking of progressive autonomy, attention must be paid to the conditions and context of each group and each person, recognizing their particularities; The above, in addition to questioning on a daily basis that the considerations of the people who accompany these children and adolescents affect the possibilities of recognizing the abilities and capacities to exercise their rights, so that in a State, nor in the local space, nor in the family, there is a "recipe" for progressive autonomy and therefore it is not a commitment to reproduce it in the discourse without continuously questioning the links and interactions with this population.

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Linked to this principle in the *General Observations of the Committee on the Rights of the Child*, observation number 12 refers to the right of this population to be heard, which the Committee highlights as one of the four principles of the CRC. It stresses the need to evaluate in relation to age and maturity, distinguishing between the individual person and a group of children and adolescents, that is, in the individual and collective nature of participation.

2.3.2 Approach from the Rule of Law of Children and Adolescents on the Right to Participation

In order to follow up on the way in which the issue of participation has been addressed, the last three EDNA Reports were reviewed, without the intention of carrying out an exhaustive study, but rather as a background and contribution to the assessment of the right to participation of children in the country. As a first observation, it was pointed out that the right to participation had not been addressed in these studies in detail, nor had it been particularized in relation to the rest of the rights.

In the VI EDNA (2008), it is addressed from the right to education with the need for the participation of children and adolescents in the reform and the educational system, and it is also included in the chapter on health, stating the need for participation in the management of policies on this issue. In the VII EDNA (2011) it is observed in the development of the democratic institutionality section and is mentioned in other chapters, such as education and play, recreation and culture.

The way of including it in the studies can be explained by the importance acquired by the right to participation as a facilitator of other rights: "Participation is also a facilitating right, a strategy which contributes to ensuring the fulfillment of all other rights..." (Alfageme, 2003, p.11). To start from this premise is to understand that participation enables the rest to be enforceable, that it facilitates their access and exercise, that it cross-cuts them, validates them and is a prerequisite for them.

In spite of the above, it is also necessary to approach the right to participation as a right in itself, in order to give it greater importance through research and the various processes carried out in the institutions or organizations that work with the population. The effort implies a change in the entrance door, to prevent it from remaining in the background; to plan initiatives and objectives based on the right to participation, being aware that this can be connected with other rights or that they can be addressed as content.

The second observation is that, from the NAADS studied, a debt is announced with respect to the right to participation of children: "However, it should be pointed out that, despite significant progress (...) the promotion of the right to participation of children and adolescents continues to be one of the most important weaknesses..." (University of Costa Rica/United Nations Children's Fund, 2008, p.159).

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At present, there is still a lack of empowerment of children and adolescents in relation to their right to participation, since a sustained and committed cultural transformation is required, which recognizes, in general, the interactions with children and adolescents and takes into account their diversity as a group and their focus within social policy.

The contradiction between discourse and practice is not a coincidence, but rather it continuously questions the condition of children and adolescents as persons subject to rights, since the paradigm shift implies a transformation of practices that have historically been legitimized from adult-centeredness, under which the relationship with children and adolescents is defined on the basis of different visions that place them as objects and not as social subjects. In summary, according to Alfageme (2003), these visions are children and adolescents as the property of their caregivers, as potential/future, persons of the private and individual (depriving them of their public and political action), victim or victimizer, as incapable and in need of help, as the object of needs and demands. Adultcentrism reaffirms the adult's privileges and dominance over other age groups, in this case, that of children and youth. The adult shows his or her dominance in a unilateral manner, restricting and ordering his or her subordinates, without the opinion, ideas or feelings of the children and adolescents having a place in the decisions made by the adult in charge of them.

With regard to this generality that affects children and adolescents, it is also necessary to particularize, in order to reveal situations, contexts and conditions within "...a complex and heterogeneous symbolic world in permanent change, whose differences are marked by reasons of gender, class, ethnicity or regional origin..." (Alfageme, 2003, p. 27), the group of children and adolescents is not homogeneous, since some unequal conditions exacerbate the general violation in relation to the right to participate.

Related to the above, the SDGs (2015) mention participation in terms of: "ending poverty in all its forms everywhere and achieving gender equality and empowering all women and girls" (SDGs 2 and 5 respectively). In the first, the lack of participation is highlighted as a manifestation of poverty and, in the second, the need to analyze the category of participation together with the category of gender.

2.4 Differential analysis of needs and intervention in the most vulnerable groups

There are two aspects that are currently considered critical for the population; on the one hand, in the case of adolescents, those related to sexual and reproductive health, as well as situations associated with teenage pregnancy and the protection of the right to recognition of sexual diversity and the absence of situations of discrimination based on sexual orientation.

This section also addresses overweight and obesity among children and adolescents, as an affectation of their right to integral health.

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2.4.1 Adolescence: Access to the effective fulfillment of sexual and reproductive health rights and recognition of their identity-diversity.

In the adolescent population, access to sex education continues to be one of the greatest challenges, as we have observed a scenario with a resurgence of conservative currents in the last 3 years. Although there are data showing that, since public policy changes have been promoted, the number of pregnancies in children under 19 years of age has been reduced, there is still an ultra-conservative stance that denies access to comprehensive sex education in a formal manner. This discussion became more acute in the electoral context, where issues related to sexuality were at the center of the debate. Nevertheless, the importance of guaranteeing respect for the human rights of young people at a crucial stage of their lives, both to favor equality between men and women and to promote respect for diversity, is emphasized.

According to data from the Costa Rican Social Security Fund (CCSS) in November 2018, between 2012 and 2016, the number of pregnancies in children under 19 years of age hovered between 19.4% and 20%, while during 2017, the teenage pregnancy rate stood at 14.7%, the lowest recorded in the entire history of the country.

Although public discussion on the issue has focused on access to sexual and reproductive education from the Ministry of Public Education (MEP), several state institutions are also involved, including the CCSS, PANI and INAMU. According to information from the Ministry of Health:

The reduction of births to adolescent mothers under 20 years of age is part of the National Strategic Health Plan for Adolescents 2010 -2018, and the Health Mesoamerica initiative, promoted by the Inter-institutional Council for the Care of Adolescent Mothers (CIAMA), with the objective of preventing adolescent pregnancy and improving the sexual and reproductive health of adolescents. This is a coordinated effort between the Ministry of Health, the Costa Rican Social Security Fund, the Ministry of Public Education, the National Children's Patronato (PANI) and the National Child Care System (Ministerio de Salud, 2018, para. 5). (Ministerio de Salud, 2018, para. 5).

In this regard, several specialists point out that there are at least 3 factors that have an impact on the reduction of teenage pregnancy, which should be highlighted as positive decisions of public institutions. On the one hand, the Education Programs for Affectivity and Integral Sexuality of the MEP, in addition to the actions taken by the CCSS to focus efforts on the peripheral areas of the country, adapting services to their needs, and finally, the ***Law on Improper Relationships***²³.

²³Law 9406 "Strengthening the legal protection of girls and adolescent women in situations of gender violence associated with abusive relationships, reform *Criminal Code*, *Family Code*, *Organic Law TSE* and *Civil Registry* and *Civil Code*", better known as ***Improper Relationships Law***. This law was approved on November 30, 2016.

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One advance has been the approval by the Board of Directors of the CCSS of the Institutional Policy on Comprehensive Care for Adolescents and the Management Manual for Differentiated and Adolescent-Friendly Hospital Services, which have been positive steps forward in favoring services for this population, adapted to their needs. In an interview, pediatrician Alberto Morales Bejarano points out:

We have always said that teenage pregnancy has five major causes: structural poverty, because where there is more poverty there are more adolescent mothers. There is also the presence of chronic affective deficiencies, which expose the human being to everything, including early sexual activity; weak sexual education, drug use and sexual abuse (Avalos, 2018).

One component to enable the recognition of sexual diversity that must be acknowledged is the protocol on sexuality and affectivity, which aims precisely to promote respect for all young people regardless of their sexual orientation. It is necessary to overcome the discussions that limit the subject to isolated issues, but we must bet on the need for a cultural change that allows us to leave the structures imposed by patriarchal society and thus make it possible for all people, with emphasis on girls and people of the LGBTIQ+ community especially, to have access to the full recognition of their rights, among which sexual and reproductive rights, as well as identity and affectivity become fundamental.

2.4.2 Overweight and obesity: One of the greatest threats to health

Based on the 2016 Weight and Height census, more than 118,000 schoolchildren are overweight and obese. This means that in the coming years there is a clear threat of having a new, sicker generation, with greater cardiovascular problems, hypertension and diabetes.

The epidemic situation is clear. In 1996, overweight and obesity in children was close to 14.9%. In 2008 it hovered around 21% and in 2016 the figure was 34%, the equivalent of 118 078 minors. The picture worsens if one looks specifically at the districts, where al- gunos reach 50% prevalence. The question perhaps is: Why? How did Costa Rica, in less than 60 years, go from having malnutrition above 50% to an obesity rate of 34% (Jimenez, 2019)?

The challenges to address this issue include a necessary cultural change, since even though efforts are made in terms of public policy, the reality is that there is great resistance to the transformation towards schemes and practices that benefit the population of children and adolescents in accessing their rights.

According to Leonardo Sanchez Hernandez, Director of Equity Programs of the Ministry of Public Education (MEP) since the menus of school canteens were modified in 2018, until April 2019 more than 3000 complaints were received from parents revolving around the lack of knowledge about the importance of changing the way they are fed.

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In terms of food, it is even more worrying when it becomes evident that there is a correlation between high rates of overweight and obesity and the population living in poverty, since there is a correlation between poverty data and obesity or overweight, reaching up to 50% of the population in some districts, precisely those with the lowest human development indicators.

Once again, it is noteworthy that public policy measures are being taken to promote educational actions among the general population, since they are the ones who should attend to the nutritional needs of children and adolescents, as well as react positively to government initiatives aimed at addressing the situation.

2.5 Suggestions

1. It is necessary to re-educate the population to accept diversity and difference. The cultural change goes from the acceptance of non-discrimination based on age to the acceptance of sexual diversity among human beings, and in particular, of transgender, bisexual and homosexual children and adolescents. This is everyone's task, but it is in schools and colleges where significant progress can be made and values can be re-educated. A culture of peace cannot be achieved without overcoming prejudices about sexual diversity.
2. Gender violence, as well as violence against sexually diverse children and adolescents and other discriminated groups or victims of "bullying", reflect the lack of social values that admit difference. This is related to the hardening of neoconservative positions that bet on a greater adultcentrism and a denial of difference.
3. The lack of protection for institutionalized persons places them in an unequal position with respect to young people who have protection for persons up to 24 years of age, through maintenance, food pensions and contributions. This is a risk for the institutionalized population, which has no support.
4. The approval of Law No. 9406 or *Improper Relationships Law* presents several challenges, among them: 1. Raising awareness among the target population and families about the problem, since in some regions of the country this type of relationship is still considered an accepted and normalized cultural practice. Raising awareness among the target population and families about the existence of improper relationships in the sexually diverse population. This point is relevant since the social factor driving the law is teenage pregnancy, which may create a perception that improper relationships occur exclusively in heterosexual relationships.
5. The protocols approved in 2016 are evidently of recent implementation, which means that the real impact of these operational instruments with homogeneous guidelines for PANI officials is currently unknown, which means that the monitoring and evaluation of their effectiveness is another of the investigative gaps currently facing the country.

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3. Rights Area of Survival

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3. Survival Rights Area

In this area of rights, the survival variable was analyzed, understood as the condition of maintaining life and the minimum quality of life to maintain human dignity. Although this variable implies indicators that make life possible, it also implies indicators that make it possible to foresee threats to life.

3.1 Some data on the population at study

According to the CRC (Article 6), "***States Parties recognize that every child has the inherent right to life... (and) shall ensure to the maximum extent possible the survival and development of the child.*** Likewise, Articles 24 to 27 of the CRC specify elements on maternal and infant mortality, medical and health care, prenatal and postnatal control, health prevention, among other elements for the integral development of persons from 0 to 18 years of age.

As for the SDGs, the most important elements to be considered are those that have a direct impact on the possibilities for life, such as preventing hunger, ensuring child and maternal health conditions, access to water, and an environment free of pollutants.

The idea of life line is associated with the way in which social life is structured over time. Temporal distribution is related to activities, rhythms of life, propensity to disease, modes of entertainment, variety of recreational activities, which mark the condition of age groups at milestones such as birth and death of loved ones, significant events, moments of rupture or crisis, and even traumatic experiences.

Maternal mortality or infant mortality events are part of the lifeline that is woven around people, marking them in a significant way for their survival and development. It is not only a matter of understanding the demographic component from a quantitative perspective, but also of investigating and reflecting on its qualitative implications. As shown in Graph 1, the population of children and adolescents tends to decrease steadily in all age group segments, especially from 13 to 17 years of age, for a total population of 5,003,402 million inhabitants. In total for 2018, the population from 0 to 17 is 1 341 920 million, 26.9% of the population is PME.

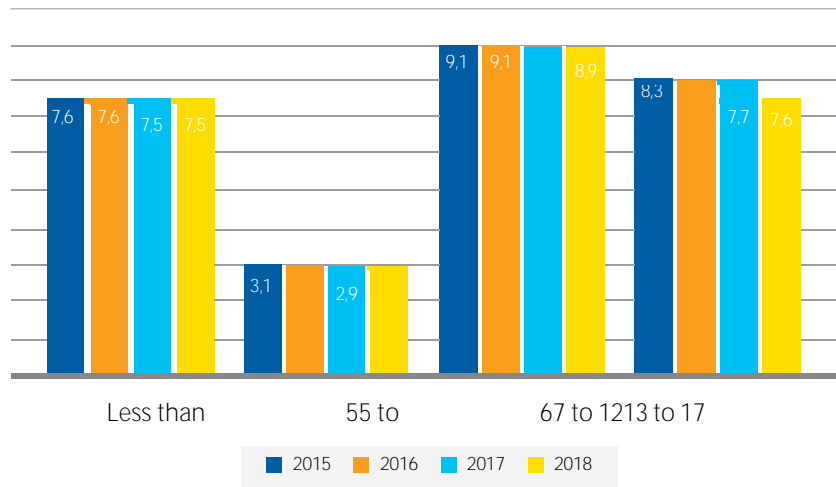
One issue of concern is the growing lack of equity in the country, which widens social gaps, and these are marked geographically, as noted in the previous chapter. When analyzing the demographic component, it can be seen that, although the population projection of children and adolescents is quite similar throughout the country, it increases more in the coastal areas, which, in turn, are those that offer fewer opportunities for the quality of life and development of the population in general, and where, therefore, there is less birth control. These areas will also have a greater number of children and adolescents, whose chances of survival and development will be compromised because they are the areas with the least opportunities for the quality of life and development of the population in general, and

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where there is less birth control.

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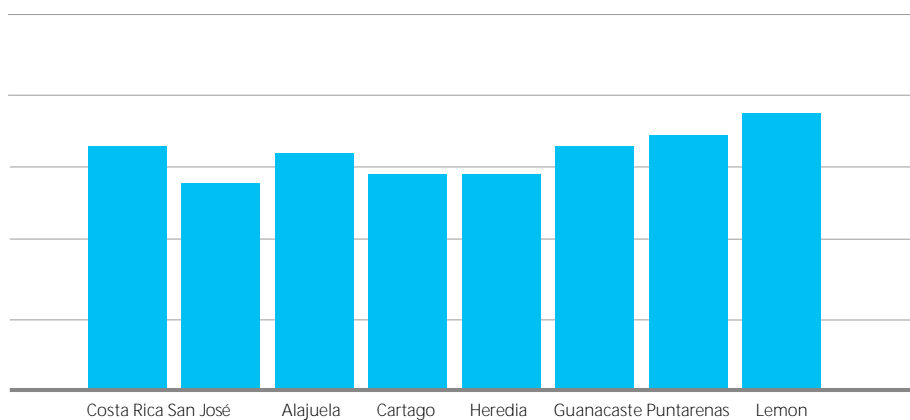
more difficulties, and without options for the development of a sustainable life project. Thus, young people will tend to move to the center of the country, to the GAM, in search of opportunities that are increasingly difficult to find. Figure 2 shows the distribution of the demographic projection according to the National Institute of Statistics and Census:

Graph 1
Population of children and adolescents in percentages.
Costa Rica, 2015-2018



Source: Own elaboration according to data from MEP Statistics, 2019.

Graph 2
Population of children and adolescents, percentage by province. Costa Rica, projection 2011-2025



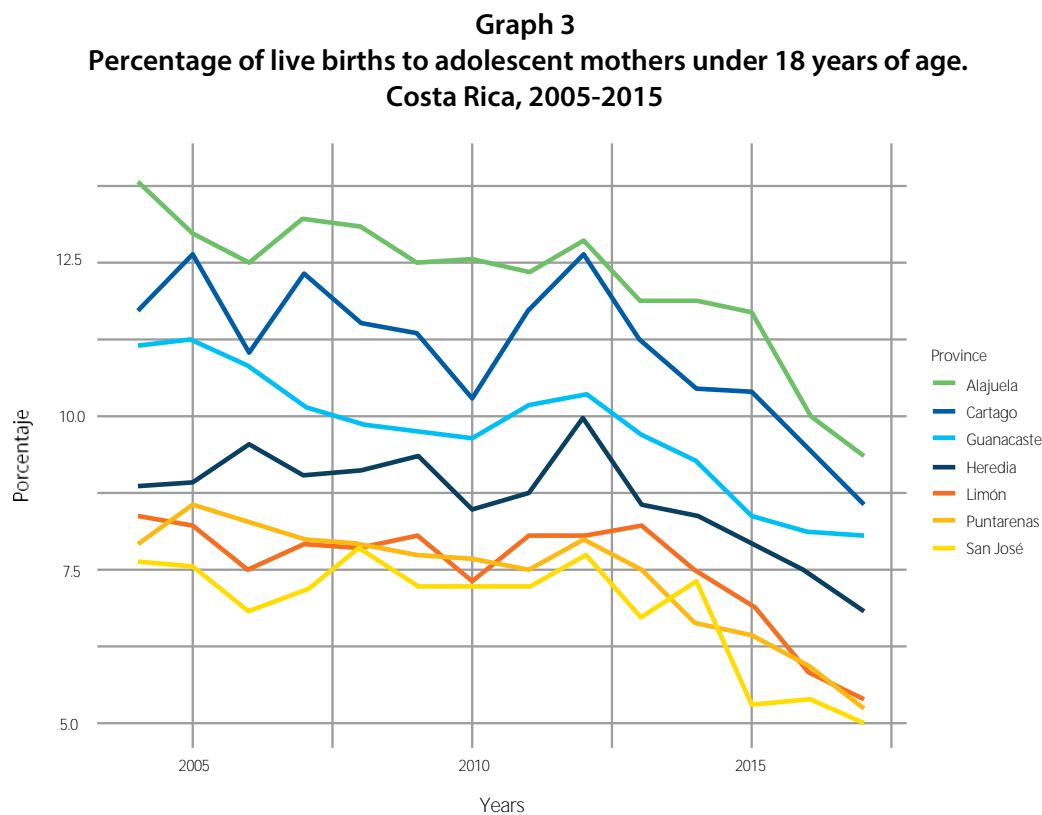
Source: Own elaboration according to data from INEC (2019). Demographic statistics. 2011 - 2025. National projections. Total projected population as of June 30, 2018 by age groups, by province and canton.

The geographical gap is an old thing, and has not been corrected in decades, despite the fact that the IBINA (Mideplan, 2013) already points it out, and the Cantonal Welfare Index (Mideplan, 2017), highlights that most of the 1st quintile is located in these same vulnerable areas: Limón, Puntarenas, North Zone and South Zone, and that coincide with the peripheral and rural space. The fact that

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failure to address vulnerable areas implies that, by 2025, according to the projection in Graph 2, there will be an increase in the loss of accessibility to rights for children and adolescents.

On the other hand, in the percentage of live births to mothers under 18 years of age, a continuous decrease has been marked in all provinces, between 2005 and 2015, and the trend is towards a greater decrease, as shown in Figure 3:



Source: Own elaboration based on data from INEC, 2018a.

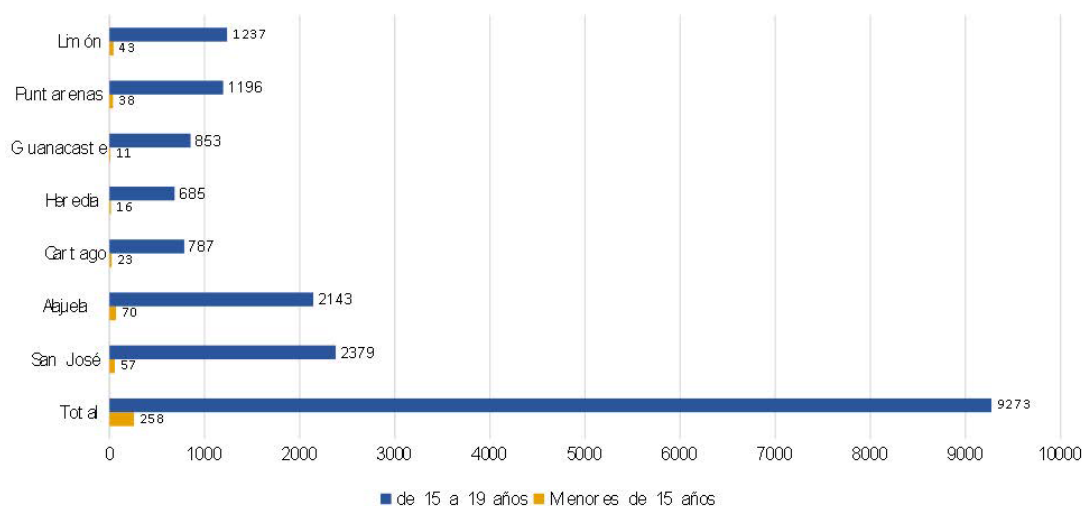
Maternity and paternity of children and adolescents continues to be a concern, despite efforts to reduce it (see Figure 4). What is serious is that the condition of adolescent mother induces the second cause of poverty, lack of development, and increased risk, both for underage mothers and for their children.

Pregnancy before the age of 20 and after the age of 35 is associated with greater maternal and perinatal risk. Pregnancy under 20 years of age or teenage pregnancy, in addition to the higher biological risk it implies, generates a social risk situation for the newborn and the mother, being a major public health problem in most countries, especially for developing countries, (Donoso et al., 2014: p. 168).

The percentage of girls under 15 years of age who are mothers (258 girls in 2018) is alarming, which should not occur under any circumstances, but unfortunately, cases continue to occur in all provinces, especially in San José and Alajuela. Also, in these same provinces there are more cases of pregnant adolescents between 15 and 19 years old.

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Graph 4
Total births to underage mothers, by mother's place of residence.
Costa Rica, 2018



Source: Own elaboration based on data from INEC, Demographic Statistics Unit, 2018a.

The Survey of Women, Children and Adolescents 2018 (ENMA, 2019, p.53) highlighted that among women under 15 to 19 years of age there are 11.9% of mothers who are pregnant and already have a child. The provinces with the highest percentages are Limón and Puntarenas, and pregnancy continues to occur in girls under 15 years of age, which constitutes a crime that is not reported as such. In the face of early motherhood, cultural tolerance continues to persist, without taking into account the complications, difficulties and abuses suffered by both girls and adolescent mothers, as well as their children. Table 4 summarizes aspects of this situation:

Table 4.					
Early childbearing. Percentage of women aged 15 to 19 years. Costa Rica, 2018					
		With a first have had had a pregnant	With a born vi-have a born vi-have had live birth	With a born vi-have a born vi-have had Pregnant and	had a born vi- a born vi-have before the age of 15
Total		9,3	2,6	11,9	1,9
Zone	Urban	9,2	2,9	12,1	2,0
	Rural	9,5	1,9	11,4	1,8
Provinces	San Jose	7,1	3,7	10,8	2,3
	Alajuela	10,3	2,3	12,6	0,7
	Carthage	7,8	0,8	8,6	0,9
	Heredia	9,0	0,0	9,0	3,2
	Guanacaste	6,1	3,4	9,5	0,5

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	Puntarenas	13,4	4,2	17,5	2,8
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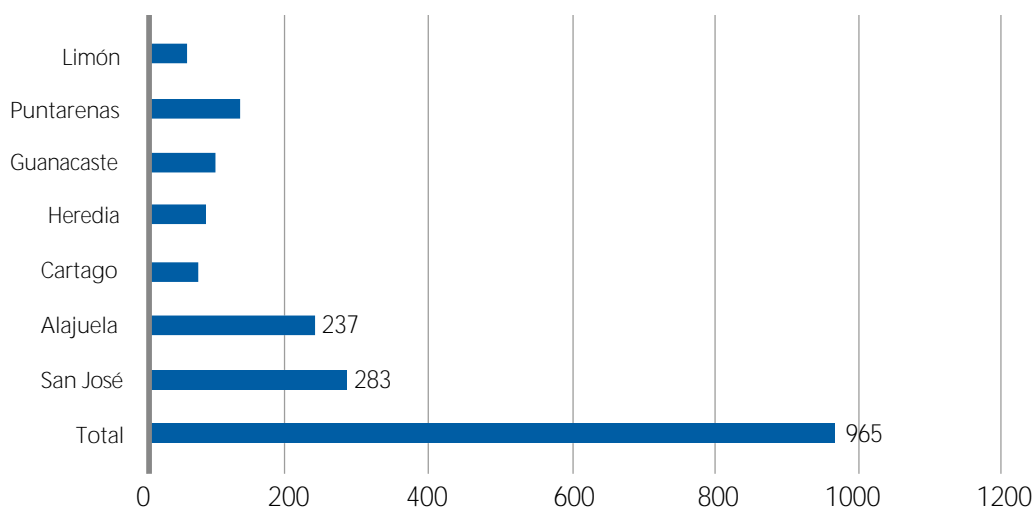
Source: EMNA 2018 data extract, p. 53.

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Regarding the paternity of children and adolescents under 19 years of age, it is noteworthy that the INEC makes a single category, citing reasons of confidentiality for children under 15 years of age, which are added to the group of parents under 19 years of age; however, this same reason does not apply to girls under 15 years of age. It is important to make visible the problem of children and adolescent fathers who, although they do not usually bear the responsibility for their children, because they leave them with their mothers, despite the fact that, as children and adolescents, they do not have the economic, social, psychological or physical means to cope with motherhood on their own. This shows that there is a lack of responsibility, education and awareness of the issue of adolescent parenthood. Figure 5 shows that the phenomenon of early parenthood is also present in San José and Alajuela. The lack of visibility of early paternity is related to the culture of male privilege, to the detriment not only of the girl-mother or adolescent-mother, but also of the product of the relationship.

Society often places emphasis only on judging the adolescent or child mother, on the grounds of having to bear the product of pregnancy, under whatever circumstances the new being is produced, either with consent or by sexual abuse and rape, even with much older men, and yet, the blaming of abortion as a crime that only falls on the mother is maintained. This condition can be seen in graphs 4 and 5, which allow us to evidence such features of the macho culture (965 cases of early fatherhood versus 9531 cases of early motherhood in 2018):

Figure 5
Total births to parents under 19 years of age, by province of mother's residence.
Costa Rica, 2018



Source: Own elaboration based on data from INEC, Demographic Statistics Unit, 2018a.

According to the 2011 census, 435 children were born to teenage mothers with functional diversity. Of these children, 416 (95.6%) have survived.

While efforts have been made to reduce teenage pregnancy, little or very little has been done to address parenthood among children under the age of 18.

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implies a lack of attention throughout the country. It should be taken into account that girls and adolescents often have affectionate partners, adults who have been with them for more than 5 years, ten or more, and that these unions are made with the consent of their mothers and/or fathers. Consequently, girls and adolescents are left at the mercy of an adult who takes them as partners, with no possibility of doing anything, and without the interest or care of these young women by their families. Marriage before the age of 18 is not permitted in Costa Rica; however, the free union of these girls and adolescents is tolerated by the State and society.

3.2 Mortality

The mortality variable refers to the number of people who die in a certain period of time, in a certain place, and from a certain number of causes, in relation to the total population (see WHO).

Mortality information is not only related to the idea of a healthy life and well-being (SDG 3), but also implies an approach to poverty (SDG 1), poor nutrition (SDG 2) and disease. Mortality also reflects the degree of development of a population, access to and quality of health and sanitation systems and, to a large extent, health and self-care education for prevention and early attention to health problems.

...information on mortality is basic to the knowledge of health conditions, standard of living, and access to good quality medical services, and is especially useful for formulating policies and making decisions on the accessibility and quality of care services (PAHO, 2017, p.6). (PAHO, 2017, p.6).

