



UNIVERSIDAD DE ESPECIALIDADES ESPÍRITU SANTO

FACULTY OF COMMUNICATION

DEVELOP A COMMUNICATION PLAN TO HELP PREVENT
TEENAGE PREGNANCY AND ENCOURAGING SEXUAL
RESPONSIBILITY IN THE CITY GUAYAQUIL

Thesis submitted to the faculty of Communication in partial fulfillment
for the requirements for the B. A. with Major in Public Relations and
Event Management

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Dedication

First of all I want to thank God for making all this happen, my family for all their love and support, my mom for teaching me to never give up and my Mami Lulu for making me be the persistent person that I am now. They always told me that I could do anything, they taught me to pursue my dreams and that everything is possible if I work hard for it. To my friends that have been with me in the good times and in the bad times, and this year there were a few bad times, thanks Tuchi and Kiki.

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Abstract

The lack of communication and knowledge in adolescents is directly affecting the increase of teenage pregnancy in the city of Guayaquil. This research aims to find and understand the causes and emotional effects of teenage pregnancy and attitudes towards contraceptive methods. The research also aims at finding communication solutions. The investigation variables that were measured in this research are sexual education and teenage pregnancy. For the development of this research, primary data was gathered from interviews, surveys, case study and observations; and secondary data was gathered from literature and related articles. The following results had the most significant matter: 79% of the surveyed girls have not received any sex education from their parents, but 75% would like to be able to talk about sex with them. It was also discovered that girls have misconceptions about certain contraceptive methods and negative connotations toward others; they associate condoms with promiscuity and sexual disease. A majority of girls (65%) consider the withdrawal method (coitus interruptus) to be effective, despite compelling evidence to the contrary. The misconceptions can be eliminated with effective communication between parents and daughters, as well as improved sex education.

Key Words

Teenage Pregnancy, Contraceptive Methods, Sexual education

Introduction

Globally, teenage pregnancy is an impediment to improve the education, economics and socioeconomic class of the woman. Early marriage and pregnancy limits the opportunities of the young girls; it is harder for them to accomplish a proper education and have better job opportunities (Centro Nacional de Educación sexual. Adolescencia: sexología y sociedad,1995). In Ecuador it remains a significant problem, according to the Census of 2010, there has been a 74% rise in teenage pregnancy among girls from ages 10 to 14 in the past 10 years. Due to the increasing number the government proposed an intersectional strategy.

This thesis is meant to research and understand the reasons of the continuing increase in teenage pregnancies. In chapter 1, the problem of teenage pregnancy is presented, as well as the justification and the research questions that this work is aiming to find. Chapter 2 covers the literature review and the theoretical background relevant to this thesis as well as the hypothesis to be proved in this thesis. Chapter 3 has a meticulous explanation of the research design and the research tools used in the development of this study. Chapter 4 has the development and results of the research and detail explanations of the procedure. Chapter 5 brings the conclusion of the research results and the points of view of the author. Finally, Chapter 6 gives a communication plan proposal based on the results to influence the prevention of teenage pregnancy.

1. CHAPTER I

1.1 Problem

One of the biggest threats to the wellbeing of American teenagers is early and unprotected sexual activity (Rafaelli, Bogenshneider, Fran Flood, 2007). Teenage pregnancy is increasing around the world and presenting itself in earlier ages (Forrest,1994). It is an issue that is affecting many countries in the world. Some countries are affected in a greater manner than others. In Ecuador, the adolescent fertility rate is one of the highest in Latin America. The average number of pregnancies has increased from 84 teenagers out of 1000 teenagers pregnant in 1989 to 100 teenagers out of 1000 teenagers pregnant in 2004. (Goicolea, Wulff, Ohman, San Sebastián, 2009). While in developed countries like the United States the rate is far lower: 34.3 per 1,000 women between ages 15 to 19(Hamilton, Martin, Ventura, 2011).

Ecuadorian society is affected by the increasing number of cases of teenage pregnancy. “There is a very important problem here and people need to notice: teen pregnancy is increasing every time in greater numbers and every time in younger teenagers”, said Susana Guijarro, in charge of the teenagers department in the Ministry of Public Health of Ecuador (Vistazo, 2011). Two of every three adolescents from ages 15 to 19 without education have a child or are expecting a baby for the first time. In the last decade pregnancy in 15 years old or younger teenagers has increased by 74%, said Guijarro (Vistazo, 2011). The increase of teenage pregnancy in Ecuador is evident. The figures reflected in the 2010 census showed the serious problem that teenage pregnancy is in the country. 23% of births registered in Ecuador belonged to teen mothers, 61,700 babies were from teens of 11 to 19 years old in 2010 and 17% of women

between 15 and 19 years old had babies or were pregnant (Inec, 2010). In 1987, the percentage of teen mothers giving birth in the Hospital of Obstetrics and Gynecology Enrique C. Sotomayor was 19%, and the rate has reached 26% of the total of births (Guijarro, 2005). There are a considerable number of teenage births registered among the hospitals of Ecuador. According to the statistics department of the Hospital of Obstetrics and Gynecology Enrique C. Sotomayor in City of Guayaquil there have been 17 births daily of teenage mothers in the last five years and as reported by the demographic survey of maternal and infant health and data from INEC about 70,000 births of all national births treated belonged to teenagers, which represents 20% of all births nationally (El Comercio,2010). Guayaquil is the biggest city in Ecuador with the higher number of inhabitants (Inec, 2012)

The census of housing and population 2010 reflected the number of teenage mothers in Ecuador, 128,288 adolescents between 15 and 19 years old (17.2%) gave birth at least one time in Ecuador (Inec,2010). These numbers reflect the seriousness of teenage pregnancy in Ecuador. Teen pregnancy affects the lives of young women that are not prepared physically or mentally to confront what it is involved in a pregnancy and after it. The future of the teenage mothers gets obstructed in a number of ways. They become less likely to complete school, more likely have larger families, and more likely to be single parents (Maynard,1997). The young mothers see themselves obligated to play adult roles and take care of their children.

Poverty and various manifestations of social disorganization are statistically associated with adolescent childbearing. Poor teens are more likely to get pregnant, and teens who begin families are more likely to be poor or stay in poverty (Kirby,2001). They are less likely to finish their studies, hence it is harder for them to get better jobs and succeed in life. Teenage mothers are also more likely to be single parents, due to this

reason many teenagers that get married get divorced and collaborate to increase the national rate of divorces. According to the Ecuadorian Institute of Statistics and Census, in 2000 the number of divorces was 10,796 and in 2010 the number raised to 18,231. This represents a 68.8% increment in the last decade (El Universo, 2011).

1.2 Formulation of the problem

Adolescence is defined as a process of transition between childhood and adulthood (Coleman and Hendry, 1990; Frydenberg, 1997). Adolescents are not children, but they are not adults either. It is a time of change and hormonal imbalances that interfere with the judgment of adolescents. Teenagers are taking sex as a recreational act without taking the proper precautions. "We did it for curiosity. I didn't think I could get pregnant, it was my first time", says Andrea a 14-year-old when talking about her pregnancy (El Universo, 2012). Testimonies like this are a sign of the lack of sexual responsibility adolescents have when they become sexually active. Frequently the knowledge that adolescents have when they decide to have sex comes from their friends or their partners who do not have the proper information either. The Pharmaceutical Company Bayer performed the Latin America Survey of Sexuality 2011, which demonstrate that Chileans adolescents still go to unreliable sources to know about sexuality; 40% read imprecise or false information from the Internet and almost a 40% from their friends (Bayer,2011).Sexual education and specifically how to avoid unwanted pregnancy must come from a professional or prepared source whose information is reliable.

Since 1992 Ecuador has had the National Program for Teenagers. Along the years it has gathered important experiences in the health care field and the different forms of social and youth participation as a fundamental key to the enforce health rights. In 2007 Ecuador implemented the Plan Andino and the National Plan to Prevent Teenage

pregnancy (Gavilanes, Jaramillo, Moreta, 2009, pp 13). Most of their work enforced the health care and improved the services for teenagers.

Due to the increasing statistics of teenage pregnancy and unwanted pregnancies The Government of Ecuador has developed a new strategy to decrease teenage pregnancy. The Intersectoral National Strategy for Family Planning (Estrategia Nacional Intersectorial de Planificación Familiar - ENIPLA) was introduced on March 17 of 2011. The ENIPLA has not been officially launched in the City of Guayaquil. In Ecuador 37% of pregnancies were unplanned, which means that 37 births out of 100 were not planned. (Ministry in Coordination of Social Development, 2012). This strategy is still in development and many organisms as the Ministry of Public Health and Ministry of Education are contributing.

Currently the Municipality of Guayaquil is not engaging in a campaign to prevent and decrease teenage pregnancy in the city. The last campaign was launched two years ago. The plan consisted of mixing art with education. The campaign conducted by the Municipality of Guayaquil and the Nobis Consortium. After this campaign the Department of Direction of Social Action and Education in the Municipality of Guayaquil has not released any other plan to reduce teen pregnancy, according to information provided by Jenny Poveda, Coordinator of Social Action and Education in the Municipality of Guayaquil. On the other hand, non-governmental organizations of Guayaquil have been launching several campaigns to prevent teen pregnancy. Among these campaigns is the campaign launched by the Centro de Atención y Ayuda para la Mujer ¹ (CEPAM) in Guayaquil through the center "Pasos y Huellas". In collaboration with the Ministry of Public Health, the Ministry of Education and a network of organizations supporting the prevention of teen pregnancy in Ecuador, it organized the program of preventing pregnancy

¹Translation to English: Ecuadorian Center for Promotion and Action for Women. It is a non-governmental organization that works against sexual violence and teen pregnancy.

with education. The campaign's main goal is to give awareness of the sexual rights that adolescents have and promote the confidentiality rights as well. This campaign is based on posters and flyers that are placed in the health units and hospitals especially in the one that have special programs for teenagers. The campaign continues in development. The Teen Pregnancy Prevention day is on September 26. It has been officially celebrated in Ecuador since 2005. The festival for teenager's "Living with Joy" was held on the Teen Pregnancy Prevention Day 2011. The event was launched with the participation of public and private institutions. Among those were: The Ministry of Education and Health, the Asociación Pro Bienestar Familia² (APROFE), between other organizations in search of preventing teen pregnancy. The festival informed of sexual and reproductive health to adolescents (CEPAM, 2012).

The high number of teenage pregnancies in Ecuador shows that the objective set in the Ten Year Development Plan and the Social Agenda for Children and Adolescents 2007-2010 was not accomplished. The objective was to reduce by 25% teenage pregnancy in the country until 2010 (El Universo, 2012). The increase in teenage pregnancy statistics shows that the campaigns are not accomplishing their objectives, as they would like. Teenage pregnancies are still increasing in Ecuador and new ways of preventing teen pregnancy have to be enforced and innovative in their plans.

Ecuador has free medical centers in all sectors of the country and non-governmental organizations that give women and specifically teenagers free sexual health and contraceptives. In Ecuador 96% of women between 15 to 49 years old have heard of at least one

²APROFE is an Ecuadorian nongovernmental and non-profit organization that informs, guides, and gives quality health services and access to sexual and reproductive health care.

contraceptive method and 95.5% of a modern method. The most known contraceptives are the birth control pills, condoms, female sterilization, condoms and birth control shots (Endemian,2004).There are organizations like the Ecuadorian Center for Promotion and Action of the Woman (CEPAM) that even gives the emergency contraceptive for free. Teenagers can reach birth control for free, although very few teenagers take advantage of this service. Adolescents often do not use condoms, and relax about precautions if they think their relationship will last (Hein, 1987; Sorenson, 1973; Turtle, Ford, Habgood, Grant, Bekiaris, Constantinou, Macek & Polyzoidis, 1989).

There is not enough information and studies about the emotional effects and how teenage pregnancy affects the social development of the adolescent girls from Guayaquil. Conducting an analysis of teenagers from Guayaquil will help to understand in a better way how to reach teenagers and send them the message of prevention and responsibility because the receptor is not taking the message effectively.

1.3 Research questions

The research seeks to answer the following questions:

- What are the main causes of teenage pregnancy?
- What are the current plans that Ecuador has to decrease teenage pregnancy?
- What level of knowledge do the teenage girls of Guayaquil have about birth control?
- What attitude do teenage girls have towards contraceptive methods?

- What is the attitude of teenage girls towards the responsibility and implications of an active sex life?
- How effective or ineffective is communication about sex matters between adolescent girls and their parents?

1.4 General objective

Research and analyze teenage pregnancy to understand the reasons why teenage pregnancy is increasing in the city of Guayaquil.

1.5 Specific objectives

1. Comprehend the cause of teen pregnancy in the city of Guayaquil.
2. Perform fieldwork with teenagers to understand their behavior and attitude about contraception methods (Surveys, focus groups and interviews).
3. Develop a communicational plan to help prevent teenage pregnancy in the urban areas of the city of Guayaquil.

1.6 Justification:

Ecuador is not accomplishing the objective of decreasing teenage pregnancy. An article of the Ecuadorian Newspaper “El Universo” said, “The high statistics of teenage pregnancy demonstrate the unfulfillment of the objective set in the Decennial Plan of Development and the Social Agenda of Childhood and Adolescence 2007-2010, in which it was settled to decrease by 25% teenage pregnancy by 2010(El Universo,2012)”

There has not been a decrease in teenage pregnancy in the country and specifically in the city of Guayaquil, even though some campaigns have been released.

In order to prevent and decrease teenage pregnancy in Guayaquil the emotions and feelings of the adolescents must be understood. For this task an analysis should be performed on the population group that needs information to prevent teen pregnancy. There is not enough information based on studies of how teen pregnancy affects teenagers in the city of Guayaquil.

Adolescents should be reached with a strategic approach indicating not only contraceptive methods available to them. Adolescents have to understand the importance and responsibility that comes with a sexual relationship. This will help adolescents to be aware of the responsibilities of an active sex life and how to prevent unwanted pregnancies.

2. CHAPTER II

2.1 Literature review

Adolescence is a time of change, both physically and emotionally. The physiological changes of puberty begins during the process of adolescence and makes them experience new things and feelings (Maricia,1980). The duration and defining characteristics of adolescence vary across time, cultures and socioeconomic situations. In some societies, children progress directly to adulthood and have more responsibilities than other adolescents (Flores, Nuñez, 2001). In some communities children and adolescents have to leave school and go directly into the work force to help support their families (Torres-Rivas,1988).

The socio cultural barriers that Ecuadorians have about issues regarding sex affect the approach that teenage girls may have towards it. Lack of communication between teenage girls and adults interferes with the sexual education of the girls. There is a generation gap between both groups, “I just can’t understand what teenagers are saying these days. It’s like a different language (Thurlow 2003).” Communication between adults and teenage girls about sexual matters is difficult, but it has to be effective. Sexual discussions with parents have been linked to less risky sexual behavior among teenagers (Casper, 1990; Fox & Ina- zu, 1980; Holtzman & Rubinson, 1995; Luster & Small, 1994).

