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Factors Associated to Adolescent Sexual and Reproductive Health:

A Parental Perspective from Calca, Peru

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Abstract

Background: There are more than 5.8 million adolescents (10-19 year olds) in Peru¹. Their sexual debut is between 14 and 17 years old². Despite efforts to increase sexuality-related knowledge within this population, condom and contraceptive use is low³.

Problem: Knowledge is important; but there are many other factors also influencing adolescent behavior⁴. Parent-child communication has been found to be an important factor influencing adolescent sexual and reproductive health (ASRH) outcomes in Lima⁴. However, little is known about ASRH in the rural Andean regions of Peru and parental attitudes and factors of influence.

Methods: Six focus groups were carried out with mothers and fathers from Unuraqui, Pampallaqta, Accha Baja, and Llancho. Focus groups took place in both Spanish and Quechua languages. Sessions were recorded, transcribed in Spanish, and coded for main themes.

Findings: Parent-child interactions and communication were associated with several ASRH outcomes. Possible protective and risk factors for adolescent sexual behaviors were identified for each theme. Some may directly influence adolescent behavior, and other factors may influence their environment.

Implications: Parent influence should be taken into consideration for program and policy development, especially in the Andean communities in rural Peru

I. Introduction

Adolescents (12-19 year olds) today constitute the largest adolescent population in history ([1, 2]). They account for more than 1.2 billion people in the world and more than 70% of them live in regions of the world where poverty levels remain high and resources are constrained ([3, 4]). The majority become sexually active before reaching the age of 20 [3] and only a minority of them take any precaution to prevent sexually transmitted infections (STIs) and/or pregnancy ([4-6]).

Although much research has been done around adolescent sexual and reproductive health (ASRH), many studies have focused on individual factors of influence. A recent review by the World Health Organization summarized the risk and protective factors and found that most addressed age, sex, age at puberty, family structure, socioeconomic status and educational attainment ([7, 8]). Although important, many of these are very difficult to address and change through policies and interventions. This review actually stated that several additional individual factors, such as self-esteem and personal values, as well as a broader range of family and community level factors need to be addressed [9].

This study seeks to better understand factors at the parental level that may be influencing adolescent sexual and reproductive health (ASRH). It specifically addresses the need to study the association of connectedness—the emotional attachment, commitment, and interaction— between the adolescent and parent relationship to ASRH outcomes in Peruvian adolescents in the Andean Region.

II. Background

Peru's over 5.8 million 10-19 year olds are the largest proportion of adolescents in the country's history [10]. They now represent the largest age groups for both males and females [10]. As in many other developing countries in Latin America, several trends in adolescent sexual and reproductive health (ASRH) are taking place. Firstly, there is a greater likelihood of onset of sexual activity prior to marriage [11]. Studies in Lima demonstrate that between 37-43% of male adolescents and 6 to 13 % of female adolescents are sexually experienced [10]. Peruvian studies have shown that the majority of Peruvian men initiate sexual activity between the ages of 14 and 15; and in women, the majority initiate onset of sexual activity between the ages of 16 and 17 [12].

In addition, although sexuality related knowledge has been increasing, low contraceptive and condom use is still being observed. Recent reports state that only 6% of teenagers (15-19 year olds) have not heard of HIV/AIDS and 70% of them know that using a condom is a method of prevention [13]. However, protective behaviors against HIV are not being used. Condom use at first intercourse among sexually active adolescents in Lima has been found to be 38% among males and 26% among sexually

active females [14]. According to ENDES 2009, only one out every five teenage women (21% of 15-19 year olds) report using a condom during last intercourse [13]. Consequently, the trend seems to be already shifting a heavy burden of the HIV/AIDS cases to younger populations. The Peruvian Ministry of Health found that 21.9% of AIDS cases are now between the ages of 25-29, suggesting an increase in HIV infection during adolescent years [10].

Low contraception use is also accompanied by high adolescent fertility rates. Adolescent fertility rates have actually remained almost constant for the last decade [15]. Current estimates are that 12.5% of 15-19 year olds have already had at least one child [15]. In rural areas, the fertility rates among adolescents are actually higher and primarily unwanted. ENDES 2011 reports that 12.8% of 15-19 year olds has had at least one child, and that 72.7% of them are unwanted [16]. This places adolescent females at risk for clandestine abortions [17]. In Peru, it is estimated that 14% of women who have abortions in Peru are under the age of 20 [10].

“Adolescent development is not an ‘inevitable unfolding of predetermined characteristics,’ but instead it represents the construction of self through interaction with the broader social environment [10].” Current research in Peru suggests that parent-adolescent communication may be of great importance. In Bayer’s concept map identifying factors driving adolescent sexuality in Lima, almost every single item in the parent-child communication was found to be moderately or highly important on influencing ASRH outcomes such as ever having sex, having a partner, and using a condom [10]. This is comparable to other research suggesting family connectedness, as well as general and sexuality-specific parent adolescent communication, as having a protective association for negative ASRH outcomes such as early sexual debut and pregnancy/birth ([18, 19]).

Nonetheless, little research exists in Peru studying parental factors of influence associated to ASRH. The few studies that have been conducted have also mostly focused on adolescents in urban settings. Few research exist on adolescent sexual and reproductive health in rural areas—especially the Andean communities where teenage pregnancy rates continue to remain high [20]. The primary goal of this qualitative research was to explore whether such association exists, from a parental perspective, on a poorly studied Quechua speaking groups in the Sacred Valley of the Incas.

III. Methods

Study setting

This study was conducted in the area of influence for World Vision Peru’s Area Development Program (ADP) in Calca, Peru. It spans over 20 communities and 8 annexes in the District and Province of Calca,

located in the Department of Cusco [21]. The ADP is currently in its second phase and initiating their Program for Adolescents (12-17 year olds) in the area of influence of the ADP Calca [21]. The communities in its area of influence are considered rural. They are located in the “mountainous” region of the country in the outskirts of the Sacred Valley of the Incas. They are relatively small settlements with less than 10,000 residents per community [21]. The majority live in poverty and some lack basic services such as running water, electricity, and sewage [21]. Most of the adolescents from these communities attend secondary schools in Calca [21]. This site was selected since it is representative of Quechua speaking groups located in the mountainous regions of Peru.