For the development of this area, there are two complementary contributions. The first is *Analysis of maternal and infant mortality (2017-2018) for Costa Rica and the world*, by Carolina Pinel Valerio. And the second is Interannual infant mortality rate in Costa Rica: An analysis of the time series 1989 - 2017, prepared for this EDNA Report by César Gamboa Sanabria. These researches specialize points of the analysis of the situation detected in the search for the proposed indicators.

3.2.1 Mortality maternal

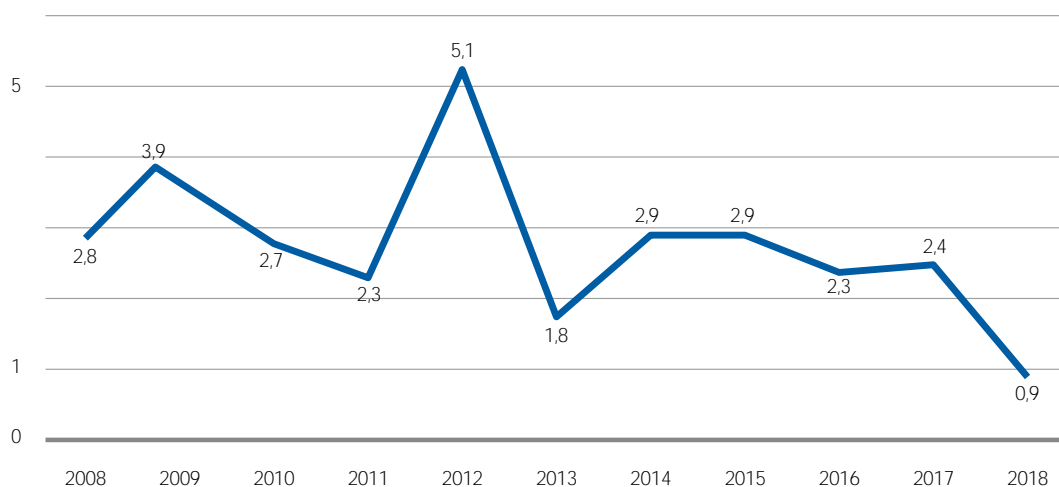
Maternal mortality is defined as "the death of a woman while pregnant or within 42 days of terminating a pregnancy, regardless of the duration and location of the pregnancy, from any cause linked to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" (INEC, 2018: p.8). The World Health Organization highlights that "...young adolescents are at increased risk of complications and death as a result of pregnancy" (WHO, 2018), especially those under 15 years of age; therefore, SDG 3 seeks to reduce the maternal mortality ratio (MMR) in the world, to achieve at least 70 deaths per 100,000 live births. The MMR consists of "... the ratio of maternal mortality to maternal mortality.

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between maternal deaths occurring during a calendar year and births occurring during the same period, per ten thousand births" (INEC, 2018, p.8) in the world.

In Costa Rica, in the last 20 years there is a clear downward trend in maternal mortality (see Figure 6), but unfortunately deaths continue to occur from preventable causes (INEC, 2018, p.12). For 2018, 66% of deaths were due to direct obstetric causes (obstetric complications of pregnancy, labor and puer- perium, interventions, omissions, incorrect treatment, or the chain of events that produced these complications).

Figure 6
Maternal mortality ratio. Costa Rica 2008-2018



Prepared by the authors based on data obtained from the Demographic Statistics Unit, general deaths INEC, first half of 2018c

The MMR serves to show the inequity suffered by women in the country, and in Costa Rica a trend towards positive results can be seen for 2018. This issue can be seen in detail in the work of Carolina Pinel Valerio (2018) cited above.

In 2017, there were 18.8% of maternal deaths in people under 25 years of age. This same population registered the highest number of births, according to INEC (2018, p. 18), 41.5%. Although the age group with the highest risk of maternal death is over 30 years old, the 25-29 age group is the one with the lowest risk. Despite the fact that the risk of death by age is not the highest risk in the population of NNAs, it should be understood that the risk exists, especially in girls under 15 years of age, 3 to 4 times more than in young women aged 15 to 19 years, in addition to the complications that it entails for both the mother and the infant.

The analysis of the MMR by province shows that Limón has more cases (MMR 3.39, see figure 7) and that it is also a province in which conditions of inequity and social exclusion coincide: "Inequity can be seen in poverty, lack of education, absence of social networks, lack of education, lack of social security, lack of access to health care, lack of education, lack of

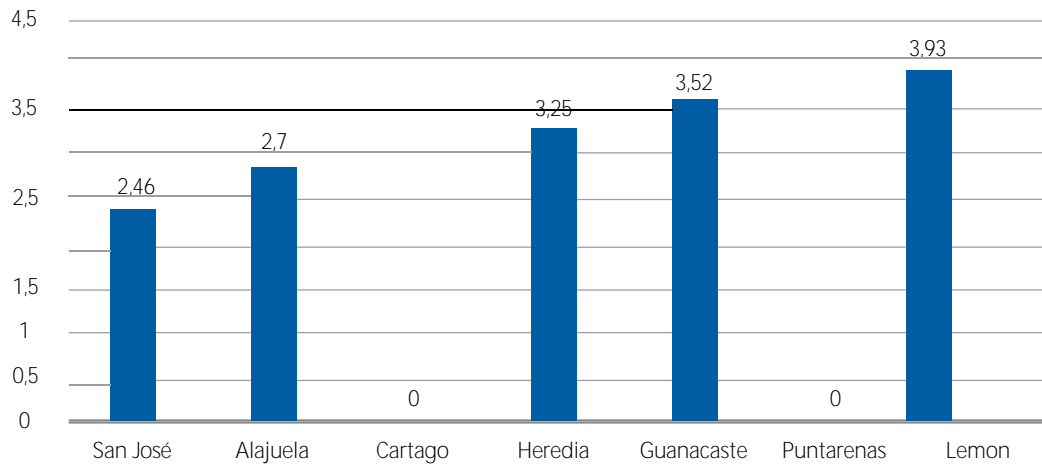
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education, lack of social security networks, lack of access to education, and lack of access to health care" (see figure 8).

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of family support for adequate postpartum care, lack of health centers among others. All of this boils down to women being deprived of exercising their right to have a safe motherhood" (Pinel, 2018).

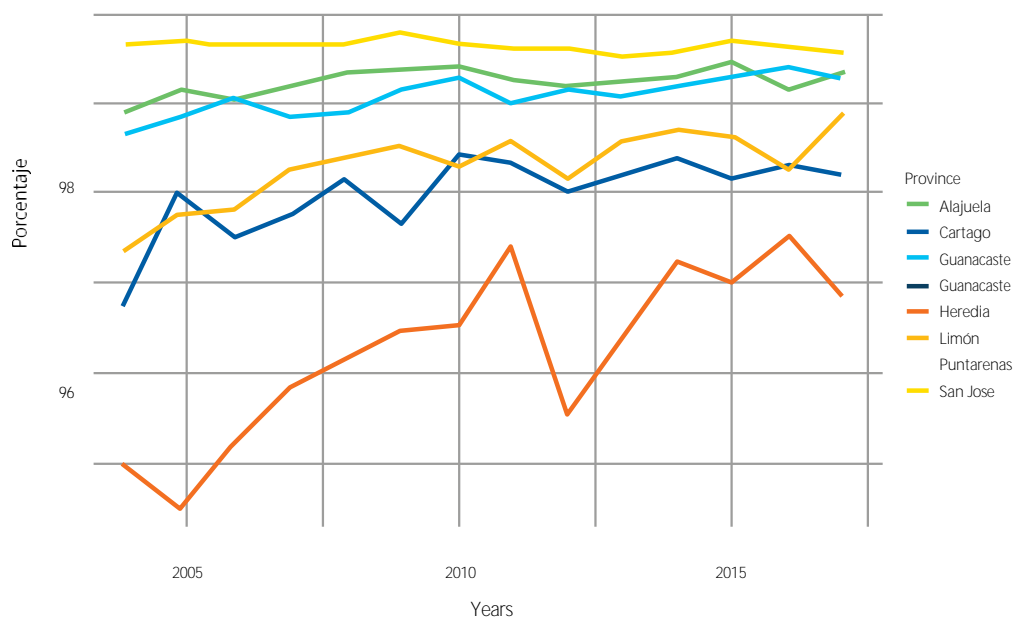
Figure 7
Maternal mortality ratio by province. Costa Rica 2017



Cartago and Puntarenas did not report data. Own elaboration according to data from the Unidad de estadísticas demo- gráficas, defunciones generales INEC, 2018b.

Institutional childbirth care shows a tendency to increase in the province of Limón, which lags the furthest behind; however, it is still far from the care provided in the Central Valley (see Figure 8):

Figure 8
Percentage of institutional childbirth care, by province. Costa Rica, 2005-2015



Source: Own elaboration based on data from INEC, 2018b.

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Efforts that show improvement should be sustained and replicated in the provinces of Limón, Puntarenas and, in this case, Cartago. The backlog is associated with vulnerable populations who cannot access services (indigenous people, migrants), either because they believe they have the right to be attended, or because they fear charges or requests for documents they do not have, or because of fears related to their cultural practices. The CCSS Institutional Program for the Standardization of Care for Women, and its actions with the support of the Ministry of Health, as well as the Program for the Regularization of Child Care, make it possible to update the standard of care before, during and after childbirth, and to maintain a standardization of the quality of service in all hospitals throughout the country. Efforts and strategic links must undoubtedly be continued and, at the same time, intensified in order to close the disparities noted in prenatal care.

3.2.2 Mortality infant mortality

Infant mortality (IMR) is an indicator that shows the quality of the health system, and in Costa Rica, it has been a positive indicator, as the infant mortality rate has been significantly reduced, and shows no major variations since 2014, as can be seen in Table 5:

Year	Births	Deaths	IMR
2014	34 349 274	274,78	7,98
2015	33 931	286	8,43
2016	34 192	272	7,96
2017	33362		8,09
2018	3246	272	8,38

Source: INEC, 2018c, p.5.

According to the Ministry of Health, there has been a decrease in infant mortality in all age ranges:

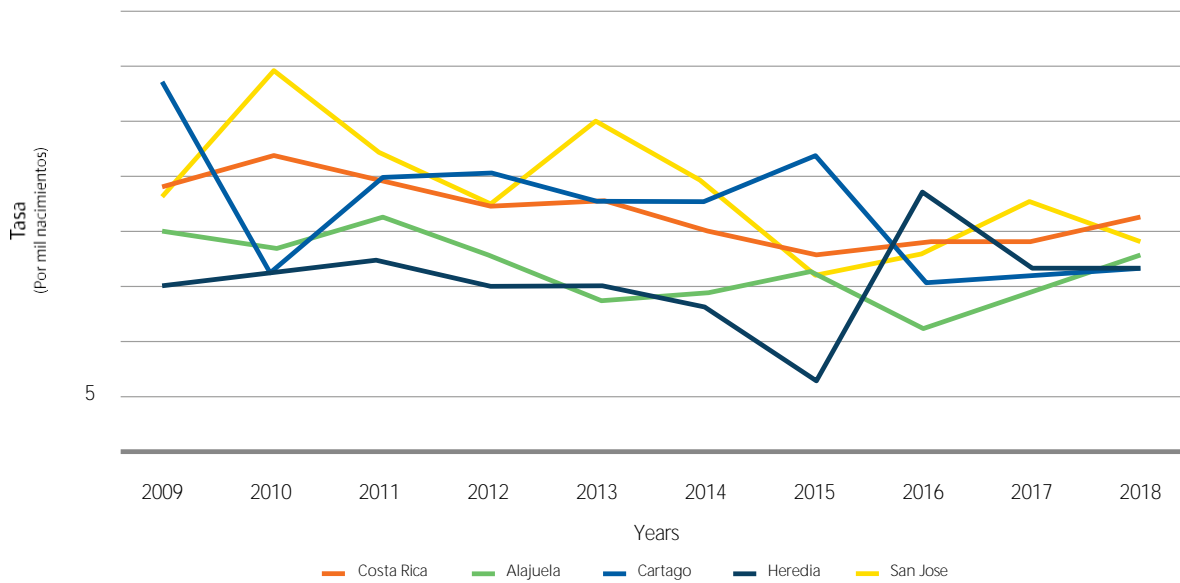
Overall mortality went from 4.3 deaths/1000 population in 2012 to 4.6 deaths/1000 population in 2017. ...infant mortality (7.9 deaths/1000 births), child mortality (9.3 deaths/1000 births), neonatal mortality (6.2 deaths/1000 births), postnatal (1.8 deaths/1000 births) and maternal (2.7 deaths/1 0000 births) rates decreased. (Ministry of Health, 2019, p.12).

Figures 9 and 10, show the evolution of infant mortality by province where the mother resides, and a similar trend is noted throughout the country for 2018; however, the province of Puntarenas reported the highest levels. The work of the Maternal and Infant Deaths System (SINAMMI) should be highlighted, which has contributed to a des-

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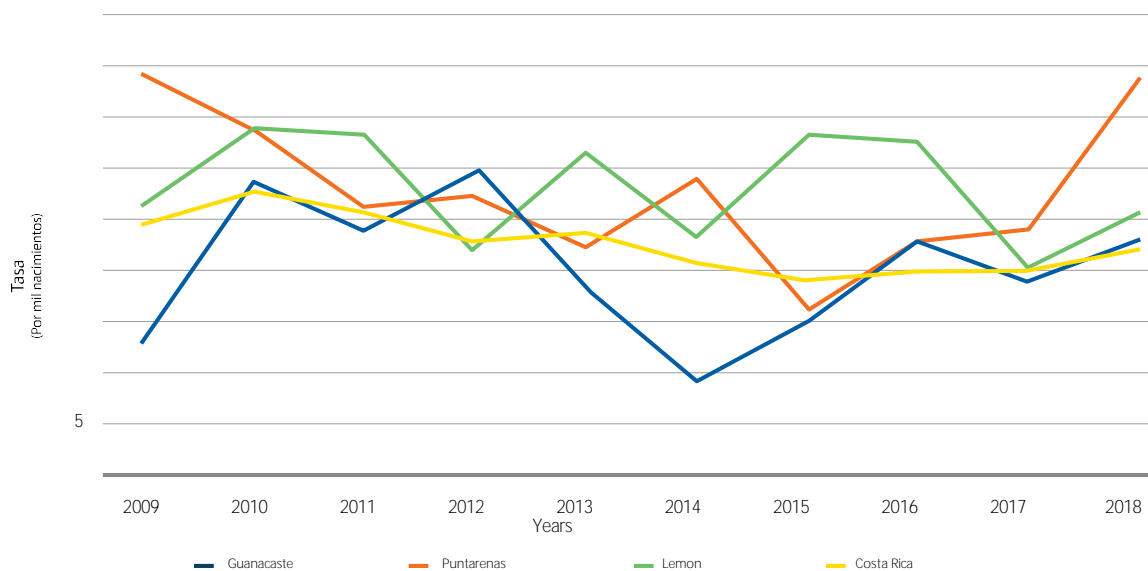
The need for a significant and sustained increase in the infant mortality rate is evident. It is evident the need to re-force investment in research to achieve a successful improvement, since different strategies are required according to each area and population conditions, in order to reduce the lack of equity.

Figure 9
Evolution of the infant mortality rate by province of residence of the mother, 2009-2018. (Costa Rica, San José, Alajuela, Cartago, Heredia).



Source: INEC, 2018c.

Figure 10
Evolution of infant mortality rate by province of mother's residence, 2009-2018. (Guanacaste, Puntarenas, Limón, Costa Rica).

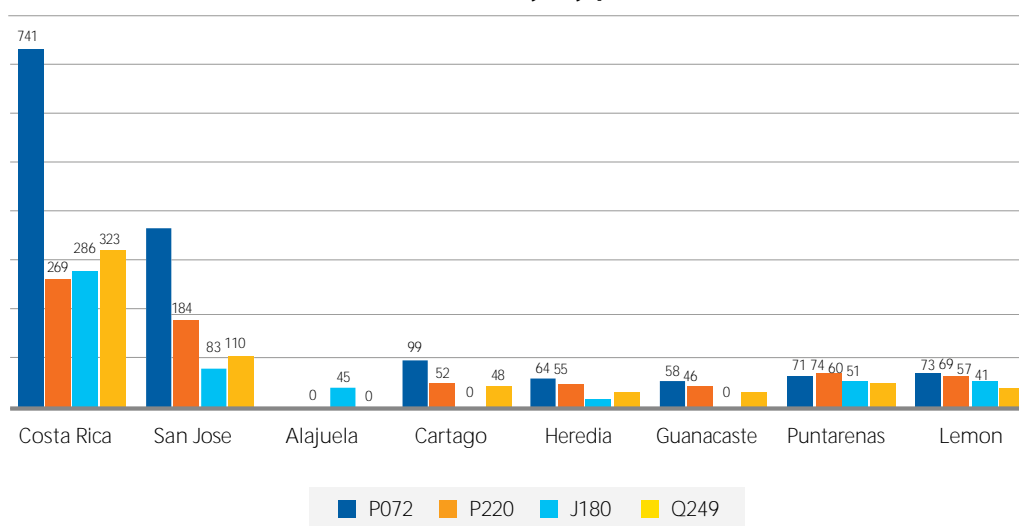


Source: INEC, 2019.

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The persistent causes of infant mortality are mostly related to preterm birth (external immaturity P072, newborn respiratory syndrome P220, acute respiratory distress syndrome J180), and to nonspecific congenital heart malformation (Q249), which is the most common congenital defect. The condition of premature births increases the percentage of newborns who cannot be breastfed by their mothers. The CCSS reported 10% of preterm births in 2017 (Pérez González, 2017), resulting in 30% of newborn deaths. Figure 11 details the first 5 causes of infant death by province:

Figure 11
First five causes of infant mortality, by province, Costa Rica, 2017.



Source: Own elaboration according to data from INEC 2018.

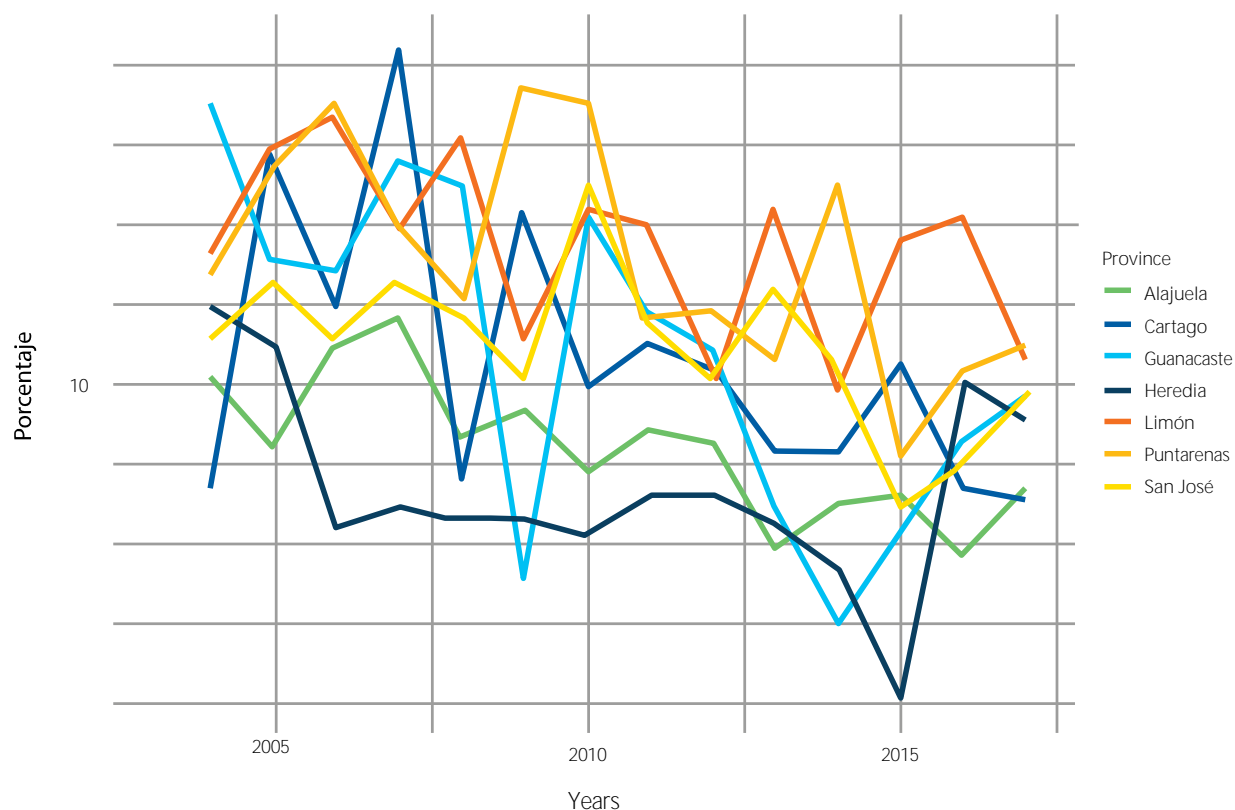
Although the country has been successful in this indicator of infant mortality, it is noteworthy that many of the persistent deaths are due to preventable causes, since external immaturity and respiratory problems are due to infants being born prematurely. Prematurity affects 10% of births (CCSS, 2017):

Risk factors may include previous preterm delivery, multiple pregnancies with twins, triplets, etc.; some chronic medical conditions, such as hypertension, diabetes or infections. Pregnancy during adolescence is an important risk factor for preterm delivery (Pérez González, C. 2017).

The percentage of preterm infants is also reflected in the number of infants breastfed in the first hour after birth.

The infant mortality rate also shows the trend of social exclusion of the center-periphery dichotomy which, in the country, not only has not been balanced, but is increasing. Figure 12 shows the marked tendency toward higher rates in the provinces of Limón and Puntarenas, compared to Alajuela and Cartago, with the lowest rates, despite the fact that Alajuela includes depressed cantons such as Upala and Los Chiles.

Figure 12
Child mortality rate. By province, Costa Rica,
2005-2015



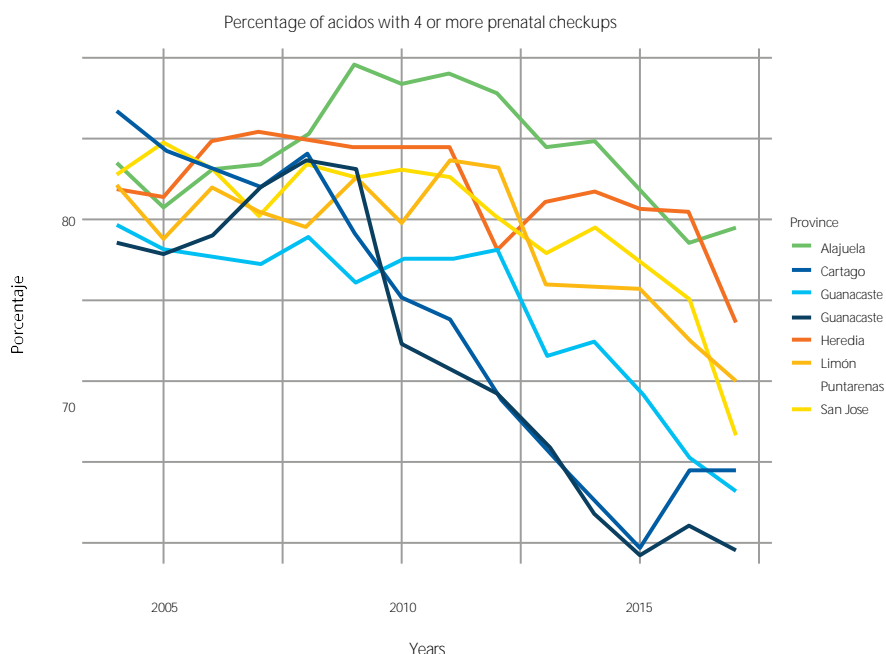
Source: Own elaboration according to INEC data, 2018.

Prenatal checkups are part of the standardization of the CCSS (2009) *Guidelines for comprehensive care of women and children in the prenatal, childbirth and postpartum period*, conceived under a risk approach and multidisciplinary care; thus, a level of care in prenatal checkups and a coverage of more or less 80% of patients has been maintained. The *Sexual Health and Reproductive Health Indicators System* (SISSERE). For 2015 (last data published), of births that received at least one care during pregnancy by trained personnel for reasons related to pregnancy, the average at the country level was 88.8%, girls aged 10 to 14 years 89% and 15 to 17 years 90%.

In the same year, the national average for complete prenatal care was 79.7%, 70.1% for girls aged 10 to 14 years and 76.1% for girls aged 15 to 17 years. As for the distribution by province, an evolution can be seen from 2005 to 2015 that tends to decrease, which is worrisome, because specialized follow-up of prenatal control is being lost. Figure 13 shows the drop, on average, of two percentage points in prenatal care:

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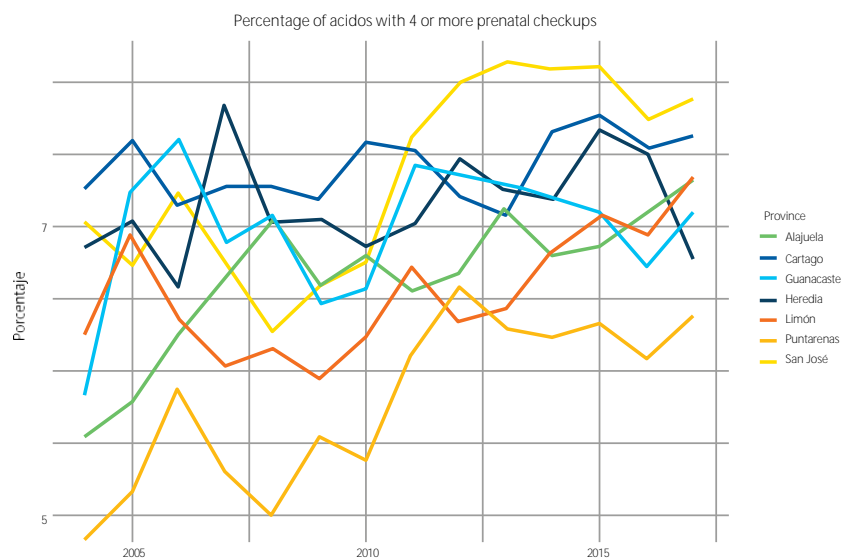
Figure 13
Percentage of births with 4 or more prenatal checkups by province.
Costa Rica, 2005-2



Source: Own elaboration according to data from INEC, 2018.

Low birth weight is an important factor in infant mortality, which can be caused by maternal factors such as age, race, parity (TPAL), drug, tobacco and/or alcohol consumption during pregnancy. Figure 14 shows an increase in the percentage of live births with low birth weight (LBW) in all provinces, contrary to what would be desirable:

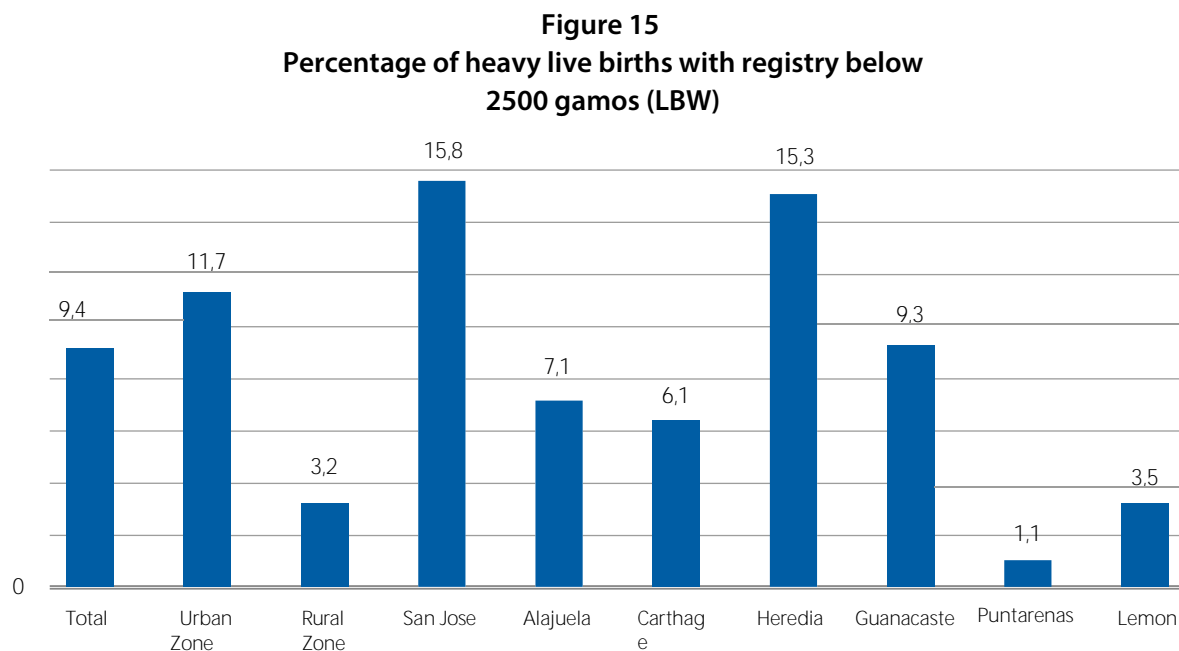
Figure 14
Percentage of live births with low birth weight, by province.
Costa Rica, 2005-2015



Source: Elaborated p 15 p 16 according to data from INEC, 2018.

