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# 'It wasn't because I lacked knowledge. . . it just happened and that's that'. Towards an understanding of the experiences of adolescent fathers and mothers in Cuenca (Ecuador) and their implications for sex education

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## ABSTRACT

Teenage pregnancy is a phenomenon that causes concern due to its consequences. In this context, sex education has been considered as a good means of prevention. However, while teenage pregnancy prevails, sex education perspectives from the voices of teenage fathers and mothers remain under-explored. This qualitative study aimed at exploring sex education needs from the perspectives of teenage fathers and mothers at Cuenca, Ecuador. Semi-structured interviews were conducted with 19 young people aged 16 to 19 years, ten of whom were mothers. Following thematic analysis, three themes were identified: (1) pregnancy does not necessarily occur by accident; (2) inconsistencies exist in the use of contraceptive methods; (3) current forms of sex education ignore the needs of adolescents. Findings are discussed in light of research addressing teenage pregnancy, focusing on adolescents as well as their developmental characteristics. The study identifies limitations in sex education when it comes to meeting the real needs of adolescent mothers and fathers.

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## Introduction

Conception between the ages of 10 and 19, also known as teenage pregnancy (WHO 2020), is a sexual health issue that causes concern worldwide, particularly in contexts where its prevalence is high, such as in developing countries (Salvador et al. 2016).

In Latin America, the teenage pregnancy rate is the second highest worldwide (PAHO 2016). In Ecuador, rates of teenage pregnancy are the second highest in the Latin American region. In 2019, over 21,000 young women between the ages of 15 and 17 gave birth in Ecuador (CARE 2020). In countries such as Ecuador, teenage pregnancy is often an outcome of poor quality of life, the scarcity or absence of good quality sex education programmes (Lall 2007), and inadequate contraception knowledge (Doyle et al. 2012; González, Molina, and Luttes 2015).

While the larger academic literature shows teenage pregnancy to be related to socio-economic inequality (Seamark 2001) and sexual violence (World Bank 2012; Ubillus and Amayuela 2015), and while there is a growing literature on teenage pregnancy's impact on young mothers (García et al. 2017; Mora and Marcelino 2015), much less is known about its impact on teenage fathers (Paranjothy et al. 2009; World Bank 2012). This study set out to explore these issues eliciting the perspectives of both young women and young men in Cuenca, Ecuador.

### ***Background to teenage pregnancy***

From a cultural perspective, it is helpful to understand teenage pregnancy from the perspective of how adolescents and young people interpret gender social norms and expectations. As a result of gender stereotyping, teenage girls may lack control over their bodies as their boyfriends are the ones who make the decision whether, when and how to have sex. At the same time, teenage pregnancy must also be understood in terms of the normative pressures on adolescents to reproduce family backgrounds and patterns (Cashdollar 2018). A significant percentage of teenage mothers are the daughters of women who also conceived during adolescence (Seamark 2001). In addition, Latin American women frequently lack the autonomy to have a say in relation to their sexual and reproductive health (Cashdollar 2018).

Teenage pregnancy is also related to interpersonal relationships and their quality. It has been shown to be more prevalent in dysfunctional or conflictual relationships (Loredo-Abdalá et al. 2017). It has also been associated with relationship difficulties as an outcome of the emotional instability and vulnerability that they entail (Stern 2004; Ávila et al. 2002). Moreover, communication within the family also affects adolescent sexual development and learning about sexual negotiation (Bernardo, de Araújo, and de Oliveira-Monteiro 2020). Authoritarian forms of family communication, where sexual development supervision and follow-up are scarce, along with a lack of communication within the family, have been closely linked to teenage pregnancy (Guijarra et al. 1999; Stern 2004). Adolescents and young people need guidance, support and understanding when it comes to their development so they can turn to their family and not to their peers who may provide information informed by myths and stereotypes (Cavazzoti 2021). Schools too have an important role to play not only in educating young people but also family members (Rodríguez, Vicuña, and Zapata 2021).

### ***Educational context and teenage pregnancy***

There exists much international guidance on the provision of sex and sexuality education to young people (e.g. Haberland and Rogow 2009; WHO and FCHE 2010; IPPF 2010; UNESCO 2018). Good quality sex and sexuality education with a focus on sexual and reproductive rights has been shown to influence young people's ability to make decisions about sexual matters including the number of children one wants to have (Checa 2012). A positive correlation between good quality sexuality education and pregnancy prevention has been found (UNESCO 2021), especially when information and skills are directed towards the developmental stage of the individual (Ponzetti 2015; UNESCO 2021).