Study Participants

Four communities were conveniently selected among the 20 communities and 8 annexes to participate in the parental focus groups. These communities were part of a current hygiene project being implemented by the health facilitator at ADP Calca. Those communities were Unuraqui, Pampallaqta, Accha Baja, and Llancho. In each community, recruitment occurred by World Vision Peru’s health representative for each of the selected communities. The opportunity was publicized to parents of adolescents (10-19 year olds) in each of the communities. Fathers and mothers were recruited separately. As a gesture of gratitude, World Vision Peru offered small hygiene kits (less than \$3) to participants. All participants provided informed verbal consent prior to initiating the focus groups. The research protocol and instruments were reviewed locally by World Vision Peru’s Ethic Committee and reviewed internationally by Yale University’s Human Subjects Committee (IRB Protocol # 1206010383).

Data Collection

Focus groups were carried out in one to two hour sessions with mothers or fathers in each of their communities. A total of 6 focus groups were conducted. A semi-structured questionnaire was designed addressing attitudes towards sex education, parent/adolescent interaction, and gender roles (Please refer to Appendix A). Since some of the participating parents felt more comfortable participating in Quechua, the focus groups took place in both Spanish and Quechua languages. They took place in a community facility. All focus groups were recorded and subsequently transcribed in Spanish to allow data analysis by principal investigator.

Data Analysis

Analysis of data was conducted using techniques developed from grounded theory. An initial coding scheme was developed using the main variables under study from the semi-structured questionnaire.

(Please refer to Appendix 1 for questionnaire.) Upon further review of the literature on factors at the parent-level influencing ASRH, Spanish transcripts were then subsequently studied, and main themes connecting initial main variables were developed. Three main parental level themes, or parental levels of influence were identified. Subsequently, several protective or risk factors were identified within each of those themes. For example, affection was considered a protective factor because parents expressed that a loving communication led adolescents to act in a positive way. Conversely, the existence of an intergenerational gap was considered a risk factor because parents associated it with pregnancy and sexual initiation. Coding of all transcripts was completed using this final coding scheme (Please refer to Appendix B). Parental statements used in this report were then translated from Spanish to English for reporting purposes.

IV. Results

A total of 6 focus groups, 3 with mothers and 3 with fathers, took place. In two communities, participation only occurred for mothers or only occurred for fathers. There was an average of 6 participants per group. There were a total of 34 participants for all 6 focus groups, 20 mothers and 14 fathers. The average age of the participants was 38.7 ± 11.0 years. The average number of children per participant was 4.5 ± 2.5 . All mothers, with the exception of one, had attended or finished primary school. In the majority of cases, the spouse of the other also agreed to participate. All fathers, with the exception of four, attended secondary school. Eight of them mentioned their adolescents do not live with them, and nine of them stated their adolescents go to school somewhere other than the secondary schools in Calca.

V. Findings

THEME 1: Factors Associated to Parent-Child Communication

Protective: Affection, Association with Positive Outcomes, Responsibility and Gender Specific Communication

Affection

Parents associated communication with demonstrations of affection. Communication was commented to be a vital component of demonstrating affection to adolescents in the community. Speaking and communicating with them were demonstrations of affection. They were also described to be done with love and care for the adolescents. It was noted that it was important for this to occur to establish trust in

the relationship between adolescent and parent.

M: *How can you know your adolescent son or daughter that you love them?*

P_{MOTHER UNURAQUI}: *“Speaking to them with love.”*

P_{FATHER UNURAQUI}: *“I always speak to them. You always have to have trust with them, with the children and especially with the adolescents, this is a good subject, because it is always important, because we the parents should have developed trust with our children, and that way the children can let us know things with honesty with sincerity to the parents and behave.”*

Some parents mentioned that this communication should begin with their children at a very young age. It was important to communicate with them since they were young and to allow a trusting relationship to develop.

P_{PADRES LLANCHU}: *“More than anything you have to talk to them. [...] From the time they are young there already should be trust.”*

Association with Positive Outcomes

Parents associated parent-adolescent communication with positive outcomes. Trusting conversations were positively associated with good behaviors in adolescents. In other words, adolescents who had good, trusting relationships with their parents were the ones displaying positive attitudes. Some of the positive behaviors observed in adolescents with good communication were respect, responsibility, acts of solidarity, and happiness.

M: *And what’s different about an adolescent that has a good relationship with their parents? Do they behave differently? Are they different?*

P_{MOTHER LLANCHU}: *“Of course they are different, they are more tender, they are happy, if they wouldn’t get along with their parents an adolescent would be sad and distracted.”*

P_{MOTHER UNURAQUI}: *“When we speak to them with love then when we send them to do something, they will do it fast.”*

P_{FATHER LLANCHU}: *“There is respect”*

M: *For?*

P_{FATHER LLANCHU}: *“Older people and his classmates and responsibility too. [...] Oh and solidarity, to show solidarity to*

everyone else in the neighborhood.”

Responsibility

Parents associated parent-adolescent communication to occur as an act of responsibility. It was important for them to engage in such behaviors because it demonstrated care for their children, but because it was important. This mother specifically addressed the importance of discussing issues related to the SRH of her adolescent girls.

