

Description of the Problem

- Teen pregnancy, commonly defined as pregnancy in a girl less than 18 or 19 years of age, is often a target of public health efforts because of the far-reaching economic, social and health effects.¹
 - A girl who becomes pregnant attends 2.5 less years of school, and each additional child translates into 1 less year of education.²
 - Girls who get pregnant before age 18 are more likely to experience violence within marriage or a partnership than girls who postpone child-bearing.¹
 - Babies born to adolescent mothers have a higher incidence of perinatal complications (like asphyxia and birth trauma) and the mortality rate is 5%, compared to 1% in adult mothers.^{3,4}
 - Adolescent pregnancy increases the risk of adverse outcomes including maternal death, postpartum hemorrhage, puerperal endometritis, operative vaginal delivery, and episiotomy. In developing countries, complications from pregnancy and childbirth are the leading cause of death in young women aged 15 to 19.^{4,5}
- Ecuador has, depending on what data is referenced, the highest or second highest rate of adolescent pregnancy in South America, with 21% of girls giving birth before the age of 18 (see Figure 1).^{1,6}
- Despite a substantial increase in use of contraceptives (from 57% in 1994 to 73% in 2004),⁷ adolescent fertility rates throughout Ecuador, and Latin America overall, have actually increased.⁷

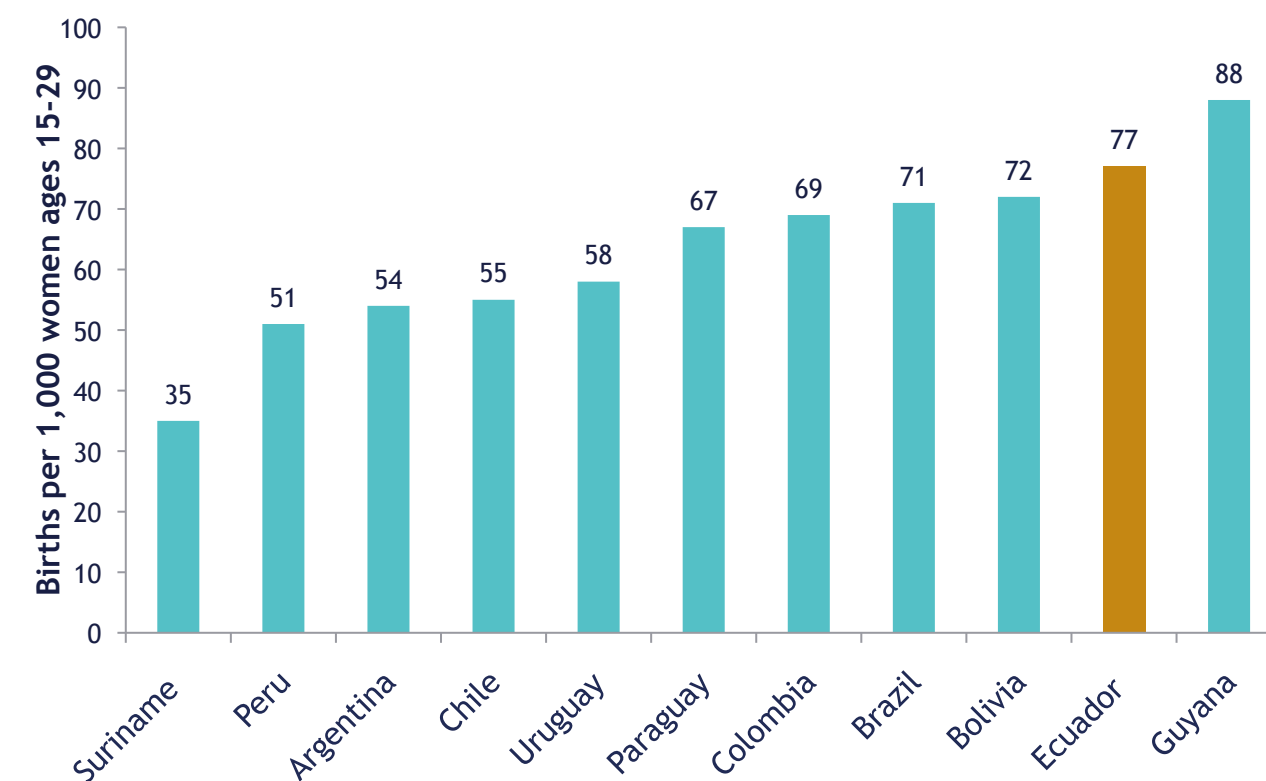


Figure 1: Adolescent Fertility Rates in South America.