With regards to the situation in Ecuador, local sexual and reproductive health indicators have shown that this country has reported the highest prevalence of teenage pregnancies in South America (Roa et al. 2010); indeed, Ecuador has recently acknowledged the costs associated to ignoring such prevention (Cavazzoti 2021). While the Ecuadorian Constitution formally assures the provision of sex education (Assembly of Ecuador 2011), its implementation in schools is uneven and patchy.

### ***Current study***

Scientific evidence on teenage pregnancy and findings from previous studies encourage us to approach sex education from an inclusive perspective if the needs of all adolescents are to be met (Kimmel et al. 2013; DePalma and Francis 2014; Fisher et al. 2020). Good quality sex education and the access to contraceptive methods are crucial for the prevention of teenage pregnancy (World Bank 2012). To support future provision, it is essential to elicit the voices of adolescent fathers and mothers to better understand their sex education needs and how sex education should be taught.

## **Methods**

### ***Participants***

Nineteen adolescents attending schools in Cuenca participated in this study: 10 young mothers and 9 young fathers. Their mean age was 17 years old and the age at which pregnancy occurred ranged from 13 and 18 years old, with a mean age of 16.4 years. All attended public schools and were parents at the time of their participation. [Table 1](#) shows the demographics of participants.

### ***Instruments***

Semi-structured interviews were undertaken since they were well suited to the aims of this study, through which accounts were gathered in order to access participants' lived experience (Seidman 2006). Semi-structured interviews focused on how sex education had been taught to teenage mothers and fathers and what their experiences were. A study protocol comprising twelve questions was developed and piloted. It focused on participants' willingness – or not – to become pregnant; their experiences once the pregnancy was confirmed; and how sex education had been taught to them before the pregnancy occurred.

### ***Procedure***

Once authorisation had been granted, we approached 13 public high-schools that had previously reported teenage pregnancy in the local education authority in Cuenca. We used chain referral technique to contact eligible individuals for inclusion in the study. Coordinators in the Departamentos de Consejería Estudiantil (student counselling departments) were asked to possible volunteer participants to us. Eligible participants were contacted by telephone so we could explain the purpose of the study and invite them to

**Table 1.** Demographic information on participants.

	Pseudonym	Age	Age at which pregnancy occurred
1	Johana	17	16
2	Ana	17	16
3	Erika	18	18
4	Eulalia	17	13
5	Juana	18	16
6	Julia	18	17
7	Julissa	15	15
8	Karina	17	16
9	Susana	18	16
10	Tamara	16	15
11	Eduardo	16	15
12	Jorge	17	17
13	Pedro	17	17
14	Santiago	17	17
15	Mauricio	17	17
16	David	15	15
17	Erik	18	16
18	Jaime	18	18
19	José	17	17

participate. Following agreement, participants and in cases where the participant was under 18 years of age, parents too were asked to provide consent to conduct the semi-structured interviews. Informed consent forms were sent to email addresses at the same time the interviews were scheduled. Due to the COVID-19 pandemic, all interviews took place by means of a recorded telephone call.

Before each interview started, the aims of the research project were explained to participants as well as their rights, including confidentiality, anonymity and the right to decide not to participate at any time. Interviews were conducted by the five authors who were members of the research team and sessions ended when it was considered that data saturation had been reached, and no new findings were being reported (Miles and Huberman 1994). Interviews lasted between 30 and 40 minutes on average and they were recorded for verbatim transcription.

The study was approved by the Bioethical Committee of the University of Cuenca. Authorisation for the conduct of the study was granted by the local education authority in Cuenca.

### **Data analysis**

The recorded interviews were transcribed by the third and the fourth authors in line with the principles of thematic analysis (Braun and Clarke 2006) and Atlas.ti software was used as a support (Friese 2012). The following sequence of events took place. First, data familiarisation: the transcriptions were carefully read and reread in order to have an overall perspective on the information provided by the participants. Second, initial code identification and definition: a second reading of the interviews was carried out and information was systematically coded by selecting parts of the interviews – in the form of

quotations – that were considered relevant to each code. Third, theme construction: codes were further delineated and possible themes created. Fourth, theme revision: a check was carried out to ensure the themes were consistent with the quotations and a data matrix was developed. Fifth, theme definition and nomination: codes and themes were analysed and categories relevant to each theme were established. The analysis was conducted by the same four researchers who undertook data collection. Steps 3 and 4 were supervised and monitored by another researcher to ensure the validity of the data analysis. Meetings between all the research team members were held in order to triangulate data and to discuss the codes and categories obtained from the data analysis.