Young people make a number of choices that can define who they become and their future. Sex is part of these choices, because having a child during adolescence changes their lives. As some studies have shown, teenage fertility has negative economic, social and health

consequences for young mothers as well as for their children (Buvinic, 1998; Burt, 1998; Gage, 1995; Alan Guttmacher Institute, 1998; Singh and Wulf, 1990; Hayes, 1987). It makes the state of adolescence even shorter. Teenage mothers have to assume responsibilities instead of living their adolescence with no worries than the normal for their age (Flores, Nuñez, 2001). All teenage girls are at risk of experiencing a teenage pregnancy. There are teenage girls that have higher risks than others of being teenage mothers. It depends on the social background they live in. Teenage girls that live among the following characteristics are most likely to experience teenage pregnancy (Trip, Viner, 2005):

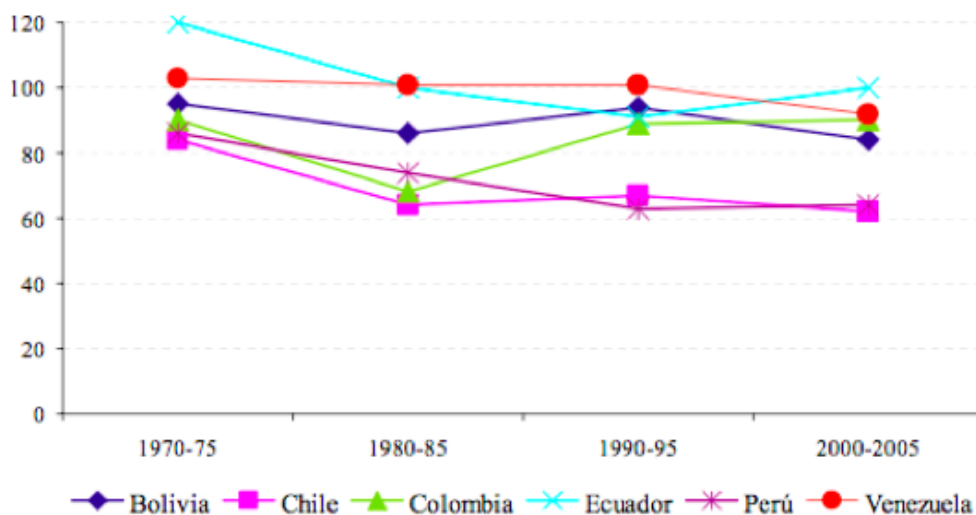
- Poverty (the strongest risk factor)
- Looked-after children (children “in care”)
- Children of teenage mothers
- Low educational achievement
- Poor transition from school to work at age 16 years
- Sexual abuse
- Crime

Girls that live in hostile environments or in dysfunctional families are more likely to get pregnant during their teenage years. The younger girls start their sexual lives, the higher the risks of getting pregnant. Factors influencing teenagers to start their sexual life earlier are: poverty, low socio-economic levels, dysfunctional family environment, poor communication within the family (Osuna, Ira, Saad, 2001), (Goicolea, Wulff, Ohman, San Sebastián, 2009). In Ecuador, two out of three teenagers between 15 to 19 years old without education are mothers or are pregnant for the first time (CELADE, 2007). The maternity in teenagers is four times higher (43%) among women with no proper education than women with complete secondary education (11%). This is a serious matter in Ecuador. Less than 50% of teenagers have secondary education (Gutierrez, 2009). According to the National Institution of Statistics and

Census the rate of poverty in Ecuador is a 32.8% and the rate of indigence is a 13.9% (El Universo, 2011). Ecuador is a country that has a high rate of poverty; hence many teenage girls live among these risk factors and have higher chances of having a pregnancy early in their lives.

Teenage pregnancy is a problem that is affecting many teenagers around the world. Half of the world's population is under 25. Some 1.8 billion are aged 10-25, history's largest generation of adolescents, 85% live in the developing world and about 14 million children worldwide are born every year to young married and unmarried women aged 15 to 19 (Unifef,2008). In the region of South America 1.5 million out of 7 million teenagers were pregnant in 2004. Teenage pregnancy is an issue that is affecting the development of Latin American countries, and more specifically Ecuador, that has the highest adolescent fertility rate in Latin America (Goicolea, Wulff, Ohman, San Sebastián, 2009).

Figure 1
Tendencies in the Adolescent Fertility



Note: CELADE (2004). *Demographic News 68. América Latina y Caribe: Fertility 1950-2050*. Santiago of Chile; Surveys DHS; Guzmán, J.M. et al. (2001). *Diagnóstico sobre Salud Sexual y Reproductiva de Adolescentes en América Latina y el Caribe*. México; Guzmán, J.M. et al. (2006). "La démographie de l'Amérique latine et de la Caraïbe depuis 1950". *Population*. Vol. 61. Núm. 5-6. France. INED.

It is not only a matter of consequences for the teenager girl it is also a matter of consequences for the whole country. It is a social problem that leads to school desertion and hinders the development of Ecuador. The pregnant teenagers of low social class limit their chances of developing a better quality of life for themselves and getting out of the poverty they live in. Teenage girls quit their studies to assume the role of mothers, whether they quit in the early or last stage of their pregnancies to take care of their children. The main reasons why teenagers quit school are: economic problems, family problems (abandonment of the father was the most notable among the family problems), obstetric complications and embarrassment (Molina, Ferrada, Perez, Cida, Casanueva, Garcia, 2004). Most of the young mothers do not return to school after giving birth. By not continuing with their education their level of schooling will not be suitable to succeed in the workplace and improve their quality of life.

In the second half of the twentieth century modern contraceptives methods appeared and start developing. These methods are effective and safe (Langer, 2002). However, cultural barriers do not allow adolescents to seek proper information from an adult. Other social factors impinging teen pregnancy include: living in low socioeconomic levels and taboos about sexuality that do not allow adolescents to seek information and preparation before starting their sexual life. (Ahued, Ira, Saad, 2001).

The first time an adolescent has sex is one of the riskiest times to get pregnant (Trip,Vinner, 2004). Adolescents do not plan their sexual initiation and having sex on the spur of the moment puts them on higher risk of getting pregnant, they are not well informed or protected due to the unawareness they have about the use of birth control methods. In Ecuador the rate of protection adolescent's use in first time they have intercourse is very low — 13% (Endemian,2004).

2.2 Theoretical background

According to Susana Guijarro, a teen pregnancy translates to 2.5 years less of schooling for women (Vistazo, 2011). Among the women who were students when they found out they were pregnant, more than half have left their studies and a third part quit their jobs (Endemian, 2004). The levels of education have also demonstrated to be incidental factors in the causes of teen pregnancy. A study conducted in the city of Guayaquil showed that 40% of illiterate adolescents are teenage mothers and 11% of adolescents with secondary education are teenage mothers (Goicolea, Wulff, Ohman, San Sebastián, 2009).

Increases in teenage pregnancy are mostly shown in low socioeconomic groups in young women with limited education and low incomes. In most cases the father of the child does not assume their financial or parental responsibilities and the young mother must cover all expenses. The teenagers are not mentally prepared for the consequences that a sexual relationship can lead.

Teenage pregnancy is a traumatic event for the pregnant teenagers and to their families (Langer, 2002). Due to the difficult situation in which the adolescents live in and lack of preparation of the young mother's children born of teenagers, they have a higher risk of behavioral problems and physical and mental abuse. The main causes of these risks are the neglect of young mothers and the environment in which they live in (Goicolea, Wulff, Ohman, San Sebastián, 2009). A study conducted in the city of Guayaquil compared pregnant women under 16 years and pregnant women between 20 and 30 years. The results demonstrated that family instability is associated with pregnancy in pregnant women of 16 years and under (Goicolea, Wulff, Ohman, San Sebastián, 2009). Family stability is an important aspect in the lives of adolescents. Dysfunctional families with poor family communication have influence on the early sexual life

initiation and poor sex education (Goicolea, Wulff, Ohman, San Sebastián, 2009). On the contrary, functional families create a more protective environment for the adolescent to have less chances of getting pregnant early in their lives. The problem of teen pregnancy has continued to increase and its causes must be analyzed to find a way to decrease it and try to prevent it. The current plans must be analyzed to find innovative ideas to help the prevention of teenage pregnancy.

The religion is an important socio cultural barrier in Ecuador. It is a country of religious diversity, but the predominant religion is the Catholicism. The Episcopal Catholic Conference estimates that 85% of the Ecuadorian population is Roman Catholic and 35% are active practitioners (Holland, 2009). The Catholic Church is against all artificial birth control methods. The Pope Paul VI's 1968 "Humane Vitae" (On Human Life) encyclical letter prohibits Catholics from using artificial birth control and it re-affirms the traditional teaching of the Catholic Church. In section 14, titled Unlawful Birth Control Methods it is clearly stated that there is absolutely excluded as lawful means of regulating the number of children and equally to be condemned, as the magisterium of the Church has affirmed on many occasions, is direct sterilization, whether of the man or of the woman, whether permanent or temporary. Similarly excluded is any action which either before, at the moment of, or after sexual intercourse, is specifically intended to prevent procreation whether as an end or as a means (Pope Paul VI, 1968). This letter covers in detail the Church view of responsible parenthood, married love, union and procreation and many other points related to procreation and marital life. The Human Vitae Encyclical Letter remain enforced by the Catholic Church and it was reiterated in the Pope's speech for its 40th anniversary when Pope Benedict XVI reassured the Church's ban against artificial birth control as more recent teaching against using artificial procreation methods. "What was true yesterday remains true even today. The truth expressed in 'Humane vitae' doesn't change," said Pope Benedict XVI. Times might

change, but the church will not. Church commands and the Religion are very delicate matters. Regarding the church many Catholics have premarital sex and use artificial birth control methods. In many Catholic families, girls are raised as they are going to be virgins until they get married, though the same is not expected from the boys. "I go to church every Sunday and I confessed that I'm having sex. I do the same every weekend before mass," said, a young woman who has premarital sex with her boyfriend.

In the presentation of ENIPLA to the community the President of Ecuador Rafael Correa Delgado expressed his concern about the position that the Catholic Church may take about the methods to be enforced; "I'm Catholic and we have to be opposed to birth control but, I think that in the 21st century we can't oppose artificial birth control," said the President Rafael Correa. He addressed part of his speech to the church and explained the necessity that the country has to prevent teenage pregnancy and unplanned pregnancies. He also emphasized that none of the birth control devices to be promoted are abortive, "We are never going to enforce abortive methods," said the President (Unfpaquiteoec, 2011, 01:10).

2.3 Key words

Teenage Pregnancy, Contraceptive Methods, Sexual education

2.4 Research hypothesis

Lack of communication and knowledge in adolescents is directly affecting the increase of teenage pregnancy in the City of Guayaquil.

A. Investigation Variables:

a) Sexual Education

b) Teenage Pregnancy

B. Indicators of Sexual Education:

a) Official programs

b) Access to information

C. Indicators of teenage pregnancy:

a) Attitude of teenagers about contraceptive methods.

b) Knowledge of teenagers about contraceptive methods.

3. CHAPTER III

Methodology

3.1 Overview

This research was conducted in order to find insights from teenagers about their feelings and concerns towards teenage pregnancy; as well to analyze what teenagers know about contraceptives, and the attitude they have about them, whether they take them or why they would not.

For the development of this research two types of data was gathered, primary and secondary data. The primary data was gathered with the interviews, surveys and observations. Teenage girls and teen moms were interviewed and observed. A total of 49 interviews took place for this study. Also, randomly selected teenage girls from the city of Guayaquil also answered surveys to gathered more information and have precise statistics.

On the other hand, secondary data was gathered from literature and articles related to the purpose of this thesis. All information was used for content analysis and as part of the development of this research.

3.2 Research design

The exploratory method of research was used for this study; exploratory research provides insights into and comprehension of an issue or situation. It is a process of discovery where you uncover as many ideas as possible (Senapathi, 2010). It is pertinent for this

research since this method is used to gather more information. There is not enough information about teenage girls from Guayaquil, how they feel about pregnancy and their attitude toward contraceptive methods. In this study, the exploratory research method was employed to find the causes, emotional effects, interesting facts about teenage pregnancy, attitude towards contraceptive methods and deeper insights of adolescent girl's ideas about sex matters. The aim of this research is also to know the position of their parents, to see what importance they give to sex education at home. It is absolutely important to ascertain with this research how effective the communication between teenage girls and adults is.

This study contains qualitative and quantitative data. The research is not only based on statistical data, but is also based on observations and conclusions. There are analysis of surveys, statistics and also analysis of emotions and feelings from focus groups and interviews. The behavior and opinions of the members is discussed in the data processing analysis and conclusions. This study also used as part of the research process previous studies related to the subject, published literatures and articles. The conclusions were made on the results of the research, observations and answers of all participants.

The use of different research instruments as surveys, focus groups, interviews, content analysis and published literatures make this study have a combination of quantitative and qualitative data. The qualitative approach generates verbal information rather than numerical values (Polgar & Thomas, 1995). It is all information that has been interpreted with the observations and interviews performed during this research. On the other hand, the quantitative data is gathered information expressed in a statistical and numerical interpretation. The surveys performed gives to this research insights and specific answers that can be support with the numbers. The qualitative and quantitative together gives to the research

all the approaches necessary to be as certain as possible.

3.3 Sample population

The sample population of this research is teenage girls from the city of Guayaquil. According to the Population and Housing Census of 2010 Ecuador has 1,753,333 million adolescents and in the city of Guayaquil 253,992 adolescents, of whom 126,284 (49.72%) are women (INEC, 2010).

3.4 Participants

In order to answer the research questions that this research set previously interviews, focus groups and observations were performed. For the development of this study 449 participants were chosen to participate in the different tasks that each research instrument requires to gather information. Participants were selected from a previously defined population. For the focus group and for the first group of interviews teenagers and former teen moms were selected. The participants from the focus group were selected according to their social class and divided into two groups. The rest of the participants were selected randomly from the sample group determined earlier and social class was not a criterion for rest of the research. The topic was explained and discussed to all the prospective participants before they accepted to be part of the research. The most important aspect taken in consideration was the willingness to collaborate no matter the subject. Teenage pregnancy and sex are difficult subjects to be discussed in Ecuador; there are cultural barriers that make people feel uncomfortable with this discussion. Participants selected were willing to answer honestly. Confidentiality was assured to all teenager girls involved in all stages of this process. All professionals that contributed with their expertise agreed that their names could be quoted.

3.5 Research instruments:

The research instruments that this study used in order to gather information are the following:

- Surveys

The survey was used as a main quantitative data-gathering instrument; the results of the survey gave useful insights and measurable statistics. The population group defined previously filled the surveys for this study. The adolescent girls from the city of Guayaquil were the specific sample selected. The questionnaire had questions about the knowledge of contraceptive methods available, the attitude of teenagers towards contraceptive, familiarity with teen pregnancy, who should give them sex education and their feelings about various aspects of teen pregnancy.

- Focus Group

The focus group was organized in two groups of 5 teenage girls each. The focus groups were arranged in the following order: 5 teenagers of low social class composed the first focus group and 5 girls of medium high and high class composed the second group. One group of girls live in higher risk environment of getting pregnant as teenager and the other group has a lower risk of getting pregnant in their teen years. All members of the focus group were from the city of Guayaquil. This instrument gave to the study qualitative data to be analyzed and used in its development.

- Interviews

The interviews contributed with this study giving broader a knowledge about teen pregnancy as a problem and as a social issue. This instrument gives to the study accurate answers of what teenagers think

about teenage pregnancy, where they got their information about sex and what is the attitude of their parents, the knowledge and attitude they have about contraceptive methods. Also experts with relevant knowledge about teen pregnancy were interviewed; among the interviewees were a Catholic priest, psychologists, media professionals, publicist and doctors.

- Content Analysis

The Content analysis is a method of analyzing written, verbal or visual communication messages (Cole 1988). It may be used with either qualitative or quantitative data and in an inductive or deductive way (Elos, Kyngash, 2008). This instrument was used to gather qualitative data with the analysis of the government campaign to decrease teenage pregnancy and its methods.

- Case Study

The case study was selected to make a deeper analysis of a particular situation that gave this research relevant information about the attitude of different types of teenage girls. Three teenage girls were analyzed; each girl had a specific characteristic; each girl represents a sample of the group they belong, the conservative, the sexually active and the teen mom. All participants contributed with valuable information about their beliefs, experience and attitudes.

4. CHAPTER IV

Process, analysis and interpretation of the results gathered with the research

4.1 Qualitative research

4.1.1 Focus groups

The goal of the focus group was to gather information from girls with a different socioeconomic background in order to find similarities, and differences to be discussed. The process of the focus group and topics to be discussed were explained to the girls before starting. The girls received a brief introduction of the purpose of this study to make them feel more comfortable among the other girls. This focus group was divided into two groups of 5 girls each, one of low socioeconomic background and the other of high socio economic background. Each focus group was performed separately.

No video cameras were used in this part of the research. For the recording of the focus group process only a voice recorder was used in order to make the girls comfortable and willing to talk freely. Only the moderator was in the room where the focus group took place. No one else was allowed in the room to protect the girls from feeling uncomfortable or precarious with their answers.

4.1.2 Participants Focus Group A:

The participants were randomly selected girls of low social class. All participants come from a low socioeconomic background between the ages of 13 and 19 years old.