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The EMNA 2019 survey (Ministry of Health et al., 2019, p.60), showed that the highest concentration of LBW is in rural areas, 12.2% in women under 20 years of age, most of whom (12.5%) are located in the second lowest wealth quintile and in the highest wealth quintile (13.5%). San José (15.8%) and Heredia (15.3) are the provinces with the highest number of cases.



Source: EMNA 2018, p.60.

3.2.3 Mortality, childhood and adolescence

The country has paid special attention to reducing mortality rates at all ages, which has yielded significant results:

Table 6 highlights one aspect of the main demographic indicators used by the Ministry of Health for its 2018 Report, which for almost a decade have been sustained, with a downward trend. However, the table does not contemplate what may be happening with some vulnerable populations (indigenous, Afro-descendants, migrants).

The indigenous populations, unfortunately, have shown rates twice as high as the reported national mortality rate of children and adolescents (PAHO, 2003). No recent data have been found to know the evolution of the problem, which would merit an in-depth investigation. However, it can be presumed that the situation of disadvantage persists, as attested by the general practitioner and indigenous Bribri, Neil H. Rojas Delgado, who pointed out as follows:

"The deficient health centers in indigenous territories do not meet the level of scientific and medically appropriate riguro- sity to provide articulated care. For there are not enough indigenous human resources, with comprehensive care approaches, much less material resources, which enhances the risk of vulnerability of the inhabitants of the original peoples" (2018).

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Table 6					
Main demographic indicators. Costa Rica 2010-2018					
Indicator/years	2014	2015	2016	2017	2018
Total	4773	4832	4890	4947	5003
Men	2410	2439	2467	2495	2523
Women	2362	2392	2422	2451	2480
Natural growth rate (per 100 inhabitants)	10,7	10,5	9,7	9,2	8,9
Crude birth rate (per 1,000 inhabitants)		14,9	14,3	13,9	13,7
Total fertility rate (per woman)	1,8	1,8	1,7	1,7	1,7
Reproduction rate (per woman)					
Gross	0,865	0,860	0,832	0,815	0,811
Net	0,865	0,860	0,832	0,815	0,811
Life expectancy	79,6			80,2	80,3
Men	77,2	77,4	77,5	77,6	77,8
Women	82,3	82,4	82,6	82,7	82,9
Mortality rate (overall per thousand population)	4,3	4,4	4,6	4,7	4,8
Men	4,8	5,0	5,2	5,2	5,4
Women	3,8	3,7	4,0	4,1	4,1
Childhood (0-4 years) (per thousand births)	9,5	8,9	9,3	9,6	9,4
Men	9,7	9,7	10,5	10,0	10,3
Women	9,2	8,0	8,2	9,2	8,5
Infant (per thousand births)	8,1	7,7	7,9	8,0	8,4
Men	8,3	8,4	8,7	8,1	8,9
Women	7,9	7,0	7,2	7,8	7,9
Neonatal (per thousand births)	6,3	5,9	6,2	6,1	6,4
Men	6,5	6,6	6,9	6,3	6,7
Women	6,0	5,2	5,4	6,0	6,0
Postneonatal (per 1,000 births)	1,9	1,9	1,8	1,8	2,0
Men	1,8	1,8	1,8	1,8	2,1
Women	1,9	1,9	1,8	1,9	1,9
Maternal mortality (per ten thousand births).	2,9	2,8	2,7	2,2	1,5

Source: INEC, 2018c, p.5.

Source: Data extract from Instituto Nacional de Estadística y Censos (INEC), Dirección de Vigilancia de la Salud, Ministerio de Salud, 2018, p. 13.

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Table 7			
Cause of death persons aged 0 to 14 years. Costa Rica, 2018			
Cause of death groups	Total and	Less than 1 year	1 a 14
20- Diseases of the endocrine and metabolic glands		1	
21- Nutritional deficiency	-	-	-
22- Diseases of the blood, hematopoietic organs and certain disorders affecting the mechanism of immunity.	-	-	-
23- Mental and behavioral disorders	-	-	-
24- Viral diseases and infections of the nervous system		1	
25- Diseases of the eye and its adnexa	-	-	-
27- Rheumatic fever and other rheumatic heart diseases	1	-	1
28- Hypertensive disease	-	-	-
29- Ischemic heart disease	-	-	-
30- Diseases of the pulmonary circulation and other forms of heart disease			
31- Cerebrovascular, vein and artery diseases		1	1
32- Other diseases of the circulatory system	-	-	-
33- Respiratory tract diseases (upper and lower), lung diseases, influenza and pneumonia	58		
34- Other diseases of the respiratory tract and pleura			-
35- Diseases of the oral cavity, salivary glands and maxillae.	-	-	-
36- Diseases of the esophagus, appendix and hernias		-	
37- Enteritis and non-infectious colitis, peritoneal, liver, gallbladder and intestinal diseases	5	1	
38- Other diseases of the digestive system	-	-	-
39- Urinary tract and breast diseases		-	
40- Diseases of the male genital organs	-	-	-
41- Diseases of the female genital organs	-	-	-
42- Unspecified obstetric causes	-	-	-
43- Direct obstetric causes	-	-	-
44- Indirect obstetric causes	-	-	-
46- Skin and cutaneous cellular tissue diseases	-	-	-
47- Diseases of the musculoskeletal system and connective tissue.		1	
48- Congenital malformations, deformities and chromosomal anomalies	223		
49- Certain conditions originating in the perinatal period	283	283	-
50- Ill-defined signs, symptoms, and morbid states.			
51- Transportation accidents		-	

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Table 7			
Cause of death persons aged 0 to 14 years. Costa Rica, 2018			
Cause of death groups	Total and	Less than 1 year	1 a 14
52- Accidental poisoning		-	
53- Mishaps during medical care abnormal reactions and subsequent complications	1	-	1
54- Accidental falls			
55- Exposure to animate and inanimate mechanical forces, drowning, and accidental submersion and others	1	-	1
56- Traumatic contact with animals, forces of nature, excessive of stress, exposure to other factors	-	-	-
57- Accidents caused by fire, electric current, radiation, heat, etc. and hot substances	-	-	-
58- Sequelae of external causes of morbidity and mortality		-	
59- Drugs and medicines that cause adverse effects in their therapeutic use.	1	-	1
60- Suicides and self-inflicted injuries		-	
61- Homicides and injuries intentionally inflicted by another person			
62- Events of undetermined intent (New group)			

Source: Excerpt from INEC. Demographic Statistics Unit, 2018. Highlighted by us.

3.3 Morbidity

Morbidity is understood as "any subjective and objective deviation from a state of well-being " (WHO, 2018). The CCSS covers minors from the time they are in gestation until they are 18 years old.

The right to health is related to several Sustainable Development Goals, especially to the promotion of a healthy life (SDG 3). Often, the failure of minors to exercise this right is due to the fact that the adults they depend on do not go to health services in a timely manner, often out of ignorance or neglect, which leads to complications in the minors' conditions and even their death. To address this situation, in Costa Rica there is a **Protocol for the care of neglect** (PANI, last modified November 23, 2018). So far in 2019, PANI reported 14 035 cases of health neglect by parents or caregivers in 2018, out of a total of 16 302 cases of neglect against children and adolescents (PANI, 2019).

3.3.1 Infections

This group of diseases caused by acute infections is quite serious, since they require timely attention or may cause death. In particular, the following are the main objectives:

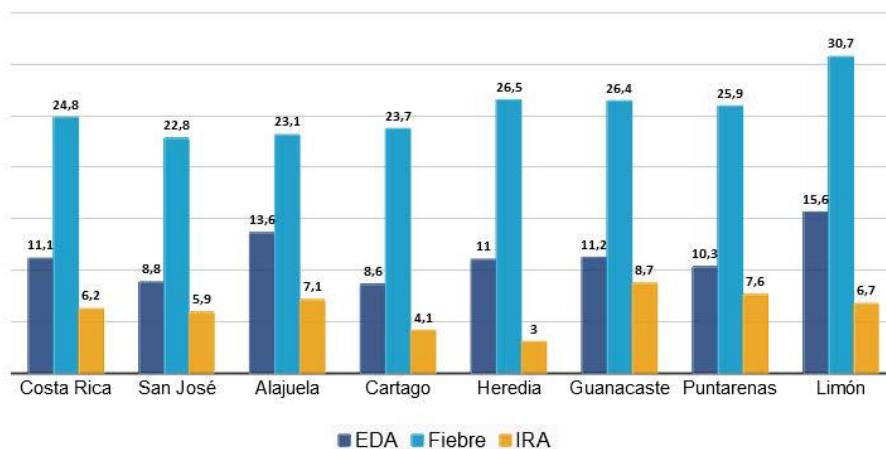
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Acute respiratory infections (ARI) and acute diarrheal disease (ADE).

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(EDA). According to the EMNA 2018 survey, the highest number of sampled cases of ADE was within the lowest quintile (17.5%) between 12 to 23 months of age. In the case of ARI, it was the fourth quintile (above the intermediate, 8.8%), with children aged 48 to 59 months (EMNA, 2018, p. 90). Figure 16 breaks down the number of registered cases by province, and includes episodes of fever:

Figure 16
Percentage of children who had episodes of ARI, ARI or fever, in the last weeks of sampling, by province. Costa Rica, 2018

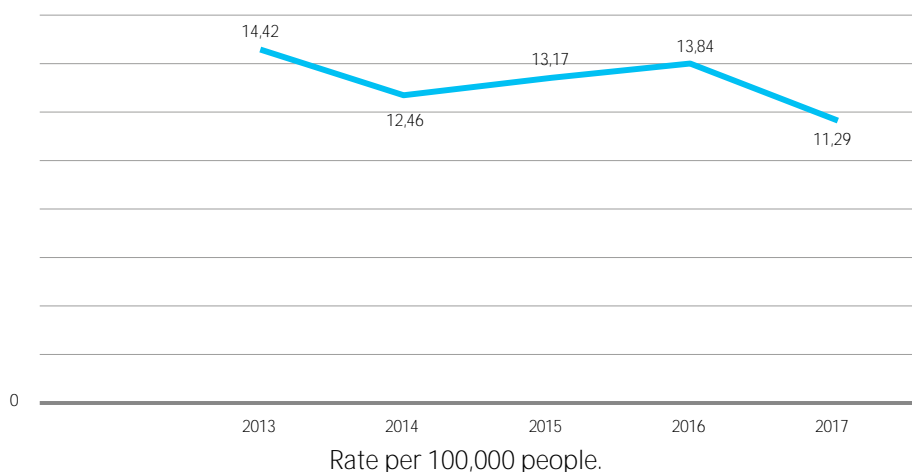


Source: EMNA Survey, 2018, p. 90.

3.3.1.1 Acute respiratory infection (ARI)

The mortality rate for acute respiratory infections (ARI) in children under 5 years of age has tended to decrease steadily over time (see Figure 17). This group of diseases tends to spike with the onset of the rainy season, despite the great effort of vaccination campaigns and the promotion of hygiene measures.

Figure 17
Mortality rate due to ARI. Costa Rica 2013-2017



Source: Own elaboration based on data from Así vamos en salud, 2018.

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3.3.1.2 Acute Diarrheal Disease (ADE)

Acute diarrheal disease (AED) is the second leading cause of death among children under five years of age (WHO), and in Costa Rica 40% of this disease is foodborne (Ministry of Health, 2019), and is associated with poor hygiene in the "ano-mano-bo- ca" practice. It can be seen that from 2014 to 2018, there has been a significant reduction in the incidence of cases. Children continue to be the most vulnerable group, as can be seen in Table 8.

Life cycle	2014	2018
Total	31 412	25 903
Childhood	15 977	13 651
Childhood	10 742	8 810
Adolescence	4 693	3 442

Source: Health Surveillance Directorate, Ministry of Health, 2019.

3.3.3 Cancer

Some 70% of the incidence of cancer worldwide (WHO, 2019), is in middle and low income countries, where Costa Rica is located. As for childhood and adolescence, these are not the groups with the highest incidence; however, this disease is present. One of the successes in the country is the vaccination of 35,150 10-year-old girls with human papillomavirus, which began in June 2019, to prevent cervical cancer.

The most recent data published by *Health Surveillance* (Ministry of Health, 2016), based on studies from 2014, establish that the most frequent cancer among the population aged 0 to 19 years is C42 Hematopoietic and reticuloendothelial system, for both men and women (men 38 cases and women 26). Among males there were 11 cases of C71 brain cancer, and in females there were only 6 cases. In women, however, the second most common cancer was C77 lymph node cancer (12 cases). For women, the cancers with the highest incidence were C73 thyroid gland, C58 ovary (8 cases) and C71 brain (6 cases). For men, C49 connective, subcutaneous and other soft tissue (7 cases), C73 thyroid gland (4 cases) and C40 bones, joints, articular cartilage of the limbs (4 cases).

3.3.4 HIV/AIDS

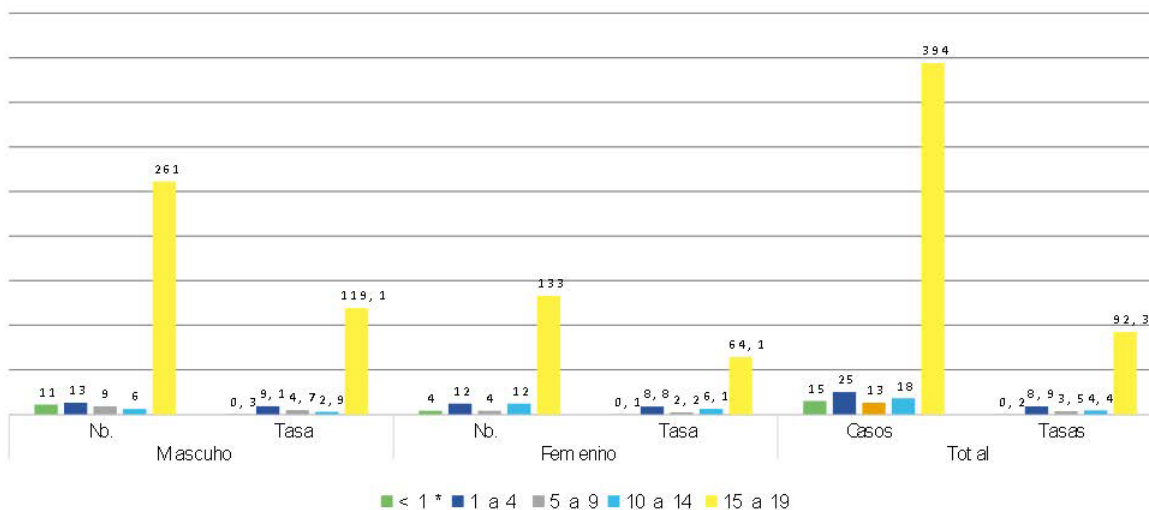
HIV-AIDS continues without effective prevention of infection. According to UNAIDS, Costa Rica is at 21% of infected inhabitants (UNAIDS, 2019) and at risk of increasing:

The prevalence in men who have sex with men (MSM) is 15.4 (95% CI -7.2- 23.6), in female sex workers 1.3 (95% CI, 0.10-2.5), in trans women 24.9 (95% CI,

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19.3- 29.9), and in pregnant women 0.011 (Survey of sexual behavior and HIV and STI prevalence and population size estimation in MTS, MSM and trans women, 2018) (Ministerio de Salud, 2019, p.87).

Figure 18
Incidence of new HIV-AIDS diagnoses by age and sex.
Costa Rica 2002-2017



Source: Own elaboration according to data from Health Surveillance, Ministry of Health, 2018.

One of the most important challenges is to lower the mortality rate in men, especially in the population between 15 and 19 years of age. In women, the population between 15 and 19 years of age is also the most affected; but it is very important for women to be very aware of the means of contagion and of mother-to-child transmission:

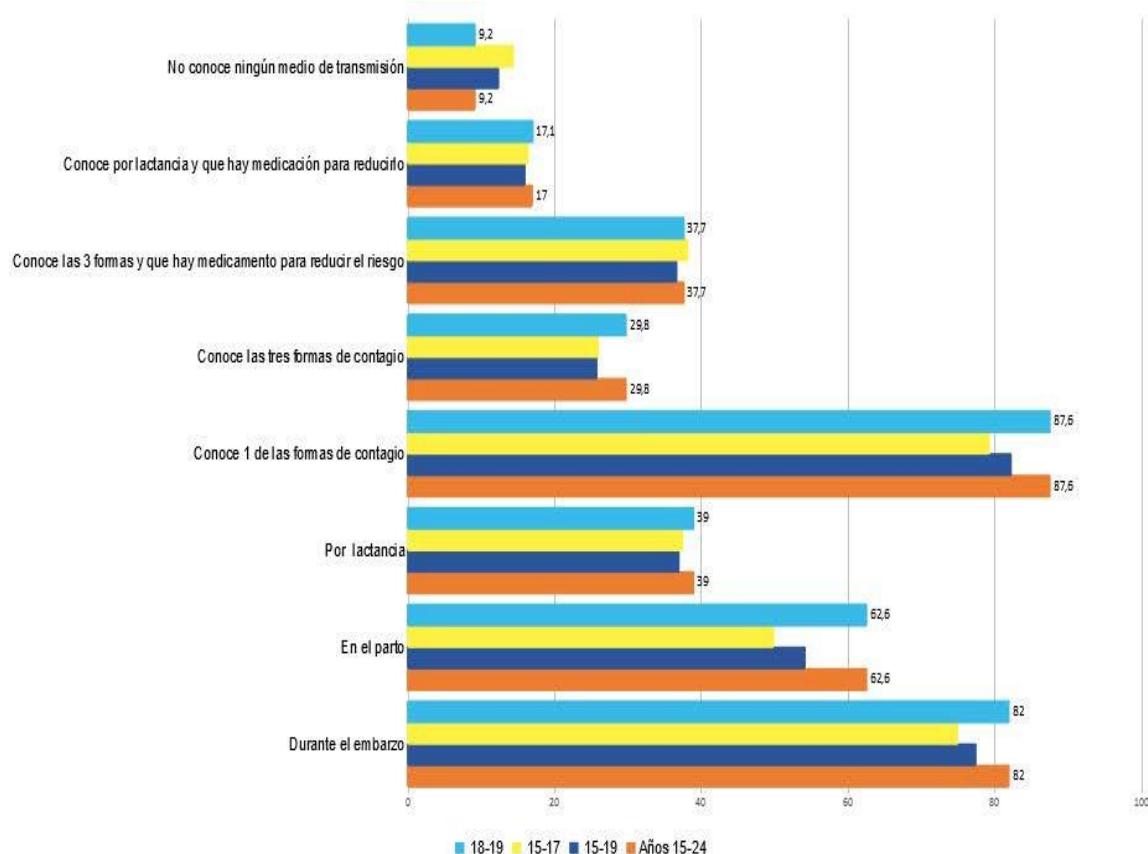
Regarding the homosexual population, the results of the *Survey of sexual behavior and prevalence of HIV and STIs and estimation of the size of men who have sex with men in the Greater Metropolitan Area* (2018) should be highlighted, in which exposure to contagion by this population is visualized, within the initiation of sexual relations, before the age of 15 and from 15 to 17 years, but they report having used a condom, at least, 53.3%, with a prevalence of 15.4%:

Regarding sexual history, 20.0% of men who have sex with men interviewed reported having had sex for the first time before the age of 15, the median age was 17 years, 80.9% said that the person with whom they had that first sexual intercourse was male and 16.0% said they had their first anal intercourse before the age of 15 and 41.2% from 15 to 18 years, 53.3% said they used a condom in this primary anal intercourse. (Ministry of Health, Hivos, CCSS, 2018, p. 3.4).

In the case of transgender women, the age of initiation is before 15 years of age and from 15 to 17 years, but 53.3% say they have not used a condom, in a population with an HIV prevalence of 24.6%.

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Figure 19
Percentage of women with knowledge of mother-to-child transmission of HIV-AIDS. Costa Rica, women aged 15-20 years, 2018.



Source: Excerpt from EMNA Survey 2018 (2019, p.76).

The median age at which respondents reported having had their first sexual intercourse was 14 years old and 59.5% reported having had their first sexual intercourse before the age of 15 and 59.8% reported that their first sexual intercourse before the age of 15 was with a man. 92.2% of the participants reported having had their first sexual intercourse with a man and 7.8% with women. 78.3% of respondents reported not having used a condom during their first sexual intercourse. (Ministry of Health, Hivos, CCSS, 2018, p.27).

As for female sex workers, 38.6% initiated sexual relations before the age of 15, and 43.1% between 15 and 17. Of this population, 21.5% reported having used a condom during their first sexual intercourse. HIV prevalence for female sex workers in the GAM was 1.3% (Ministry of Health, Hivos, CCSS, 2018, p.43).

Respondents were asked about their sexual history. It was found that 38.6% (95% CI: 33.6 - 43.7) had their first sexual intercourse when they were younger than 15 years old. While 43.1% (95% CI: 38 - 48.1) between the ages of 15 and 18 years. The median age of first sexual intercourse was 15 years with a RIC between 14 - 17 years. Only 21.5% (95% CI: 17.4 - 25.6)

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reported the use of condoms at first intercourse. Of those interviewed, 92% (95% CI 89.3 - 94.7) reported having had a pregnancy at some time in their lives. At the time of the survey, 3.6% (95% CI 1.4 - 5.7) reported being pregnant. Of those who reported pregnancy at some time in their lifetime, 87.7% (95% CI 84.3 - 91.2) were in prenatal care. Some 64.6% (95% CI: 59.4 - 69.8) reported receiving information about HIV in the last pregnancy and 64.2% (95% CI: 59 - 69.4) were offered HIV testing. At the time of the survey 3.6% (95% CI: 1.4 - 5.7) (Ministry of Health, Hivos, CCSS, 2018, p. 40).

The fact of early sexual initiation in the three aforementioned population groups and the lack of access to HIV and STI prevention should be highlighted. Emphasis should be placed on improving the sexual and emotional lives of children and adolescents, especially in the ethics of self-care, greater empowerment over their bodies and self-care, and the ability to identify abusive and manipulative relationships that expose them to risks.

The CCSS maintains campaigns such as "**Active but protected**" for ELISA and Western Blot testing, and offers antiretroviral treatment for the 12 845 persons over 15 years of age with HIV UNAIDS, 2017), of whom 24.4% live in San José and 11.7% in Alajuela (Ministry of Health, Memoria institucional 2018, p. 87).

According to the II National Survey on Health and Reproductive Health (Ministry of Salud, 2016), the population aged 15-19 years indicated having heard of (H.Q.H.) or spontaneously referred (Esp.) to sexually transmitted diseases, as shown in the following table (excerpt) on information about these diseases and their modes of transmission:

Table 9
Percentage of young people aged 15-19 years with some knowledge about STIs. Costa Rica, 2016

Illness/15-19 years		Women	Men
Gonorrhoea	Eng.	30,2	39,0
	HQH	83,8	81,4
Syphilis	Eng.	24,6	33,0
	HQH	73,2	66,3
Herpes	Eng.	1,7	7,5
	HQH	26,3	30,4
Chancroid	Eng.	17,8	31,7
	HQH	87,5	83,0
Papilloma	Eng.	37,9	30,8
	HQH	94,1	84,9V
HIV - AIDS	Eng.	75,0	78,0
	HQH	98,3	92,1

Source: Ministry of Health, II National Health and Reproductive Health Survey, 2016, p. 34.

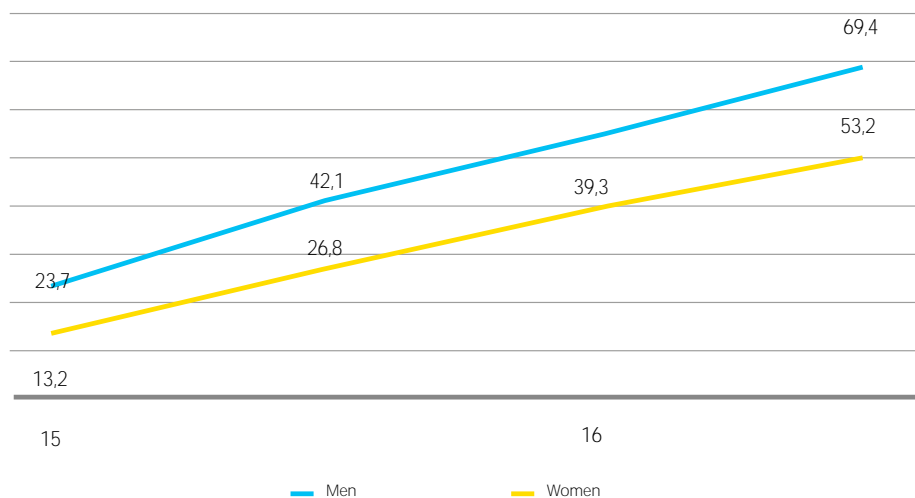
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It can be seen that, in effect, people between 15 and 19 years of age have knowledge of STIs, more men than women, especially about HIV-AIDS, and the least known is Herpes.

As for protection methods, both men and women are aware of using condoms (72.6% for women and 77% for men), of being faithful to their partners (6.4% for women and 7.3% for men), of abstaining (10.8% for women and 15.4% for men), and of avoiding sex with strangers (3.4% for women and 8.2% for men).

The age of sexual initiation in both men and women is before the age of 15. The range of 15 to 18 years has behaved as shown in the following graph:

Figure 20
Percentage of age of sexual initiation in men and women aged 15 to 18 years. Costa Rica, 2016



Source: Own elaboration based on data from Ministry of Health, II National Health and Reproductive Health Survey, 2016, p. 35.

3.3.5 Vector-borne diseases

Vector-borne diseases cause 17% of all infectious diseases and 700,000 deaths per year worldwide (WHO, 2019). This group of diseases has in common that there is a vector that is a blood-sucking insect, which helps in the transmission of the disease. In general, *Aedes aegypti* (Chikungunya, Dengue and Zika), or *Anopheles* (Malaria) have reached greater geographical heights of survival due to global climate change, and therefore, the disease has spread to places where it was not previously common.

Zika

Flavivirus (Zika) is transmitted by the *Aedes aegypti* mosquito, and the problem was identified in Costa Rica in 2016. From this date to 2018, 10 665 cases have been diagnosed from 2016 to 2018 (Ministry of Health, Memoria institucional 2018, p. 58). Among the complications

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The main symptoms it produces in pregnancy are congenital syndrome and/or microcephaly. For 2018, the incidence of Zika was 3.9 (per 100 000 inhabitants), and the province with the highest rate was Puntarenas (10.3 per 100 000 inhabitants).

Dengue

This is a viral disease transmitted by the female *Aedes aegypti* mosquito. This disease presented 730 cases in 2018, with an incidence of 14.2 (per 100 000 inhabitants). This disease is the tenth leading cause of death in the world. The problem is that diagnosis can be delayed, even more so in young children, and the patient may develop Acute Febrile Syndrome (AFS). According to the 2018 Institutional Report of the Ministry of Health,

During the period 2014 to 2018, 60 194 cases of dengue were reported, with 2016 being the year with the highest incidence, 476.8 cases per 100 000 population. Comparing the cases of 2018 with those of 2017, a 51.7% decrease in cases was observed. In that period, the provinces of Puntarenas, Guanacaste and Alajuela contributed 69.0% of the total cases in the country with incidences per 100 000 inhabitants of 716.7, 673.2, and 248.7 respectively (Ministerio de Salud, 2019, 2019, p. 59).

Chikungunya

In 2018, there were 49 cases, and an incidence of 0.7 (per 100 000 inhabitants). This disease reappeared in 2015 in the Americas, and is also transmitted by *Aedes aegypti*. From 2014 to 2018, there were 9,214 cases of CHIKV. The highest peak incidence was in 2015, with a rate of 101.7 per 100,000 inhabitants (p. 55). The most affected cantons were Golfito Nicoya Hojancha, Corredores, Santa Cruz, Aguirre, Parrita, Montes de Oro, Atenas, Abangares. The provinces of Guanacaste, Puntarenas and Limón accounted for 83.6% of the total number of cases in the country, with incidences per 100,000 inhabitants of 204.7, 102.1 and 67.6, respectively.