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Laws, Policies, and Programs

- **Ecuadorian Constitution of 1998:** Explicitly guarantees sexual and reproductive rights for all its citizens.⁸
- **National Policy of Sexual Health and Human Rights (2005):** Outlines an action plan with nine different programs—including Maternal Mortality Reduction Program, Family Planning Program, and Adolescents' Program.⁹
- **National Plan for Adolescent Pregnancy (2007):** Focuses on the implementation of “adolescent-friendly services” in addition to improved sex education in schools. Uses a rights based approach that is grounded in the assumption that adolescents should be provided access to services and education, as well as empowered to take control of their sexuality and sexual health.^{9,10}



Figure 2: Anti-sexual violence graffiti in Quito, Ecuador. “Watch out! Machismo kills.”

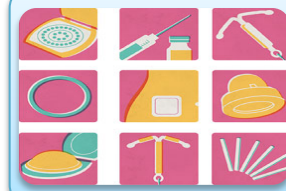
The Barrier of the Machismo-Marianismo System

- **Machismo** (definition) ‘cult around masculinity intrinsically related to power: the will and capacity to dominate others, men as well as women.’^{7,11}
- **Marianismo** (definition) referring to the Virgin Mary, presents women as submissive, pure, passive, and, above all else, as mothers and caregivers.^{11,12}
- “Responsibility for preventing sexual intercourse, preventing pregnancy, preventing sexually transmitted infections was placed on the shoulders of girls, since men and boys were perceived as unreliable, not caring at all, and even intentionally wicked.”⁹
- Adolescent girls face a double-edged sword; they are simultaneously supposed to assume responsibility for sexual health, while remaining powerless in traditional heterosexual relationships


Possible Solutions

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Education

 - Teach, properly, and objectively, about all facets of sexuality and sexual responsibility.
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Access to Contraception

 - Provide access, financially and logistically, to effective and appropriate contraception
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Gender Equality

 - Promote gender equality and challenge structures that subordinate young women towards men.
 - Empower girls and young women.
 - Expose boys to different conceptualizations of masculinity that do not depend on dominance or violence.
 - Engage boys/men in fatherhood.¹³
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Address Socioeconomic Factors

 - Tackle the more nebulous offenders, such as sexual abuse, parental absence, and poverty. All too frequently, efforts aimed at decreasing teen pregnancy focus solely on changing behaviors and neglect the socio-economic and cultural situation in which these behaviors take place.^{7,13}

Why a Comprehensive Approach is Imperative

Education alone will not work: In Guayaquil, a survey of 357 adolescents immediately postpartum found that while 96.1% had heard of at least one contraceptive method, only 25% reported using contraception.¹⁴

Access + Education will not work: In Quito, adolescent mothers are offered birth control implants post-partum. Doctors described the phenomenon of boyfriends cutting implants out of their partners arms.

What DOES Work: A cross-sectional study of sexually and non-sexually active adolescents in Ecuador and Bolivia (both urban settings) found that sexually active adolescents, both boys and girls, who have more egalitarian gender attitudes report higher use of contraceptives within the couple, are more likely to describe their last sexual intercourse as a positive experience, and consider it easier to communicate with their partner about sex.¹⁵

Role of Health Care Providers

- Be cognizant of the association between sexual abuse and adolescent pregnancies:
 - Attempt to prevent high-risk sexual behavior in survivors of sexual abuse.
 - Screen pregnant adolescents for past abuse and refer these patients to appropriate services and programs.¹³
- Act as leaders and challenge gender inequality:
 - Reconstruct the doctor-patient encounter to empower women to take control of their sexual and reproductive lives.
 - Avoid paternalism.
 - Change the language used to describe adolescent patients. Avoid diminutives such as “mamita” (mommy) or “mijita” (my little girl).⁹