Participants were selected from different city zones. They lived in poor and dangerous neighborhoods. All lived in a two-parent (mother and father) home, however none of their parents were legally married. All of them have cases of teenage pregnancy in their families. Two of the participants were daughters of teen moms. The mother of one participant had her at the age of 16. The mother of other participant was 18 years old when she got pregnant of her daughter.

4.1.3 Participants Focus Group B

For the second focus group five girls of upper middle class and high class were randomly selected. The participants were girls of high socioeconomic background between the ages of 17 and 19 years old.

Participants were born and raised in privileged neighborhoods of Guayaquil. Three of the participants lived in a two-parent (mother and father) home; the other two participants had divorced parents. Participants were born and raised catholic and one of them belonged to a religious club. All the interviewed girls had international experiences.

4.1.4 Duration of the Focus Group

The participants of the focus group were previously notified that the focus group was going to take from one to two hours.

4.1.5 Organization of the data

The focus group was divided into topics of discussions:

- Birth control, what methods they know, how they feel about them.

- The Coitus Interruptus³ commonly known as the “Withdrawal Method”, what they know, how they feel about it, and how effective they think it is.
- Parents and Sexual Education, if they feel comfortable talking about sex with their parents, why they feel comfortable or uncomfortable, what they think should be the attitude of parents toward sex issues.
- Teen Pregnancy as a problem.
- Teen pregnancy as portrayed in the media and sexuality in the media.

4.1.6 Interpretation of the data Focus Group A and B

- Birth controls, what methods they know, how they feel about them.

The answers of both focus groups showed that girls have a very vague idea of what contraceptive methods are. Girls have only heard about the methods, but have not received any proper explanation. “I know what a condom is, but no one has showed me how to put it or how it works,” “I know there are condoms, birth control pills, birth control shoots and spermicides, but I just have heard them I don’t know exactly what they are”, said the participants. They have received information about condoms in school, but have not received any demonstrations of their correct application or risks when it is not properly wear. Their parents have not discussed condoms with them either. “They never have taught us in school how to use a condom,” said one participant. Regarding birth control pills, the only knowledge shown by most of the participants in both groups

³ The seminal emission takes place away from the vagina and external genitalia of the woman (Alexander and Free, 1976).

was that they can alter your body weight, “The pills have secondary effects, and they can make you gain weight.” They did not know about physical secondary effects besides weight imbalance that hormones can cause to the body or the correct use of any artificial contraceptive method. No matter the social class their biggest concern was their body, and the effects the pills would have on it.

About free birth control, participants from both focus groups knew that there are clinics that give free birth control to teenagers. Participants from Focus Group A mention the health care centers and APROFE, in contrast to Focus Group B that only knew about APROFE and nothing about the free health care centers. Neither of the groups knew about the non-governmental organization CEPAN.

In Focus Group A, four participants out of the five agreed that boys are the ones responsible for providing birth control for them. Girls in the focus group said, “Boys are the ones that have to bring birth control or pay for birth control and give it to us.” The girls also agreed that they are not the ones that should be spending money in birth control. “Girls should not have to purchase any kind of birth control,” said one of the participants. On the other hand, only one participant said, “We are the ones left with the child; it should be us in charge of our birth control.” However, this was a minority view in Focus Group A. In contrast, participants from Focus Group B said that they are the ones responsible for getting their birth control and not the men, because all participants are afraid of the shame of a teen pregnancy. They think that they are the ones responsible for birth control, but most of the girls would not buy birth control out of shame and fear, “Most girls wouldn’t go to the doctor or a pharmacy because they are afraid that their parents might find out.”

Girls from Focus Group A believe that condoms are just carried by “easy girls” and not by “good girls.” All participants from this group said

that they have heard boys saying that they only have to wear condoms with another kind of woman not with good innocent girls. "My friends say that condoms are for trashy girls that have a lot of sex partners, not for good girls that are well raised." Girls show discomfort when they were asked if they would carry a condom with them. The idea of carrying a condom in case they need it is inconceivable because they can be taken as promiscuous girls. "If someone sees a condom among my stuff they will think that I'm a loose girl," said one of the participants of the group. Condoms are associated with diseases and promiscuity. They all agreed that a girl with a condom is promiscuous, but a boy with a condom is responsible, "A girl with a condom is an easy girl that has a lot of sex partners, but a boy that carries a condom is responsible," said the participants when talking about the difference between girls and boys that carry condoms with them. On the other hand, participants from the Focus Group B relate condoms to prevent diseases more than to prevent unwanted pregnancies. When they were asked if they would carry condoms with them most of the participants said that they would not carry a condom with them out of shame. "If I'm carrying condom, people is going to think that I'm doing it," "I would be afraid thinking that my mom may find it," said the participants about carrying condoms. Participants also agreed that girls with condoms give a wrong impression. In contrast to the Focus Group A these girls have not hear their male friends saying that condoms are for other type of girls, not good girls, but they do say that condoms are for girls that have a lot of sexual partners. They clearly associate the condoms with diseases and promiscuity.

Regarding the previous issue of getting birth control all the girls admitted that they would feel ashamed of getting birth control by them and they would not go to any pharmacy to buy birth control. "I would feel so ashamed of going to a pharmacy and ask for birth control in the counter," said one of the girls.

Followed by contraceptives came the emergency contraceptives topic. When the girls were asked to discuss the emergency contraceptive they had no idea of what it was. After a brief explanation of what it is they still did not understand what an emergency contraceptive was. Only one of the girls commented in the group “I’m not sure of what it is, but I think it is something abortive.”

The information they have about sex or birth control came from their friends, schools, media and from the Internet. Participants from Focus Group B were comfortable with the information they have gathered from Internet and think that the information is reliable. “I got a lot of my information from Internet, and that information is trustworthy,” said a participant when referring to their sources of information. All participants have received sexual education in school but, they were not comfortable asking questions and that is why they have to seek answers in other sources. “Some classmates make jokes and laugh during sexual education, they don’t take it seriously,” said a participant when they were asked if they ask questions during sex educations in school.

- The Coitus Interruptus commonly known as the “Withdrawal Method”, what they know about it, how they feel about it, how effective they think it is.

Before starting with the information gathered in the research a few facts of this method must be mentioned. In many societies coitus interruptus remains the most common contraceptive technique (Alexander and Free, 1976). Nowadays the “withdrawal method” is still one of the most common “contraceptive methods” according to the gynecologist and teenage expertise Dr. Maribel Fierro, Gynecologist of the nongovernmental organization CEPAN, “Girls consider this is a birth control method, but it is not reliable or safe. It does not protect girls from

unwanted pregnancies or diseases. It is just a matter of time to get pregnant with this so-called method” (Fierro, 2012).

All members of both focus groups were familiarized with this method. According to all the girls of the focus groups this is the most common method use among their friends and according to them it is very effective. “A lot of our friends use this method, they say it’s effective although some boyfriends don’t like it, they would rather masturbate than stop and finish outside.” This interesting point of view showed the lack of responsibility of these boys, who do not mention how higher is their risk of impregnating the girls, and also that the girls do what boys tell them to do. One of the participants also said that some of the girls that have been pregnant in her school were impregnated with this method. However, in Focus Group A, most participants said that they would trust their boyfriend if he says it’s safe. “If we are in love, my boyfriend wouldn’t lie to me,” said a participant. Girls feel comfortable using this method with their partners and they trust them because they have heard among their friends that it is a reliable.

- Parents and Sexual Education, if they feel comfortable talking about sex with their parents, why they feel comfortable or uncomfortable, what they think should be the attitude of parents toward sex issues.

According to the information gathered in this research, all participants have received some sexual education at school, but they don’t think it is good enough. They would like having a broader knowledge and being prepared when the time comes. All girls agreed that they would like to receive sexual education at school from professionals and preferably female professionals. None of the participants have received any sexual education from their parents, “My parents never talk about sex, the only thing they eventually say is don’t do that,” said a participant about the attitude of their parents. They cannot go to their parents for advice regarding sex, no matter how urgent it may be. For the daughter and for

the parents sex is an embarrassing topic to be discussed, although participants from this research said that they trust their parents and what they would like to be able to talk about sex with them. "I would like to ask to my mom many things about sex, like if the first time hurts or if giving birth is too painful, but I would feel weird asking her those questions," said one of the participants. Participants also showed fear of the reaction of their parents if they hear them talking about sex, "I'm afraid of asking my mom about sex, she is going to ground me for thinking about those kind of things," "I think that if I start talking about sex they will tell me that I'm too young," are some of the comments of the girls about the attitude of their parents about the sex talks.

Participants from both focus groups were born and raised Catholics and some were reluctant to the idea of having sex before marriage, "My parents don't talk about sex very often, but they raised me in a way that I know that I am supposed to wait until marriage to have sex," said a catholic participant in the group.

Participants said that Ecuador is a conservative country. They said, that even though parents are aware that sex exists, they still do not talk about it, "Parents don't like to talk about sex," said the participants. Participants mentioned that part of the teenage pregnancy problem is the poor communication of teenage girls with their parents; because they are afraid of getting caught if their parents find out they are having sex or taking birth control.

- Teen Pregnancy as a problem

All participants of this study were familiar with the increasing numbers of teenage pregnancy in the country; they know many cases among their friends and families. Participants agreed that it is a social problem, they mention as one of the main causes the cultural barriers like sexism,

religion, ignorance and prejudices. Participants said that they are afraid of asking questions about birth control to adults because they are afraid of being judged. In contrast from Focus Group A, participants from Focus Group B mentioned the differences with our culture and more developed cultures, such as the Argentinean or North American, "In countries like Argentina they are more tolerant than us when it comes to talk about sex," "Teenagers are not as afraid as they are here of talking about sex," said the participants. These girls had the opportunity of experiencing other cultures, contrary to participants of Focus Group A that come from low socioeconomic background whose only reference is Ecuador.

About teen pregnancy as a problem they fear more the idea of telling their parents they are pregnant than becoming parents. "If I get pregnant I would feel so ashamed and scared of telling them," said a participant when talking about teen pregnancy. Neither of the participants mentioned dropping their studies as one of their fears of getting pregnant. However, girls in Focus Group B were more concerned about the shame of their parents and the rest of society knowing that they are pregnant, "It has to be awful, everyone knowing that you are the pregnant girl," said a participant with a higher socio economic background.

The study showed that participants see pregnancy as a problem only for the women. According to the participants, the woman is the one left with all the responsibilities of the baby because the father can easily walk away and leave them alone. "We are the ones left with a child," "All teen mothers that I know are now single moms," "I have heard boys that say to their pregnant girlfriends that child is not mine, if you had sex with me you probably were with others too," these comments reflect the male chauvinism that women in Ecuador are used to living with. Two people made the baby and no matter the social class where they are from, all participants agreed that the baby and the pregnancy is only responsibility of only the woman.

- Teen pregnancy in the media and sexuality in the media

All participants are exposed to sexual content on television and the media in general, the only difference is that participants from Focus A are only exposed to national television content and participants from Focus B are exposed to both national and international television because in contrary to Focus Group A they have cable at their homes.

Participants of Focus Group A comment on national television content saying that, there is a considerable amount of sexual content in their shows. About the time schedule of the content is aired, the participants said that there is sexual content at all times of the day, especially in soap operas where sex scenes are explicit and aired since very early in the morning. Regarding the content of teen pregnancy in television shows, a participant mentioned a TV special entitled “Teen Moms SOS” aired last November 2011 on TC Television⁴. On the contrary from the Focus Group A the participants from Focus Group B have been exposed to international television, hence their comments about television content was broader. They think that there is too much sex on television and that TV programs like the American shows “Teen Moms⁵” or “16 and pregnant⁶” are portraying teen pregnancy as casual and even cool. Some of the lead characters of these realities had become TV Stars, “They follow the life of teen moms and girls think that teen moms are cool,” “I’ve heard girls that even get pregnant on purpose to try to be part of the cast,” “Teen moms became famous and now they are stars, for some girls even role models,” these are the outrageous comments that participants from Focus Group B

⁴ National TV station in Ecuador

⁵ Teen Moms is an American reality aired on MTV. The reality content is about teen moms and their lives after the baby.

⁶ 16 and Pregnant is an American reality show aired on MTV. This reality was about teen mom and their gestation period and a brief part after the birth. Due to the success that this show was MTV created a spin off of this show called “Teen Moms.”

said about the show. Ecuadorian television does not have any similar shows like Teen Moms. As Focus Group A they also agreed that there is a lot of sexual content on television disregarding the time of the day. Participants from both focus groups mentioned that they only have seen teen pregnancy on Ecuadorian television as dramatization of real life cases, but not as a regular pregnancy of a girl who had sex with her boyfriend, only cases of rapes and sexual harassment.

4.1.7 Interviews with teen mothers

4.1.8 Participants

All participants were pregnant teenagers between the ages of 13 and 19 years old of middle and low socioeconomic background from the City of Guayaquil. They all were patients at the Hospital Enrique C. Sotomayor, which is the most visited maternity in the City of Guayaquil. The participants received a brief explanation with purpose of this study before they agree to be part of the research. Confidentiality was assured to all of them; neither their names nor faces were going to be revealed. The interviews were allowed under a certain number rules due to legal reason that protect adolescent, code of Childhood and Adolescence, published in January 2003 in Ecuador, Art. 52, Prohibitions related to the right of dignity, no cameras, no recording, and use the previously authorized questionnaire, no spur of the moment questions; the Director of the hospital Dr. Luis Hidalgo authorized the content of the interviews. All interviews were supervised by Dr. Diana Murillo, gynecologist in charge of the attention and care area for teenagers at the hospital; the interviews were performed at Dr. Murillo's office as well.

4.1.9 Organization of the data

The format that was used in the interviews is the following:

- What was the reaction of your parents when you told them you were pregnant?
- Did you receive sex education at school? If yes, did you find it useful? Would you like any extra information?
- Where have you got most of your information about sex?
- Did your parents give sex education, or any information regarding sex?
- (If answer is no or barely) Would you like to be able to talk about sex, ask questions and clear your doubts with your parents?
- Did you use any birth control before getting pregnant, natural or artificial?
- Did you consider the idea that was possible to get pregnant if you were having sex?

4.1.10 Interpretation of the data

Participants were nervous, but willing to help after they received a brief explanation of the nature of this study. The interview began with the questions about their parent's reactions about sex and their pregnancies. All the participants of this interview said that they do not have a good communication with their parents about sex matters. All fifteen participants said that their parents were furious at them when they found out about their pregnancy, "My mom didn't speak to me for weeks, when she found out I was pregnant," said a participant, the rest of the participants had similar experiences. Although all participants also said that none of their parents have ever talked about sex with them or explained them anything

about their sexual and reproductive health. “They never talked about sex at my house, I think my mom would even ground me if I asked her something about sex,” said a participant about the bad communication between her and her parents about sex matters. “I found out everything about sex by myself; my mom never explained me anything,” said a 14-year-old participant who is 4 months pregnant.

The data gathered for this study showed that all interviewees would like to be able to talk about sex with their parents; they all said they would like to ask questions about sex and clear their doubts with their parents or parent (some of the interviewees only had one parent). “I would like to ask my mom about birth control, I think I wouldn’t be pregnant if I had done it,” “I trust my mom and I would like my parents to be the ones giving me sex education first,” are some of the comments that participants said about the relationship they would like to have with their parents and sex education. Due to lack of information given by their parents most of the participants said that they would talk about sex with their children; they do not want their children to become teen parents as them. On the other hand, two participants said that they would not talk about sex with their children because the school has to give sex education to their students.

Giving sex education at school is an educational law in Ecuador, but not all of the participants have received it; thirteen of the participants said that they have received sex education at their schools. About the content quality of the sex education they received ten of the participants said that the information they received was more directed for men than for women, “I had sex education in school as a subject and I received it weekly, though they gave us more information useful for the boys than for the girls, they just showed us a lot of videos of abortion and the use of condoms,” said a participant about the sex education she received and why she did not find it that useful and complete. All participants that have

received sex education said they would like to receive more detail information of the woman sexual and reproductive health.

On the other hand, two participants have not received any sexual education at school. Sexual education is for older students at their schools and they were only 13 and 14 years old respectively. Participants said they learned about sex from their friends at school and magazines. “Everything I know about sex came from school, I heard it from my friends,” said a 13 year-old participant. All participants agreed whether they have received or not sex education that they would feel uncomfortable asking questions at school in front of all their friends.