## Results

The thematic analysis allowed the identification of three main themes. The first theme concerned the perspectives of adolescents regarding the pregnancy event, suggesting that it was not an accident. The second theme addressed the factors that set limits on the consistent use of contraception, as identified by participants. The third theme described the limitations of the sex education received by teenage mothers and fathers. Together, these themes suggest that what has been learned about contraceptive methods was not enough to help prevent pregnancies. Moreover, some statements evidenced that the contents and methodology of sex education received failed to meet the real needs of adolescents when it came to sexual development.

### *Pregnancy does not necessarily occur by accident*

This theme told an important story about the origins of the pregnancy. Instead of the pregnancy being seen as an unwanted or accidental event (as is often supposed), for some young people it was a positive and anticipated occurrence, as the following accounts from Pedro, Erika and Doris suggest.

I mean, that was not my intention, but it was on my mind . . . like, for a period of time, let's say [they could get pregnant] . . . I mean, I did think about that, but, I mean, I did not think that I was going to 'knock her up' so soon (Pedro, 18 years old).

In similar cases, although there was no clear intention to get pregnant, participants were aware of the fact it could happen, but it was not actively prevented.

On the other hand, Erika (18 years old) saw pregnancy as a way of improving her life. She thought that having a child could fix the conflict she was then having with her partner:

[Regarding the willingness to get pregnant] mmm I really don't know. We argued a lot when we were together, so we thought that, maybe, if we had a baby, things would change . . . our bad tempers for the most part.

Interpersonal conflicts were also present in Doris' (16 years old) reflections. She became pregnant at the age of 13. For her, pregnancy provided emotional relief from the difficulties she was experiencing with her family, and who she wanted to leave.

Well, do you want me to be honest? In my case [sex] was like that: unprotected; but getting pregnant was a relief for me, because my life changed, and I don't live with my [biological] family anymore (Doris, 16 years old).

Not only did Doris describe the fact that a pregnancy constituted a convenient way out from an emotional and affective point of view, but she also described other cases similar to her own. She knew of several family situations where young people had turned to pregnancy to solve their problems and get away from home: 'I know many people that, despite having received [sex education] classes and all that, have gotten pregnant because they want to run away from their family problems and the best option is to get pregnant.' Her testimony shows the important role that family plays in how adolescents make life changing decisions such as a pregnancy. These stories, in which teenage pregnancy is seen from a positive perspective, suggest the need to approach sex education in a comprehensive manner that goes well beyond a focus on prevention.

### ***Inconsistencies in the use of contraceptive methods***

When we enquired in detail about the reasons why adolescents did not use contraceptive methods during sex, participants mentioned problems regarding the use of condoms. Sometimes their use was considered but they were not available. At other times, they were considered but not used.

Well, I already knew that, but we didn't use them all the time, just sometimes, because we didn't have them on hand. Sometimes, we hadn't bought them, or we had forgotten to buy them [condoms] (Juana, 16 years old).

To be completely honest, I [knew] all that I had to know. In all honesty, the problem was that we didn't use protection (Susana, 18 years old).

It is important to note that participants did not mention the use of other contraceptive methods. Perhaps they did not know about them or perhaps they thought condoms were the best option, despite the challenges of using them consistently. In his account, Erick (18 years old) explained he had enough information about contraception but this knowledge was not turned into action when it came to having sex:

[Talking about gaps in sex education] I would say there were no gaps. It was just something that happened and that's that.

According to participants, young people are not always prepared to adequately respond to situations in which sexual intercourse is not planned.

I don't know . . . sometimes, when we are young, I don't know . . . we can't think straight, we just live in the moment and forget about it [using a condom] (Susana, 18 years old).

### ***Sex education's approach ignores the needs of adolescents***

During the interviews, adolescents were asked to describe how sex and sexuality had been taught to them in high school. Participants recalled having two kinds of questions that were not responded to by their teachers – questions relating to sex education in general and questions concerning correct contraceptive use.

### *Limitations in implementing sex education programmes*

Participants described how sex education in school mostly addressed topics that were already known about by adolescents. Erika (18 years old) said, 'they only teach what is already known.' There were many other topics on sexuality that are not addressed and yet needed to be known about when it comes to preventing pregnancy. They included sexual consent and violence within a relationship.

Well, I would [have liked] to know more about the types of sexual violence because that is also a very important topic for young people and I would like to talk more about that topic (Ximena, 15 years old).

Importantly, beyond knowing about the risks of unprotected sex, young people need to learn how to deal with the different contexts in which sex occurs. The methodology used to teach sex education was also criticised by participants, who considered the activities were not engaging enough. Young people indicated wanting to share their views about particular sexuality topics but were not given the chance to do so. Overall, sex education was taught from an adult-centred logic, instead of taking into account how young people want to know:

... classes should be a bit more involving; that is, we should be able to participate by being asked about what we think (Susana, 18 years old).