Zika		Dengue		Chikungunya	
Pocosí		Sarapiquí		Sarapiquí	
Guácimo		Matina		Carrillo	
Siquirres		Guácimo		Matina	
Matina		Siquirres	42	Guatuso	1
Central Lemon		Athens		Acosta	1
Sarapiquí		Talamanca		Garabito	1
Puntarenas		Parrita		Greece	
Alajuela Central	5	Pocosí			
Orotina		Turrialba			
Santa Cruz		Montes de Oro			

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Source: Epidemiological bulletin, n°14-2018.

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It can be observed that the canton of Sarapiquí appears in all three lists, and first in Dengue and Chikungunya. The same is true for Matina.

It can be seen that the country has repeatedly carried out fumigation, warning and education campaigns to prevent the risks of these diseases; however, a large part of the population does nothing about it. The poor management of waste, such as tires and the like, which harbor mosquito breeding sites, has not been resolved. The population needs to be more sensitive to the avoidable risk so that better collective and individual attitudes are taken towards this group of diseases, which is understood as everyone's responsibility.

3.4 Immunization

The country has effective vaccination campaigns, which follow the following official vaccination schedule, according to type of vaccine, basic dose and booster dose (see Table 11). The result of the campaigns can be seen in the EMNA 2018 survey (2019, p.87); in general it is successful around 90% in the first and second dose or single dose.

Other vaccines have been introduced in the official schedule since 2019, such as HPV-Human Papillomavirus, which is free for girls 9 years and older, but not for boys. Other vaccines such as pentavalent (against diphtheria, tetanus, poliomyelitis, haemophilus, influenzae and tosterin), already started to be distributed by the CCSS for about 70 000 NNA (Solís Ramírez, María Isabel, 14/6/2019. ccss.sa.cr/noticias/). Each year, 280,000 immunizations of basic doses of the official vaccination schedule are applied, to achieve a coverage of 95.8%.

Table 11

Official vaccination schedule for persons under seven years of age. Costa Rica 2018

Vaccine	Basic dosage	Booster dose
BCG (Bacillus Calmette-Guerin)	Birth	
Hepatitis B	Birth, 2 and 6 months	
Rotavirus	2 and 4 months	
DTPa (Diphtheria, Tetanus and Acellular Pertussis)	2, 4 and 6 months	15 months and 4 to 7 years
Hib (Haemophilus Influenzae Type B)	2, 4 and 6 months	15 months and 4 to 7 years
Inactivated Poliovirus Vaccine	2, 4 and 6 months	15 months and 4 to 7 years
Pneumococcus 13 valent	2, 4 and 6 months	15 months and 4 to 7 years
Seasonal influenza	6 months and older	Annual for risk groups
MMR (Measles, Rubella, and Mumps)	15 months	Admission to school
Chickenpox	15 months	

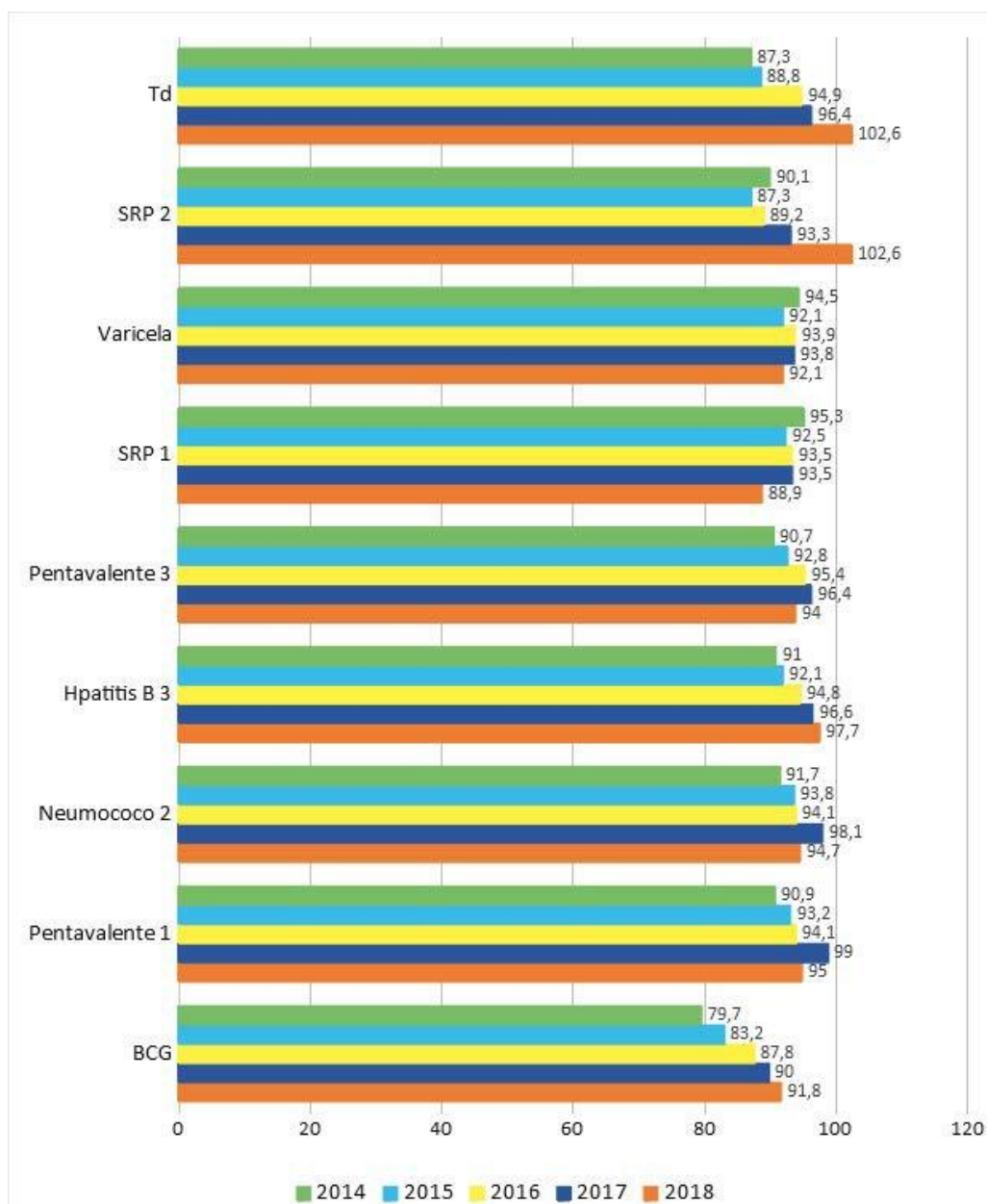
Source: Health Surveillance Directorate, Ministry of Health, 2019, p.85.

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The vaccination campaign is not only carried out through the health services, but also in schools. The problem is the population that is excluded from schools and health services, which may be underreported, as in the case of migrant children.

Regarding vaccination, it can be seen in Graph 21 that coverage maintains a similar pattern from 2014 to 2018, with a small increase in the last year.

Figure 21
Percentage of vaccination coverage by type of disease.
Costa Rica, 2014-2018



Source: Own elaboration according to data from Dirección de Vigilancia de la Salud, Ministry of Health, 2019, p. 86.

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3.5 States nutritional

3.5.1 Malnutrition, overweight and obesity

As far as nutritional care is concerned, on the other hand, malnutrition due to deficiencies is accompanied by malnutrition due to excess:

The concept of malnutrition includes, on the one hand, malnutrition, including indicators of low birth weight, underweight, stunting, and micronutrient deficiencies (iron, zinc, vitamin A or others), and, on the other hand, overweight and obesity (Ministry of Health, 2018a, p.31).

The nutritional problems suffered by children and adolescents in Costa Rica are varied, and while the figures for overweight and obesity have risen, there are also problems of malnutrition, especially in indigenous populations. To address this problem, in 2013 the *Strategy for the prevention of SP and OB in children and adolescents in Central America and the Dominican Republic*, 2014-2025, was developed and focuses on a comprehensive approach to nutrition and health for children and adolescents in school. The strategy developed leaves out out-of-school children and adolescents, which is usually one of the limitations for the population that is not linked to educational centers. The strategy places the dimension of poor nutrition in the national context as follows:

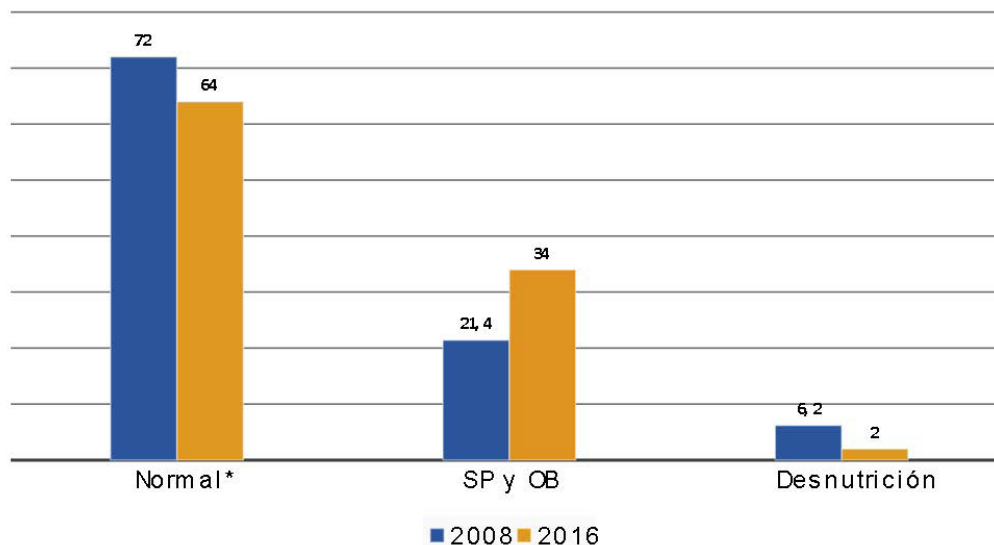
In Costa Rica, the prevalence of overweight and obesity in children and adolescents has increased over the last two decades, becoming a public health problem, which has led to the recognition of the need to provide an effective and timely response, strengthening and focusing public policies, as well as inter-sectoral actions for the promotion of healthy eating in the context of a healthy life, aimed at improving nutritional status, health conditions, prevention of overweight and obesity, as well as, other non-communicable diseases linked to diet in this population group (Ministry of Health, 2017, p.9).

As part of this strategy, in 2016, the *School Height-Weight Census* was conducted in the population of children aged 6 to 12 years, attending public schools and 60% of private schools. The measurement was made according to the body mass index (BMI), and the study showed that obesity and overweight have worsened as follows:

This latest weight/height census does not include adolescents, nor does it include children under five years of age. In the EMNA 2018 (2019, p.114) it can be seen that among children under 5, there is a total of low weight-for-age of 2.9 (moderate to severe) and 0.3 (severe); low height-for-age of 9.0 (moderate to severe) and 0.9 (severe); wasting 1.8 (moderate to severe) and 0.1 (severe); and low weight-for-height 7.4 (moderate to severe) and 2.3 (severe). While the country is not doing poorly overall, attention should be given to improving

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Figure 22
Percentage of BMI in children aged 2 to 6 years. Costa Rica, 2008 and 2016



*According to WHO.

Sources: Ministry of Health, 2009, p. 15. Ministry of Health, 2017, p. 4.

The nutritional deficiency is a key factor in all areas of child development, especially at this age. It is useless to insist on education and health in later years, if the development of the organs, especially the brain, was not appropriate.

In the *Institutional Memory* of the Ministry of Health (2018), it is highlighted that, according to the *School Weight/Height Census 2016*, it was possible to establish a prevalence of 3.6% of low height, and within this group, 0.4% with severe low height. The population segment that is most affected are children attending educational centers with 16%, children attending CEN-CINAI, with 5.4%. The rate of low height was 24.3 per 1 000 inhabitants (Ministry of Health, 2019, p. 35).

In the 2008-2009 census, malnutrition in children under 5 years of age was 5.6, according to the height/age ratio; and overweight reached 8.1 in the height/weight ratio. There was also a deficit in the height-for-age ratio of 30.6 for girls and 28.5 for boys. The prevalence of global malnutrition (low but for age) in children under 5 years of age was 18.6 for boys and 14.6 for girls (2008-2009). In this same population, the prevalence of chronic malnutrition (stunting) was 1.1%.

For children and adolescents between 13 and 18 years of age, the last measurement was in 2008-2009, in which the BMI showed 76.2% of adolescents with normal weight and 20.8% with overweight and obesity (Ministry of Health, 2009, p.18). In 2017, the population under 5 years of age, showed a low height rate of 2.2, especially in Perez Zeledon and Dota (Ministry of Health, 2018, p. 35).

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Regarding the prevalence of overweight and obesity, the percentage in the population aged 5 to 12 years, in 2008-2009, was 21.4. Therefore, from 2015 to 2018, a plan for the decrease of obesity was developed by the Ministry of Health, with the following strategies:

- Comprehensive Strategy for the implementation of the monitoring of the Student Sodas Regulation (in process of implementation).
- Implementation of the Project for the Prevention and Control of Obesity in Children from 5 to 12 years of age (62% implemented).
- Updating and implementation of menus in school canteens so that they are regionalized, considering tastes and preferences and in accordance with a balanced menu pattern, adequate to the requirements of the school population.
- Identification of schools with the highest rates of childhood obesity, according to the Weight and Height Census data already available from 2017.
- Elaboration of the National Obesity Standard.
- Establishment of the practice of 30 minutes of physical activity per day for children attending the CEN and one hour for children participating in the CINAI, preferably through play.
- Definition of a basic package of materials for the practice of physical activity in children attending CEN-CINAI. Professionals from the UNA and ICODER were consulted for this purpose. The purchase of 50 packages of specialized material to develop the physical activity component in CEN-CINAI was approved.
- Strengthening of preschool and school feeding programs through food and nutrition education for preschool and school children and promotion of the supply of healthy and nutritionally adequate food by family farming organizations.
- From 2013-2018, the Project for Strengthening Preschool and School Feeding was implemented with the objective of analyzing the current state of preschool and school feeding in the country, identifying the potential and limitations of the provision and use of food acquired in Family Agriculture. This project has had the cooperation of FAO and the government of Brazil and ended in 2018 (Ministry of Health, 2019, p.15).

As effects of this plan, attention has been focused on developing since 2016 the Sustainable Schools and CEN-CINAI, and incorporates not only children, but also parents, The initiative has been developing in Frailes de Desamparados, Perez Zeledon, San Vito de Coto Brus, Sabalito and Corredores.

While important efforts have been made, much work remains to be done to improve healthy nutrition, as "for all categories of the *Social Development Index* there are problems of overweight and obesity" (2018, p. 9).

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Table 12			
Prevalence of malnutrition by percentage according to sex and age. Costa Rica, 2016			
Variable		Severe malnutrition	Malnutrition
Sex	Man	0,3	1,5
	Woman	0,3	1,6
Age	Years	0,3	1,5
		0,2	1,3
		0,3	1,3
		0,3	1,2
		0,3	1,5
		0,4	1,8
		0,5	2,1

Source: Censo Escolar Peso/Talla 2016. Directorate of Health Surveillance, Ministry of Health, 2016.

The prevalence of severe malnutrition and undernutrition requires a more thorough identification of cases in order to overcome these deficiencies that persist, despite the great efforts the country has made to minimize them.

3.5.2 Breastfeeding

According to data presented by the Ministry of Health and the Commission for Breastfeeding (CNLM) (2018), on its page (August 1, 2018), only 21% of children are exclusively breastfed in the first 6 months of life. However, according to the **2011 Multiple Indicator Cluster Survey: situation of children and women** (MICS 2011), exclusive breastfeeding in the first 6 months was 33%. According to the 2011 National Household Survey, 81.64% were breastfed in the first hour after birth. And between 0 and 3.5 months, 97.29% were breastfed (Ministry of Health/INEC, ENHO 2010, p.21).

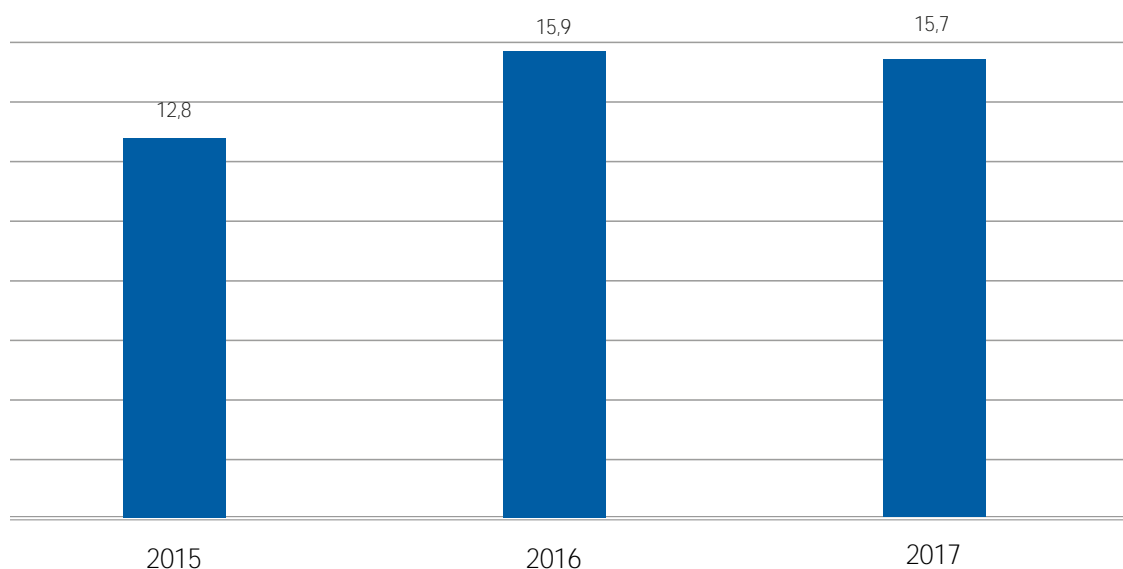
3.5.3 Anemia

In the national population, the main type of anemia is iron deficiency anemia or ADH, due to nutritional deficiencies. The National Neonatal Screening Program has been a very important strategy to prevent hereditary metabolic disease (HME), with which cognitive disabilities, other disabilities, and hereditary metabolic diseases can be prevented and treated early, as well as the cases treated for anemia due to nutritional deficiencies.

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iron deficiency. Despite the increase in the prevalence of ADH, the increase seen from 2015 to 2016 stabilized in 2017. Ideally, all newborns should be screened, and parents and guardians should not fail to take their newborns for this test.

Figure 23
Percent prevalence of anemia in children under two years of age.
Costa Rica 2015-2017



Source: Ministry of Health, Annual Report 2018, p. 18.

In the third trimester, 35% of pregnant mothers frequently present ADH. According to INEC data (2011 Bulletin), 26% had anemia and 0.4% had severe anemia. More updated data were not found. The prevalence of anemia in women of reproductive age in Costa Rica is less than 20%, and between 20% and 40% in pregnant women, between the ages of 15 and 49 years. For the WHO (2015, p. 20), in its study on the global prevalence of anemia in 2011, Costa Rica is classified as having moderate levels of anemia.

2.5.4 Low birth weight

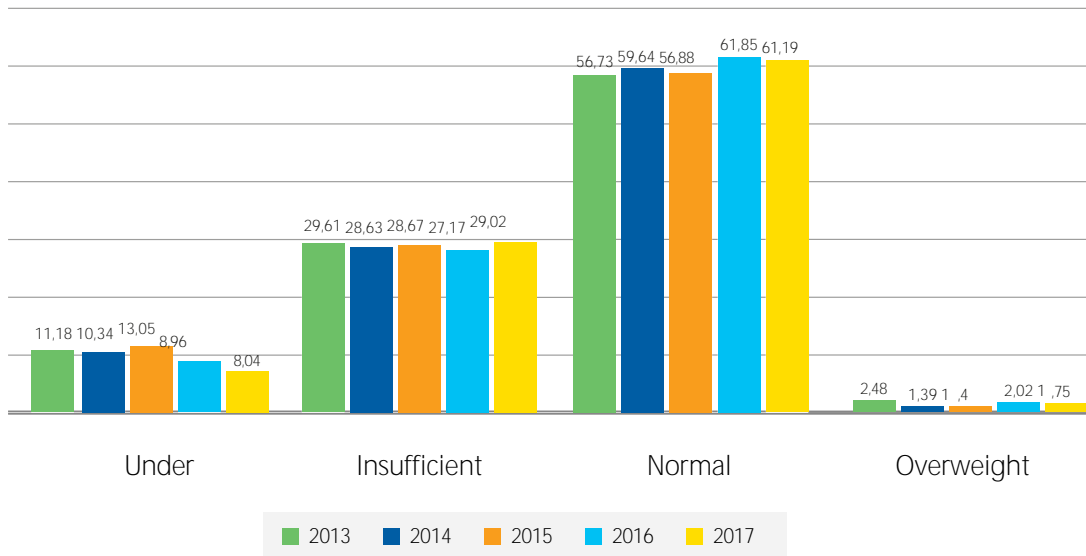
Regarding the situation of children born with low birth weight (less than 2 500g), underweight (2 500 - 2 999g), normal weight (3 000 - 3 999g), and overweight (4 000g and over), according to the mother's age, the trend is sustained and similar among girls aged 10 to 14 years and adolescents aged 15 to 19 years, as shown in Figures 24 and 25:

In general, health indicators reflect a sustained concern for improving the conditions of children and adolescents. There is a need to specialize the recording of data, so that cases of vulnerable minorities and the nuances that accompany them (Afro-descendants, indigenous peoples, migrants, functional diversity, sexual diversity, extreme poverty) are also reported, in order to be able to intervene in the populations that are lagging the furthest behind.

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Figure 24

Percentage of births according to birth weight and mother's age from 10 to 14 years old. Costa Rica, 2013-2017

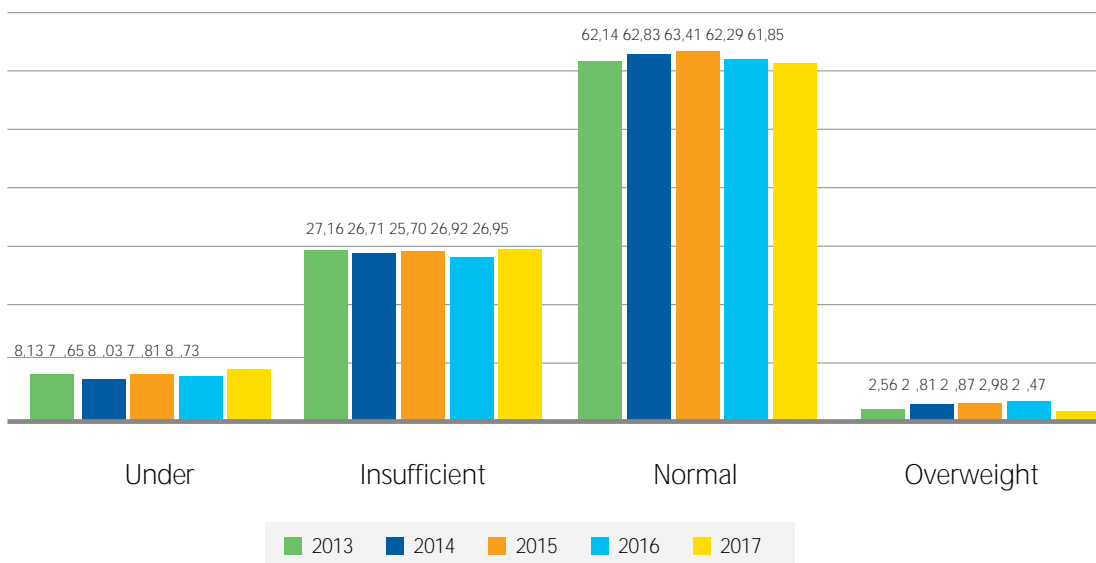


Percentage of total births.

Source: Prepared by the authors based on data from CCSS, Health Statistics Area.

Figure 25

Percentage of births according to birth weight and mother's age from 15 to 19 years old. Costa Rica, 2013-2017



Percentage of total births.

Source: Prepared by the authors based on data from CCSS, Health Statistics Area.

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The alliance between the health and education sectors has undoubtedly led to very important achievements, but a strategy is needed to reach children and adolescents who are excluded from the education system and who do not even have regular access to health services. This excluded population is of concern, because the areas where there is normally less attention are the areas where the number of minors will increase the most, and they are already under-served.

3.6. Sanitation

Sanitation is a way of preventing diseases, avoiding epidemics, minimizing child mortality (especially among children from 0 to 5 years of age), and a way of determining the degree of development of a population, as well as the living conditions for health. The main indicator is access to drinking water, but wastewater and waste management are also important.

3.6.1 Water quality and treatment

In this area, the country shows a great disparity between drinking water, its access and quality, and the gaps in wastewater treatment, which is fundamental for environmentally sustainable management by minimizing its impact on rivers, aquifers and oceans.

3.6.1.1 Drinking water

In terms of access, in 2017 it was achieved that 99.6% of the population receives intra-household water, with 93.9% of potability (AyA, 2018, p. 49), and also "the number of aqueducts contaminated by fecal coliforms was reduced from 38.9% to 22.6%, as a result of actions promoted by AyA in coordination with the other operating entities "(PEN, 2018, p.14). In addition, 76.3% receive water subject to quality control, and 88.8% water with treatment and/or disinfection. AyA supplies 51.57%, ASADAS/CAARS 30.11%, the 23 authorized Municipalities 13.29% and ESPH 5.03% (AyA, 201, p. 50). However, 51.4% of drinking water is lost due to leaks on average at the national level, and in the Atlantic Region it reaches 65.29% (ARESEP, 2019). For them, AyA has been developing, for the last 3 years, the Project for the Reduction of Nonrevenue Water and Optimization of Energy Efficiency (RANC-EE).

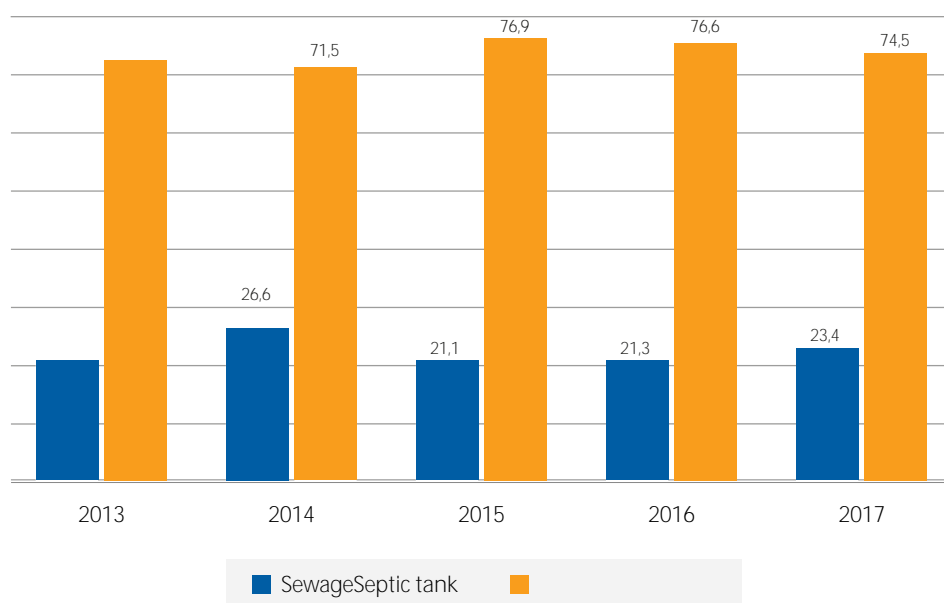
3.6.1.2 Wastewater

Seventy percent of Costa Rica's wastewater is untreated. The septic tank is the most widely used system (see Figure 26), but it is inadequate in coastal and urban areas: "Although the national distribution network allows drinking water to reach 91% of the Costa Rican population, there is 13.4% of the country's total wastewater that does not receive treatment after use"(Rodríguez Rodríguez Rodríguez, 2018).

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The total number of dwellings with septic tanks is 1 159 111, housing 3 770 672 inhabitants. In contrast, sewerage covers 355,889 households, inhabited by 1,144,141 people. Sewerage is used by about 30% in the Central region; in contrast, the septic tank is used by about 75% of households in the Chorotega, Central Pacific, Brunca, Huetar Caribe and Huetar Norte regions (AyA, 2018, p. 54). Of the wastewater conducted by sewage, only a portion receives treatment.

Figure 26
Evolution of sewage and septic tank use. Costa Rica, 2013-2017



Source: Own elaboration according to data from AyA, 2018, p.53.

Since 2014, sanitary sewerage coverage with treatment increased significantly, from 4.2% in 2014, to 8.2% in 2016 and 14.4% in 2017 (State of the Nation, 2018, p. 144). However, this is still a very low percentage, compared to what is implied by the fact that the population is growing at such a rate that sanitation systems are far from maintaining an environmentally sustainable balance:

...the country has a great capacity to take advantage of the territory and its resources to generate widely accessible services that drive human development, but many limitations to reduce the negative effects of this use and to make its economy and life in society environmentally sustainable. An example of this is the provision of water and energy to the population, without due effort to treat wastewater or reduce polluting emissions (State of the Nation, 2018, p.141).

