Student Perspectives on Teaching Adolescents Maturation and Reproductive Health in Rural Paraguay

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Objectives

- Provide background information about rates and negative effects of teenage pregnancy, particularly in Paraguay.
- Explain the process of developing research and teaching methodology, including allying with non-profit partners.
- Present main risk factors that contribute to teenage pregnancy in rural Paraguay.
- Present student perspectives on teaching indigenous girls about reproductive health and conducting field research.
- Describe future action plan.
Why Address Adolescent Pregnancies?

- Adolescents living in poverty are at higher risk of unplanned pregnancy.
- About 19% of Paraguay’s population lives in poverty.
- Teenage pregnancy costs Paraguay over 63 million dollars per year.
- Adolescent pregnancy rates approximate 70% in rural Paraguay.
- Rigorous research on risk factors specific to rural Paraguay is limited.
2016 Adolescent fertility rates (Births per 1,000 women ages 15-19)

- Argentina: 63
- Bolivia: 69
- Canada: 10
- Chile: 47
- Paraguay: 57
- Peru: 48
- United States: 21
- Uruguay: 55

The Team

From left to right:

Kaylee Hodgson MS-Stat
Julia Kemsley, BSN
Sondra Heaston, NP-C
Cortney Macfarlane, BSN
Sheri Palmer, DNP
Megan Hancock, BSN
Rebecca Anderson, BSN
Rachel Trujillo, BSN
Shelly Reed, PhD
Data Collection

Preparation

◦ IRB with approved questions
◦ Collaboration with Fundación Paraguaya

Pregnant girl = Chica embarazada = Kuñataĩ hyeguasúva
Conducting Interviews

**Who**: community leaders and teachers

What: semi-structured interview focusing on four questions

1. *What is the frequency of adolescent pregnancy in this region?*
2. *What are the risk factors that contribute to teenage pregnancy?*
3. *What are some things that are happening in this region and in Paraguay that help reduce the incidence of teenage pregnancy?*
4. *What do you think are some solutions to reduce teenage pregnancy?*

When: Fundación Paraguaya helped us set up times that fit into our schedule

Where: at the schoolhouse or workplace of the individual
Conducting Interviews

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4. What do you think are some solutions to reduce teenage pregnancy?
When: Fundación Paraguaya helped us arrange meeting times.
Where: at the schoolhouse or workplace of the individual
Conducting Interviews

Who: community leaders and teachers
What: semi-structured interview focusing on four questions
1. What is the frequency of adolescent pregnancy in this region?
2. What are the risk factors that contribute to teenage pregnancy?
3. What are some things that are happening in this region and in Paraguay that help reduce the incidence of teenage pregnancy?
4. What do you think are some solutions to reduce teenage pregnancy?
When: Fundación Paraguaya helped us set up times that fit into our schedule
Where: at the schoolhouse or workplace of the individual
Results

1. **Parental absence**
   Lack of parental supervision, i.e. parents working away from the community

2. **School non-attendance**
   Negative peer influences

3. **Lack of activities outside of school**
   Few available work opportunities for youth, now and in the future
   Few organized extracurricular or community activities

4. **Attendance at parties**
   Little parental supervision
   Prevalent drug and alcohol use

5. **Cultural acceptance of teenage pregnancy as the norm**
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Contents of Maturation Course:

Anatomy (Male and Female)
Menstrual Cycle
Fertilization
Feminine Hygiene Kits
Self-Defense
Human Trafficking
“[Most] everyone that I explained our project and study to [sic] was very excited and expressed gratitude that we were meeting a major need in this area.”

- Rebecca A.
“I can understand the fear and the embarrassment that must be associated with asking a man for help with reproductive health. Many times the team and I discussed [the usefulness of] a community ‘safe person’... [to] distribute contraceptives and condoms to those who seek them out... Confidentiality is somewhat maintained through a mediator.”

-Megan H.
I now understand the importance of working closely with the community in order to develop effective and wanted interventions... We also found the people gave very valuable information about what has [and has not] worked in the past.

“I come from a very different culture than [the indigenous communities] and it was extremely insightful to learn from them about what would work in their community specifically.”

-Cortney M.
“Several local seamstresses and interested women sat in a meeting where I explained the [reproductive health education we were providing], focusing on the utility of reusable [feminine hygiene] kits.

The women excitedly inquired about the details of how they could begin making their own kits to meet the demands of the area.”

-Rebecca A.
“Interventions need to be individualized for the people you are working with... There is no one correct answer. There are many variables that contribute the problem, and [researchers] need to work with the people to figure out which variable [they, collectively,] would like to change first.

-Cortney M.
“Multiple times [I’ve asked myself,] ‘What is the difference between poverty and culture?’ While in the Chaco, I looked at the neighborhoods of tin and cardboard huts [and] felt like it was simply a different way of life, not something to pity. I believe that associated with poverty is suffering, and it’s the [suffering that] we need to pity, not the lack of material things.”

-Megan H.
Next Step

- Return trip in August 2019
- Research team consists of 9 undergraduate students, all Spanish-speaking
- Second IRB to study pre- and post-knowledge regarding Sex Education classes
- Sex Education modules based on WHO and UNICEF guidelines
- Sustainability created by training school teachers and community leaders to teach modules
References


Paraguay. (2017). *Pan American Health Organization*

Questions?