About the use of birth control, only two of the participants were using artificial contraceptive methods before they got pregnant. Both participants that were using birth control said their boyfriends used condoms in some occasions. The rest of the participants accepted to be using no birth control or the “withdrawal method” to prevent a pregnancy. They did not have a broad knowledge about the use of birth control. About the responsibility of getting birth control, all participants said that the person responsible for providing birth control is their boyfriend’s. If their boyfriends did not bring or suggest birth control they did not care either. Followed by these answers, participants were asked if they consider the possibility of getting pregnant, most of the participants said they did not consider the possibility and the other participants said they knew they could get pregnant, but they did not think they would get pregnant.

4.1.11 Case Study: compare and contrast of Girl A-B-C

4.1.12 Participants

Participant A: Conservative Girl

Participant A is a conservative Roman Catholic girl. She is an upper middle class 15 years old girl from the City of Guayaquil. This participant has been born and raised Catholic and her family is religiously active. She is in a catholic institution. Participant A is not sexually active and has grown up in a conservative environment; she is not very comfortable talking about sex. She lives in a two-parent house (mother and father).

Participant B: The Liberal Girl

Participant B is a 19-year-old girl of a high socio economical background, from the City of Guayaquil. She is sexually active and has a responsible sex life. She began her sex life at 15 years old. This participant was born Catholic and her parents are Catholics. Presently, they are not active Catholics. She studied at a non-religious institution. It is very rare to find girls in Ecuador that are willing to accept that they are sexually active and want talk about it. She lives in a two-parent house (mother and father).

Participant C: Teen Mom

Participant C is an upper middle class 19-year-old girl; she got pregnant at age 18 when she still was in high school. This participant was born and raised Catholic. She studied at a non-religious institution. She lives in a two parent's house (mother and father); her parents have been married for more than 20 years.

4.1.13 Organization of the data

This case study was organized in the following topics and research questions:

Sex Education

- Where do find the information about sex or where did you find it when you need it?
- Did you receive or are receiving any sex education at school? Was it useful?

Peer Pressure

- Did you ever receive any pressure about sex from your friends?

Attitude of Parents About Sex

- Your parents talk about sex with you? They do it openly?
- Do you talk about sex with your parents?
- Would you like to be able to talk about sex with your parents?
- Your parents encourage you to wait to have sex till you get married? What is their advice about sex?

Sexual Activity

- At what age was your first time (if sexually active)?
What birth control were you taking, if any?
- Were your parents aware of your sexual initiation?
- Did they support you, how did they react about it?
- Would you go or did you go to a doctor before having sex?
- Do you know where you can find birth control? Where?
- Do you think it is appropriate to use condoms? Should girls carry condoms or who carry condoms?

Teen Parenthood

- What do you think about teen moms?
- What would your parents do if you tell them you are pregnant / what did they do when they find out you were pregnant?

4.1.14 Interpretation of the data

Participant A:

The conservative girl is not sexually active. She has a judgmental attitude about sex and people that has sex. She is not comfortable talking about sex. She is embarrassed and answers the questions uneasily.

Sex Education:

Participant A has received sex education at school, but due to her attitude towards sex she said she finds it boring (the sex education class) and that she could not comment whether she thinks is useful or not. When she was asked where she looks for information about sex, her answer was a clear statement that she does not need to look for information about sex. "No, no, no, I don't look for that kind of things, I don't need to," said the participant about looking for information about sex. She is intolerant about issues related to sex and she feels embarrassment when talking about this subject. This participant considers that she does not know everything about sex and she does not fully understand her sexual and reproductive health.

Peer Pressure:

The peer pressure is not a problem for this conservative participant. Her friends are like her, according to her statement. Her friends are not

sexually active and they do not talk about sex either.

Attitude of Parents About Sex:

The parents of the participant are active Roman Catholics and they raised her daughter with the fundamental values of their religion. The parents of this participant have not given any sex education to the participant; the only thing that they have taught her is that she has to wait until she is married to have sex because premarital relations are a sin. She does not have an open relationship with her parents and matters about sex. The parents of the participant never talk about sex at sex home and even though the participant is aware that she does not fully understand her sexual and reproductive health she would not ask anything to them. This participant stressed that she would not like to be able of talking about sex with her parents; she would feel too embarrassed.

When the participant was asked if she would go to a doctor before having sex her answer was yes and if she is underage she would ask her mom to go with her; although she implied she would be married.

Sexual Activity:

Most of the questions of this section do not apply to participant. For this participant the girls that are having sex at her age are easy girls and neither she nor her friends are sexually active. "I don't care about the rest, they can do whatever they want, but they are not my friends," the participant said about the sexually active girls at their school.

The participant knows that she can get birth control at pharmacies and doctor, but she is not aware of any of the free government or non-government institutions where she can find free birth control. Her attitude about condoms and birth control is judgmental. "Girls who carry condoms

are promiscuous,” said the participant. She would never carry condoms with her.

Teen Parenthood:

She has no empathy for teen mothers. “Teen moms are stupid, they ruined their lives,” said the participant about teen mothers. Most teen mothers do not come back to school after giving birth, they stay home raising their baby and working, they assume grown up roles and leave their adolescence to become mothers. Teenage pregnancy is not a matter for her to worry due to her beliefs she plans to have sex when she gets married.

Participant B:

Participant feels relaxed and comfortable talking about sex. She is very mature for her age and she talks about sex seriously.

Sex Education:

Participant B has received sex education at school since she was thirteen. She finds sex education at school useful, "Sex education is useful at schools, I took advantage of that information, I don't know if the rest, because some people process information better than others," said the participant about sex education in schools. Most students take sex education as a matter of mockery; they make fun of the information and laugh about it and are ashamed of asking questions. People can ask anonymous questions if they want to at the end of the conferences about sex but not many people do it. Participant thinks that the quality and content could be better, "I found most of the information that I received sexist, it was more for men than for women, it should equally design," said the participant about the content of the sex education she received.

Peer Pressure:

The participant never received any pressure from her friends to have sex. She talks about sex with her friends and they all are sexually active and most of her friends were sexually active before her.

Attitude of parents about sex:

Participant B has received sex education from their parents and she found that education more valuable than the one at school, they explained to her personally about sexual and reproductive health. Her parents talk freely about sex with no barriers. She feels more comfortable with her mother and can ask her any concern she may have about sex. This participant feels comfortable talking about sex with their parents. Instead of clearing her doubts with her friends or the internet like other participants during this research she clears them with her mother. Her family has created an environment with no barriers where she is not afraid of living her sexual life with responsibility. They told her that it would be better if she waits to have sex until she gets married, but they never said it as an imposition, just as an advice. Since her parents know she was having sex they have been encouraging to go to the doctor and get birth control.

This participant has a vast knowledge of her sexual and reproductive health. Part of her knowledge is thanks to the broader sex education that her parents gave her and the confidence she feels with her parents.

Sexual activity:

Participant is sexually active; she has been active since she was 15 years old. Her friends were sexually active before her, "Some of my friends were having sex way before me," said the participant. She is not

ashamed of talking about sex and she thinks that people should not feel ashamed either.

Participant B did not go to doctor before starting her sexual life, she used condoms and the rhythm method at first, but her mom made her go to a doctor to get proper birth control after she told them. Her parents are aware that their daughter has an active sex life. They were supportive and her mother made her go to the doctor to get proper birth control.

About birth control this participant knows that she can get birth control from a doctor, but she does not know any of the governmental or non-governmental organizations that gives birth control for free.

The participant attitude about condoms is ambiguous, "One part of me thinks it's okay women carrying condoms and another part thinks it does look bad in this society." The participant sees society as a barrier because a woman carrying condoms can be judged. Although she thinks it should be acceptable according to the situation, "There is nothing wrong if she has a boyfriend and just wants to be prepared," said the participant.

Teen pregnancy:

Participant considers the lack of communication between parents and daughters is one of the main reasons of teen pregnancy. It can be avoided if they use are responsible and have the correct knowledge.

Participant C:

Participant C talks about sex with no barriers and her answers are based on her own experience. Her present point of view has been influenced by her experience, becoming a mother changed her mind.

Sex Education:

Participant C received sex education at school, not as a subject, but as sporadic conferences during her school years. Participant C did not find useful the sex education given at school: "The information wasn't explicit enough and people didn't take it seriously, especially guys that make jokes and laughed about it," said the participant about sex education at schools. Participant C has obtained her information about sex from her friends and the rest from the internet, "I went online every time I wanted to know something specific," said the participant about the internet. All knowledge that Participant C has about sex came from unreliable sources and most of the information given by her friends is not accurate.

About contraceptive methods, the participant knows where to buy them, but she did not know the correct use, "Sometimes my friends bought me control, they gave me birth control pills and taught me how to take them," said the participant about where she learned about birth control pills.

Participant C is not aware of the existence of any of the governmental or non-governmental centers that facilitate free birth control; she did not know that she could find birth control for free. "I was taking birth control without my parents knowing, so I had to do everything in secret," said the participant about her limited options of getting proper birth control.

Her attitude about the use of condoms has changed due to her current situation, "I now think it is perfectly correct that women carry condoms, trust me now is the best thing, there is nothing wrong with being safe," said the participant about her new point of view of women carrying condoms with them. Women that carry condoms with them do it for their own safety whether they want to prevent a pregnancy, a sexually transmitted disease or both.

Attitude of Parents about Sex:

Participant C has not received appropriate sex education from her parents, the only thing her mom told her is that if she has sex she can get pregnant or a sexually transmitted disease. She does not have a open relationship with her parents when it comes about sex, but she would like to be able to talk about sex with mother.

Peer Pressure:

Participant C never received any pressure from her friends to have sex; all her friends talk about sex with no barriers.

Sexual Activity:

Participant C got pregnant at age 18, and started her sexual life when she was 14 years old. At the moment she became sexually active she used natural methods like the "withdrawal method;" she also took the birth control pills, but as mentioned before her own friends gave them to her. She considers that the withdrawal method effective only if you do it when someone that you trust.

Teenage Pregnancy:

She considers a very important fact that causes teenage pregnancy is the misinformation and the poor communication between parents and daughters, "I never thought I was going to be a teen mom," said the participant to stress her point on her misinformation. She use to judge teen mothers, but now she understands them and shows empathy to them.

4.1.15 Recent Government campaign in favor of decreasing teenage pregnancy in Ecuador

La Estrategia Intersectorial Nacional de Planificación Familiar del Embarazo Adolescente⁷: ENIPLA

ENIPLA is the most recent strategy that the Government of Ecuador has developed to decrease the high number of teenage pregnancies and unplanned pregnancies in the country; the Public Health Ministry of Ecuador introduced the strategy in March 17 of 2011. The fertility rate in Ecuador is approximately 3.3 children per woman; in urban areas of the country the rate is 3 children per woman, rural areas 4 children per women and in indigenous women is 5 children per woman (Ministry of Health of Ecuador, 2012).

This project is an Intersectional National Strategy, which means that different organisms will work together to decrease teenage pregnancy, unplanned pregnancies, and maternal and infant mortality. The Ministry of Public Health in coordination with the Ministry of Education, Economics, Social Inclusion, Social Coordination and the support of Autonomous Governments and civil society are working together in order to implement the ENIPLA.

One of the main objectives of ENIPLA is to guarantee the rights and in particular the sexual and reproductive rights acknowledged by the Ecuadorian Republic. In the constitution of 2008, chapter six, Liberty Rights, article 66.- It is acknowledged and guaranteed to all persons that they have the right to make free decisions, voluntary, informed, and responsible about their sexuality, sex life and sexual orientation. The State will promote Citizens of Ecuador to have free access to health care including sexual and reproductive health. In all medical centers counseling

⁷ Translation to English: The Intersectional National Strategy for Family Planning.

and family planning will be provided and the necessary means to treat in safe conditions all patients no matter the age or sex. Taking as reference the objective number 3 of the Good Living Plan, it also wants to decrease teenage pregnancy by 25%, and, additionally to decrease in a 25% the gap between planned pregnancies and unplanned pregnancies. This objective will contribute to overcoming the health problems, education problems, less work opportunities, child malnutrition and illegal abortion that an unplanned pregnancy causes. Family planning programs are an important part of a country development.

The Ecuadorian Government is investing 29 million dollars to decrease teenage pregnancy; this is the first time in the history of Ecuador that a budget that considerable is designated to family planning. The Health Ministry in the City of Guayaquil already began with the implementation of equipment in the 15 health care facilities around the city. A certain amount of money was given to each facility to improve the medical areas where teenagers are going to be treated; the purpose was to make these areas friendlier for the patient. According to the information given by the Representative of ENIPLA in the province of Guayas Shirley Venegas (2012), \$2,000 was given for the first part of the remodeling and later \$5,000 was given for extra equipment, "Adolescents don't want to go to doctor's offices with sick people colors, they want spaces with, fuchsia, pink, or white, they want bright colors to feel identify," said Venegas (2012). Another important aspect is the empathy doctors have with teenager girls; doctors are receiving instructions and workshops to know how to work with teenagers and make them feel more comfortable. The goal is to create a safe environment and a comfort zone with differentiated attention for teenagers, a space they identify with.

Regarding the conferences, sexual education and visits to schools are all in charge of the representatives of each health care center; the planning and the visits need to be previously approved by the Ministry of Health and Education. Health care centers are located in 15 strategic

points around the city, in order to be reachable to all people in the city.

This project will provide a better quality of sexual and reproductive health care for women all the country. The health care centers have accessibility, but there is a lot of waiting involved, as it is a free resource there is a lot of people, and not only teenagers, but also people of all ages and in different health conditions.

4.1.16 ENIPLA's slogan and logo

This campaign still in process of development and has not been officially been launched. This national strategy wants to make adolescents talk about sex without shame and prejudices and to encourage women to seek for birth control to decrease the unplanned pregnancies. The slogan of the ENIPLA campaign is "Talk Seriously, Sexuality with no Mysteries."

Slogan and Logo:

Figure 2



Translation to English: Talk Seriously, Sexuality with no Mysteries.

Retrieved From: Journal from the Health Ministry of Ecuador
http://www.msp.gob.ec/misalud/index.php?option=com_content&view=article&id=197:habla-serio-sexualidad-sin-misterios&catid=40:noticias-principales

This is the logotype of the new campaign ENIPLA. The slogan “Habla Serio, Sexualidad sin Misterios⁸” wants to invite teenagers to talk about sex, as mentioned earlier Ecuador is a conservative country and there are many barriers that limited communication in matters that have anything to do with sex. This campaign, wants to get the attention of teenagers, they use so many colors to make it colorful and friendly for teens. It wishes to communicate confidence, and break cultural patterns; it wants to make teenagers free to talk about sex.

About the logotype, it’s colorful, with many figures that represent myths and popular characteristics about sex. The slogan “Habla Serio” (talk seriously) is more important than the concept of “Sexualidad sin Misterios” (sexuality with no mysteries) according to the size of the font.

According to the Creative Director of Luz Verde, Charlie Cisneros (2012), “The logo is confusing, it’s difficult to understand what it pretends to communicate whether talking seriously or that sexuality has nothing to hide. A logo has to be clear in order to be memorable, this logo has too many items involved”, said Cisneros.

More than 10 professionals in advertisement gave their opinion about this particular logo and they all agreed that there are too many elements going on at the same time, there is unnecessary repetition. However, they all agreed that colors are youthful and perfect to call the attention of teenagers.

⁸Translation to English: Talk Seriously, Sexuality with no Mysteries.

4.1.17 Health care centers and separate attention for teenagers

A very important part or maybe the most important of the strategy to encourage family planning among teenagers is the separate attention to teenagers where they can access free birth control. There are 15 health care centers in the City of Guayaquil, the Health Ministry in Guayaquil is in charge of them, and there are two main representatives in charge of the work with teenagers. For the purpose of this research the Health Care Center Saucos 8, Phase 3 was visited. The Health Care Center Saucos 8, Phase 3 had the special office for the treatment of teenagers. Before the Intersectoral National Strategy for Family Planning there was not a separate office for teenagers. Teenagers need to know that they are going to be listened to, their own space and they need someone to trust, said Dr. Susana Garcia Arguello in charge of the teenagers department in the Health Care Center Saucos 8, Phase 3. Now there is a special area for teenagers. The authorities are supporting in a great manner each Health Medical Center. The office was decorated with posters of the ENIPLA campaign and the CEPAM campaign, which will be, discussed further in this research. According to Dr. Susana Garcia Arguello, "Since the ENIPLA started, the Health Ministry gave us more resources, now we have more equipment." Every health care center is in charge of organizing sexual education programs for the schools of their sector. The Health Care Center Saucos 8, Phase 3 has not done any planning for sexual education in schools yet, but it has created a club after school for teenagers, "The club is going very well, now they are coming to us and ask questions, said Dr. Susana Garcia Arguello".