The largest wastewater treatment plant is the PTAR Los Tajos (Uruca), which receives 37 million liters of water per day and 10 tons of solid waste per day,

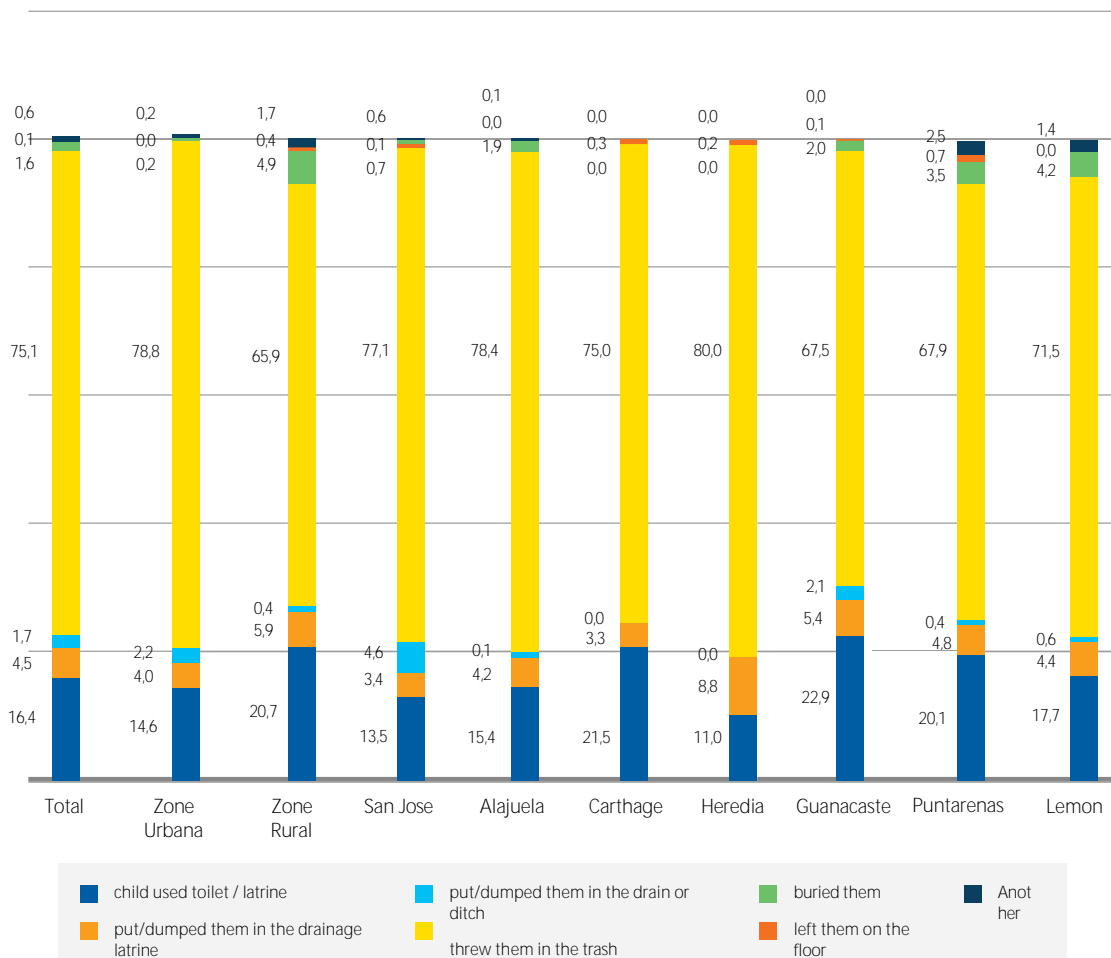
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from about 200 000 thousand people (Estado del Ambiente, 2018, pp.195- 196). However, 67% of GAM's wastewater does not have a water collection system to direct it through sewers to the treatment plant; consequently:

... untreated wastewater is discharged directly into bodies of water. Of these, the ones that receive the highest wastewater flow are the Liberia River (6,055 m³/day), the Caribbean Sea (5,757 m³/day), the Estero de Puntarenas (5,742 m³/day) and the Virilla River (5,198 m³/day) (State of the Environment, 2018, p.198).

As for excreta, the elimination of feces of young children, is predominantly done through the garbage, as detected by the EMNA 2018 survey (2019, table WS.3.5).

Figure 27
Percentage of stool elimination in children from zero to two years of age.
Costa Rica, 2018



Source: Excerpt from EMNA 2018, Table WS.3.5.

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3.6.2 Solid waste

The inadequate management of solid waste, one of the country's main environmental problems, motivated the *National Plan for Integrated Waste Management 2016-2021*. The plan began in 2010 and was updated in 2016. It should be taken into account that poor waste management affects soils, water, generates the proliferation of flies, mosquitoes, scavenger birds, bacteria, bad odor, exposed putrefaction, which becomes a complex and difficult problem to manage if it is not done in a comprehensive manner. The plan has legal backing (see Annex 11) and includes a focus on social cohesion, rights, diversity, equality and gender equity.

According to UNEP, Costa Rica has achieved 69% final waste disposal in landfills in the last decade (UNEP LAC Waste Outlook, 2018). It also has 57.1% of municipalities with solid waste management plans. However, there is a need for people to become more committed to proper waste management, and in that sense, it is important to understand "the cost of doing nothing":

- The costs to society are 5-10 times higher than the per capita financial cost of proper waste management.
- Negative externalities to society: 1. Impact on public health (infections, spread of diseases). 2. Environmental deterioration and remediation (water, soil, air). 3. Affecting economic sectors (tourism, fishing,...).
- Accidents (fires, landslides, spills, etc.): 1. 2. Compensation (Pons, 2019, p. 79).

3.6.2.1 Use of solid waste

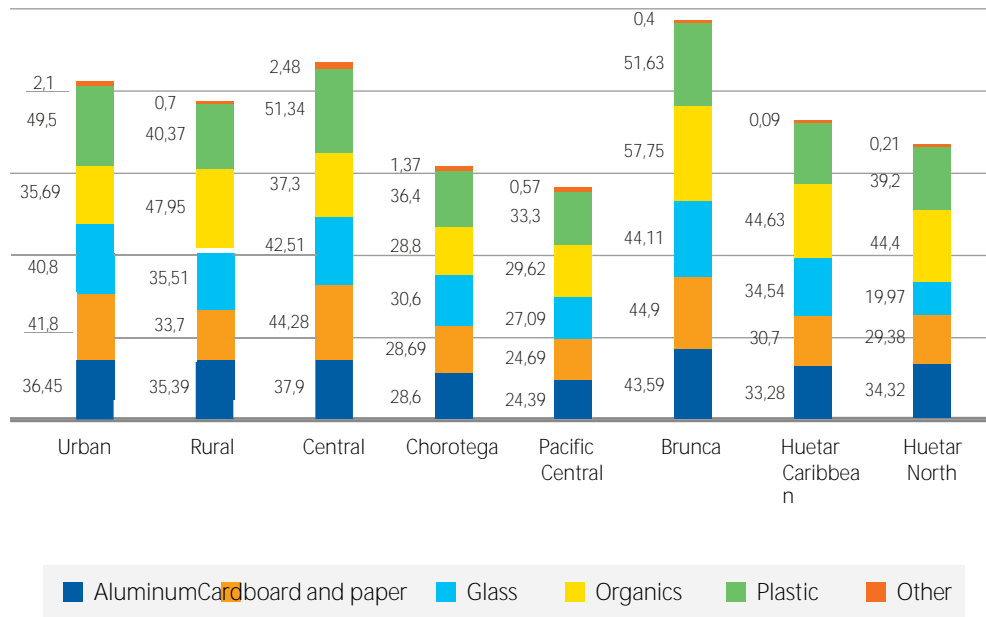
In terms of solid waste recovery, aluminum, cardboard and paper, glass, plastics, organic waste, and other unidentified materials are recovered, reused, and/or recycled in different proportions. Urban areas show a higher proportion of material recovery than rural areas. However, the differences in each region depend on the type of material; for example, the Brunca region recovers the most aluminum, and the Central Pacific the least. The Central and Brunca regions recover the most cardboard, paper, glass and plastic, and those that recover the least are the Central Pacific and Chorotega regions, which are tourist regions. Organic waste is best used in the Huetar Norte and Huetar Caribe regions. Figure 28 details these practices:

3.6.2.2 Final disposal of solid waste

The Ministry of Health has an agreement with the National University to maintain an inventory of georeferencing and physical-chemical characterization of leachates, soils and gases from dumps and landfills throughout the country, as shown in the following map:

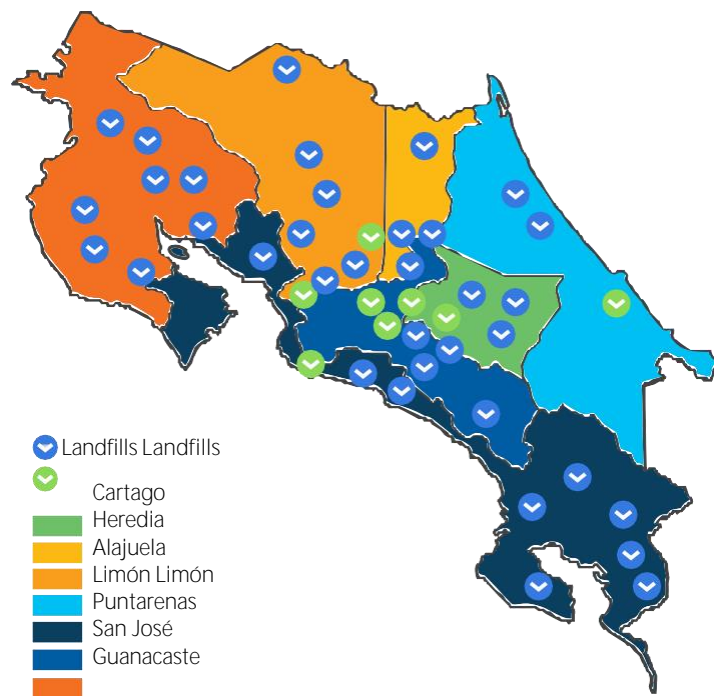
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Figure 28
Percentage of households that do separate solid waste, by type of waste and by region. Costa Rica, 2018



Source: Own elaboration based on data from INEC a, ENAHO 2010-2018.

Figure 1
Waste disposal sites in Costa Rica, 2019



Source: Ministry of Health, updated as of May 2019.

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Ideally, there should be no landfills, nor should non-traditional waste be dumped in rivers, streams and vacant lots, as these bad practices expose children to multiple health risks from contaminants and vector-borne diseases. As can be seen in the map above, most of the country transfers waste to landfills, about 36, compared to only 8 landfills.

2.6.2.3 Collection Service

The most widely used solid waste collection service in the country is the truck, which, of all the possibilities, seems to be the one that performs best, since it takes the waste to the sites established for its final destination. However, it should be taken into account that the transfer of waste should take care of the management of leachates, the total collection of waste, and its proper handling so as not to cause contamination. Often, the exposure of garbage bags on the sidewalks and streets, even many hours before waste collection, causes them to be scattered by collectors (who work on their own account), homeless people or hungry animals, thus causing a garbage problem in the streets that is difficult to solve and exposes people to health risks and inco- modity. The use of plastic garbage bags, already unsustainable, and the polluting substances they contain, especially when there is no adequate culture of waste separation, and when a large part of the population has the unhygienic practice of disposing of excrement (through diapers and toilet paper) in the common garbage, exposes the population to avoidable health risks.

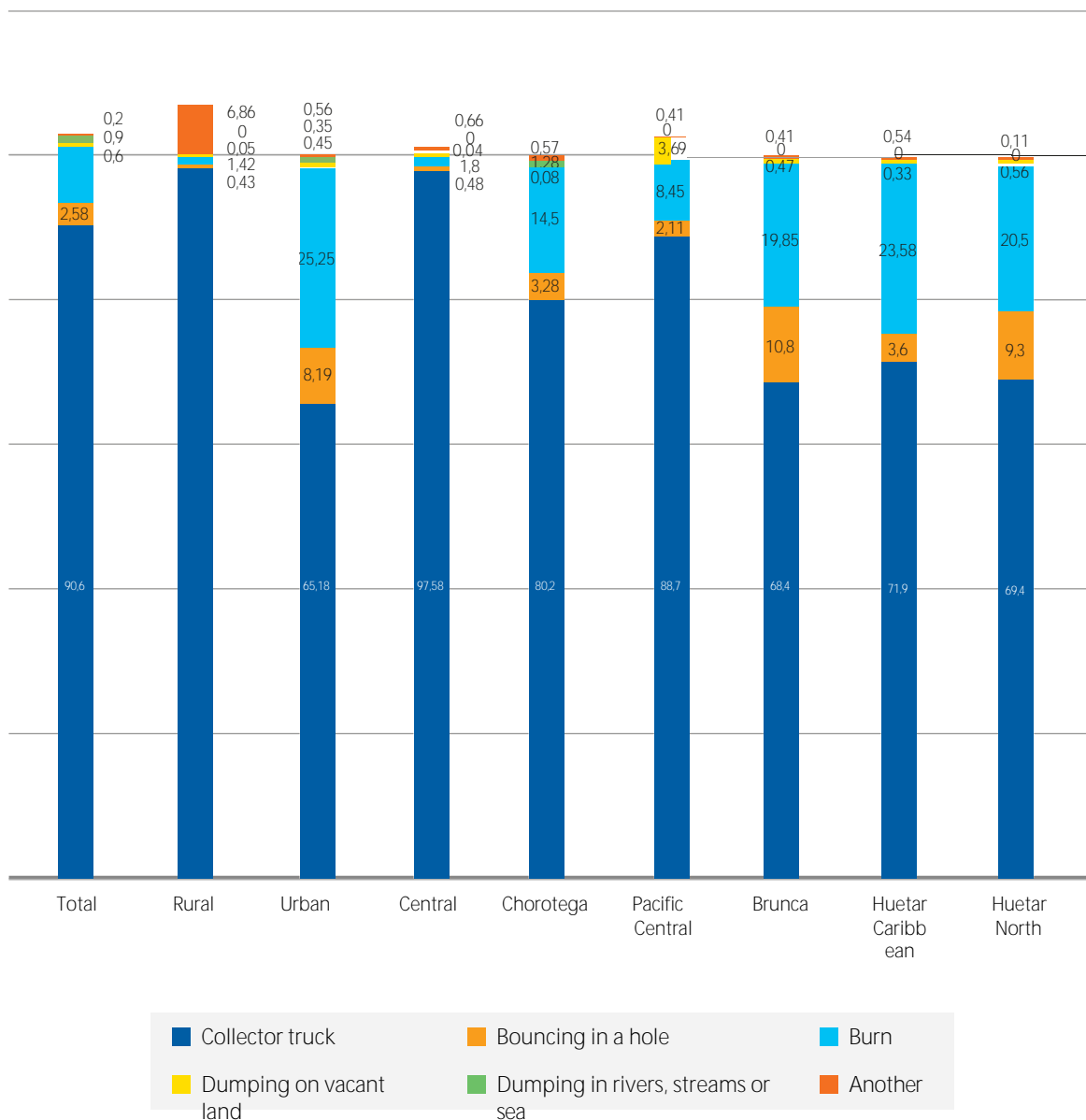
Other methods of dumping or throwing garbage in vacant lots, in the sea, rivers or streams, is even worse, because of the contamination of ecosystems. And the practice of burying or depositing waste in a hole is not a guarantee of good treatment, much less burning it, without determining the extent of the risk of fire and CO₂ emissions into the environment, as well as smoke poisoning and burning of toxic substances.

Rural areas are the ones that burn the most, and it is the second most common practice for treating waste; and in urban areas, the most common practice is the use of the collection truck. Figure 29 shows waste disposal practices in the country:

The sanitation indicators show the lack of a sustained effort to eradicate bad waste disposal practices that lead to health problems and other risks for the population in general and especially for minors. Although efforts are being made by the Ministry of Health and municipalities and other related bodies, the problem lies in the lack of education of the population, which is not systematically committed to sustainable forms of waste management from the home. It is important to emphasize that an effort should be made by the health authorities to eradicate waste dumps.

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Figure 29
Percentage of households using a disposal system, by type of disposal and by region.
Costa Rica, 2018



Source: Own elaboration based on data from INEC, ENAHO 2010-2018.

3.7 Adoptions

Children and adolescents who cannot live with their parents, for various reasons, have the right to find shelter among relatives, or to be adopted by homes that help their intellectual, physical and emotional development and meet their basic needs and special requirements, if any. Shelter should be a transitional option, while a home is being consolidated for children and adolescents who require it. The leading entity in this area is the National Children's Trust (PANI), which is interested in deinstitutionalizing the children and adolescents in its shelters, and in providing a rapid course of action to improve the quality of

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life of the children and adolescents in its shelters.

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children declared abandoned. Those interested in adopting are selected for the Bank of Eligible Families (BFE/PANI), which guarantees, in some way, that the adopted children will not be abandoned or victims of mistreatment and abuse.

Adoption can also be done directly, when the mother and the father declare the children before a judge, and the judge grants custody to another couple, even without a pre-existing emotional bond.

Another form of adoption is when the partner of the progenitor mother or father assumes the children of his or her partner as his or her own. The case is very frequent in Costa Rica, due to the high number of children born to single mothers (21,140 live births), and in free union (2,327 live births); which represents 70% of live births in 2018 (INEC, 2018). This 70% of children did not have a responsible parent.

With the entry into force of the recognition of diverse families, the spectrum of the BFE/PANI for adoptions should be opened, as part of the rights of homoparental families. This right is already a reality in families in which the parent's partner adopts the children, or by kinship. It will be necessary to wait for the fulfillment of the rights of diverse persons regarding adoption in the country, since there would be no legal impediment to obstruct it, but in some sectors there may be an impediment due to beliefs and customs, to interpret requirements 4 and 5:

PANI requirements to adopt minors:

1. Possess full capacity to exercise their civil rights.
2. To be older than twenty-five years of age, in case of individual adoptions. In joint adoptions, it will be enough that one of the adopters has reached this age.
3. Be at least fifteen years older than the adoptee. In joint adoption, this difference shall be established with respect to the younger adopter.
4. Be of good character and reputation.
5. Possess family, moral, psychological, social, economic and health conditions that show aptitude and disposition to assume parental responsibility.
6. As a general rule, persons over 60 years of age are not allowed to adopt (however, exceptionally, if the competent judicial authority authorizes it, adoption by persons over 60 years of age is allowed) (PANI, Proceso de adopción, web site pani.go.cr).

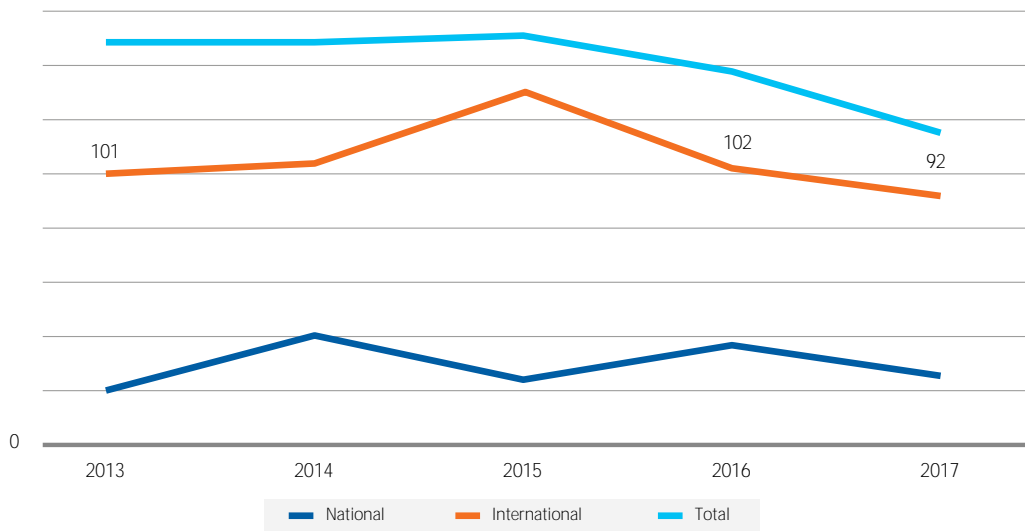
For 2018, the Supreme Court of Elections reported 227 registered adoptions, 33 guardian appointments, 140 loss of parental rights and 58 cases of suspension of parental rights (Legal Acts Section of the Supreme Court of Elections, as of 12/31/2018).

For its part, PANI reported, for 2017, 68 active files with inter-national follow-up of adoptable minors, 63 files in international promotion and 17 already placed;

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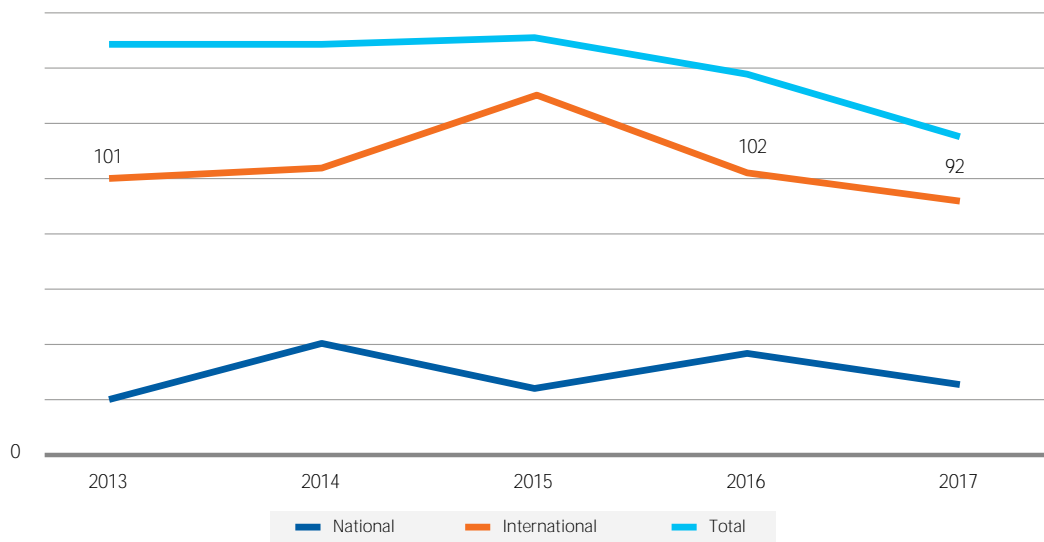
150 cases with post-placement follow-up and 292 with post-adoption follow-ups. Regarding domestic matches, 83 cases were placed between 1/1/2017 to 12/31/2017; and in international matches 19 cases between 1/1/2017 to 12/31/2017. Not all BACs are adoptable; non-adoptable BACs remain in shelters until the age of 18. Overseas adoption also occurs, as a subsidiary form. Figures 30 and 31 show the contrast between domestic and international adoption:

Figure 30
Placement of children and adolescents for adoption. Costa Rica, 2013-2017



Source: Own elaboration based on data from Servicio de adopciones, PANI, 2019.

Figure 31
New requests for assessment for the placement of children for adoption purposes. Costa Rica, 2013-2017

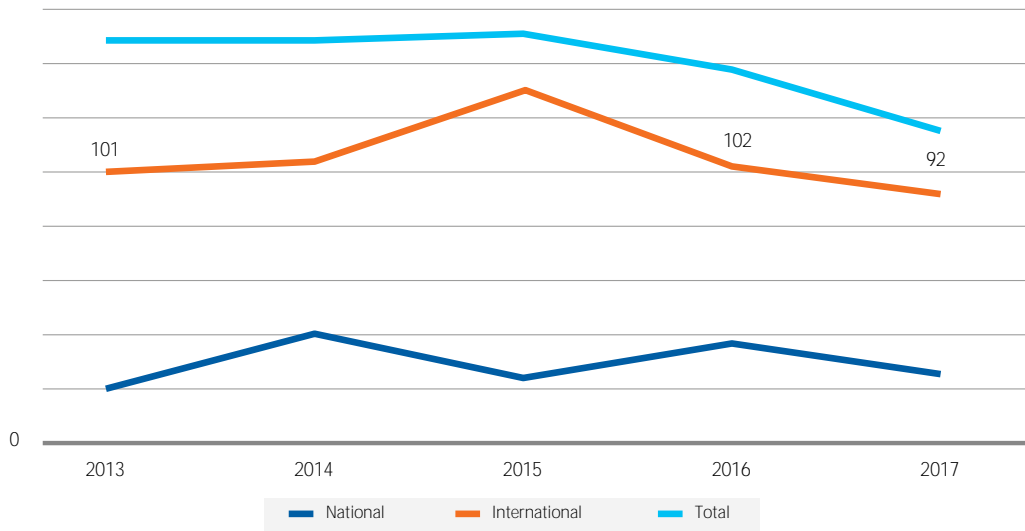


Source: Own elaboration based on data from Servicio de adopciones, PANI, 2019.

3. Survival Rights Area

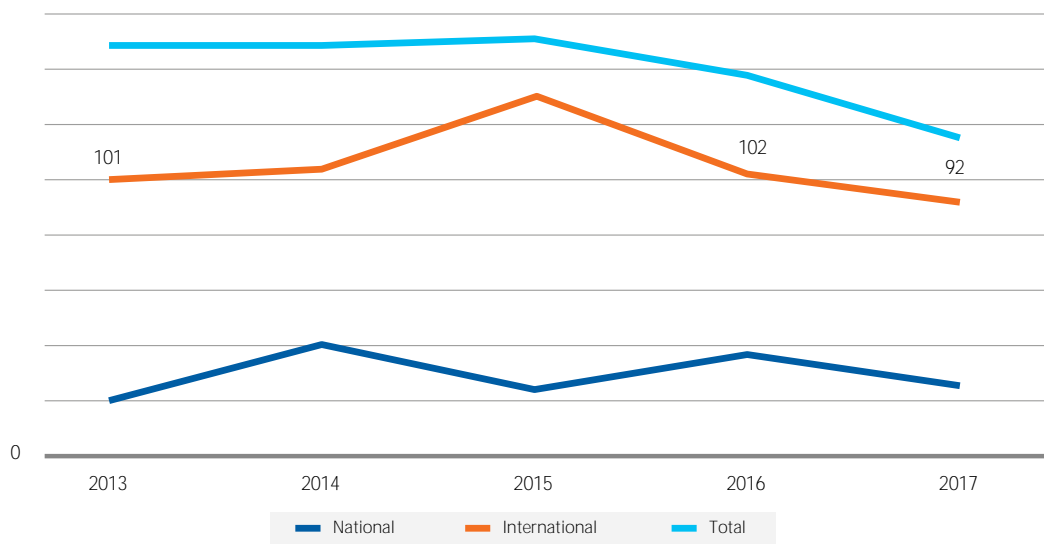
Figure 32 shows the same trend between the number of families for the placement of children and adolescents and Figure 33 for adoption, at the national and foreign level:

Figure 32
Percentages of families for placement of BFE/PANI children for adoption.
Costa Rica, 2013-2017



Source: Own elaboration based on data from Servicio de adopciones, PANI, 2019.

Figure 33
BFE/PANI to which children were placed for adoption.
Costa Rica, 2013-2017



Source: Own elaboration based on data from Servicio de adopciones, PANI, 2019.

It can be seen that there is a higher demand for adoptions domestically than internationally, and that the trend is quite stable from 2013 to 2017. If it is not achieved

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In order to increase the number of adoption, fostering or foster homes, it will be difficult to reduce the number of shelters and group homes that have institutionalized children under 18 years of age on a permanent basis.