These accounts evidence how sex education as taught to adolescents promotes passivity, similar to how teachers engage with other parts of the curriculum. In a context of low participation, sharing points of view is not allowed. This contrasts with the lively everyday lives of adolescents and, therefore, expectations about sex education are not fulfilled. Based on these accounts it is clear that participants recognise that sex education is something different, in which methods, activities and strategies must be structured but also less formal:

Well... I would like it to be a more engaging experience, with more activities, where students can also share their opinions, express themselves, and get things off their chests; a space where everyone can have their own opinion. I mean, where teachers can give their best advice possible and they can also help and support us (Juana, 16 years old).

Participants were also critical about their teachers' lack of training in sexuality and sex education. Teachers were not considered to be well prepared.

Teachers are not yet ready to talk about this topic with their students (Juana, 16 years old).

They [teachers] prefer to bring specialists who know about the topic more than they do (Teresa, 15 years old).

In addition to describing the perceived limitations, the insufficient use of teaching materials that could allow a more meaningful kind of education, was also mentioned by participants. According to the interviewees, sex education sessions often took the form of conversations without a clear structure. Participants suggested that sex education could be improved by the greater use of activities and not only lectures, as the latter strategy may not grab their attention. Teachers needed to think out of the box when it came to preparing activities for sex education. Sex education also needs to be given proper space and time, being more important than other subjects, even if teachers think otherwise.



These accounts suggest that sex education does not consider adolescents as sexual beings:

They only gave us lectures and, in other words, you could say that we got used to only receiving lectures and not doing any other type of activities (Tamara, 16 years old).

In my school, sometimes there were 'lectures' on sexuality where we had to wait for half an hour or so . . . until the teacher dismissed us or let us out (Susana, 18 years old).

The way sexuality was taught in school meant that young people turned to their peers for information.

As young people, we feel embarrassed to ask them [teachers] because of what they might think of us or say to us, which is why sometimes we turn to our friends (Jorge, 18 years old).

Participants elaborated on shame as something that interfered with interactions with their teachers. Eduardo (16 years old) explained, 'We didn't ask any questions because we were embarrassed to do so', and Jaime (17 years old) said, 'students don't ask because they are embarrassed to do so, [and] there are other students who don't like to hear about it . . . especially the boys'. Beyond the classroom, it was necessary to counter shame when learning how to prevent pregnancy. As José (17 years old) put it, " . . . we have to leave embarrassment behind in order to be able to buy condoms."

From these statements, it can be noted that, on the one hand, shame creates gaps in sex education and it also evidences the fact that adolescent sexuality is not well understood by teachers. Shame may have different effects for girls and for boys, causing the latter to be less involved in talk about pregnancy and how it might be prevented.

### *Limitations in learning about the use of contraceptive methods*

Even though young people mentioned having knowledge about contraceptive methods, knowledge into action was difficult. Gaps and confusions were evident.

How should I say this . . . it's just that I didn't really know how to use them [condoms]. We were taught in high school, but [it was] not very well taught (Susana, 18 years old).

Ana (17 years old) said that some of the information provided in school about the use of condoms reinforced myths and fears about use:

"I mean, in high school I was taught that, if I didn't use condoms properly, or if I put them [on] incorrectly, they could get stuck inside a woman's body; that was my biggest fear whenever I used them. About pills, to be honest, I don't know how to say this but, I was afraid because they say that something could happen if you don't know how to use them, or if you don't follow directions, or if you don't talk to a doctor first."

Tamara (16 years old) was even more blunt about the quality of teaching she had received.

Well, the only thing I knew about contraceptive methods were the consequences of not using them correctly.

Young people wanted strategies that could allow them to negotiate contraceptive use with partners. Doris (16 years old) offered a clear example of this need to learn how to

negotiate the use of contraceptive methods. Her partner was older than her but did not use condoms when they had sex.

Mmm, I think [he] knew, but he simply didn't think it through. I think he knew back then because he was older than me. Maybe, he didn't think about the consequences and, as I said before, I didn't either.

Doris' account suggests that condoms are perceived as a method that is exclusive to men, ignoring the possibility that women can actively participate in condom use. The stories told by the participants evidence other knowledge gaps on this topic. Susana (18 years old), for example, mentioned that a teacher had said that women could also use condoms, but was unable to elaborate further on the issue. Her story suggests that young people not only need to know about condoms, but how to use them safely and properly within the context of real life relationships.