During the visits to the Health Care Centers, it was found that each medical center decided when and what they are going to give in the schools of their zone, there is no consistency, there are health medical centers with better plans than other, the Health Care in Guasmo gives talks to parents about the ENIPLA and in the Health Care Saucos 8, they just promote ENIPLA with students having as a result the complaint of

several parents that dislike the idea of their children receiving birth control or going without their permission.

Confidentiality is promoted through the sexual and reproductive rights. No matter the sex or age they have to be treated personally with no permission of their parents required. To respect the privacy of the teenager, each teenager receives a personal health care carnet. With these carnets they can go to the consultations by themselves and go to the authorize pharmacies to seek the free prescription without their parents knowing about it. Everything is free, but the Health Care Centers do not have in their offices birth control supplies. Teenagers are entitled to have a healthy sex life.

The problem that was found in the visit to the health care center was that there are a lot of people waiting to be treated. The numbers are called aloud and everyone is waiting in a communal waiting area. If you are not in the waiting area you will not hear the number and miss your turn. For teenagers this might be overwhelming, for them to go to a health care centers to talk with someone and ask questions is hard. Girls do not take advantage of the family planning facilities because they feel ashamed. They are vulnerable, and they can easily walk away if they feel that they are doing something bad or shameful because in the culture of Ecuador sex still is a taboo.

The problem is that abstinence is not longer a choice to decrease teenage pregnancy in the 2012. Sex is everywhere, in a magazine, in a television show, in commercials, etc. Ecuador still lives in prejudice where people are afraid of being judged if they ask about sex.

Teenage pregnancy is an evident problem and the unplanned pregnancies have to decrease. Teenagers of low social-economical background have higher chances to stay in poverty when they become a mother and it is not only a matter for the mother it is also a matter for the

child that will grow up in poverty. As the President of Ecuador Rafael Correa said, “Every life is a gift of God, but let’s bring the number of lives that we can afford giving a good quality of life.”

4.1.18 Ecuadorian television and their approach to teenage pregnancy

4.1.19 Participants

For this study three professionals of the Ecuadorian Media were interviewed. The professionals selected are reporters, presenters and producers of the Guayaquil departments of their TV stations; they have more than 15 years of experience in the media and have the knowledge to give valid points of views about the content of national television and their opinion of teenage pregnancy in the media. Prior to the interview, they received a briefing of the project to understand the character that it has.

- Maria Cecilia Largacha, reporter and former producer in Ecuavisa
- Ana Buljubavasich, presenter and produces in TC Television
- Johana Kronfle, producer in charge of the social responsibility area in TC Television.

4.1.20 Organization of the data

- Sexual content on national television
- How is national television portraying teenage pregnancy
- How should teen pregnancy be portrayed on national television

4.1.21 Interpretation of the data

Researchers have long studied adolescent’s exposure to sexual content in the media, finding that the media are saturated with sexual

content (Kunkel, Cope, & Biely, 1999; Ward, 1995). National like international television has a considerable amount of sexual content, according to producer Johana Kronfle (2012) sometimes the sex scenes or the exposure of the woman is irrelevant and has nothing to do with the context, but they have to do it because sex sells.

The three interviewees agreed that Ecuadorian television has an enormous quantity of sexual content. Popular shows like "Mi Recinto" or the soap operas have a considerable amount of explicit sexual content whether are in their dialogs or its scenes, especially soap operas that are aired since early in the morning. Although, none of the interviewees see television as one of the causes of teenage pregnancy, "I don't think it is fair to blame the media, it's difficult to say who is guilty," said Ana Buljubasich (2012) who has become an important tv figure in the last years. "What teenager see and hear on television is only one message of the hundreds they are receiving daily," said Largacha (2012)

We live in a generation that sex is everywhere because sex is money, but who is there to explain to the children whether it is bad or good is their parents, according to the reporter Maria Cecilia Largacha. Television cannot be blamed for teenage pregnancy, it is only one message, there are hundreds or other messages with sex that kids are receiving. She considers that whatever message they received is not as important as the message they received at home. "I grew up with the same television as my friends, and I wasn't a teen mom."

According to Kronfle, teenage prevention is not a matter that tv can solve or cause, the message on television is too fast, "its not fair to blame television as one reason of teenage pregnancy," said Kronfle (2012). There should be more communicational plans, and big campaigns, to work with the teenagers; nothing will work if parents do not intervene.

About teenage pregnancy, all interviewees agreed that it has not been addressed enough. "The problem is that showing alarming statistics, or the blurry face of a pregnant teenager is not as shocking as showing a real life face that the viewer can connect with, but due to legal reasons that protect teenagers we can't do it, and the network won't spend money in something that doesn't sell," said Kronfle(2012). According to Largacha (2012), teenage pregnancy should be addressed as a serious matter, showing the consequences, "If you have sex you can get pregnant," said Largacha.

It is not easy to address teenage pregnancy on television, there are a numerous of laws protecting adolescent, their privacy and their rights.

4.2 Quantitative research

4.2.1 Surveys

A survey of 400 teenage girls from the city of Guayaquil was performed to gather quantitative data for this study. The number of the population sample determined the amount of surveys performed. The social class was not a criterion; the only criterion taken in mind was to be teenage girls from the city of Guayaquil. All girls that participated were informed that the survey was going to take about 5 minutes and received a brief explanation of the purpose of this activity. The surveys were performed at different locations around the city in order to gathered valid information, with the responses of teenagers of all social classes, from low social class to high social class. Participants were randomly selected teenage girls from schools located in downtown, the Florida, Perimetral, Bastion Popular, Ceibos, Juan Tanca Marengo and Samborondón. Also, the survey was answered by teenage girls that were hospitalized in the Health Care Centers of Mariana de Jesus, Saucos 3, Martha Roldos,

Hospital Enrique C. Sotomayor, and CEPAM. The only criterion taken in consideration was to be from Guayaquil.

The questions were carefully formulated after analyzing the research described prior to this section. All question accomplished their purpose, they were organized in sections of interest for the author and the order of the questions depended on the content, the lightest questions at first and the hardest between the middle and the end of the survey. Before the survey was released, 10 teenage girls gave their opinion on the questions and the content of the surveys. The goal of the survey was to obtain valuable information that could be measured with statistics and numbers to collaborate with the qualitative data gathered in this research.

TECHNICAL DATA

Population and Sample

The sample population of this research is teenage girls from the city of Guayaquil. According to the Population and Housing Census of 2010, Ecuador has 1,753,333 million adolescents and in the city of Guayaquil 253,992 adolescents, of whom 126,284 (49.72%) are women (INEC, 2010) For the purpose of this thesis only the teenage girls from the city of Guayaquil are going to be consider to perform the surveys. The formula of infinite population is going to be employed to make an accurate sample number of how many teenage girls are going to be surveyed. The research design of this thesis is experimental.

Infinite Population > 100.000 People

The population of this research is 126,284 adolescent girls from the city of Guayaquil.

$$n = \frac{Z^2 \cdot p \cdot q}{E^2}$$

Where:

P = Population or Universe

q = Probability that the event is going to happen (it works with 0,5 to obtain the maximum number of the sample)

p = Probability that the event won't happen (it works with 0,5 to obtain the maximum number of the sample)

N = Population Size

n = Sample number

z = Trust level required 90%

E o s = Acceptable error margin (the maximum error margin allowed is 5%)

Trust Level

90% Trust Z=1,645

Data:

- P = 126,284 teenage girls
- q = 50%
- p = 50%
- E = 5% = 0,05
- z = 1,645 (Nivel de confianza 90%)
- n = ?

Development of the formula:

$$n = \frac{Z^2 \times p \times q}{E^2}$$

$$n = \frac{1,96^2 \times 0,5 \times 0,5}{0,05^2}$$

$$n = 384 \text{ surveys}$$

The result is 384; hence 400 surveys are going to be conducted in order to have an accurate statistic.