3.8 Suggestions

Among the elements found in the area of survival, a reflection on the asymmetries in some of the indicators analyzed in this chapter should be considered:

1. The prevention of maternal and infant mortality has been successful, but there is concern that, with all the care protocols put in place to obtain such good results, there are still some cases that could be avoidable, with greater education of future mothers, both about the care of infants and of themselves.
2. The indigenous population has a mortality rate for children and adolescents that is twice as high as that of the rest of the country. It is necessary to find more effective ways in the attention and prevention plans directed to this population throughout the country. In addition, most of the location of the indigenous reserves coincide with the geographic gap that marks the inequity and forces the displacement of young people to the GAM, in search of opportunities for life. Some indigenous peoples have achieved improvements in health through hand washing and water chlorination, but these must be sustained practices.
3. The lack of more forceful actions to prevent early motherhood and fatherhood, especially in girls under 15 years of age, is of concern; in addition, early fatherhood is invisible. The transformation of cultural values that minimize this situation, as well as violence and aggression towards children and adolescents, which is evidenced, in the case of girls, by early pregnancy, has not been effectively addressed. It is hoped that Law No. 9406 on improper relationships will help to make visible, prevent and punish these abuses, mainly against girls. It should be kept in mind that the risk of maternal mortality in girls under 15 years of age is 3 to 4 times higher than in girls aged 15 to 19 years.
4. The geographic gap persists and worsens, as an aspect of the lack of equity, which reproduces a center-periphery relationship that has not been overcome in decades and is complicated by the economic crisis in general, and in relation to the fiscal crisis that the country is going through. By 2025, the population of children and adolescents is projected to grow in the provinces of Limón and Puntarenas, and these provinces have yet to resolve very serious problems, such as the lack of opportunities. It is important to reinforce the needs of each area to achieve access to the rights of children and adolescents with equity and inclusion.
5. The first cause of infant death is immaturity, and it is followed by other causes related to premature births. The IMR in 2015 was 8.34, and in 2018 it was 8.38, so it is not addressed as a problem to be solved, but treated as a sustained situation.

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6. It is important to reduce health complications due to negligence, and to understand that these are not isolated accidents, but negligent practices associated with child-rearing models. Complications due to poor management of acute infections, especially fevers and AEDs, which occur due to lack of hygiene.

7. Among the STIs, there is a need for greater prevention of HIV-AIDS in the population between 5 and 19 years of age. It should be taken into account that 32.7% of men and 12.2% of women begin their sexual life before the age of 15. It is important to educate for affectivity and sexuality from childhood; and in an updated and non-discriminatory manner. Sexuality education is not a private matter, it is a public health issue and a conservative and excluding position cannot be justified under the slogan "I will educate my children".

8. Education to accept sexual diversity, as well as the measurement of specific data and indicators on this population, is a gap that urgently needs to be filled. It is necessary to develop care protocols for LGBTIQ+ children and adolescents, when required.

9. The increase in obesity and overweight should be considered a complex problem, which also involves the socioeconomic conditions of families, who are primarily responsible for the nutrition of children and adolescents. It is important to expand the coverage of strategies for the nutrition of out-of-school children.

10. In sanitation, there are important doubts about the lack of wastewater treatment, and the management of domestic waste could be improved, since the country has only 8 sanitary landfills, compared to 36 dumps, and that is not counting the unauthorized and inconvenient practices, which is aggravated because in many communities the garbage and its pollutants end up in rivers, streams and beaches, where people bathe, especially children and adolescents. It is often not considered that in the country it is customary to throw a large amount of excrement in the garbage, such as diapers or toilet paper, pet excrement, which develops the presence of coliforms in the water and favors the appearance of infections.

11. It is necessary to promote a culture of adoptions and foster families in order to disinstitutionalize shelters and orphanages, so that they are only spaces for rapid response to temporary situations, as far as possible. For those cases where there is no other option but to keep them in these spaces, the quality of care should be improved to avoid situations of delayed development and affectivity, and to eliminate the risks of abuse or violence against children.

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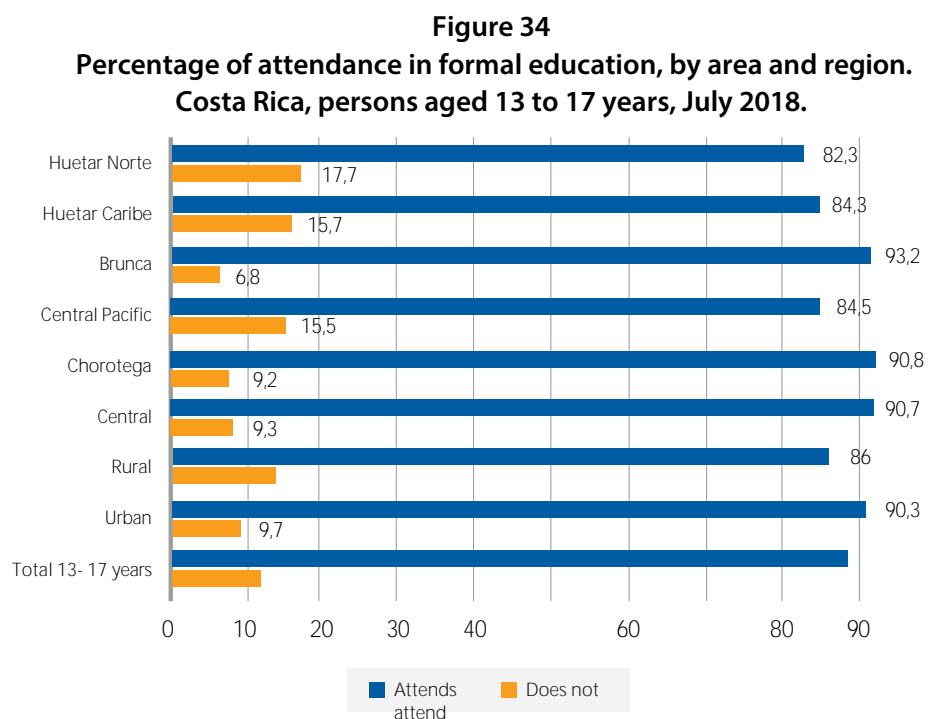
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In this area, special consideration is given to indicators related to the education of children and adolescents.

4.1 Educational coverage

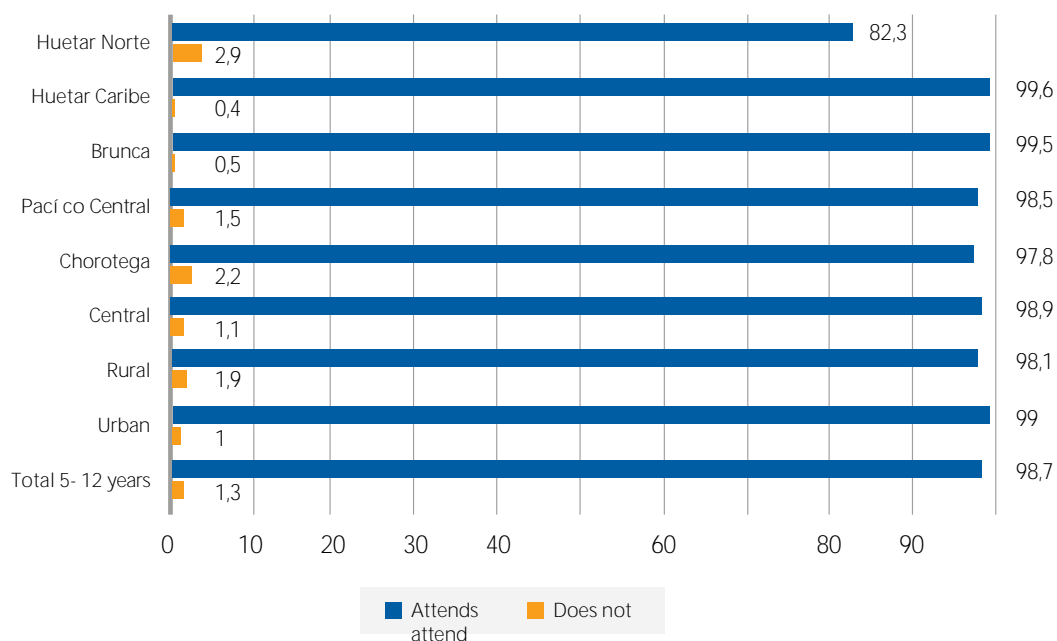
In the country, lags in formal education attendance persist among the population aged 13 to 17 years, which is where student dropout is most evident, and is frequent in the most economically depressed areas, and with slower development, but with a growing population of children and adolescents: Huetar Norte (17.7% do not attend), Huetar Caribe (15.7% do not attend), and Pacifico Central (15.5% do not attend). It is important to note that in the Brunca region, on the other hand, the percentage of non-attendance is the lowest in the country, 6.8% (INEC, ENAHO, 2018, table 1). This is a curious fact, since it will be necessary to analyze what has been done to see what possibility there is to replicate in other regions this encouraging result in the Brunca region. Non-attendance is higher in rural areas by 4.3 percentage points than urban areas.



Source: Own elaboration based on data from INEC a, ENAHO 2018.

In the case of the population of children and adolescents between 5 and 12 years of age who attend formal education, the Huetar Norte region (2.9% do not attend), Chorotega (2.2% do not attend), and Central Pacific (1.5% do not attend), are the regions with the highest incidence. Rural areas almost double the non-attendance compared to urban areas.

Figure 35
Percentage of attendance to formal education, by area and region.
Costa Rica, persons aged 5 to 12 years, July 2018



Source: Own elaboration based on data from INEC a, ENAHO 2018.

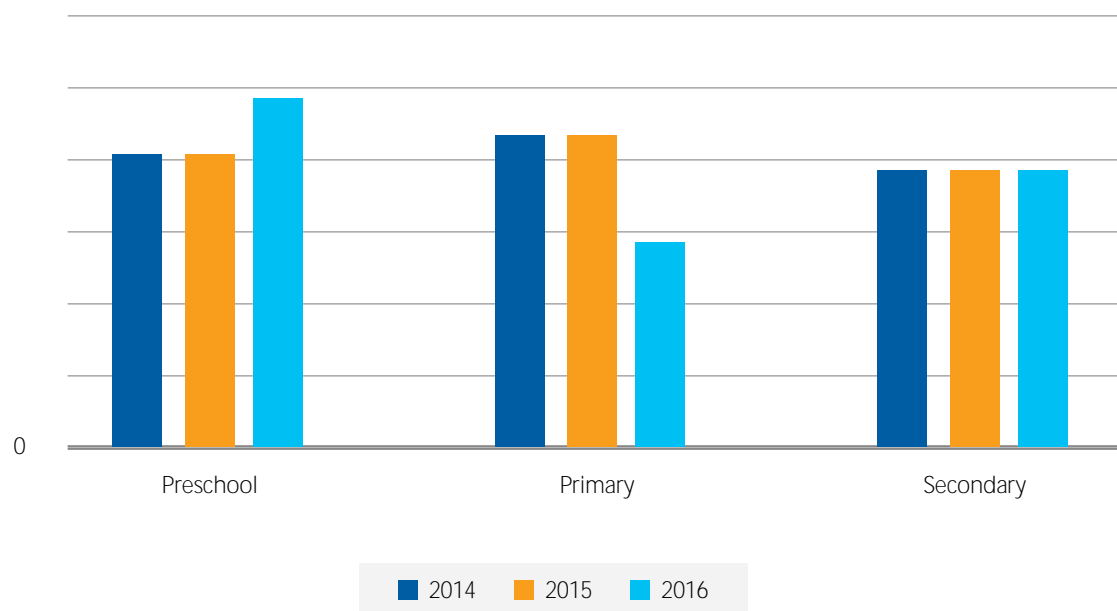
The gross schooling rate and the net rate, according to the MEP Statistical Report (2019), can be contrasted in the following table:

Table 13		
TBE (2018) and TNE (2016) rates in Costa Rica.		
	Gross Schooling Rate	Net Schooling Rate
Year	2018	2016*
Interactive II	84,5	62,3
Transition cycle	102,3	89,5
Primary Education	108,5	
Secondary Education	128,5	78,8
Diversified education	122,6	47,4

Source: Department of Statistics/MEP, 2019, p.25.

Schooling coverage in the country had a certain stability, but the data for the 2018 school year has the particularity of being generated in the context of a strike that lasted 89 days, and whose effects and the remedial plan applied, may have affected the trends in the results recorded. Nevertheless, attendance improved in the initial stage from 4 to 6 years old, from 7 to 12 years old showed a decrease in 2018, and from 13 to 17 years old (high school) did not present significant variations.

Figure 36
Coverage rates by percentages in preschool, primary and secondary education.
Costa Rica, 2016-2018



Source: Own elaboration based on data from MEP, Matrícula Inicial en Colegios 2014-2018.

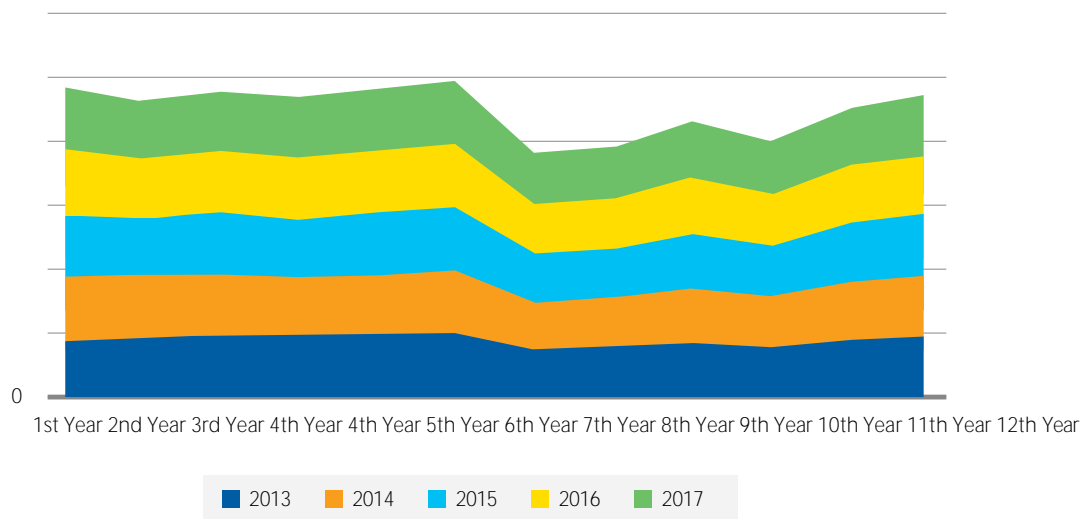
4.2 School performance

The stimulation of cognitive abilities, especially the capacity for abstraction, is fundamental for the development of learning, and the effort that has been made for children to attend the initial stage must be recognized. However, the latest *State of Costa Rican Education* (2019), notes the lack of coverage in the population from 0 to 3 years of age:

In the 2017-2019 period, preschool education showed a positive balance in terms of enrollment and coverage. The number of children in the classroom grew substantially, thanks to the availability of public services in areas of high social and economic vulnerability. Despite the undoubted progress, universalization of the level is not a goal that has been achieved. There are pending tasks, especially those of addressing the lag in the coverage of the population aged 0 to 3 years, which is still low due to the onerousness for the State to offer high quality services to such young children (PEN, 2019, p.44).

The pass rates show a variation (see Figure 37) between the school and the school, which does not show whether it is the school that does not adequately prepare the students or whether it is the school that demands more than the students can give, but this disparity should not occur in a continuous educational system. This situation is also evident in Figure 38, which shows how the failure rate in the seventh grade is more noticeable than in other years.

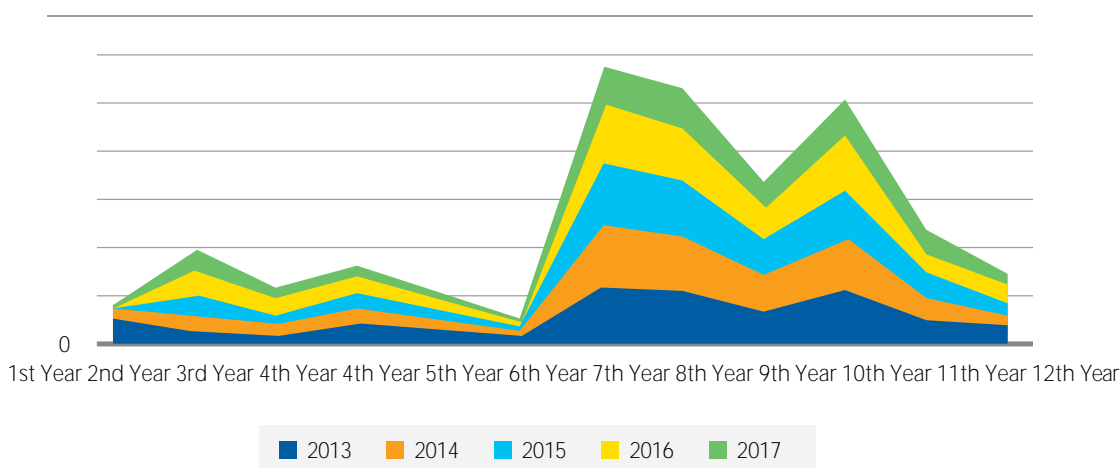
Figure 37
Percentage of students passed. Costa Rica, 2013-2017



Source: Own elaboration according to data from Department of Statistics/MEP, 2019, p. 6.

The tenth year is usually a year of high repetition, because it acts as a particular filter before the eleventh year, to stop the population that has no chance of success, and also because it is a new change of level to a diversified cycle. It gives the impression that the educational system does not prepare students for these changes. Figure 36 clearly shows the two peaks of the highest percentages of failed students, in seventh and tenth grade:

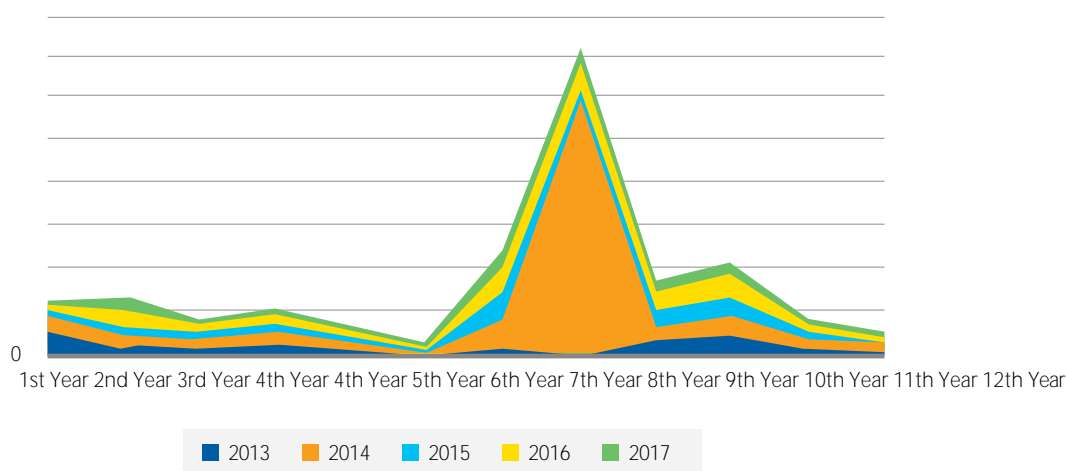
Figure 38
Percentage of failed students. Costa Rica, 2013-2017



Source: Own elaboration according to data from Compendio estadístico, MEP, 2019, p. 8.

These characteristics of grade repetition have been worsening over the years, to the point of increasing, instead of finding a solution, which is why it is not considered a problem, nor is a plan of containment and improvement of student performance being sought.

Figure 39
Percentage of repetition according to year completed, public, private and subsidized dependency.
Costa Rica 2013-2018*.



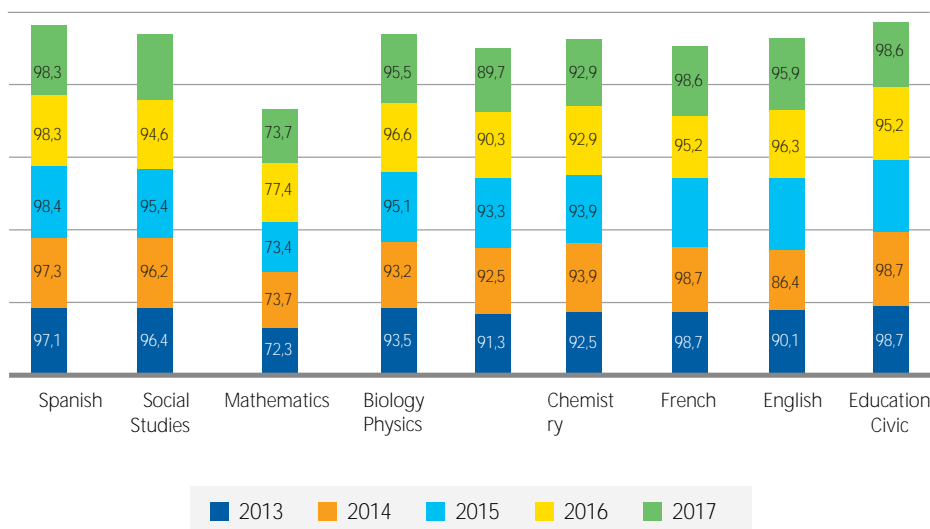
*This information is current as of 2018, but does not include 2017.

Source: Own elaboration according to data from Department of Statistics/MEP, 2019, p. 2.

4.3 Exclusion from the educational system

The significant drop in passing grades from primary to secondary school has caused adolescents between 13 and 15 years of age to become demotivated and drop out of school (see Graph 38). The transition from 10th to 11th grade, in which there is a loss of young people due to repeats and failure to pass, is also reflected in Figure 38 on intra-annual exclusion:

Figure 40
Percentage of population of intra-annual exclusion, from 1^o cycle to diversified education, day and night. Costa Rica, 2013-2017



Source: Own elaboration according to data from Department of Statistics MEP, 2019, p. 4.

4.4 National Baccalaureate Test Results

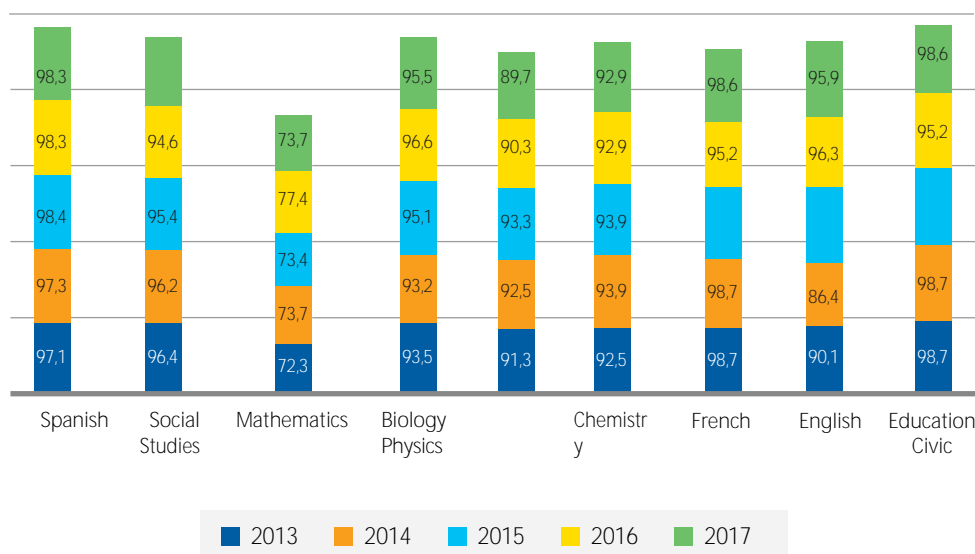
Table 14					
National Baccalaureate Test Results. Costa Rica, 2014-2018					
Baccalaureate	2014	2015	2016	2017	2018
Number of students	36 130	38 340	37 775	40 541	40 898
Number of approvals	25 203	26 041	26 709	29 700	28 698
Number of deferrals	10 927	12 299	11 66	10 841	12 200
Average exam grade Average	72,3	70,3	71,2	73,5	71,2
bachelor's grade Average bachelor's	83,4	82,9	84,6	83,5	83,9
grade	69,8	67,9	70,7	70,6	70,2
Percentage of promotion					

Source: MEP Statistical Compendium, 2019, Axis 2.

Mathematics continues to be the test with the lowest passing rate. There should be a rethinking not only of the teaching of mathematics, but also of the development of cognitive skills that facilitate logical reasoning processes, both mathematical and argumentative, and these skills should be taught early, starting in the early childhood cycle.

The change in the dynamics of the tests, adjusting them to the national reality, implies a risk, and that is that other desirable realities will never be reached. A reflection is needed on the reasons why students are not able to solve these tests more successfully, but rather, as can be seen in Table 14, the results of the test show a stagnation of the passing level and, on the contrary, no effort for its improvement can be appreciated.

Figure 41
Percentage pass rate by subject in the National Baccalaureate Examination.
Costa Rica, 2013-2017



Source: MEP Statistical Compendium, 2019, Axis 2.

The MEP has several strategic projects for 2018-2022, in order to overcome quality problems and reduce exclusion. Among these projects are expanding the coverage of the maternal and child cycle and developing centers from 0 to 4 years of age; increasing the number of primary and secondary centers that provide the full curriculum and distance attention for youth and adults who have not completed basic education; measures for intra-annual reduction in the third and diversified cycle; improving the quality of educators with changes in the curriculum and evaluations; evaluate the quality of learning with tests adapted to the national reality (FARO Tests), improve the MEP's information systems; generate an interactive network with all educational centers and the MEP, both at the educational and administrative levels and with the implementation of the National Mobile Technologies Program; reinforce language learning (STEAM Programs for secondary), and work life skills with seventh grade population in 24 schools at social risk (MEP, 2019 b, in PEN, 2019, p.125).

It is expected that with these strategies, there will indeed be an improvement in the quality of education, but there will also be a basis for monitoring and evaluating the process, which could provide new guidelines. One thing that has not been considered is the teaching of languages from the early childhood cycle, which is the best time for children to begin developing a second language, as well as artistic skills. It would help a lot for the implementation of the mentioned strategies if the infrastructure of the educational centers were adequate, with equipment and conditions of care that would indeed facilitate the development of the projects, and this is a sensitive point that is not feasible even in the medium term: "in preschool classrooms there are minimum levels of total quality" (Estado de la Educación Costarricense, 2018, p. 97).

4.5 Suggestions

The MEP has 25,000 teachers, but in 10 years, only 3,731 schools (8% of all schools in the country) offer the complete curriculum. A change or improvement in any aspect of the educational sector is very noticeable, as well as its shortcomings. This situation occurs not only because of volume, but especially because of the delicate task of facilitating cultural reproductions and innovation, when desired, towards values, habits and practices that are fundamental for social interaction and the development of children and adolescents. Hence, we make the following considerations:

1. Access to education and attendance or connection for students in rural areas must be improved, as rural areas have double the non-attendance rate compared to urban areas.
2. From the levels of failure, it can be seen that there is a lack of continuity in the educational system that makes transitions difficult in the seventh and tenth years; this shows that the educational skills developed are insufficient for children to develop learning in different contexts (from primary to secondary school).

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3. Education is a process that is fundamentally based on education in values, and therefore also the improvement of communications, the ability to move through different spaces and interact with different people are opportunities that should be reinforced, hopefully not only by "virtual connection".

4. Deficiencies in logical-mathematical development and in languages or artistic skills should be addressed from the beginning of educational training. Efforts should be made to expand attention to the population from 0 to 6 years of age; this is a key point in improving the quality of education for future generations, because of the opportunity for cognitive development at this stage of life.

5. A persistent concern is to know what a person can do once he has obtained his baccalaureate, or when he does not achieve it, since he would not be in a position to perform in a job, if he manages to do so. Training should be better oriented towards the working life of young people, and higher education should not be indispensable for their survival. Nevertheless, education in Costa Rica remains a pillar of social mobility.

5. Protection Rights Area

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5. Protection Rights Area

This area addresses elements of external mortality, protection of children and indicators on the condition of children in armed conflicts. This last segment of indicators does not apply to Costa Rica, which, fortunately, is not at war and does not have internal armed conflicts. However, there are armed gangs and localities with a significant presence of drug trafficking and drug addiction throughout the country. The Zurquí Youth Training Center has 2 inmates under 15 years of age, 41 between 15 and 18 years of age, 57% of whom are adolescents for crimes against life (homicides or attempted homicides), 36% for crimes against property, 4% for disobedience to authority, and 3% for sexual crimes. The barely maximum for young people aged 15 to 18 years is 15 years, and for those aged 12 to 15 years is 10 years (Chaves, K., 2018). This problem is aggravated by the vulnerability to criminal networks of the 22 000 young people who neither study nor work, known as "NINIS" (MEP Resources, 2019 b). And on the other hand, the figure of the "narcofamilia" and "narcomenudeo", which induce children and adolescents to commit crimes in illicit activities. The cultural environment does not contribute either, as it pushes young people to reinforce their idea of masculinity through violence:

... the conflicts between gangs and the way in which violence is used on a daily basis among young drug dealers are "performances of hegemonic masculinity. If, in order to reaffirm their own masculinity, men involved in drug dealing must continually put violent practices into action, it is not surprising that between 2015 and 2016, 96.8% of intentional homicides related to drug dealing were carried out by men (COMESCO 2017, cited by Saborío, 2019).

5.1 Introductory aspects of protection

The 1989 *Convention on the Rights of the Child* was a formal breakthrough in terms of conception and, in particular, state intervention with regard to children and adolescents. Among its many contributions is a particular characterization of the protection of the population. The possibility of a life free of violence, exploitation and abuse is what protection seeks to develop, given that prior to the enactment of the CRC, the formal relationship with these subjects was based on conceptions governed by charity, beneficence, pity or control, hence this international legal instrument represents an intention to break with such considerations, but, especially, protection implies a signal for the attention of such situations (Brenes, 2016).