P_{MOTHER LLANCHU}: *“It is important, but now for example I am observing in homes, and in my case, I speak to them about these things because I went through many blows, but that is why my husband also speaks, even if they are young girls we speak to them in regards to their sexuality, to my girls we speak.”*

P_{MOTHER ACCHA BAJA}: *“It is important that the parents teach our children, teach them about our experiences, and to our boys about drunk men, those that beat, we should always speak to our children about our experiences, till they are older the parents should always teach.”*

Gender Specific

Parents also associated parent-adolescent communication to be gender specific. This was particularly true when addressing issues related to ASRH. The mothers were the ones mentioned to have the trust to address their daughter, and concurrently, the fathers were the ones who had the same confidence with their sons. Even though they mentioned discussing the same or similar issues, each parent addressed the child specific to their gender. They mentioned that within their own genders there was more trust, as well as experience, to be able to converse with their children about these issues.

P_{FATHER LLANCHU}: *“Because here as men we have the confidence to talk to our sons and the ladies also have the confidence to talk to our daughters. [...] Of the same subject, of course, but so they can take care of themselves and they can prevent.”*

P_{FATHER UNURAQUI}: *“For example, I’ll tell you, that well I usually speak to my sons, like a normal family talks, but when it is different, kind of, I told my wife she should talk to her as a woman and I would talk to him as a man. He is the only boy and then I can talk with him extensively, but sometimes we speak to each other about some things, we joke around all together.”*

P_{MOTHER ACCHA BAJA}: *“It’s important to discuss these issues. My husband and I should know about this subject, and about their development during adolescence, the father should talk to his boy about when he was an adolescent boy, and the women should talk to her daughters about when she was an adolescent.”*

Risk: Intergenerational Gap, Lack of Knowledge, and Lack of Trust

Intergenerational Gap

P_{FATHER PAMPALLAQTA}: *“Practically, in these high regions, our children don’t tell us if they want to have sex, if we had trust, or if we were friends with them, perhaps they would tell us, but we are just recently practicing, before because it was a taboo subject it was not addressed, and sex was hidden, and we only found out because people showed up pregnant.”*

Parent-adolescent communication was reported to be difficult and interrupted by several factors. One of them was an intergenerational disconnect. The generation of parents before them did not speak to them, especially in regards to SRH issues, and subsequently, parents expressed frustration. It seemed to be difficult to be expected to do something they had not seen their generation of parents do with them. It was difficult to talk to their children, when their parents had not done so with them, and it was especially difficult to discuss SRH issues.

P_{MOTHER LLANCHU}: *“Before, mostly, that would not occur. Because the parents never spoke to their children about sexuality. They were ashamed to speak to them, and they never warned them, that is why their children out of curiosity or to know would get involved. [...] I don’t ever remember my parents speaking to me about it.”*

P_{MOTHER LLANCHU 2}: *“What I observe is that the men have fear and are ashamed to speak to their children, their mothers have not raised them that way, they were not raised that way, so they do what their mothers raised them to do, and before no one spoke to them”*

P_{MOTHER UNURAQUI}: *“It makes us very sad that our parents did not speak to us and we have fallen in problems we don’t want our children to be like us that is why talks are important and our mistakes would fall on us and won’t repeat itself again on our children.”*

Lack of Knowledge

Lack of knowledge, either because parents lacked more years of formal schooling than their children or because they were unfamiliar with the issues, was expressed as a barrier to parent-adolescent communication.

P_{MOTHER UNURAQUI}: *“We don’t even know how to read, that is why we don’t speak to them, if we knew how to read it would be different. Our parents did not make us go to school.”*

P_{FATHER LLANCHU}: *“Now the majority go to secondary school and even some of them to the university, so they know more, they have more knowledge than us now.”*

Parents expressed lacking the knowledge and understanding of different methods of contraception available to them and adolescents. Consequently, their children would seek information through other sources. One of the most frequently mentioned was the Internet.

P_{FATHER LLANCHU 2}: *“We didn’t even know about these things before. [...] And now they learn a lot of things from it, because on the Internet there is everything, there is music, and they speak to them about sexuality and there is porn and many other things and more advanced. That is where they search because they now know.”*

They expressed frustration in only being able to share the little information they knew and not feeling confident that it was good enough to be able to teach or address SRH issues with their children. Some parents even mentioned that their adolescents knew more than they did and that tension in their relationship developed because of it.

P_{FATHER PAMPALLAQTIA}: *“And now we are having to talk to our children because they go to secondary school and now it is different, in my case it would be difficult if my boys asked me, I would have to ask for help to the ladies at the health center.”*

P_{MOTHER ACCHA BAJA}: *“And we only speak of what we know [...] because I can only speak what I can and no more.”*

P_{MOTHER UNURAQUI}: *“And the majority we have a lot of children, and now they get upset at us when we have children, and they tell us that we have not been educated and that having so many little children they cant educate us, they also tell us that life is expensive and they get upset.”*

Lack of Trust

Parent-adolescent communication, as mentioned before, was expressed as important in the community. It created an atmosphere of trust in the parent-adolescent relationship. Lack of this trusting relationship, or of trusting conversation, was associated with negative outcomes in the adolescent. It was especially associated with negative SRH outcomes in the child.

P_{MOTHER LLANCHU}: *“That way they can tell you anything. If you don’t get along with your son or daughter, they don’t trust anything. And now the kids hide and they have relationships and they have children because we never had a conversation in confidence with them. A talk with trust. It is very important, the trust, with our children to get along.”*

In regards to the boys, comments from parents reflected an almost inevitable behavior for them to engage in sexual activity despite them telling them not to.

P_{MOTHER UNURAQUI}: *“We the parents tell them no, those things you won’t do, but all of the sudden, there they are.”*

The lack of trust also caused tensions in the relationship. It was usually linked to over monitoring. Some of the reported negative outcomes were in regards to reactions parents had with their children. If it was associated with girls, the reactions tended to be more severe.