4.2.2 Results of the Performed Surveys

Figure 3

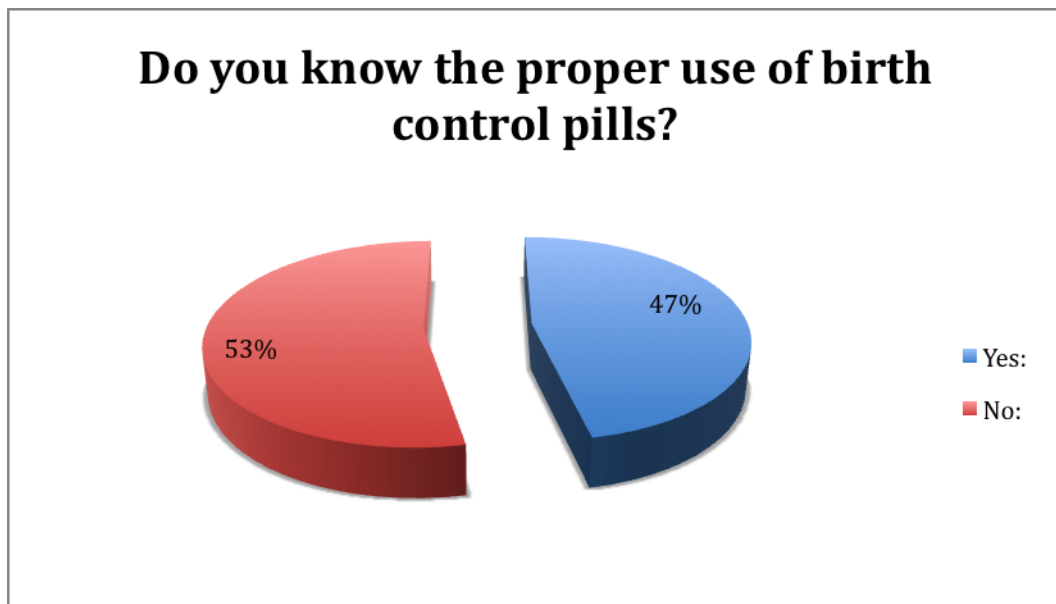


Figure 4

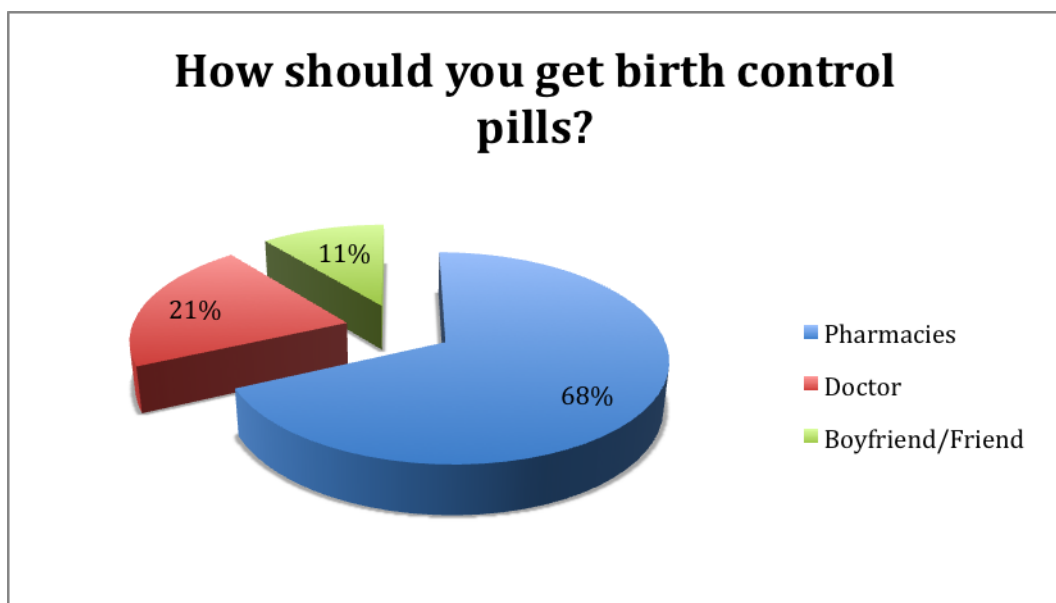


Figure 5

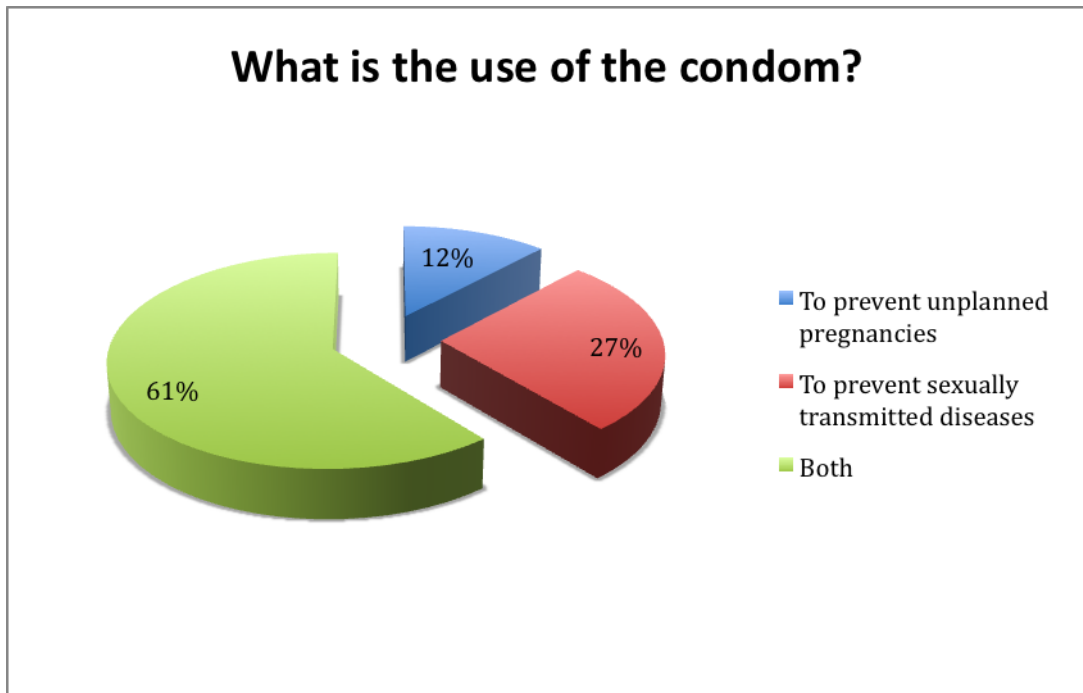


Figure 6

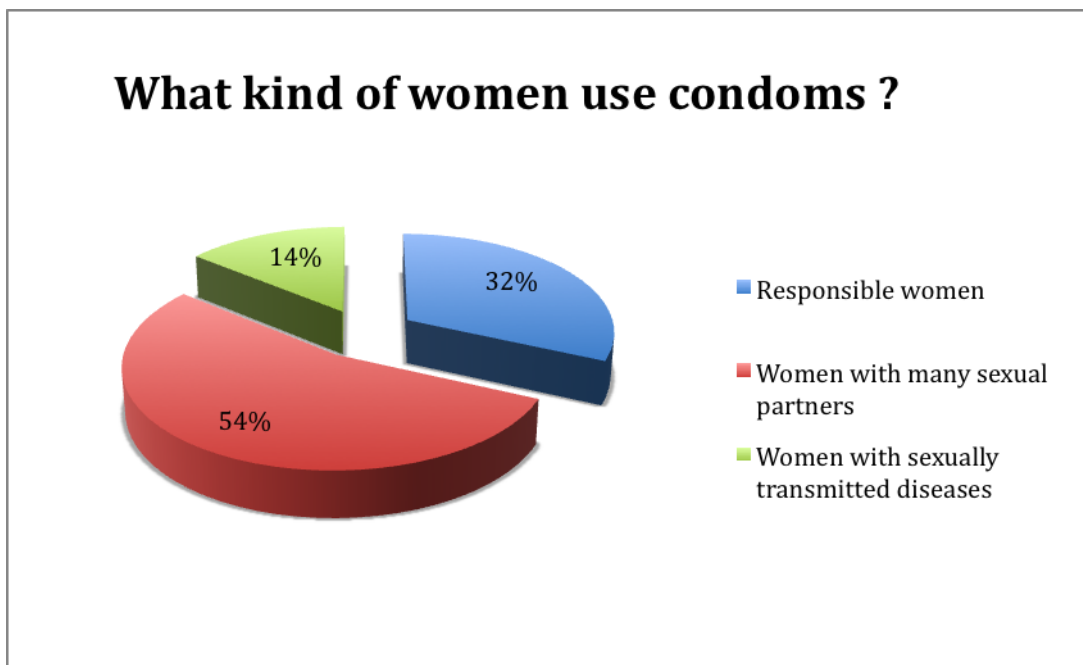


Figure 7

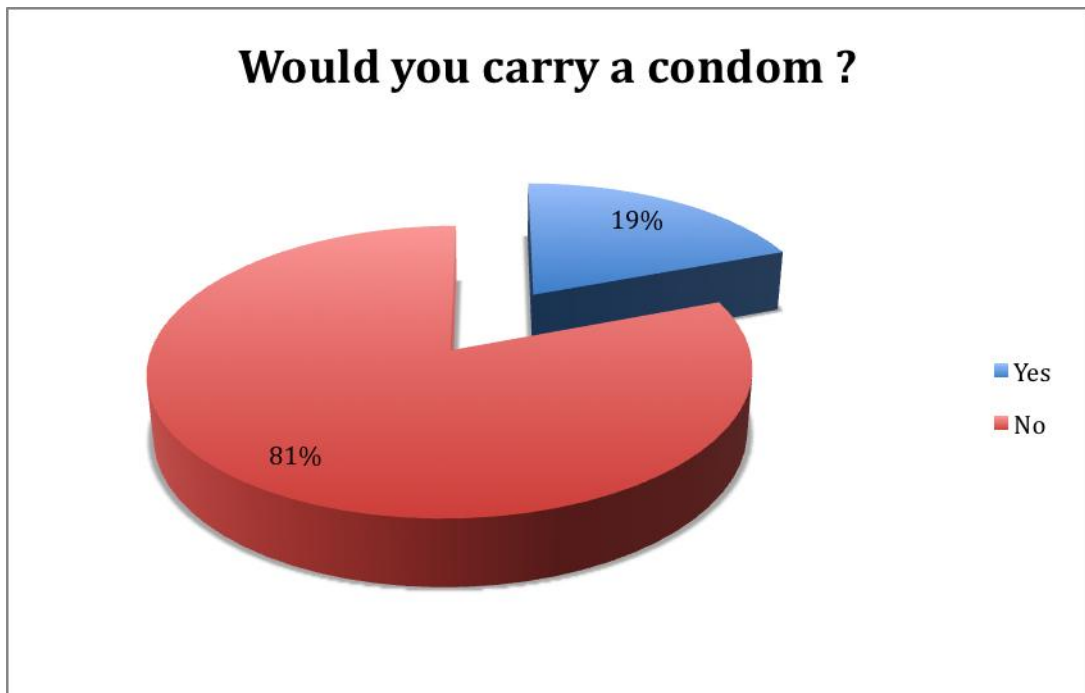


Figure 8

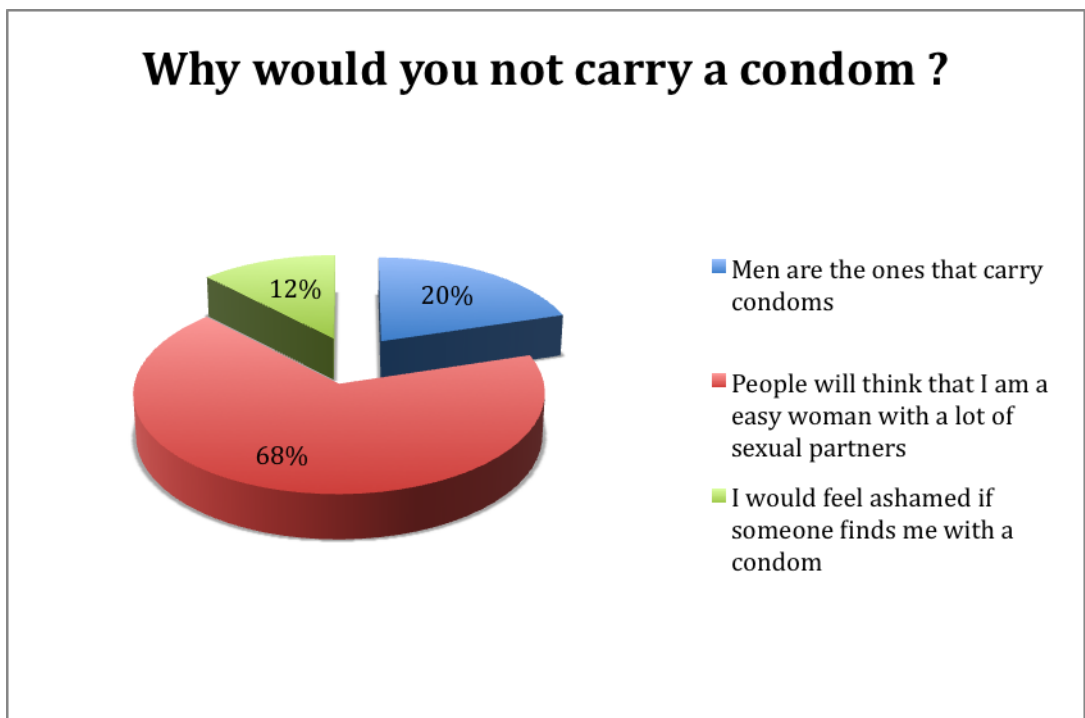


Figure 9

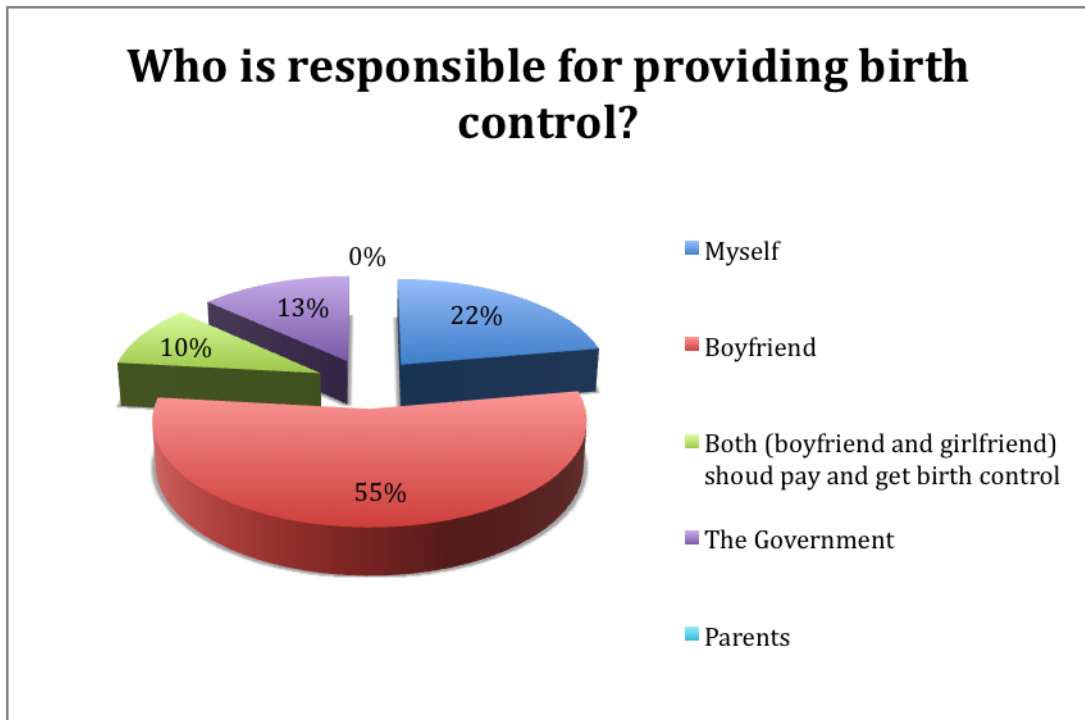


Figure 10

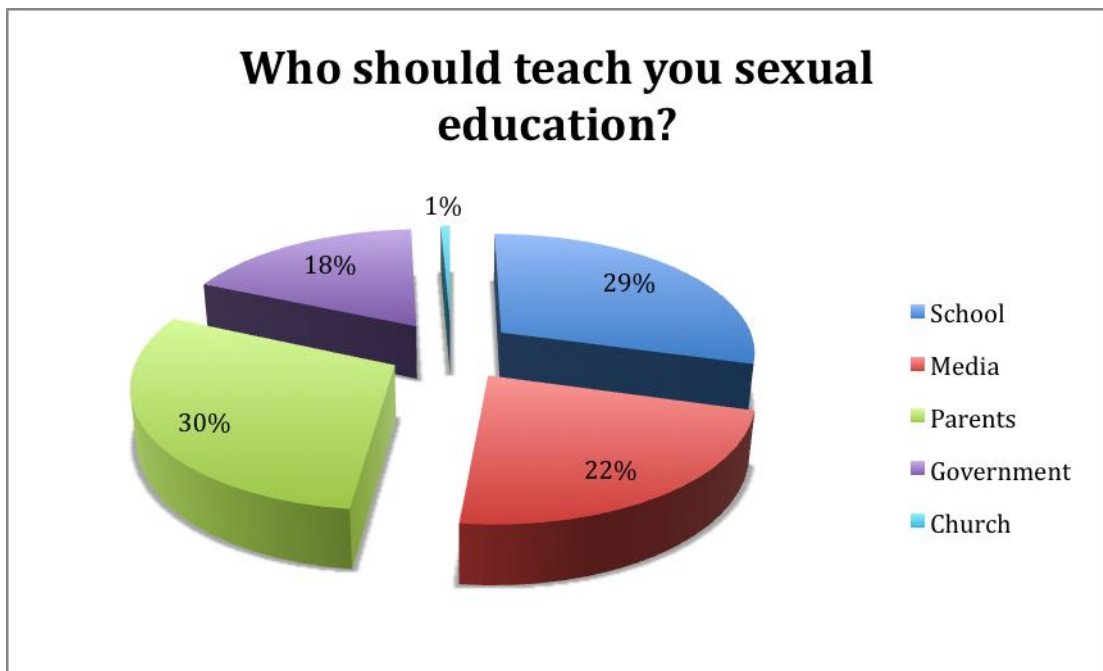


Figure 11

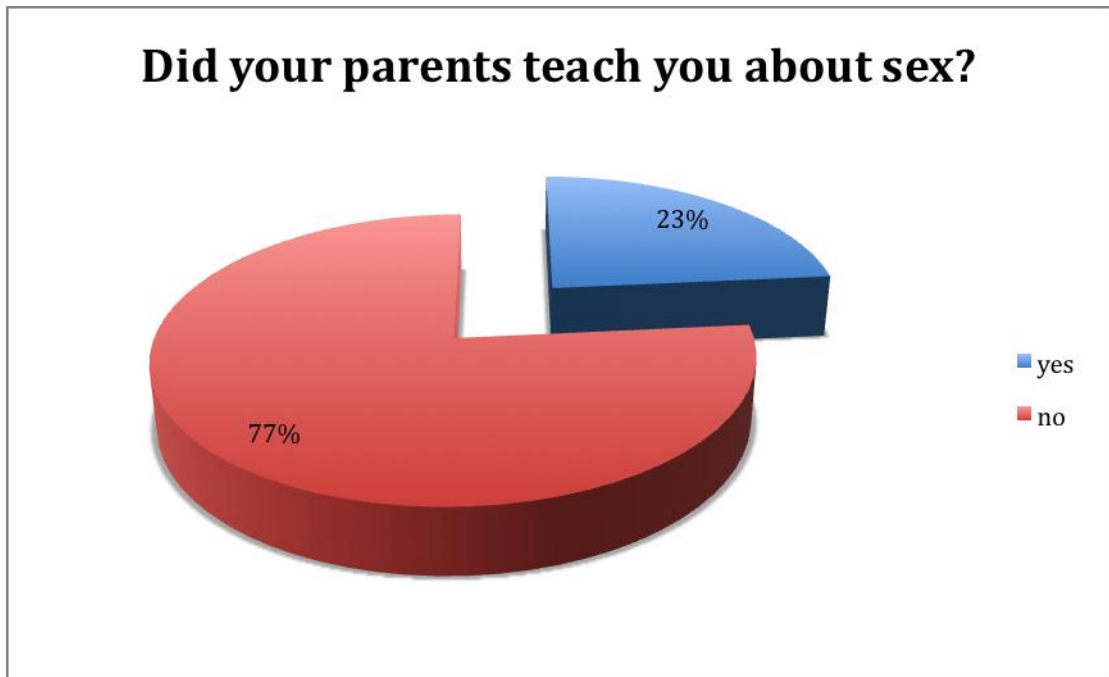


Figure 12