In this regard, an intersection that arises between the promulgation of the *Convention on the Rights of the Child* and protection is the Paradigm of Integral Protection, which breaks with the previous conceptions and interventions described for the population. The inclusion of this new principle implies the absolute priority of the State to carry out policies, programs, plans and actions that guarantee the effective fulfillment of the rights of children and adolescents (Buaiz, 2003).

In this sense, Integral Protection is made up of four basic principles, which in turn are specified in the CRC. These principles are equality (contained in Article 2), the best interests of the child (contained in Article 3), the absolute priority of children and adolescents (in Article 4), and solidarity (contained in Article 5). In general terms, it is possible to state that such principles structure Integral Protection (Buaiz, 2003).

The Patronato Nacional de la Infancia, created by Law No. 39 of August 6, 1930, under its various care strategies in 10 regions of the country (San José Central, San José Sur, Huetar Norte, Alajuela, Cartago, Heredia, Huetar Caribe, Chorotega, Central Pacific and Brunca), with 52 local offices, and covers with its programs 5646 children and adolescents (as of March 2019) in the Care Network, 2 788 subsidized solidarity homes, and 2 096 non-subsidized homes. Through residential NGOs with agreements, 2 097 children and adolescents are served, and 400 shelters are supported throughout the country (PANI, 2019).

5.2 National regulations and national systems of integral protection

Regarding the translation of these regulations for Costa Rica, it is possible to ensure that the State subscribed to the CRC in 1990, which led in 1998 to the enactment and approval of the *Code of Children and Adolescents*; which harmonizes Costa Rican laws in line with this international instrument, and includes the regulations that meet the requirements of such international legal subscription (Brenes, 2016).

Regarding the identification of protection in said national regulations in derivation of the requirements of the CRC, as well as the *Code of Childhood and Adolescence*, it is possible to point out the creation of the National Protection System and the Local Protection Subsystems (Brenes, 2016).

In this regard, the National System seeks to guarantee the comprehensive protection of the rights of children and adolescents through the design of public policies and the execution of programs aimed at the population; this system is made up of the National Council for Children and Adolescents, a series of institutions represented before the Council, representatives of the child protection boards and committees for the protection of the rights of children and adolescents. In view of the gaps experienced in terms of public agencies, community participation and coordination links at different levels of Costa Rican society, the Local Protection Subsystems Program was created in 2008 through an Executive Decree under the responsibility of the National Child Welfare Board.

5.3 Public policies on children and adolescents within the framework of protection of children and adolescents.

Within the framework of the actions developed for compliance with the CRC and the Code for Children and Adolescents, the Costa Rican State has designed a series of actions

The policy is based on systematic approaches to intervene in the actions of public institutions that work with this population. It is for this reason that in 2009 the ***National Policy for Children and Adolescents (2009-2021)*** was presented, comprising, among other aspects, six axes: democratic institutionalism, person, family and community, comprehensive health, education, culture, play and recreation, as well as special protection, from which strategic actions derive (PANI, 2009).

In the line of strategic actions, the ***National Agenda for Children and Adolescents (2015 - 2021)*** was presented in 2015 (PANI, 2015 a), which addresses the proposed goals in two blocks: 1. Construction of favorable environments for the fulfillment of the agenda; 2. The promotion of the comprehensive development of minors divided into three age groups, 0-6 years, 7 to 12 years and 13 to 17 years. Similarly, the ***Early Childhood Policy (2015-2020)*** was enacted in a complementary manner (PANI, 2015 b).

The Agenda emphasizes early childhood, the transition to school and adolescence, with the aim of defining goals in education, health and psychosocial development of children and adolescents, through institutional and social liaison, to improve children and adolescents both qualitatively and quantitatively, and that these goals serve as a guideline for accountability and for guiding the strategic decisions of institutions. The ***Agenda*** prioritizes goals to achieve early childhood development, attack domestic violence and citizen insecurity, eradicate physical punishment and humiliating treatment, prevent teenage pregnancy and generate protection mechanisms against violence in cyberspace (PANI, 2015 a, p. 8).

For its part, the ***Early Childhood Policy*** (PANI, 2015 b), makes a diagnosis of the situation of early childhood in Costa Rica, to establish objectives, values and principles that should permeate the work of institutions and society in relation to children.

In this regard, once the general aspects related to protection in terms of the international and national framework have been presented, the information found will be presented in three areas: work and exploitation, violence and conflicts with the law.

5.4 Labor and exploitation

Work is the main way of satisfying basic human needs that people have in the context of contemporary society; however, when it is performed by a child or adolescent, it entails a series of vulnerabilities for this population, as well as a series of conditioning factors for their development. In Costa Rican society, the trend in the world of work is marked by the economic slowdown, a contraction in the service industry and commerce, as well as a significant growth in informal work.

With regard to this situation, the National Household Survey (INEC, 2017) indicates that there were about 30,000 children and adolescents who are working, figures that have varied with respect to the figure recorded in 2011 of 42,000 and in 2001 of 113 000. In that regard, of the total submitted for 2017, 56% representing the amount

of 17 000 are in the central region of the country, while the remaining amount is located in the Brunca, Huetar Norte, Huetar Caribe, Central Pacific and Chorotega regions (INEC, 2017).

In line with what was presented, 25% of the population is between 5 and 17 years of age. Of this group, 3.1% work, which is 1.2% less than the 4.3% that did so in 2011. It should be noted that there are more men than women working (INEC, 2017).

In this regard, the Gender Observatory of the Judiciary indicates the existence of the following number of crimes related to paid sexual acts with children and adolescents; for the year 2016, 23 situations were recorded, for the year 2017, 43 were recorded and, for the year 2018, there were 38 situations (Judiciary a, 2019).

Regarding the violation of the rights of the working population, PANI records the following number of violated rights as victims of child labor. For 2015 there were 53 situations; in 2016 there were 80 cases; for 2017 there were 64 situations and, for 2018, there were 54 situations (PANI b, 2019). In terms of labor exploitation, PANI recorded 29 situations in 2015, 26 in 2016, 25 in 2017 and 22 in 2018 (PANI c, 2019). Table 15 shows these figures:

Table 15					
Frequency of reported child labor situations.					
Type of complaint	2015	2016	2017	2018	Total
Child labor					251
Child Exploitation					102

Source: PANI c, 2019.

For its part, regarding household chores the EMNA survey (MS, INEC and UNICEF, 2019) indicates that out of a total of 490 365 children aged 5-11 years 70.3% claimed to participate in household chores of less than 28 hours, out of a total of 226 286 adolescents aged 12-14 years 89.5% participated in household chores of less than 28 hours, out of a total of 258 267 children aged 15-17 years 89.7% claimed to participate in household chores of less than 43 hours.

5.5 Violence

The following section will present some of the main situations related to threats to the integrity and dignified life of children and adolescents.

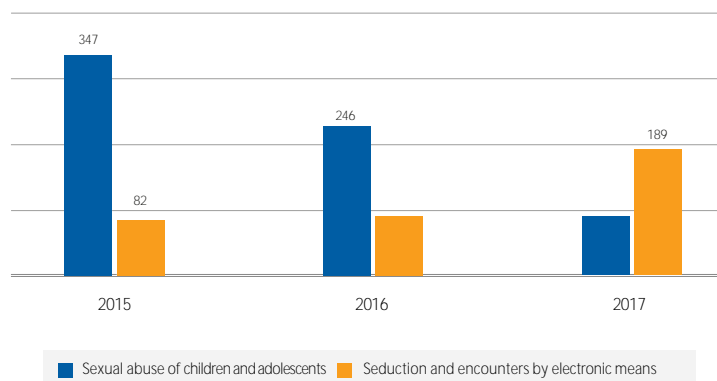
In this regard, regarding the violation of rights of the population for living in **street** conditions, PANI recorded for 2015 a number of 132 situations, for 2016 a number of 66 situations, for 2017 a number of 104 situations and for 2018 a number of 101 situations (PANI a, 2019). Only in 2016 the number of cases dropped below 100, which is very unfortunate, since no contingency plan is being carried out. About this situation, there is presumably an underreporting.

On the other hand, regarding domestic violence situations, the Gender Observatory of the Judiciary records the following number of cases filed, for 2016 it recorded 47,272, for 2017 it recorded 42,548 and for 2018 it recorded 42,793 (Judicial Branch b, 2019). In this regard, according to data from the Observatory the number of protection measures, according to alleged aggressors was 52 423 men which is equivalent to 79% and 13 615 women which is equivalent to 21% (Judicial Branch c, 2019).

That line of the stated it is possible to identify a number of 1 319 girls, boys and adolescents alleged victims of domestic violence for the year 2018 (Poder Judicial d, 2019). Regarding the number of alleged victims in domestic violence according to marital status and sex for the period 2018 it is possible to identify the following figures, of single people 6 816 are men and 31 257 are women, of married people 4 791 are men and 14 757 are women, of divorced people 1 528 are men and 5 418 are women (Poder Judicial e, 2019).

In relation to sexual abuse against children, adolescents and incapacitated persons, as stated by the Gender Observatory of the Judiciary in 2016 the number was 2,826, for 2017 the number was 3,598 and for 2018 the number was 3,734 (Judicial Branch f, 2019). At that thematic level, the following number of crimes related to seduction or encounters with children and adolescents by electronic means was identified, for the year 2016 the number was 96, for the year 2017 the number was 141 and for the year 2018 the number was 229 (Poder Judicial f, 2019). Figure 42 shows the number of reports to the Judicial Investigation Organism (OIJ) on abuse against children and adolescents and seduction and encounters by electronic means:

Figure 42
Complaints received by the OIJ, for sexual abuse and seduction of children and adolescents. Costa Rica, 2015-2017

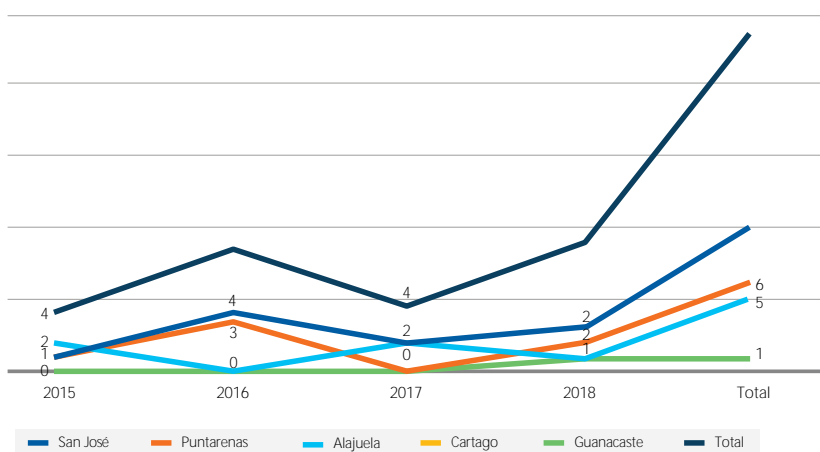


Source: Own elaboration based on data from OIJ, 2019.

Regarding the suicide of children and adolescents, in the 4-year period (2015-2018) there were 23 cases. In 2018 the figure rose to 8 cases, and in 2016 there were 7, while in 2015 and 2017 there were only 4 cases each year (see Figure 43). Therefore, suicide is far from being an alarming cause of death, compared to the 105 cases of drowning and 108 cases of homicides reported in the same period among children and adolescents (OIJ,

2019). By provinces, in the period 2015-2018, San José recorded the most suicides with 10 cases presented, followed by Puntarenas with 6, Alajuela with 5, Cartago 1, Guanacaste 1 (Limón and Heredia did not report cases). The majority of suicides are adolescents aged 12 to 18 years (18 cases), and children aged 0 to 12 years presented 5 suicides. Suicide prevention among children and adolescents should not be neglected because there are only a few cases, but more attention should also be paid to other risk factors that leave them in more vulnerable situations.

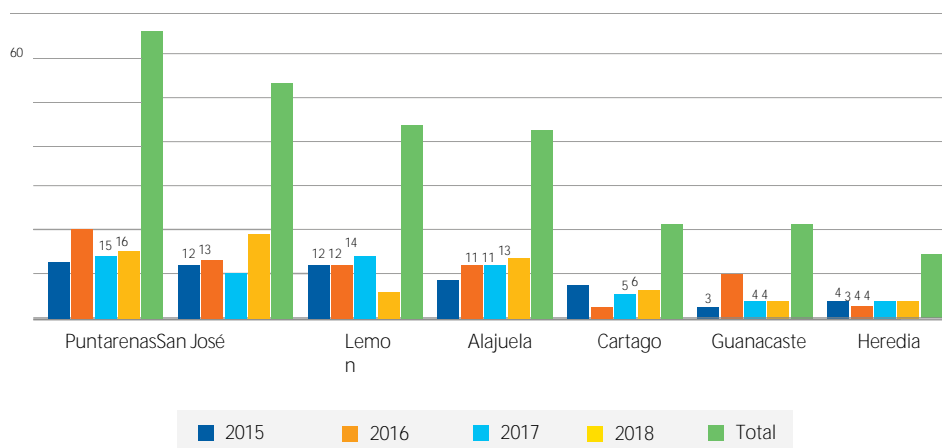
Figure 43
Suicides of children and adolescents. Costa Rica, 2015-2018



Source: Own elaboration based on data from OIJ, 2019.

Among the causes of deaths of PME due to external causes, the 2015-2018 period accumulated 263 deaths, of which, in Puntarenas totaled 65, and in 2018 alone, the national total reached 68. In San José there were 54 deaths, in Limón 44, in Alajuela 43, in Cartago 21, in Guanacaste 21 and in Heredia 15 (see graph 44). In this same 2015-2018 period, the total number of deaths of adolescents aged 12 to 18 years was 149, and there were 114 cases of boys and girls aged 0 to 12 years.

Figure 44
Frequency of deaths of children and adolescents due to external causes, by province. Costa Rica, 2015-2018



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The type of external causes is varied and refers to different causes of disease, traffic accidents or suicide. In principle, these are preventable deaths, often due to negligence. The largest number of cases is homicides, which reports for the period 2015-2018, 108 cases, of which the province of San José presents 36 cases, 23 Limón, 14 Puntarenas, 13 Alajuela, 11 Cartago, 15 Heredia, 6 Guanacaste. The second type of external cause of death for the same period is drowning, with a total of 105 cases, of which 39 cases occurred in Puntarenas, 21 in Alajuela, 15 in Limón, 9 in Guanacaste, 8 in San José, 7 in Cartago, 6 in Heredia. The following table shows the variety of types of deaths and age ranges reported by the OIJ (2019) for the period 2015-2018:

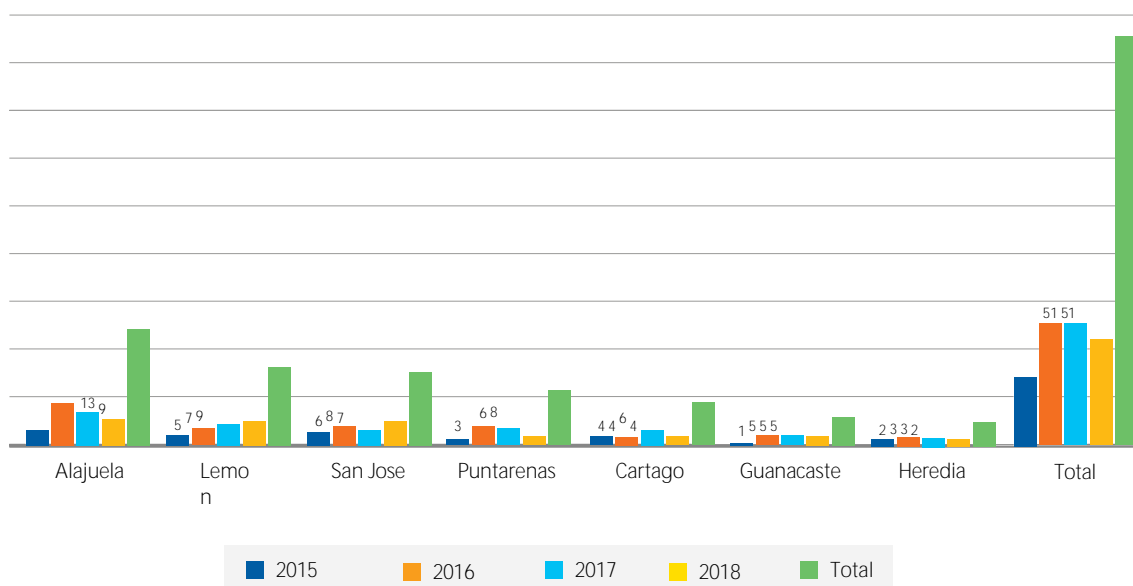
Table 16					
Type and age range of deaths of children and adolescents due to external causes. Costa Rica, 2015-2018					
Type/Age	2015	2016	2017	2018	Total
Aircraft accident	-	-	1		
12-18 years old	-	-	-		
0-12 years	-	-	1	-	1
Drowned			28		
12-18 years old					
0-12 years					
Fall				1	
12-18 years old				-	
0-12 years		1		-	
Electrocuted	1		-	-	
12-18 years old	1		-	-	
0-12 years	-	-	-	-	-
Railway accident	-	-	-		
12-18 years old	-	-	-	1	-
0-12 years	-	-	-	1	1
Homicide					
12-18 years old					
0-12 years					
Intoxicated					
12-18 years old				1	
0-12 years	-	-	1	1	
Burns	1				
12-18 years old	-	-	1	1	
0-12 years	1			5	
Total:					263

Source: OIJ, 2019.

Regarding deaths of PME due to traffic accidents, in the period 2015-2018, the OIJ reported 174 cases, of which the highest frequency is in Alajuela with 47, followed by Limón with 31, San José with 30, Puntarenas with 22, Cartago with 18, Guanacaste with 16 and Heredia with 10 cases (see Figure 45).

It should also be appreciated that the years with the most cases were 2016 and 2017 with a total of 51 deaths, followed in 2018 by 44 and in 2015 there were 28. In that period of 2015- 2018 more adolescents aged 12 to 18 years (101 falls) died than boys and girls aged 0 to 2 years (73 cases). Males died more than females, 365 versus 95 cases respectively.

Figure 45
Number of deaths of children and adolescents due to traffic accidents, by province.
Costa Rica, 2015-2018



Source: Own elaboration based on data from OIJ, 2019.

5.6 Conflicts with the law

The lack of mechanisms related to the protection of the population of children and adolescents can trigger a series of situations that affect the development of the population, as well as their living conditions, among the multiple situations to which they are exposed, it is possible to point out conflicts with the law.

In this regard, according to the Gender Violence Observatory of the Judicial Branch the rate of minors accused of infringing the *Juvenile Criminal Law* was for 2014 of 24.1, for 2015 of 27.1 and for 2016 of 22.2 (Judicial Branch, 2018). Regarding the rate of male minors accused of violating the Juvenile Criminal Law, the rates were 33.4 in 2014, 39.8 in 2015 and 32.6 in 2016 (Poder Judicial, 2018). For their part, the rates of NNA convicted of homicide were in 2014 of 1.6, in 2015 of 2.6 and in 2016 of 3.6 (Poder Judicial, 2018).

5.7 Suggestions

Among the considerations related to protection, the following ideas emerge:

1. PANI's strategic alliance with other institutions is fundamental to prevent risk situations and deaths of children and adolescents. This strategy should have a greater impetus to take faster action.
2. More prevention should be done to address deaths from homicide and traffic accidents, by reinforcing self-care and care of children and adolescents by society in general. Traffic accidents in particular, which are generally due to negligence, require greater efforts to ensure that adults in charge of children pay more attention to these risks.
3. It is a priority to establish strategies to rescue children at risk of delinquency. No child should be "on the street", and the responsibility that their father, mother or guardian has towards the children should be taken into account. This is a task that must be carried out in an effective manner, and it also requires the collaboration of the public, who must be made aware of the issue.
4. It is important to continue raising public awareness about the denaturalization of violence and sexual violence against children and adolescents, which requires breaking the silence, especially in the case of girls. This reality is attested to by other indicators already mentioned above, such as the case of girl-mothers, and the references to violence already mentioned. The relationship between being a girl or adolescent mother and structural poverty, chronic affective deficiencies, the expression of early sexual activity, weak sexual education, drug use and sexual abuse must be made visible.

6. Participation Rights Area

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6. Participation Rights Area

This section includes only four indicators, the first of which is based on the need to recognize children and adolescents as members of society, with the right to express their opinions and under an approach of progressive autonomy of children and adolescents and their incorporation into decision-making spaces on issues that directly or indirectly affect them.

6.1 Participation as a right

The participation of children and adolescents as citizens in the political sphere not only constitutes a space for learning, but also makes possible an affirmative action from the process of democratic participation for the incorporation of children and adolescents as citizens.

... citizenship is the legal status of full participation in the state community and in other territorial political entities... the essence of democracy is fundamentally linked to the recognition of the child, not as a future citizen but as a citizen in the full sense of the word, starting from a systematic and dynamic interpretation of the Convention by which the child at any stage of his development enjoys full citizenship that includes not only political relations of autonomy and self-government, but also social and family relations" (Baratta A, 1999, p 43; cit. Dominguez, A et al, 2006, p. 539. In: Campos, 2012 p. 19)

In the legal sphere, the participation of children and adolescents enables them to testify in court at any age, and a judge may call them for an interview, but without swearing an oath. And any person can be judged from the age of 12; from 12 to 15 they can receive certain penalties; and from 15 to 18 the penalties are more severe.

... procedural capacity is recognized to all persons who are minors, but over twelve years of age, who may act by themselves in the proceedings, or through a representative. And in the case of minors under twelve years of age, there must be a psychological report that proves that the PME has the capacity to exercise this action by himself (Campos, 2012, p. 24).

It is important to consider the scope of judicial and administrative processes as a boost to the recognition of the rights and duties of children and adolescents, which, in turn, can be extended to other social spheres:

The right to be heard in judicial and administrative proceedings, or in decisions affecting them, is a fundamental right of WEPS. It is a right that is valid not only before these institutional bodies, but also in the homes themselves, before the parents or caregivers of these persons (Campos, 2012, p.20).

The participation of children and adolescents in making decisions about themselves, both at home, in schools and in the community, is something that should not be neglected.

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be taken care of. However, children and adolescents are expected to have the "maturity" to be able to defend their own interests. This "maturity" is not something that is guaranteed in an adult person, it is simply an appeal to the disqualification of children and adolescents, because of their youth, because of the power exercised by adults in an adult-centric culture.

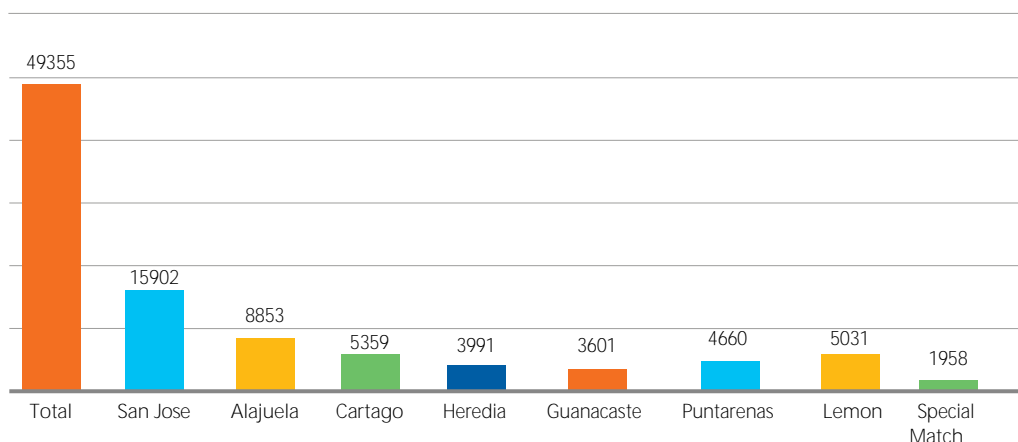
This may be both in terms of the right to be heard (material defense) and in terms of technical defense, which implies that the PME may instruct his or her lawyer to defend his or her interests in the process. This requires that the PME be sufficiently mature to have his or her own judgment. In the latter case, it is the participation of a person who enjoys all civil rights, participation in access to justice with all guarantees, actively participating in all stages of the process (Campos, 2012, p. 23).

The condition of recognizing children and adolescents as subjects of rights is not a free process; it is not enough with the enunciation of the rights approach; it implies breaking with practices and customs that are often still valued by the officials who make decisions about children and adolescents, and whether or not they admit the right to be heard in a legitimate manner, or whether they only allow children and adolescents to express themselves without considering their points of view. Something similar occurs in families, since in the adult-centered system, children do not express their opinions, and if they do, it is to agree with the decisions of the "head of the family".

6.2 Registration of minors

The Supreme Electoral Tribunal registered, in 2018, 149 463 Identity Cards for minors under 18 years of age (TIM) printed and delivered. Of those, for the first time, 148 466 were delivered (40 061 in the Civil Department, 108 466 in Rural Office, and 260 in tours), as of 12/31/2018 (TSE, Statistics). Also reported 49 355 registered births (as of 12/31/2018).

Figure 46
Births registered by province and special party. Costa Rica, 2018



*Registration of births of Costa Ricans born abroad.

Source: Own elaboration based on data from Tribunal Supremo de Elecciones, as of December 31, 2018.

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6.3 Student governments

The MEP has structured the exercise of student governments, both at the primary and secondary levels. All students from first cycle to diversified education can vote, be eligible, be part of the electoral tribunal and be assembly representatives.

The registration of political parties in student government elections has been growing, so that at the primary level it went from 6 107 registered parties in 2016, to 7 647 in 2018. For its part, at the secondary level, it went from 1,049 in 2016 to 1,049 in 2018. 382 in 2018.

In terms of women's participation, in 2018, 49% were elected chairwomen in the primary, and 35% in the secondary.

6.4 Participation in community politics

The Patronato Nacional de la Infancia has been promoting the creation of the Local Subsystems of Integral Protection (SLPI) since 2009, as a base of the National System of Integral Protection (SNPI), in which a representation of PME older than 12 years of age participates. The strategy to articulate children and adolescents as social actors, which constitutes the most important space for political participation in the country, began with a pilot plan that started in 14 cantons and communities in the country: Santa Cruz, Pavas (San José), Desamparados, Aguirre, Coto Brus, Los Chiles, Limón, Puntarenas, Corredores, Turrialba, Talamanca, Heredia, San Pedro de Montes de Oca and Moravia. The above, in addition to complying with the respective goal established in the *2010-2014 National Development Plan*.

For 2012, the development of the Subsystems was extended to 61 cantons in the country including those already initiated: San José, Tibás, Alajuelita, Moravia, Curridabat, Montes de Oca, Coronado, Goicoechea Desamparados, Aserri, Acosta, Puriscal, Santa Ana, Escazú, Turrialba, Cartago, La Unión, Tarrazú, Dota, León Cortés, Heredia, San Antonio de Belén, San Joaquín de Flores, Santa Bárbara, San Isidro, Sarapiquí, Alajuela, Poás, San Ramón, Grecia, Naranjo, Valverde Vega, Puntarenas, Esparza, Aguirre, Garabito, San Mateo, Orotina, Paquera, Montes de Oro, Pérez Zeledón, Buenos Aires, Corredores, Coto Brus, Golfito, Osa, San Carlos, Los Chiles, Guatuso, Upala, Liberia, Santa Cruz, Tilarán, Nicoya, Cañas, Limón, Siquirres, Pococí, Guácimo, Talamanca, Hatillo.

For 2013, the Comptroller General of the Republic (Report DFGESOC-IF-13-2013, 4.3 and 4.10), ordered the expansion of the coverage of the Child and Adolescent Protection Boards and Local Protection Subsystems in all cantons of the country. The following table summarizes the *Plan for the Creation of Child and Adolescent Protection Boards* developed by PANI, in response to provision 4.3 of the Comptroller General of the Republic.

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Table 17					
Plan for the creation of Child and Adolescent Protection Boards and Local Protection Subsystems, by cantons that are missing.					
Costa Rica, 2014-2018					
Region	2015	2016	2017	2018	Total
San José Central					
San José South		Mora Turrubares			
Chorotega		Nandayure Abangares	La Cruz Hojancha	Carrillo	Bagaces
Carthage		Paradise	Guarco Jimenez	Oreamuno	Alvarado
Alajuela			Athens Palmares	Alfaro Ruiz	
Heredia	Santo Domingo		San Pablo	Barva	
Central Pacific				Parrita	
Huetar Caribe				Matina	

Source: PANI, 2014, *Local protection subsystems*.