P_{MOTHER ACCHA BAJA}: *“I made my daughter get an exam to see if she had sex because her friend took her to Maldonado, and I thought she was upset, and I didn’t trust her, and I made her get a test. But it all turned out normal, nothing had happened, and she had made herself be respected.”*

THEME 2: Parental Attitudes Towards Condoms and Contraceptives

Protective: Parental Use and Knowledge on STIs, Condoms, and Methods of Contraception

Parental Use

Parents reported usage of modern contraceptives. Both traditional and modern methods of contraception were reported. Most of the frequent methods reported were pills, injectables, condoms (as a method of contraception), withdrawal, period abstinence and the use of herbs. When asked what they would recommend to their children, parents were more likely to report methods they were currently using.

M: *And what methods do you think adolescents in the community could use?*

P_{FATHER LLANCHU}: *“Condoms, and in the case of women they use pills to prevent pregnancy.”*

P_{MOTHER ACCHA BAJA}: *“Well, I tell my children I go to the health center to use a method, that is what I tell them. I tell my daughter, who already has a baby, to use that method, and she is using it. I don’t want her to have as many children, that is why I tell my daughter to only have her one girl, and that is why she uses that method.”*

Knowledge on STIs, Condoms, and Methods of Contraception

As mentioned before, parents expressed frustration with lack of knowledge and understanding of STIs, condoms, and methods of contraception. However, when discussing recommendations for their children, they were more likely to recommend protection when some knowledge and understanding was expressed.

M: *And what methods do you recommend to your adolescent boys?*

P_{FATHER UNURAQUI}: *“Condoms.”*

M: *And what do you use it for? Is it to control for pregnancy? Is it to protect against disease? Why should you use condoms?*

P_{FATHER UNURAQUI 2}: *“But in a family there isn’t disease. I think”*

P_{FATHER UNURAQUI}: *“Of course there is. Here where we are there isn’t as much but in other places lots of people are dying from it.”*

They were also more likely to discuss issues related to SRH with their children when they had more experience and knowledge. They felt confident in their ability to recommend methods for protection, as well as in their ability to justify their reasons for its use.

P_{FATHER UNURAQUI 3}: *“Well in my case I speak more deeply, to the boy, and I explain the sexual part, because we have that experience, and in my case I can speak everything about it, how to protect himself, and how to prevent disease, which is occurring, and they seem to understand, and they take care.”*

Risk: Negative Attitudes/Beliefs Towards Condoms/Contraceptives, Protection is Gender Specific, and Lacks Partner Support

Negative Attitudes/Beliefs Towards Condoms/Contraceptives

Many of the parents had very bad experiences with methods of contraception and condoms. They reported suffering from physical and emotional discomfort. Pills and injectables were reported to alter their moods. There were also reports that it caused tension with their partners.

P_{MOTHER LLANCHU}: *“To the majority, that method hurts them. [...] Women we get rebellious, we are not scared of anything and sometimes that brings problems at home, because we don’t like anyone telling us anything, and then our husband gets upset, and so that is why I say those methods are bad. But we can’t take care of ourselves with anything else.”*

P_{FATHER UNURAQUI}: *“My wife was with an injection. But she turned out bad. She seemed like she went crazy and they made her have kids, at the health center, so I don’t know what’s perfect to take care of this. Now she is taking something else, pills I think, but I think it hurts her again and worse. We haven’t found results.”*

P_{MOTHER UNURAQUI}: *“I also use dan injection but I lost too much weight during the first months, and then I bled too much, and it wasn’t for me.”*

P_{MOTHER UNURAQUI 2}: *“It almost made me go crazy.”*

P_{MOTHER UNURAQUI 3}: *“My head hurt and the way I acted I was getting aggressive, and I was getting to whiny.”*

Both fathers and mothers expressed problems with male methods of contraception—primarily vasectomies. Fathers expressed fear to stay “neutral” and “inability to work in the field”. Mothers also expressed that those methods hurt their husbands. There were also comments that they were associated with weight gain. Fathers also feared being capable “of loving their wives as they should.”

P_{FATHER UNURAQUI}: *“But also to us men they would tell us, there are things, that hurt us and keep us from working in the fields, and they hurt us. I prefer not to accept those things because you just can’t, I wouldn’t want to stay neutral.”*

Consequently, parents expressed fear that adolescent use of methods of contraception and condoms could subject them to harm. They were concerned it would hurt them and affect them the same way it affected the parents or worse.

M: *Do you think it is good for these adolescents [engaging in sexual activity] to use methods to protect themselves from disease and prevent pregnancy?*

P_{FATHER UNURAQUI}: *“Yes, to protect themselves that would be good, but maybe those methods would damage them on the inside, we don’t know exactly.”*

P_{MOTHER LLANCHU}: *“And using those methods, if my 13 or 14 year old son, it would harm him. He should till he is old enough, those methods are not good to use when they are young.”*

M: *Is there any specific method you think is dangerous?*

P_{FATHER LLANCHU}: *“In regards to methods, I think they are there to prevent things by using them, [...] but pills could not go well with them and cause nausea, vomiting, and maybe fainting.”*

Protection and Prevention is Gender Specific and Relative to Partner Support

Contraceptive and condom usage was relative to gender. Parents associated certain methods, norms, and protections with gender. For example, condom usage was only associated to offer protection for boys and not girls. There was also more strict regulation for girls. There were more negative attitudes toward contraceptive/condom usage among adolescent females.

M: *And what methods do you think adolescents in the community could use?*

P_{MOTHER LLANCHU}: *“Well, in the boys it would be the condom, because in the women those methods don’t let them get their period, that which we women have monthly and I think we would find out if they are practicing because of it, so I think here if they want to continue having sex I think all of the sudden the boy must be the one taking care because here women are always checking on their children, and we would know with our girls.”*

M: *And what would you recommend your son to use?*

P_{FATHER UNURAQUI}: *“Well, now there are condoms.”*

M: *What about your daughter? Would you also recommend condom use?*

P_{FATHER UNURAQUI}: *“No. No. Miss, in my case, I would also tell my daughters that right now they are in school, so I tell my daughters that they aren’t going to be ordinary, that they won’t speak with strangers, like they are young girls and I tell them to not trust people that are not from the community. They should come home early, and no stranger can touch them, with exception of our family, of our family members.”*

In regards to females, there were general attitudes of protecting against pregnancy and not disease.