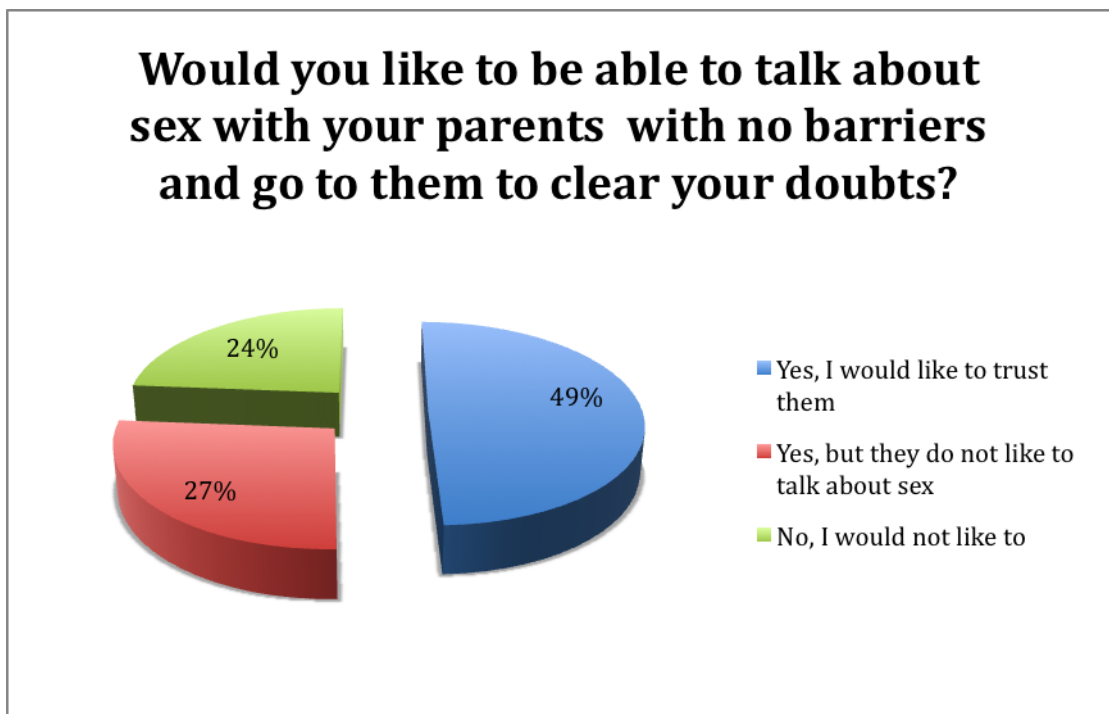


Figure 13

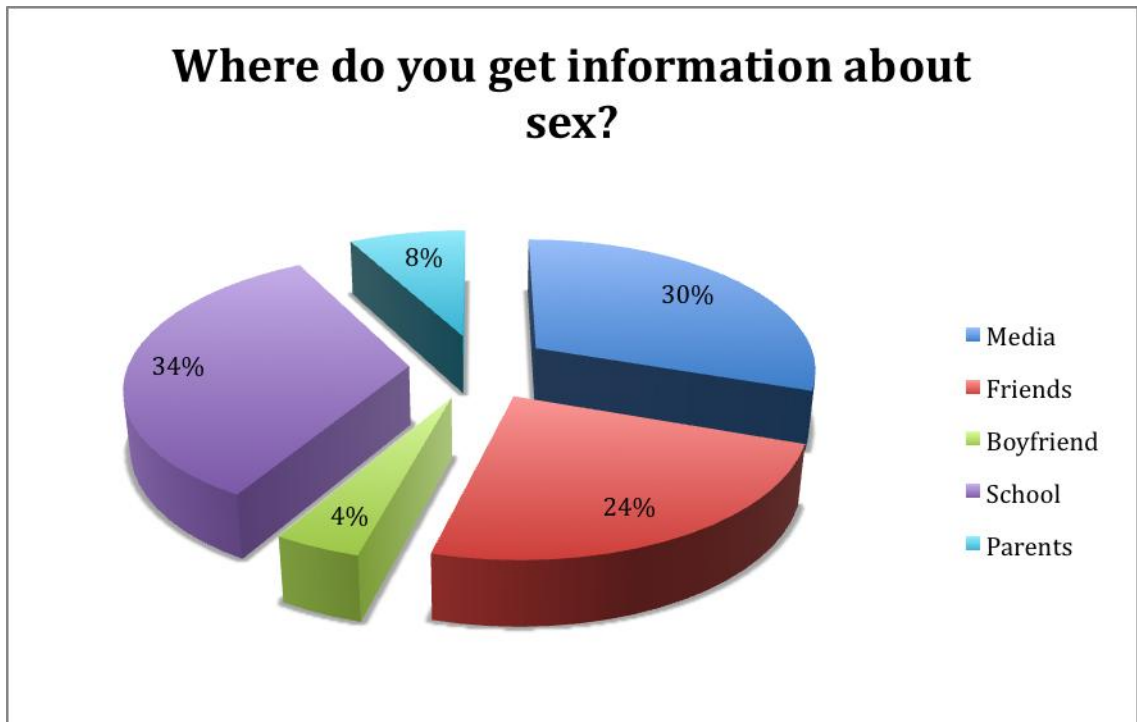


Figure 14

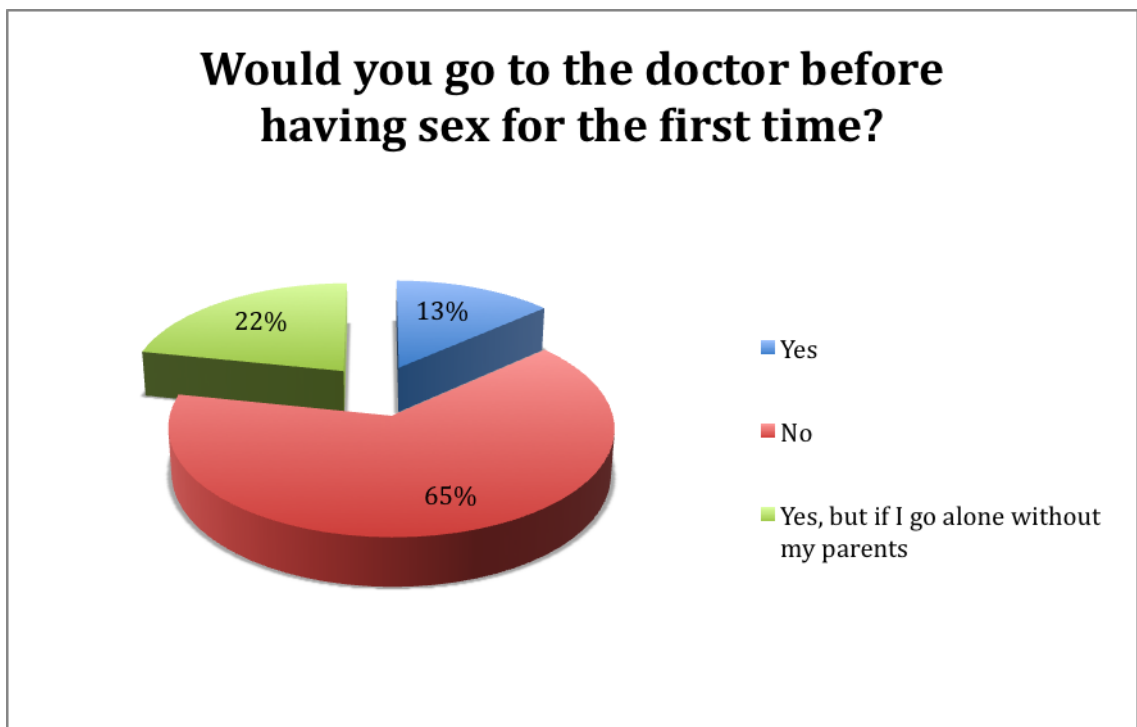


Figure 15

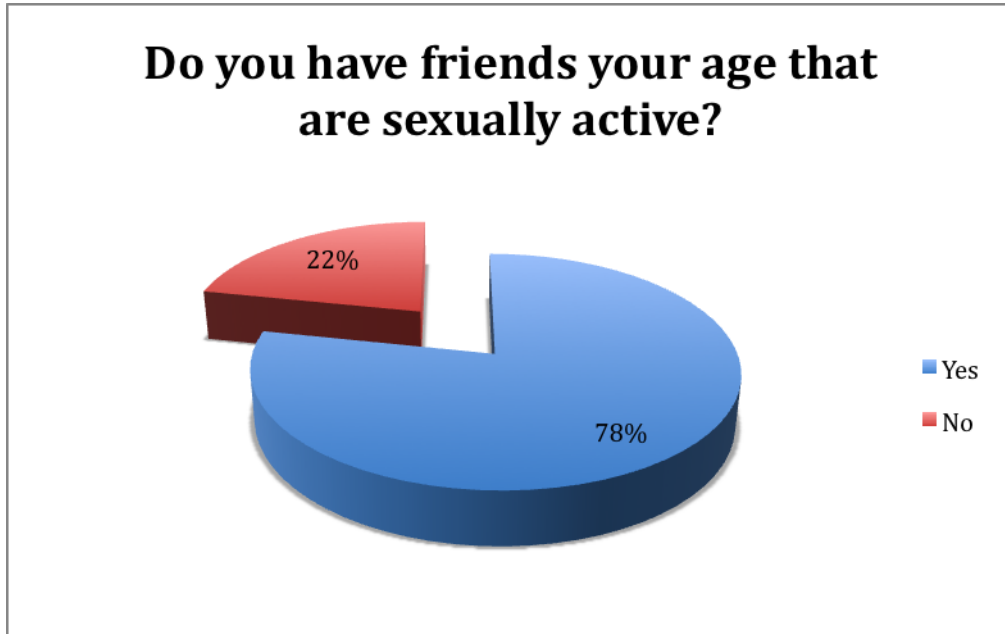


Figure 16

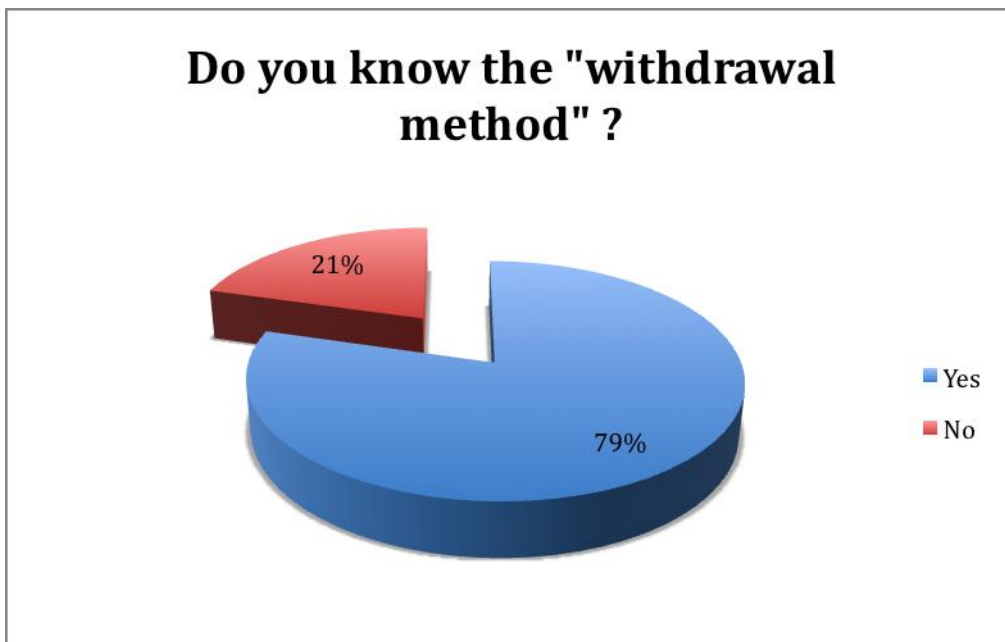


Figure 17

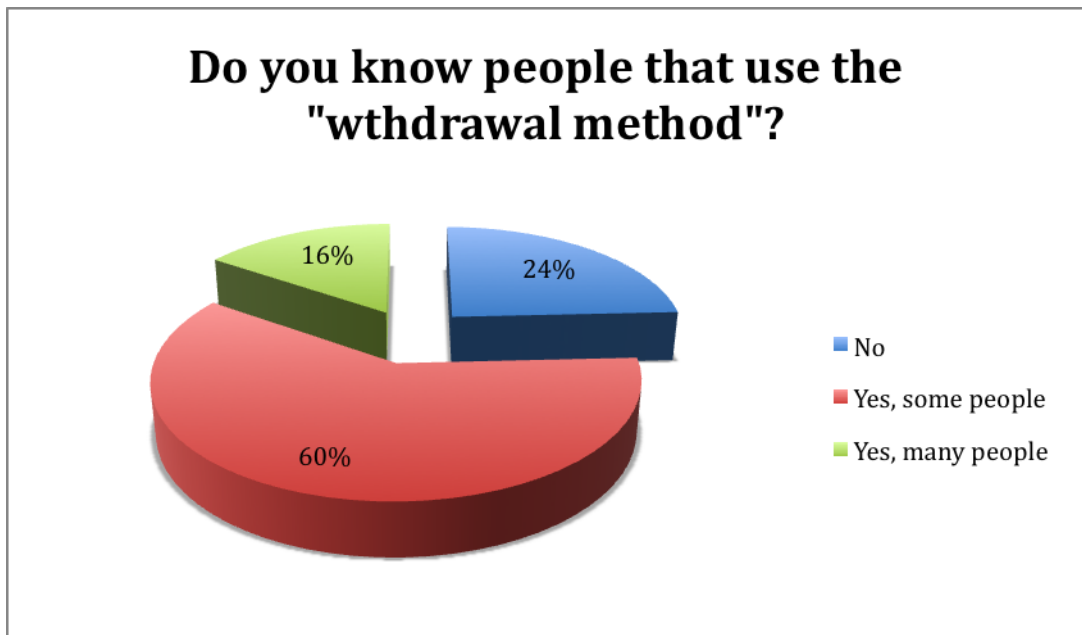


Figure 18

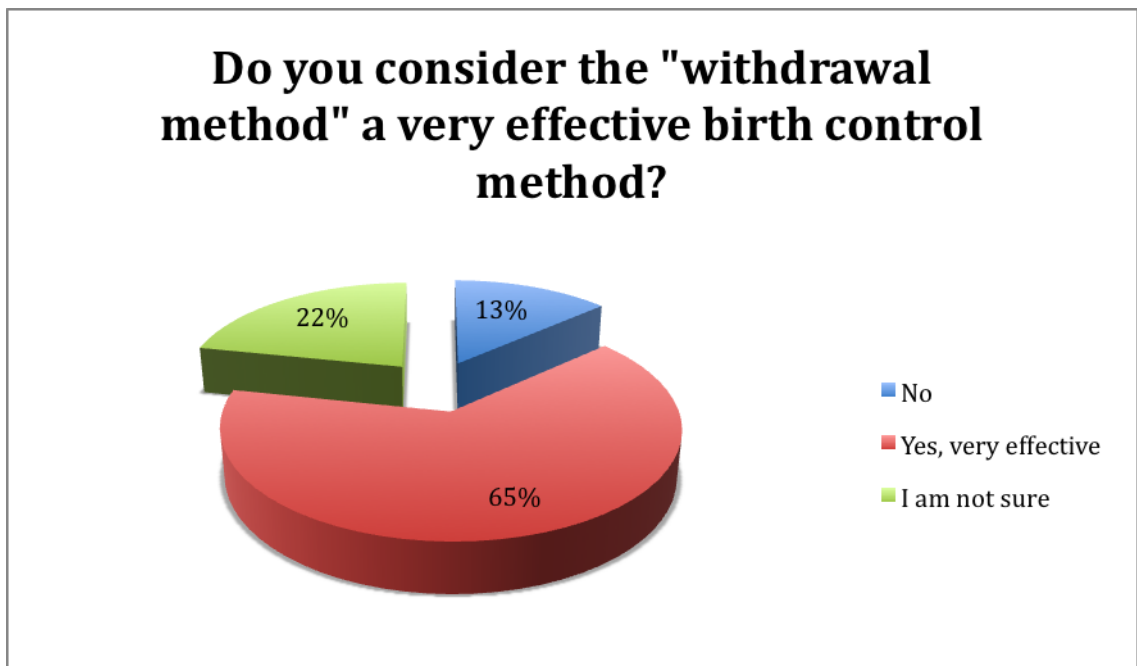


Figure 19

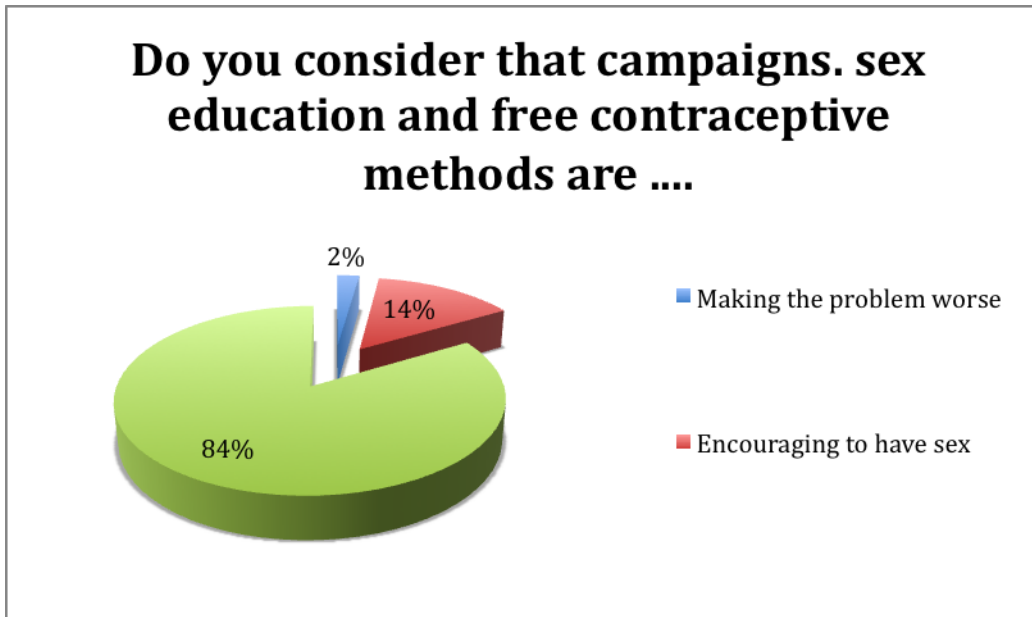
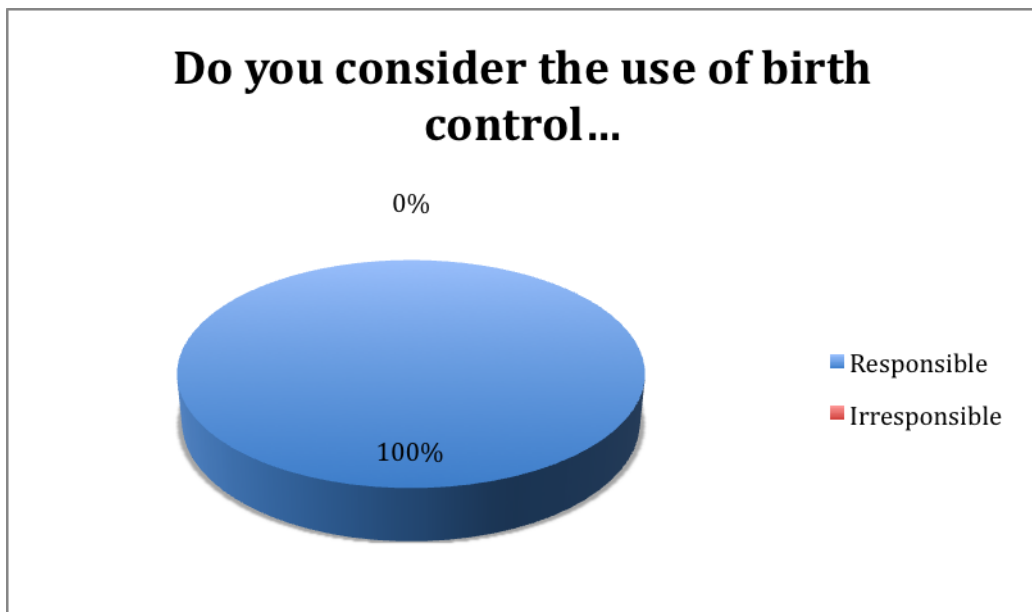


Figure 20



4.2.3 Analysis of the results

- Do you know the proper use of birth control pills?