On the other hand, with the creation of Law No. 8261 on Young People and the National Consultative Network and the Cantonal Committees for Young People, which covers people from 12 to 30 years of age, and whose purpose is to elaborate and implement local or national proposals in accordance with the principles, goals and objectives of this Law No. 8261, in order to contribute to the construction of the National Policy for Young People. In the Cantonal Committees of the Young Person, there are at least two persons from school.

6.5 Suggestions

In this section the information is not easy to find, precisely because the recording of the perception of the political inference of the children and adolescents is not a data that is easily found, or that is not interesting to highlight.

1. It was not possible to determine whether the participation of adolescents in political decision-making spaces, such as the Cantonal Boards or the Cantonal Youth Committees, are merely formal spaces for the presence of children and adolescents, or whether, in fact, they have a space for critical analysis and proposals regarding their situation, needs and aspirations.
2. It is not possible to determine whether the discussion spaces are facilitated by adults or, in fact, adolescents can express their own ideas.
3. Information on the participation of children and adolescents is the scarcest, presumably because it is not made visible, nor is it taken into account whether vulnerable or minority

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groups are represented.

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4. Consultation spaces for children and adolescents are very limited in number and do not obey legitimized representative bodies, since they are left to the opinion of people who assist them, but do not express the conditions and requirements of the grassroots who elected them.

5. The participation of children and adolescents should obey the principle of progressive autonomy; however, this implies that adults must allow children and adolescents to decide on the situations that concern them, which can be perceived as a loss of control and power on the part of adults. Consequently, participation is reduced to the right to cultural expression and/or recreational and sports practices. There is a lack of training for democratic life, not only in children and adolescents, but also in parenting models, and in the strengthening of education for critical decision-making by children and adolescents.

7. Conclusions

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7. Conclusions

In these final words, we have decided to highlight some ideas that, of course, may be the subject of future discussion and reflection, no longer as a recount of data, but as a pre-occupation on pending actions and processes, based on what has already been shown in each chapter. The indicators addressed account for sufficient, but not exhaustive, aspects on a series of data ranging from 2014 to 2019, especially data from 2018. Such indicators have allowed us to corroborate that there is a robust model of attention and promotion of rights, but that in practice, the effects do not have the expected magnitude, largely due to the lack of equity of the development models that the country has had, but also because there has not been a significant cultural change, in which children and adolescents occupy a position of recognition of their rights to be heard and taken into account in the processes that concern them. In particular, it is necessary to point out some of the issues that seem most relevant for discussion:

1. A cultural change is needed to value children and adolescents as subjects of rights, and to give them the space for respect so that they can progressively develop their own decision-making and model their own identity.

2. Achieving SDG 3 requires a shift towards a culture of disaggregated data reporting to make minority and vulnerable populations (indigenous, migrants, Afro-descendants, people with disabilities, sexually diverse people) visible.

3. SDG 4 involves the inclusion of minorities as a social value, so that not only difference is respected, but also rights are fully incorporated and not discriminated against.

4. All children and adolescents have the same rights, and therefore should have the same access to education, health care, options for development in their lives, and a stable and non-abusive family, in any part of the country.

5. To achieve SDG 5, it is necessary to denounce violence against girls and adolescents, but especially to stop pregnancies among girls under 15 years of age, as well as to combat motherhood and early parenthood.

6. There is a need for more education on affectivity and self-care among children and adolescents, in order to guide them towards better living conditions in general, and empowerment to overcome adverse situations.

7. Families, of any kind, must be functional and efficient in the upbringing of children and adolescents, especially in the education of values and the management of affectivity. It is a responsibility that the State cannot assume, and the most it does is to palliate this situation, when it is already late.

8. There is a need to optimize institutional resources through collaboration and liaison, which will allow us to

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The aim is to develop a data platform for agile inter-institutional consultation, which would feed into policy decision-making. This platform would standardize data reporting and facilitate in-depth studies on issues related to children and adolescents. The idea of consolidating a Childhood and Adolescence Observatory could be considered here.

9. There will be more children and adolescents by 2030 in the most vulnerable areas, which will increase the geo-graphic gap in the country and drive the displacement of this population to the Central Valley. This is of concern from the perspective of SDG 11 and displacement for unsustainable environmental reasons.

10. It is important to bear in mind that the concept of community among children and adolescents has changed due to information technologies, especially social networks, and this factor should be incorporated into the analysis and strategies for full access to rights.

11. Children and adolescents should learn to love and care for themselves as strategies for the pursuit of quality of life and progressive autonomy, so that when adverse conditions arise, children and adolescents are better prepared to react, denounce and seek alternatives in the event of non-compliance with their rights.

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Annexes

IX EDNA Report



Annexes

Annex 1 Areas of rights and their indicators

Compliance Area: Institutional framework:

- 1.1 Integrated and modernized legislation.
- 1.2 National Integral Protection System.
- 1.3 Competencies of the National Integral Protection System
- 1.4 Existence of consultative mechanisms with social actors and the elderly.
- 1.5 Regulations that recognize the participation of minors.
- 1.6 Differential analysis of needs and intervention in the most vulnerable groups (diversity by stages of the life cycle, cultural, political, economic, gender, ethnicity, sexual orientation, vulnerability due to disability and social situations, migration and forced displacement).
- 1.7 Cultural, economic, social and political problems that affect the exercise of the protection rights of minors.
- 1.8 Attention to the conjunctural situation of natural disasters.

Survival Rights Area:

(Corresponding to articles 6, 24, 25, 26 and 27 of the International Convention on the Rights of the Child)

- 2.1 Maternal mortality ratio in 42 days.
- 2.2 Infant mortality rate (under 1 year).
- 2.3 Percentage of institutional delivery care.
- 2.4 Percentage of births with 4 or more prenatal checkups.
- 2.5 Child mortality rate (under 5 years).
- 2.6 Top five causes of child and adolescent mortality.
- 2.7 Mortality rate for Acute Respiratory Infections (ARI) in children under 5 years of age.
- 2.8 Mortality rate for Acute Diarrheal Disease (ADD) in children under 5 years of age.
- 2.9 Prevalence of chronic malnutrition (stunting) in children under 5 years of age.
- 2.10 Prevalence of global malnutrition (low weight for age) in children under 5 years of age.
- 2.11 Prevalence of overweight or obesity.
- 2.12 Duration of exclusive breastfeeding in children under 3 years of age.
- 2.13 Percentage of children who initiate breastfeeding within the first hour of birth.
- 2.14 Percentage of pregnant women diagnosed with nutritional anemia.
- 2.15 Percentage of live births with low birth weight.
- 2.16 Children under 6 years of age who are followed individually, which has the following characteristics

3. Survival Rights Area

- complete immunization schedule for their age.
- 2.17 BCG vaccination coverage in live births.
- 2.18 Polio vaccination coverage in children under 1 year of age.
- 2.19 Vaccination coverage with three doses of DPT in children under 1 year of age.
- 2.20 Vaccination coverage against Hepatitis B in children under 1 year of age.
- 2.21 Rotavirus vaccination coverage in children under 1 year of age.
- 2.22 Vaccination coverage against Pneumococcus two doses in children under 1 year of age.
- 2.23 MMR vaccination coverage in children under 1 year of age.
- 2.24 Vaccination coverage against Haemaphilus Influenzae type B in children under 1 year of age.
- 2.25 Vaccination coverage against yellow fever in children under 1 year of age.
- 2.26 Vaccination coverage against neonatal tetanus - adult diphtheria tetanus toxoid (TD).
- 2.27 HPV-Human Papillomavirus vaccination coverage in girls aged 9 years and older.
- 2.28 Percentage of pregnant women who had an HIV test (Elisa).
- 2.29 Percentage of mother-to-child transmission of HIV in children under 2 years of age.
- 2.30 Antiretroviral treatment (ART) coverage.
- 2.31 Percentage of children and adolescents diagnosed with HIV receiving treatment.
- 2.32 Percentage of children and adolescents diagnosed with cancer that received treatment.
- 2.33 Percentage of adolescent mothers or first-time pregnant adolescents aged 15-19 years.
- 2.34 Percentage of live births to adolescent mothers under 18 years of age.
- 2.35 Percentage of pregnant women with gestational syphilis who received treatment.
- 2.36 Incidence of congenital syphilis.
- 2.37 Top five causes of morbidity in minors.
- 2.38 Morbidity rates due to EDA in children under 5 years of age.
- 2.39 Percentage of hospitalization in children under 5 years of age due to EDA.
- 2.40 Incidence rate of EDA in children under 5 years of age.
- 2.41 Morbidity rate for Acute Respiratory Disease (ARD) in children under 5 years of age. years.
- 2.42 Percentage of hospitalization in children under 5 years of age due to ARI.
- 2.43 Percentage of children under 10 years of age with first-time consultation for detection of growth and developmental disorders performed by a nurse.
- 2.44 Number of children and adolescents affiliated to the CCSS.
- 2.45 Percentage of pregnant women infected with ZIKA.
- 2.46 Existence of drinking water treatment.
- 2.47 Drinking water coverage.
- 2.48 Continuity of drinking water service/hours of the day.
- 2.49 Continuity of drinking water service/days per month.

Development Rights Area

- 2.50 Percentage of households with sewerage service.
- 2.51 Existence of a wastewater treatment plant.
- 2.52 Existence of solid waste recovery.
- 2.53 Existence of a waste disposal site.
- 2.54 Type of disposal site.
- 2.55 Number of days per week that solid waste is collected per household.
- 2.56 Children and adolescents in a situation of firm adoptability, without special characteristics presented to the adoption committee, with an assigned family .
- 2.57 Children and adolescents in a situation of firm adoptability, with special characteristics and needs and the possibility of adoption presented to the adoption committee, with assigned family.

Development Rights Area

(Corresponding to articles 9, 10, 17, 18 and 28-31 of the International Convention on the Rights of the Child).

- 3.1 Number of children enrolled in preschool education.
- 3.2 Net school coverage rate in transition.
- 3.3 Net school coverage rate for primary education (1st and 2nd cycles).
- 3.4 Net school coverage rate for secondary education (3rd and 4th cycles).
- 3.5 Dropout rate in primary education (1st and 2nd cycle).
- 3.7 Dropout rate in secondary education (3rd and 4th cycle).
- 3.8 Grade repetition rate in primary education (1st and 2nd cycle).
- 3.9 Secondary education repetition rate (3rd and 4th cycle).
- 3.10 Average passing rate in 6th grade by subject (Spanish, Mathematics, Science and Social Studies).
- 3.11. Average passing rate in 9th grade by subject (Spanish, Mathematics, Science and Social Studies).
- 3.12 Average score in high school tests (Spanish, Writing, Mathematics, Social Studies, one science and English).
- 3.13 Performance levels in baccalaureate tests by subject.
- 3.14 Percentage of educational institutions in the baccalaureate test performance category.

Protection Rights Area:

(Corresponds to articles 2-5, 7, 8, 11, 16, 19-23 and 32-41 of the International Convention on the Rights of the Child).

- 4.1 Number of minors in comprehensive care programs of the Patronato Nacional de la Infancia (PANI).

3. Survival Rights Area

- 4.2 Number of minors served in correctional facilities and other forms of care.
- 4.3 Number of minors between 5 and 17 years of age participating in an activity, paid or unpaid.
- 4.4 Number of minors between 5 and 17 years of age working 15 or more hours in domestic occupations.
- 4.5 Percentage of working children, including children helping in the home.
- 4.6 Percentage of minors in conditions of sexual exploitation.
- 4.7 Number of street minors who enter the administrative process of reestablishment of rights.
- 4.8 Mortality rate due to external causes.
- 4.9 Percentage of homicides of total deaths due to external causes.
- 4.10 Percentage of suicides of total deaths due to external causes.
- 4.11 Percentage of deaths due to other accidents out of total deaths due to external causes.
- 4.12 Percentage of deaths due to traffic accidents out of total deaths due to external causes.
- 4.13 Rate of domestic violence.
- 4.14 Percentage of abused minors out of the total number of cases of domestic violence.
- 4.15 Percentage of cases of intimate partner violence out of the total number of cases of domestic violence.
- 4.16 Rate of forensic medical examinations for alleged sexual offenses.
- 4.17 Percentage of forensic medical examinations performed for alleged sexual offenses in minors out of the total number of examinations performed.
- 4.18 Percentage of underage victims of armed conflict.
- 4.19 Percentage of underage victims of landmines, unexploded ordnance and improvised explosive devices out of the total number of children and adolescents victims of the armed conflict.
- 4.20 Percentage of children and adolescents victims of forced displacement out of the total number of children and adolescents victims of armed conflict.
- 4.21 Percentage of children and adolescents victims of recruitment out of the total number of victims of the armed conflict.
- 4.22 Percentage of children and adolescents victims of forced abandonment or dispossession of land out of the total number of children and adolescents victims of the armed conflict.
- 4.23 Percentage of children and adolescents victims of threats out of the total number of children and adolescents victims of armed conflict.
- 4.24 Percentage of children and adolescents victims of crimes against freedom and sexual integrity of the total number of children and adolescents victims of armed conflict.
- 4.25 Percentage of victims of enforced disappearance out of the total number of children and adolescents victims of armed conflict.

3. Survival Rights Area

Participation Rights Area:

(Corresponding to articles 12, 13, 14 and 15 of the International Convention on the Rights of the Child).

5.1 Percentage of educational establishments with school governments in operation.

- 5.2 Number of children registered by place of birth.
- 5.3 Number of children and adolescents participating in the construction of public policies and development plans.
- 5.4 Number of children and adolescents grouped in community organizations specific to their age group.

Annex 2. List of protocols approved by the Patronato Nacional de la Infancia in 2016-2017.

1. *Institutional protocol for the care of minor victims and survivors of the crime of human trafficking*, published on June 20, 2017.
2. *Specific protocol for comprehensive protection in situations of commercial sexual exploitation*, published on August 5, 2016.
3. *National protocol of the alert system and procedure for coordination and immediate reaction between public and private institutions to the disappearance or abduction of minors*, published in May 2016.
4. *Protocol for the Care of Neglect*, published on August 05, 2016.
5. *Protocol for the care of physical abuse*, published on August 05, 2016.
6. *Protocol for the attention of Family Conflicts*, published on August 05, 2016.
7. *Protocol for the care of Sexual Abuse*, published on August 05, 2016.
8. *Protocol for the care of Emotional Abuse*, published on August 05, 2016.
9. *Protocol for the attention of Street Situations*, published on August 05, 2016.

Annex 3. International and national regulations on the right to participation

Participation Rights Regulations	
International	
Paragraph(s) related to the right to participate	
	The topic of participation does not appear explicitly.
Convention on Rights of the Child (1989)	<p>Art. 12:</p> <ul style="list-style-type: none"> - They place an obligation on the state to guarantee the conditions for children and adolescents to form their own judgment, to be able to express their opinion according to their age and maturity. - Right to be heard in judicial and administrative proceedings. <p>Art. 13: The right to freedom of expression, which includes access to information.</p> <p>Art.23: In relation to those girls and girls who have a disability condition, about the obligation of the State to guarantee their participation in the community.</p> <p>Art.31: Mention is made of the right of children to participate in cultural, artistic, recreational and leisure activities.</p>

Right of Participation Regulations	
International	
Paragraph(s) related to the right to participate	
<p>World Declaration on the Survival, Protection and Development of Children (1999):</p> <p>Ibero-American Convention on the Rights of Youth (2005):</p>	<p>Task 15: Together with the theme of family and identity, the need to stimulate the participation of children in the cultural life of society is mentioned.</p> <p>Point 4 of the action plan: In recognition of the importance of the Convention on the Rights of the Child and its content, it is taken up for girls and boys "...full participation in social, cultural, educational and other activities that are necessary for their individual growth and well-being" (p.7).</p> <p>Art. 21: The right of young people to participate appears explicitly in relation to political issues (to belong to political groups, to elect and be elected and to participate in the formulation of laws and policies) and, in general, the guarantee and promotion that the States must give to the effective participation of young people in all sectors of society.</p> <p>Art. 22: Mention of participation in the education article, in relation to the choice of the educational center they intend to attend.</p> <p>Art. 31: Mention in the right to a healthy environment of participation in spaces related to the environment.</p> <p>Art. 35: In relation to national youth organizations, the commitment of the States to the consolidation of youth participation structures at the local, regional and national levels.</p>
National	
<p>Childhood and Adolescence Code (1998):</p>	<p>Paragraph(s) related to the right to participate</p> <p>Objective: Social participation is mentioned in the objective of the document. Art. 14: Although there is no explicit mention of the word participation, This article, which contemplates the formation of one's own judgment, the right to express one's opinion freely in all matters that affect him, freedom of expression, freedom of thought, conscience and religion, is highlighted as a fundamental part of the subject.</p> <p>Art. 18: Right to associate with other persons for unlawful purposes.</p> <p>Art. 60: As part of the educational principles, of the rights that must be respected in the educational center.</p> <p>Art. 64: Explicit recognition of participation in the educational process, as an obligation and requirement.</p> <p>Art. 72: As a duty of the students to participate in the educational process. Art. 73: As part of the cultural and recreational rights, the right to participate in recreational, sports and cultural activities.</p> <p>Art. 105: The taking into account of the opinion of children and adolescents in the processes linked to the code, according to their emotional maturity.</p>

Right of Participation Regulations	
International	
Paragraph(s) related to the right to participate	
General Law on Young Persons (2002):	<p>Objectives: One of the document's objectives is to promote the political, social, cultural and economic participation of young people. Art. 2: As part of the definition of integral development of young people.</p> <p>Art. 4: As part of the special rights of the population, "...the right to participation, formulation and implementation of policies that allow them to participate in decision-making processes at the different levels and sectors of national life, in areas vital to their human development. (p. 2).</p> <p>In addition to participation in environmental activities and particularizing the right for the population with disabilities.</p> <p>Art. 9: As part of the coordination with civil society, the participation of young people in policies, plans and projects.</p> <p>Art. 12: In relation to the participation of the population in the Councils of the young person and the policies that affect them, this must be guaranteed by the institution.</p> <p>Art. 18: The purpose of the Executive Directorate is to promote the participation of young people in decision-making at the different levels and sectors of national life.</p>

Annex 4. EDNA approach to the Right to Participation

EDNA's approach to the right to participation	
Explicit sections related to the right to participation	
VI EDNA (2008)	<p>Ch. 4 Education: Participation of children and adolescents and their families in the reform and development of the education system.</p> <p>Ch. 7 Integral Health: The participation of children and adolescents in the management of policies.</p>
VII EDNA (2011)	<p>Ch. 1 Democratic Institutionalism: Local protection systems; Participation of underage women (p.52). Where this participation at the local and PANI levels is highlighted.</p> <p>- Statistical annex lack of data on the right to participate.</p> <p>- Mentions of the right to participation in the rest of the chapters, student participation, as a tool for the right to play, recreation and culture,</p> <p>- Historical balance childhood as a social construction and paradigm shift development.</p>
VIII EDNA (2015)	<p>- Ch. 3 Health and Recreation: Social participation and interinstitutional and intersectoral support networks in the framework of childhood and adolescence.</p> <p>- Ch. 6 Culture: Mention of Effective participation and enjoyment of cultural rights in diversity.</p>

Annex 5. Questionnaire: Situation of Children and for the prevention and response to extreme natural phenomena.

Name of pollster:

Date of application:

About the Questionnaire

The use of this data collection technique is part of the resources used to gather the information required for the elaboration of the necessary expert criteria to be used within the State of the Rights of the Child (EDNA).

To obtain the information, we will use the documentary review available on websites, communication documents and what we are not able to collect, will be obtained through this interview guide.

This information gathering instrument will be used exclusively by the members of the Commission for the Elaboration of the State of the Rights of the Child (EDNA).

Objective: To approach the situation of children and adolescents in the prevention of and attention to extreme natural phenomena.

Target Group: Experts from governmental institutions and non-governmental organizations that could provide useful information for the project.

Instructions

The application of this instrument consists of asking a series of guiding questions to experts in the field; keeping open the possibility of modifying the order of the questions, adding new questions that arise in the course of the interview or eliminating those that are not necessary or have been answered in an automatic manner through a previous questioning.

Expert interviewee profile:

Name of person and/or organization:

Job position:

E-mail:

Phone:

Academic Degree:

Years of experience with the subject:

1. What is your relationship with the topic (Risk Management and Attention to situations related to natural disasters)?

Mark with X if there is a relationship

Prevention	Comments
Crisis care	
Post-Disaster	

Development Rights Area

2. What is the relationship of the institution where you work with the subject (prevention, care, post-disaster)?

Shares	"X"	Comments
Prevention		
Crisis care		
Post-Crisis		

3. In relation to children and adolescents facing a natural disaster situation, which do you consider to be most at risk?

1. Early childhood 0 months to 5 years
2. Girls from 6 to 12 years old
3. Children from 6 to 12 years old
4. Adolescent females
5. Adolescent males

4. It considers the current response of the following organs to be adequate in the stages of intervention:

Organ	Prevention	Crisis care	Post-Disaster (trauma care, reconnecting with family members and emotional recovery)
Management System of Risk			
National Commission of Emergencies			
Local Government and Protection			
Pani			

5. What are the factors that increase the risk of minors in relation to other population groups? In what aspects are SMEs more vulnerable to natural disasters?

6. Taking into account the above-mentioned factors, which services do you know of that provide help and solutions to WEPs and their families in case of emergency?

Services	Who provides them	Comments

7. In your opinion, what is the level of knowledge of the institutions and bodies that deal with emergencies on the subject of children's human rights? How could existing strategies be improved or new ones created?

8. At the time of crisis care, what rights violations do WEPs suffer?

9. At what stage are rights most violated, and how are they restored?

Phase	How to restore	Comments
Prevention		
Crisis care		
Post-Crisis		

10. In the last 10 years, has the country undergone any change? any successful experience or learning for improvement?

Conclusions and recommendations

What are your recommendations for the country to provide the best response to WEPs in risk and natural disaster situations?

Annex 6. Informed Consent

I, _____ declare that:

1. I received from the pollster information about the objectives of the Questionnaire: Situation of Children and Adolescents that the prevention and attention of extreme natural phenomena.
2. I had the opportunity to consult and clarify the procedures to be used in this study.
3. I was informed of the confidentiality involved in participating in this study.
4. I was informed that I would be recorded, with my consent, for the duration of the interview.

At _____, _____ of 201_ of 201_
 (province) (date)

Annex 7. Recommendations for addressing other issues within the institutional and legal framework

National Integral Protection System:

A research process guided by the following questions is recommended:

What is the impact of the National Commission against Commercial Sexual Exploitation (Conacoec) as a platform outside the system? Does it have or did it have a direct impact on the collaboration networks?

How does the current composition of inter-institutional networks in the public sector affect a National Protection System model originally conceived as participatory for local communities and children and adolescents?

How could greater flexibility be generated in the administrative structures for networking to encourage the commitment of the different public and social actors in the resolution of multidimensional and multisectoral issues?

We also recommend reading the article "El Sistema Nacional de Protección Integral y los Subsistemas Locales de Protección Infantil en Costa Rica: Un contraste entre lo normativo y lo práctico" by Adriana Núñez-Picado¹.

Annex 8. Existence of consultative mechanisms with social actors and minors.

It is recommended to carry out a research process guided by the following questions:

Line of work

1. How do the regulations that recognize the right to participation support the consultative mechanisms of social actors, including children and adolescents?
2. Which institutions play the most important role when talking about child participation?
3. What are the difficulties encountered by the institutional framework in making the participation of social actors, particularly children and adolescents, viable?
4. What are the differences between consultative mechanisms for adults and for children and adolescents?
5. What are some experiences of stakeholder consultative mechanisms developed in the country?
6. What have been some of the results that these experiences have developed?

Suggested sources:

Review of bibliographic sources. Some examples:

Casas, F., González, M.Montserrat, C.Navarro, D., Malo, S., Figuer, C., & Bertrán (2008). *Report on experiences of effective social participation of children and adolescents.*

¹This article is available at <http://www.redalyc.org/pdf/960/96052974005.pdf>.

Contreras, Claudio, Pérez, Andrés (2011) *Participación invisible: niñez y prácticas participativas emergentes*.

State of the Nation (2013) *Citizen participation in public policy*. Retrieved from

http://www.estadonacion.or.cr/files/biblioteca_virtual/otras_publicaciones/aud_cal_dcap11.pdf

Interviews with some of the institutions most closely linked to the issue of children and adolescents: National Council for Children and Adolescents, National Children's Board (Board for the Protection of Children and Adolescents), RED CUDI, Ministry of Public Education, Municipalities.

Annex 9. Legal framework for children and adolescents in Costa Rica

Legal framework for children and adolescents in Costa Rica

Law n°4573 Penal Code (1973)

Law n°7184 Ratification of the CRC (January 26, 1990) Law

n°7739 Childhood and Adolescence Code (1998) Law

n°7586 Against Domestic Violence (1996)

Law n°7476 against sexual harassment in employment and teaching (1996)

Law n°7771 general law on HIV-AIDS (1998)

Law No. 7899 against the commercial sexual exploitation of minors (1996) Law No. 7440

General Law on Public Entertainment (1998)

Law No. 8204 on narcotic drugs, psychotropic substances, drugs of unauthorized use and related activities (1998).

Law No. 7430 on the Promotion of Breastfeeding (1994)

Law n°7142 on the promotion of women's social equality (1990)

Law n°9047 on the sale of liquor (2012)

Law n°7600 on equal opportunities for persons with disabilities (1996) Law n°7735 general law on the protection of adolescent mothers (2015).

Juvenile Criminal Justice Law No. 7576 (1996)

Law No. 8460 on the Execution of Juvenile Penal Sanctions (2005)

Law No. 8934 Protection of children and adolescents from harmful content on the Internet and other electronic media (2011).

Project n°18230 Special law for the protection of the rights of children and adolescents against violence and crime in the field of information and communication technologies and reforms to the Criminal Code (2013).

Law n°8922 Prohibition of dangerous and unhealthy work for adolescent workers (2011).

Law n°9406 on improper relations (2016).

Annex 10. National Waste Management Plan 2016-2021: Laws and Instruments

Laws and instruments supporting the National Waste Management Plan 2016-2021

- Reglamento General a la Ley para la Gestión Integral de Residuos (Decree n°37567-S-MINAET-H, La Gaceta No. 55 of March 19, 2013).
- Regulation for the Integral Management of Electronic Waste (Decree n°35933- S, La Gaceta n°86 of May 5, 2010).
- Regulation for the Final Disposal of medicines, raw materials and their waste (Decree n°36039-S, La Gaceta n°122 of June 24, 2010).
- Regulation for Recoverable Waste Recovery Centers (Decree n°35906- S,
- La Gaceta n°86 of May 5, 2010)
- Regulation on the management of ordinary solid waste (Decree n°36093-S, La Gaceta n°158 of August 16, 2010).
- Regulations for the preparation of Institutional Environmental Management Programs in the public sector of Costa Rica (Decree n°36499-MINAET -S, La Gaceta n°88 of May 9, 2011).
- Regulation on Guideline Values in Soils for the Decontamination of Sites Affected by Environmental Emergencies and Spills (Decree n°37757-S, La Gaceta n°132 of July 10, 2013).
- General Regulations for the Classification and Management of Hazardous Waste (Decree n°37788-S-MINAE, La Gaceta n°138 of July 18, 2013).
- Regulation for the declaration of special handling waste (Decree n°38272-S, La Gaceta n°58 of March 24, 2014).
- Officialization of the Methodology for Ordinary Solid Waste Generation and Composition Studies (Decree n°37745-S, La Gaceta n°139 of July 19, 2013).
- Regulation on Air Emission Limits for Glass Melting Furnaces (Decree n°38237-S, La Gaceta n°58 of March 24, 2014).
- Regulation on landfills (Decree n°38928-S, published in Gazette n°83, April 30, 2015).
- Regulation on operating conditions of the National Plan for Integrated Waste Management 2016-2021 and emission control of ordinary solid waste co-incineration facilities (Decree No. 39136-S-MINAE, La Gaceta No. 170, September 1, 2015).
- Regulation for the Management and Final Disposal of Sludge and Biosolids (Decree n°39316-S, La Gaceta n°234, December 2, 2015).

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- Waste Tire Regulation (Decree n°33745-S, La Gaceta n°2 of May 15, 2007)
- Guide for the elaboration of Municipal Plans for Integrated Waste Management
- Guide for Municipalities of Integrated Waste Management.
- Cost Estimation Manual for Municipal Solid Waste Management
- Manual for the Preparation of Municipal Regulations on Integrated Waste Management
- Interpretation guide to the methodology for conducting studies on the generation and composition of ordinary waste.
- Manual for the definition of a tariff model for municipal solid waste management
- Manual for the elaboration of municipal plans for integrated solid waste management
- Guide for the preparation of Institutional Environmental Management Programs (PGA) in the public sector of Costa Rica.