Whether it was relating to adolescent girls or mothers, pregnancy was usually the outcome wanting to be avoided. Disease did not appear to be as much of a concern for them.

M: *Do you only use something to not get pregnant? Is there some other reason?*

P_{MOTHER ACCHA BAJA}: *“No. Its to not get pregnant.”*

M: *And what about protecting yourself from some disease?*

P_{MOTHER ACCHA BAJA}: *“There may be, but we don’t know. We don’t know, compañera, that is all we take care of, just of pregnancy.”*

Contraceptive and condom usage was reported as relative to partner support. Women were reported to carry the burden to ensure protection or prevention methods in the relationship. However, mothers reported not having the support from their partners for their methods of choice.

M: *And who are the ones that take care of themselves? It is the man or the woman?*

P_{FATHER UNURAQUI}: *“Of course it’s the women.”*

P_{FATHER UNURAQUI 2}: *“Mainly the woman.”*

P_{FATHER UNURAQUI 3}: *“Yes, it is the woman.”*

M: *And what do you think about using condoms?*

P_{MOTHER LLANCHU}: *“Well, I see it as the healthiest method.”*

M: *Condoms?*

P_{MOTHER LLANCHU}: *“Yes, because I’ve asked others if it would do well, and they told me that it hurts men, that this hurts and that hurts, and my husband has never liked that I take care of myself with that, he says that it harms him.”*

There were divided reports on the male support to use methods to prevent contraception. These mothers even reported that sexual encounters were sometimes forced and prevention of pregnancy, in those instances, was not a priority.

P_{MOTHER ACCHA BAJA}: *“Sometimes men take care, when they drink sometimes they make you.”*

P_{MOTHER ACCHA BAJA 2}: *“Some take care of women, sometimes they do, and sometimes they don’t.”*

P_{MOTHER ACCHA BAJA}: *“Some men want us to have children, but other men do not want us to have children. They are all different.”*

THEME 3: Parental Attitudes Toward Adolescent Sexual and Reproductive Health Education

Protective: Parental Involvement, Acknowledged as Important, Associated with Positive Outcomes, and Gender Sensitive

Acknowledged as Important

M: *But do you think teaching them sexual and reproductive health is important? Is providing an education for them [on these issues] important?*

P_{MOTHER LLANCHU}: *“Yes, well, we have to take care of them, right? As parents, we have to help them to take care and stay in school, because then they are left with children and they fail to get what they dreamed in life. And then they just stay there, and that of bringing children into adolescence is terrible because they don’t know how to raise them, and they are not working, and then their children are suffering.”*

Parents agreed that teaching adolescents about their sexual and reproductive health was very important. They mentioned that SRH education prevented negative outcomes such as school drop out and teenage pregnancy from occurring. Most of them commented that both the parents and the schools should be responsible for providing such education. There was an equal sense that they had a responsibility, and the school did as well.

Associated with Positive Outcomes

Parents supported sex education programs because they were associated with positive outcomes in adolescents. Most of the outcomes mentioned were related to their sexual and reproductive health.

P_{MOTHER UNURAQUI}: *“Yes, we want talks because minors already have their kids, and they don’t even have a home. If there are these talks then our children would wait till they are older, they would have no kids and then they could have their home and thinking things straight could have their kids.”*

Gender Sensitive

Interestingly, in regards to topics discussed, there was unanimous support that sex education should be equal for both sexes. Addressing the same issues was associated with respecting their human rights. However, when addressing them, parents preferred boys and girls to be separated. They expressed it would facilitate discussion with each gender.

M: *Ok, but in respects to their sexual and reproductive health, should the education for both boys and girls be the same?*

P_{FATHER PAMPALLAQTA}: *“The same, of course the same, because the same mistakes they make, for me the same thing you talk to a female you talk to a male, its the same subject that you are talking, something can vary but the same field would be spoken, because we have the same human rights, every person has our rights, so respecting that we have to have same education for boys and girls.”*

P_{MOTHER ACCHA BAJA}: *“On my part I don’t want them to be together because girls should be spoken to separately because they could be ashamed of the boys or because they are adolescents they can make fun of each other, for me it would be just between boys and just between girls.”*

Risk: Lack of Support and Negative Attitude Towards School and Town

Most of the parents expressed being satisfied with the education that was being implemented at schools. However, some of the parents commented that they were not teaching their children all of the topics they would like addressed.

M: *So what do you think about the education that is being provided to your children about their sexual and reproductive health?*

P_{FATHER UNURAQUI}: *“Well, in that subject my daughter was telling me a bit ago that they not really teaching them, they were kind of teaching them, at least the teachers were not teaching them at a 100% level, they were only teaching them some.”*

M: *And would you like it to be different?*

P_{FATHER UNURAQUI}: *“No... in respects to human sexuality, in that respect the teachers are teaching a part, but they are not, so to say, for example at 100%, no, the trust is in the family, its ours, it’s the parents.”*

Almost all secondary schools are located in the Town of Calca, and parents expressed much distrust with the town. They reported very negative attitude towards the people and places living there. They associated negative behaviors of adolescents with the town.

P_{FATHER LLANCHU}: *“Many things can happen, even in the day. It could be drug addiction in a dancing club, or suicide, and especially when you are forbidding everything.”*

P_{FATHER UNURAQUI}: *“Many times, in the city, I don’t trust, we are not controlling at the right time, and that is when they go to the dancing clubs, and that’s where they get some, and the parents don’t know where their daughter is, and they walk into their room, and we don’t know when she has left, and that’s when she has made friends, both girls and boys there, and that is happening a lot.”*

VI. Discussion

Parent-adolescent communication was associated with adolescent sexual and reproductive health.