## Discussion

This study allowed an in-depth exploration of needs in sex education from the perspective of teenage mothers and fathers. The themes that emerged from the analysis are inter-related and stress the importance of understanding the context(s) in which pregnancy occurred, and arranging sex education accordingly. The findings run contrary to traditional views about teenage pregnancy, where it is often assumed that conception is neither planned nor desired but is caused by insufficient knowledge as the result of a lack of sex education (Barcelos and Gubrium 2014). Although participants in this study recognised limitations in the sex education they had received, teenage pregnancy also offered a possible way of coping with interpersonal conflict within the family and in other contexts (c.f. Guijarra et al. 1999; Bernardo, de Araújo, and de Oliveira-Monteiro 2020). Our results also pointed to the importance of healthy romantic relationships for the emotional well-being of adolescents. In this study, teenage pregnancy often occurred in what might be described as 'weak' romantic relationships (Loredo-Abdalá et al. 2017) with young people believing that having a child might help resolve relationship conflicts. However, young people often lack awareness of the demands of teenage parenthood and the relationship between teenage pregnancy and longer-term life projects.

The study also evidenced how adolescents' inconsistent use of contraceptive methods such as the use of condoms. Hence, at some point, pregnancy simply becomes inevitable. 'Magical thinking' (Ubillus and Amayuela 2015) affects lack of preparedness, influencing how teenagers experience sexual encounters, and how contraception comes to be seen as a secondary priority. Because of this, future prevention efforts need to move beyond improving levels of knowledge to address other issues too. Some participants in this study suggested that they (already) had enough information about contraceptive methods as well. What they needed was the motivation and skills to use this knowledge during sexual encounters.

According to young people's accounts, the sex education they received followed a traditional approach that failed to engage with the real needs of adolescents. The messages it contained were often decontextualised and imprecise, in line with findings from previous studies documenting the lack of effectiveness of traditional sex education programmes (Cavazzoti 2021). However, young people expressed interest in learning

about sexuality in school, which implies the need for well-trained teachers who are able to answer to their questions openly and honestly. Training should help teachers master the skills to allow them to do this. It should start with the propensity of adolescents to criticise their environment and provide alternative points of view about topics they find interesting. It should address fear, shame and the propagation of myths which together limit how sexuality is exercised, especially when it comes to the use of contraception.

The results of this study carry important implications for sex education, evidencing the need to think outside the box and consider a shift from traditional risk-based approaches, which have repeatedly proven ineffective to more comprehensive forms of sexuality education. This type of education should address the real information needs of young people in line with their stage of development, involving parents as appropriate (Johnson-Montoya et al. 2016). It should explore ways of empowering adolescents to engage with prevailing gender stereotypes and inequalities so as to adopt a responsible sex life (Paranjothy et al. 2009). It should also seek to provide 'sexual skills' alongside communication and negotiation skills. Teaching about the consistent use of contraceptive methods should stress the importance not only to prevent pregnancies but also preventing sexually transmitted infections (Hirst 2008).

Findings from this study signal the continuing need for change in sex education programmes to incorporate the principles of good practice already identified in reports and international recommendations (eg. Haberland and Rogow 2009; WHO/BzGA 2010; IPPF 2010; UNESCO 2018). They point also to the need for future pregnancy prevention efforts to align with young people's everyday realities and utilise a rights approach, which has been shown to be effective (Ponzetti 2015; Johnson-Montoya et al. 2016).

### **Limitations**

Although this study was carefully designed, its results should be interpreted with caution as there exist limitations. First, the COVID-19 pandemic at the time of interviews resulted in a somewhat superficial exploration of the issues. Interviews were conducted by telephone and may have lacked privacy in some cases. Future work should take place in person with enough time to foster empathy and trust. Second, confinement due to the pandemic confinement, meant that opportunities for more detailed analysis by the team were limited. It would have been beneficial for there to have been more time to agree on the topics that best represented the voices of the interviewees.

Finally, although an adequate number of adolescent fathers participated in this study, their voices are not fully represented. During recruitment, it proved difficult to contact adolescent fathers and encourage their involvement, perhaps because within this cultural context, adolescent pregnancy is a phenomenon viewed as mostly afflicting women.

### **Conclusion**

Findings from this study reveal the limitations of the sex education that the participants received which, according to their statements, did not meet the needs and interests that they had. According to the accounts shared, and participants' reflections on them, sex education needs to be better aligned with young people's circumstances and life projects, addressing relationships with family among other issues. Finally, it is important to

recognise that participants in our sample were teenage mothers and fathers who, despite the complex issues they faced, accepted the challenge of becoming teenage parents. There will be others not included here whose experiences it is also important to understand.

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