Many factors were listed as protective, or as positive influences, for this communication to occur or to cause positive influences in the adolescent. For example, parents that transmitted a sense of importance or responsibility of the communication either associated the communication with positive outcomes in the adolescent or expressed engaging in such communication. Conversely, parents linked the absence of communication with adolescent children, specifically communication lacking trust, as a reason for negative outcomes such as teenage pregnancy. Parental connectedness has already been associated as a protective factor for several negative ASRH outcomes [19].

Several risk and protective factors were also identified when studying parental attitudes towards condoms and contraceptives. When parents were questioned on methods they recommended to their children or would recommend, most of the methods they recommended were the ones parents were currently using. This is an interesting finding and could provide insight on current contraceptive use among single sexually active teenage (15-19 year old) women in Peru. In this study, although parents reported use, there were also many negative associations and experiences with modern methods of contraception. Condoms were described as hurtful to men; and women had many negative outcomes associated with pills and injections. Adolescent women, especially in these rural areas, could be not utilizing such methods because the experiences heard from their parents may influence their attitudes and beliefs towards them. Current literature reports that in Peru contraceptive prevalence among 15-19 year old women that are single is 70% [11]. However, when only modern methods of contraception are considered, the contraceptive prevalence among 15-19 year old women that are single drops to 33% [11]. This indicates that more than half of sexually active adolescent women are still using traditional methods of contraception. Many parents actually expressed great concern and fear that modern methods could physically damage and hurt adolescents that used them. This could also potentially be influencing adolescent attitudes toward modern methods of contraception.

Similarly, parents could be influencing adolescent engagement in programs relating to ASRH education. For example, parents who seemed supportive of ASRH education tended to associate the education with positive outcomes. They wanted their children to receive the education because it would delay sexual initiation or prevent pregnancy. The parents with protective factors would be more likely to allow adolescents to participate in SRH education programs if they were to believe it was important. On the other hand, parents who reported negative attitudes towards the town and school, where the programs took place, were less likely to let their children participate. The parental attitudes towards the programs could also be influencing the beliefs and attitudes adolescents have towards sex education at school.

VII. Implications

Current reports suggest that interventions in Peru have been more effective at improving knowledge than actually changing behaviors [11]. One of the potential avenues for improving sexual and reproductive health outcomes, as well as interventions, for young people is through parent-child communication. As this study suggests, parental involvement may be a highly influencing factor on adolescent behavior. This could occur through many possible avenues.

Firstly, parent adolescent communication that is affective, seen as a responsibility, and gender specific will be more likely in this community to be supported. Parents associated this type of communication with several positive outcomes in the adolescent. For program planners, this is an advantageous opportunity. It describes possible styles of communication that may be encouraged in the parent-adolescent communication in order to foment positive outcomes in adolescent behavior. In

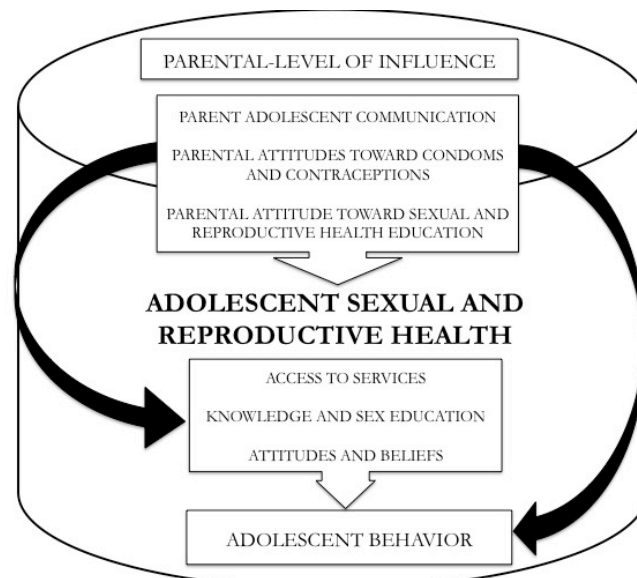


Figure 2 The levels of parental influence in this study are described in the diagram. They can exert influence over aspects related to ASRH or directly influence adolescent behavior.

the same regards, risk factors in the study, or those negatively associated with negative outcomes, such as lack of knowledge in parents, should be addressed. Perhaps programs that incorporated elements to prepare and educate parents on what topics to address and what issues are important would be more likely to encourage positive behavior among adolescents.

Secondly parental attitudes and beliefs could also be highly influential as suggested by the study. For example, the harm associated with contraceptives could either prevent adolescent's access to services or influence the adolescent's attitudes and beliefs themselves to not access services at all. This aspect is especially important to address since it appears, as mentioned before, that a high percentage of adolescent females in Peru continue to use traditional methods of contraception.

Lastly, although the study may not be entirely representative population for parental perspectives in Peru, it provides interesting elements for future research. Latin American culture is known to be a

culture of strong familial ties. The most successful youth programs have incorporated multipronged approaches to addressing ASRH and adolescent health in general and some have utilized parental involvement as a key component [5, 22].

VIII. Limitations

The sample population for this study was not representative of the entire parental population in the province of Calca. Most of the parents were from communities high in the mountains and parents who lived closer to the towns could not be interviewed. Furthermore, these parents were also more involved with World Vision Peru and their perceptions and attitudes could have already been influenced by the organization. Some of the parents mentioned having participated in programs encouraging parent-child education on issues related to sexuality.

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Appendix A

Focus Group Questions Parents

Factors Associated with Indicators of Sexual Reproductive Health in Secondary School Students (12-19) from Calca, Peru

1. Introduction: Familiarization

- How old are you?
- How long have you lived in this community? Where are you originally from?
- How many children do you have? How many of them are adolescents? Do all your children live at home with you?

2. Attitudes towards Adolescents and their Reproductive Health and Sexuality

- How would you best describe the adolescents in your community? What is their behavior like? Does their behavior differ of than when you were their age? How does it differ?
- Do you think many of the adolescents in the community are sexually active? What do you think about their sexual behavior? What is their sexual behavior like? Why do you think they act the way they do?
- What do you think their needs are in regards to their sexual reproductive health and sexuality?
- Do you think it is important to provide sex education and reproductive health services to adolescents? Why? What type of services do you think should be provided?
- Do sexual reproductive health services/education/programs differ for boys and girls? How do they differ? Do you think they should differ? Why should they differ? How should they differ?
- How do you think these services/education/programs should be provided? Who should be providing these services?
- Could you name some organizations that provide sexual reproductive health services/education/programs for adolescents in this community? What services do they offer? How would you rate the quality of these services and programs?
- Do you think these programs and services are satisfying the needs mentioned before of the adolescents in this community? In what ways are they or are they not satisfying the needs of adolescents in the community?
- How would you change these services to best address the needs of adolescents in your community?

- Do you think it is difficult or easy for adolescents to access these services? What makes it difficult or easy? Do you think this should change? How should this change?

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3. Adolescents and Parent Interaction

- In what ways do parents show adolescents that they love and support them? Do parents in the community provide this type of love, affection, and support to the adolescents?
- How important do you think it is for an adolescent in the community to have a good relationship with their parents?
- How can you tell if an adolescent has a good relationship with their parents?
- Could you describe what an adolescent that has a good relationship with his/her parent looks like?
- Do you think parents should be involved in providing education and guidance to decisions regarding adolescent's sexual reproductive health? Why? In what ways or how should they be involved?
- What characteristics are important for adolescents when choosing someone to date? When should they begin to date? Who should they date? How many people should they date? Is it different for boys than girls?
- Should an adolescent have sexual intercourse? Who should an adolescent have sexual intercourse with? How do you know an adolescent is ready to have sexual intercourse? What characteristics are important for the adolescents to have? ¿Do these circumstances change for both adolescent boys and girls?
- If your adolescent boy tells you he wants to have sex with his partner, what would you say? Would you talk to him about something? Do you think there are any aspects that are important to consider before having sexual intercourse? Would it be different if it were your adolescent daughter? What would be important to consider?
- What would happen if your adolescent boy tells you impregnated someone? What would you say and do? Would you talk to him about anything in specific? Do you think there are any aspects that are important to consider after having sexual intercourse? Would it be different if it were your adolescent daughter telling you she was pregnant? What would be important to consider in her case?
- What do you think are the reasons for people acquiring certain infections like HIV (Explain STIS if necessary)? Are there any ways people can protect themselves? Who do you think get these diseases? Do you know of a lot of people in your community that acquire these infections? Have you heard of any adolescents in your community that have these infections? In what ways do you thin adolescents can avoid acquiring these infections?

4. Gender, Family Roles, Perceptions of Protection and Methods of Birth Control, and Adolescents and their Sexuality

- At home, who is responsible for providing for the family? Who is responsible for caring for the children? Who is responsible for the adolescent?
- In your community, what are the responsibilities of a man? Could you please mention some characteristics or describe a man? How does he act with his family? What does he do in the community? How many sex partners should he have? How many wives? How would you recognize that a boy has become a man?
- In your community, what are the responsibilities of a woman? Could you please mention some characteristics or describe a woman? How does she act with her family? What does she do in the community? How many sex partners should she have? How many husbands? How would you recognize that a girl has become a woman?
- In the family, who should decide how many children a couple should have? What is the right amount? How would you control how many children to have? What methods would you use? Do you think these methods are good or bad for you? Are you concerned about any of them? Do you think any of these methods will hurt you? How do you think they could affect you?
- When having sexual intercourse, do people in the community use protection? Why or why not? Do you think people should use protection? When is it right, if it is right, for someone to use protection with their partner? Who should be using protection?
- Should adolescents use any of these protection methods or contraceptive methods? When should they use them? Why should they use them? Do you think these methods protect them or do you think they have the potential to hurt them? What adolescents should be using them?

5. Violence and Sexual Abuse

- What does violence look like in your community? What would you consider a demonstration of violence at school? What would be a violent episode in a home? What would a violent episode look like in a relationship? Have you heard of any cases of violence to adolescents in the community? Where do they usually occur?
- What is sexual abuse? Could you describe what an episode of sexual abuse would look like at school? What would an episode of sexual abuse look like at home? What would an episode of sexual abuse look like in a relationship? Have you heard of any cases of adolescents being victims of sexual abuse in the community? Where do they usually occur?

APPENDIX B

CODING SCHEME	
1	Parent-Adolescent Communication
	<i>Protective Factors</i>
	<i>Affection</i>
	<i>Associated with Positive Outcomes</i>
	<i>Responsibility</i>
	<i>Gender Specific</i>
	<i>Risk Factors</i>
	<i>Intergenerational Gap</i>
	<i>Lack of Knowledge</i>
	<i>Lacks Trust (Overprotection)</i>
2	Parental Attitudes Towards Condoms and Contraceptives
	<i>Protective Factors</i>
	<i>Parental Use</i>
	<i>Parental Knowledge on Condoms and Methods of Contraception</i>
	<i>Parental Knowledge about STIs</i>
	<i>Risk Factors</i>
	<i>Negative Attitudes/Beliefs Towards Condoms/ Contraceptives</i>
	<i>Protection/Prevention is Gender Specific</i>
	<i>Lacks Partner Support for Use</i>
3	Parental Attitudes Toward Adolescent Sexual and Reproductive Health Education
	<i>Protective Factors</i>
	<i>Parental Involvement</i>
	<i>Acknowledged as Important</i>
	<i>Gender Sensitive/ Specific</i>
	<i>Risk Factors</i>
	<i>Lack Support</i>
	<i>Lacks Connection with Negative Outcomes</i>
	<i>Negative Attitudes Toward School and Town</i>



Factors Associated to Adolescent Sexual and Reproductive Health A Parental Perspective from Calca, Peru

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ABSTRACT

BACKGROUND: There are more than 5.8 million adolescents (10-19 year olds) in Peru. Their sexual debut is between 14 and 17 years old. Despite efforts to increase sexually-related knowledge within this population, condom and contraceptive use is low.
PROBLEM: Knowledge is important, but there are many other factors also influencing adolescent behavior.
 Parent-child communication has been found to be an important factor influencing adolescent sexual and reproductive health (ASRH) outcomes in Latin America. However, little is known about ASRH in the rural Andean regions of Peru and parental attitudes and factors of influence.

METHODS: Six focus groups were carried out with mothers and fathers from Ururupay, Parapallqas, Arecha Baja, and Llambia. Focus groups took place in both Spanish and Quechua languages. Sessions were recorded, translated in Spanish, and coded for main themes.

FINDINGS: Parent-child interactions and communication were associated with several ASRH outcomes. Possible protective and risk factors for adolescent sexual behaviors were identified for each theme. Some may directly influence adolescent behavior, and other factors may influence their environment.

IMPLICATIONS: Parent influence should be taken into consideration for program and policy development, especially in the Andean communities in rural Peru.

FOCUS GROUP GUIDE: HIGHLIGHTS

- In what ways do parents show adolescents that they love and support them? Do parents in the community provide this type of love and support to the adolescents?
- Is it important for an adolescent in the community to have a good relationship with their parents? Could you describe what an adolescent that has a good relationship with his/her parent looks like?
- Do you think parents should be involved in providing sex education and guidance in decisions relating to ASRH? Why? In what ways or how should they be involved?
- When having sexual intercourse, do people in the community use protection? Why or why not? What are they trying to prevent? Do you think people should use protection? Who should be using protection? Should adolescents be using these methods?
- Do you think it is important to provide sex education and RH services to adolescents? Why? What type of services do you think should be provided? Should they differ for boys and girls? Why should they differ? How should they differ?



STUDY SETTING AND PARTICIPANTS

This study was conducted in the area of influence for World Vision Peru's Area Development Program (ADP) in Calca, Peru. The communities in ADP Calca are considered rural. They are located in the mountains of the Sacred Valley of the Incas. They are relatively small settlements and the majority lack basic services such as running water, electricity, and sewage. Most of the adolescents from these communities attend secondary schools in Calca. They are predominantly Quechua speaking groups. There were a total of 34 participants for all 6 focus groups, 20 mothers and 14 fathers. The average age of the participants was 39 years old. The average number of children per participant was 3. All mothers, with the exception of one, had attended or finished primary school. All fathers, with the exception of four, attended secondary school.



MAIN FINDINGS: PARENTAL ATTITUDES

THEME 1: Parent-Adolescent Communication	THEME 2: Adolescent Sexual and Reproductive Health Education Associated with Positive Outcomes, Gender-Sensitive	THEME 3: Condoms and Contraception
<p>Dad/Estate: Responsible, Associated with Positive Outcomes, Gender-Specific</p> <p>Parent's message: "I always speak to them, especially with the adolescents, because it is always important, and that way there is clarity in the parents and they behave." Parent's message: "It's important to discuss these issues. The father should talk to his boy about when he was an adolescent boy, and the woman should talk to her daughters about when she was an adolescent." Risk/Estate: Inappropriate Gap: Lack of Knowledge and Trust Parent's message: "Before, mostly that would not occur. Parents never spoke to their children about sexuality. They were ashamed. I don't even remember my parents speaking to me about it." Parent's message: "We are having to talk to our children but they go to secondary school and in any case it would be difficult." Parent's message: "If you don't get along with your son or daughter, they don't trust anything. And even the kids like and they have relationships and they have children because you never had a conversation in confidence with them."</p>	<p>Parent's message: "Yes, we were told because mothers already have four kids. If there are as these kids than our children would not all die any older." Parent's message: "Yes, talk, you have to talk with the children, right? Because then they are left with children and they fall to get their first daughter." Parent's message: "Once you get I don't want them to be together because girls should be spoken to separately, they could be ashamed of the boys." Risk/Estate: Lack of Support, Negative Attitude Towards School and Trust M: What about the education that is being provided at school about ASRH? Parent's message: "Well, in that subject our daughter was telling me a lot ago that they not really wanting them. At least the teachers were not teaching them at a 100% level, they were only teaching them some things." Parent's message: "Many times, in the city, I don't trust, we are not controlling at the night time, and that is when they go to the dancing clubs, and that's when they get some. And that is happening a lot."</p>	<p>Parent's message: "I tell my children I go to the health center to use a method. I tell my daughter, who already has a baby, to use that method, and she is using it." Parent's message: "I speak more deeply, to the boy, because we live that experience. I can speak everything about it, how to protect himself, and how to prevent disease, and they take care." Risk/Estate: Negative Attitudes Towards Condoms/Contraceptives, Gender-Specific Issues and Lack of Parent Support Parent's message: "In the majority, that method learns them [...]. Women are getting better and then our husband get open." M: And what would you recommend your son to use? Parent's message: "Well, now there are condoms." M: What about your daughter? Would you also recommend them to use? Parent's message: "No. No. No. In any case, I would tell my daughters that right now they are a teenager. They should come home early, and do whatever she wants then."</p>

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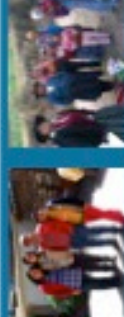
HYPOTHETICAL MODEL OF INFLUENCE



Parents are a social sphere of influence in adolescent development. Parent communication, adolescents and parent interactions, has implications for ASRH outcomes^{4,5}. Several factors could influence this relationship; they could be protective and influence positive behaviors and outcomes. Conversely, they could be risk factors and negatively influence adolescent behavior or outcomes. Parental-level factors could also influence adolescent's knowledge, access to sex education, and belief systems. These would in turn influence adolescent behavior and consequently also influence ASRH outcomes.

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