The first section of the survey was the knowledge about birth control, and the first question was regarding birth control pills, 53% of the girls said that they do not know the proper use of the pills and 47% said that they know the use of birth control pills.

- How should you get birth control pills?

Continuing with the birth control pills, 68% said that they should get them at the pharmacy, the pills are easy to reach, girls can get them at the counter of the pharmacy with no prescription. However, its convenient that a doctor prescribe the pills, and should get the prescription at the doctor, to get the pills that are more suitable to each unique body system. Only 21% of the surveyed girls said that they should get with a doctor and the remaining 11% said that their boyfriends if how they should get birth control pills that they have to get the pills for them.

- What is the use of condoms?

According to the surveys, 12% of the surveyed girls said that condoms are to prevent unplanned pregnancies, 27% considers that the use of the condom is only to prevent sexually transmitted diseases and 61% said it was to prevent both, diseases and pregnancies.

- What kind of women uses a condom?

It was discovered with this research that condoms have a negative connotation for the surveyed girls, 54% (more than have) of the surveyed girls think that women that use condoms are only women with many sexual partners, and 14% thinks that are women with diseases. Only 32%

of the surveyed answered that the kind of women that use condoms are responsible women.

- Would you carry a condom with you?

Most of the surveyed girls said that they would not carry a condom with them; it was 81% who said no. They showed a negative attitude toward condoms. The remaining 19% answered that they would carry a condom, which is a small percentage, even though condoms can prevent girls from pregnancies and diseases.

- Why would you not carry a condom?

Girls associate condoms with promiscuity, not with responsibility, 68% of the surveyed girls answered that they would not carry condoms with them because people will think they are easy women with many sexual partners.

Another 20% gives the control to men, answering that men are the only ones that can carry condoms with them. Men are not judged or seem as promiscuous for carrying condoms. The remaining 12% said they would not carry condoms out of shame, they would feel embarrassed if someone finds them with condoms among their belongings.

- Who is responsible for providing birth control for you?

Teenage girls are not empowering their own bodies, 55% of the surveyed answered that their boyfriends are the ones responsible for providing them birth control, only 22% said that they are the ones responsible for getting birth control for themselves. Another 10% said that both are responsible for providing birth control in a relationship, the girlfriend and the boyfriend.

According to a 13% of the surveyed girls is the government is the one responsible for providing birth control. The Government of Ecuador is providing free birth control and encouraging the right of a healthy sex life ENIPLA, but it is matter of responsibility, teenage girls are responsible for their own bodies, and having an active sex live is a responsibility they have to acknowledge.

- Do you know that birth control is provided for free?

Surveyed girls showed to have knowledge about the existence of free birth control, 84% of the surveyed girls answered that they know that birth control is handed in for free, a minor, 16% did not know that there is free birth control.

- Who should teach you sexual education?

In the sexual education section, teenage girls (N=400) were asked who should teach sex education. It was a multiple choice question, and surveyed girls could choose more than one answers, this gave the following results, 342 responded that parents are the ones responsible for teaching sex education, 337 also answered that school has to give sexual education, 259 that media, 204 answered that the Government has to give sexual education and 8 people said that the church should give sexual education.

The parents and schools received the most votes, parents are the center of the life of a child, and they are their first school. When children go to school they already have the values that were taught at home, teenagers in school learn about facts, but the values come from home.

- Did your parents teach you about sex?

A considerable 77% of the surveyed girls said that their parents have not taught them anything about sex. Only 23% said that their parents taught them about sex. The percentage that has received sex education from their parents is very little compare to the ones that have not. These results confirm that parents do not talk about sex with their children.

- Would you like to be able to talk about sex with your parents with no barriers and go to them to clear your doubts?

Even though most of the participants have not received any sexual education at home, they still would like to be able to talk about sex with their parents, 49% of the surveyed girls said that they would like to trust their parents and talk about sex issues with them, 27% they would like to talk about sex with their parents, but their parents do not like talking about sex. And, finally the remaining 24% answered that they would not like to talk about sex with their parents.

These results demonstrate that 76% would like to be able to talk about sex with their parents, they would like to go for them for advice without the communication barriers that exists between parents and daughters when it comes to talk about sex matters.

- Where do you get information about sex?

The source of the information where teenage girls got their knowledge about sex is very important, because most of the time it is not reliable. According to the statistics only 34% got their information about sex at schools and 8% got it from their parents, which are the only reliable sources of information. The rest of the surveyed girls got their information about sex from doubtful sources, 30% said they got their information from the media, 24% got it from their friends and 4% from their boyfriends.

The media, friends and the boyfriends are not reliable sources. The information from the media can be considered the most reliable of the three options, but depending from what source it came, some magazines have articles that were written by professionals, but the internet which is the most popular among teenagers is also the most unreliable; many blogs or websites that have information about sex are written people that have an opinion or are interest on the subject. However, is not written by a real doctor or professionals.

The most dangerous source of information is the boyfriends, information can be twisted or said in the convenience of the men. In the results of the Focus Group previously presented, was established that teenage girls trust their boyfriends, and believe in them if they are in love.

- Would you to the doctor before having sex for the first time?

This question was formulated to see in statistics what attitude do teenage girls have toward the responsibility of starting their sex lives. Surveyed girls were asked if they would go to a doctor before having sex, 65% said that they would not go to a doctor, 22% said they would go, but only if their parents do not go, and 13% said that they would go with no buts.

The question was hypothetical, and still most of the answers were negative, which demonstrates that teenage girls are not giving to sex the importance that it requires. Having sex is a responsibility, girls need to understand the meaning of sex, and have values to differentiate having a healthy sex life from promiscuity.

- Do you have friends your age that are sexually active?

Teenage girls between the ages of 12 and 19 years old, they were asked if they have sexually active friends among their friends of the same age. A considerable 78% admitted to having sexually active friends, and 22% said that they do not have sexually active friends.

- Do you know the "withdrawal method"?

The withdrawal method is one of the most used methods by women of all ages, even though it is not a real method and it's not effective," said, Dr. Maria Inez Gonzaga (2012), Ecuadorian gynecologist about the popularity of the withdrawal method. Girls showed to that they know or have heard about the withdrawal method, 79% of the surveyed girls said that they know this method, and 21% said that they do not know it and don't know what it is.

- Do you know people that use the "withdrawal method"?

The results showed that the withdrawal method is known and used among teenagers, surveyed girls were asked if they know people that use this method, 60% said that they know some people that use it, 16% said that they know many people that use it, and only 24% said that they do not know people that use it. It has to be taken in consideration that from that 24% that do not know people that uses the withdrawal method it is included the 21% that did not know the withdrawal method at all, which means that only 3% of surveyed girls that know what the withdrawal method is, do not know any people that use it.

- Do you consider the "withdrawal method" a very effective birth control method?

About the effectiveness of the method, a considerable 65% thinks that it is a very effective method, a 22% is not sure and only 13% thinks that it is not effective. This results shows that girls, really do not know how this method really works because if they did, the vast majority would have answered no, girls are not aware that re-ejaculatory fluid, emitted from the penis prior to true ejaculation at orgasm, contained sperm and could cause pregnancy (Terry,2011). They do not have the correct information about birth control; there is a problem with the misleading information.

- Do you consider that campaigns, sex education and contraceptive methods are making the problem worse, encouraging having sex or helping to prevent teenage pregnancy?

Teenage girls were asked to give their opinion about the campaigns to prevent teenage pregnancy, sex education and birth control causes a big impact on a conservative society, but it is more important to know what teenagers, the recipients of the messages think about them. Of the girls surveyed, 84% think that campaigns help to prevent teenage pregnancy with information and birth control, 14% thinks that they are encouraging having sex with the information and the birth control given and 2% that campaigns make the problem worse.

- You consider the use of birth control responsible or irresponsible?

Disregarding the negative attitude showed in the results about condoms, their use and opinion about who uses them, all participants still agreed that the use of birth control is 100% responsible.

5. CHAPTER V

5.1 Conclusions

According to the data gathered with this study participants demonstrated having knowledge about existence and name of most common birth control methods: condoms, birth control pills, birth control shots and the withdrawal method. However, they did not know the correct use or other secondary effects besides weight imbalance or the risks of the withdrawal method. The statistics reflected the poor knowledge about birth control pills; 53% of the girls said that they do not know the correct use of the pills and 47% said that they know the use.

The “withdrawal method” is considered an effective method, and it’s commonly used among teenagers; they do not know that the withdrawal method is not a real birth control method. According to the statistics, 79% of the surveyed girls said that they know this method, and 21% said that they do not know it and not know what it is. The results showed that the withdrawal methods is known and used among surveyed girls were asked if they know people that use this method, 60% said that they know some people that use it, 16% said that they know many people that use it, and only 24% said that they do not know people that use it. Participants did not know about all the risks that this method involves, they were aware of the pre-ejaculatory fluids emitted before orgasm and they did not know that this is not a method to prevent unplanned pregnancies or sexually transmitted diseases. The statistics revealed that 65% of the surveyed girls think that the withdrawal method is a very effective method, a 22% is not sure and only a 13% thinks that it is not effective. Girls trust this method because they have heard their friends saying that it is safe and effective, many of their male friends use it, and most importantly they trust

their boyfriends if they say it's safe. Participant showed that they are easy to manipulate because they trust what their boyfriends tell them and they do not question the information their boyfriends give them. This reliance on a practice that has been proven by medical experts to be ineffective may be a key cause of teenage pregnancy.

Pregnant teenagers of this research were not using any form of birth control, just a few mention either condoms or the withdrawal method as some of the methods they use on occasions, but none used birth control with regularity. It was discovered that teenage girls have negative connotations toward condoms. Condoms are associated with promiscuity, although boys with condoms are seen as responsible, which reflects male chauvinism. It was revealed that male teenagers from low socio-economical background convince girls that condoms are for another type of women not for well-raised girls; this is commonly heard among teenagers from that background. Girls carrying condoms is not well seen by the teenage girls; they think that women that carry condoms are women with many sexual partners. The statistics showed that 54% of the surveyed girls think that women that use condoms are only women with many sexual partners, and 14% thinks that they are women with diseases. Only 32% of the surveyed answered that the kind of women that use condoms are responsible women. The fact of carrying condoms with them (teenage girls) is damaging to their reputations; girls demonstrated fear of carrying condoms because people will think that they are promiscuous. According to the statistics most of the surveyed girls would not carry condoms with them, 81% of the teenage girls said no. Teenage girls are afraid of being judged or taken as promiscuous, 68% of the surveyed girls answered that they would not carry condoms with them because people will think that they are easy women with many sexual partners 12% said they would not carry condoms out of shame. This shows that fear of society's disapproval is preventing girls from protecting themselves from disease and increasing the risk of unwanted pregnancy.

Teenage girls demonstrated no sense of empowering over their own bodies; they think that person responsible for getting birth control is the man and not they. 55% of those surveyed answered that their boyfriends are the ones responsible for providing them birth control. Having an active sex life is a responsibility; if teenage girls are going to have sex they must be responsible about birth control. They consider that it is the man who has to provide them birth control. However, girls of higher socio economical background think that they are ones responsible for getting birth control, they are so afraid of the shame of being pregnant that they want to be in control of their own birth control. The embarrassment is for them the worst consequence of a teenage pregnancy.

Girls have knowledge about the existence of free birth control, 84% know that birth control is handed out for free, and 16% did not know that there is free birth control. Girls from a high socio economical background did not know what health care centers are. None of the girls know about the nongovernmental organizations that also gives free services to provide birth control and counseling, CEPAM, they just know about APROFE.

The work of CEPAM is outstanding, but their campaigns are only promoted at schools and in health care centers, instead of trying to reach new audiences they place their poster and brochures at the school they give talks, and in the teenager section of the health care centers. Their brochures are very good, but they are not promoted very well, the same for the campaigns to promote the sexual rights.

Health care centers are an important component of the Government strategy to decrease teenage pregnancy, ENIPLA. There are 15 health care centers around the city of Guayaquil, the Health Ministry is in charge of all the 15 centers, but each center has the control to organize sex talks

and de visits at schools. This gives inconsistency to the program because every health care center uses different strategies in their zone, for example the Health Care Guasmo has decided to include parents in their programs. One of the main obstacles in Health Care Centers is the parents knowledge and approval of the program, Dr. Christian Unda (2012), said: "Parents come to yell at us, asking why we gave information about sex to their children and why are we taking care of their children if they didn't give their consent first," Unda, is the doctor in charge of the teenager department at the Health Care Center Sauces 8. This evidence indicates that a key factor inhibiting the success of sexual education is that teenage girls feel scared and uncomfortable going to take advantage of the program because they fear their parents finding out.

Another issue at health care centers is the waiting involved, as health care centers are part of Government's free medical program. Now with ENIPLA teenagers do not have to wait in the communal waiting area, they have their own waiting area near the separate office for teenage attention, although they still have to wait in front of other people because of the space open in the middle of the health care centers. Teenagers can feel judged when they are waiting in front of the health care centers. It was discovered that if teenage girls do not have the support of their parents they do not feel comfortable going. This again emphasizes the fear of society and their parents' judgment.

However, the ENIPLA campaign has not included a special section for the parents. If parents are not on board with this project it will not accomplish their main goals. Sexual rights for teenagers include confidentiality and attention for teenagers of all ages and they do not need the consent of their parent, but if they fear the reaction of their parents they will not go. To accomplish this goal it is important to understand that giving birth control is not solution, it has to be a change and break the cultural barriers and most

importantly teenagers have to be responsible, not only for getting birth control but to make smart choices.

Young Ecuadorians are exposed to an enormous amount of sex. Media is saturated with sex; even in TV commercials it is easy to find something that evokes sex. It does not matter from what social classes the teenagers come from they all are exposed to sex on the media. The only difference is that they are exposed to different contents. Girls from a high socio economic background are exposed to international television shows, like “Teen Moms” that follow the lives of teen mothers. Shows like this idealize teen mothers; the main characters of the show have become teen idols.

On the other hand, girls from a low socio economic background are exposed to what is aired on national television. There is a lot of sexual content on national television, since early in the morning with soap operas that have explicit sexual content. Although according to media professionals, the media has a lot of sexual content, but they do not consider themselves as part of the teen pregnancy problem. In contrast from international networks Ecuador does not have any shows that portrayed teen pregnancy. It is only portrayed as a real life problem in dramatizations, or in little segments as a health issue. This media content is not helpful; in fact it is harmful to the government’s attempts to instill a more responsible attitude.

Girls are receiving sexual education at school; the problem is that a lot of students take sex education as a joke. Girls manifested that sex education is more orientated for men than for women. Sex education has demonstrated that it is not very effective, it has to be enforced at home, but parents do not talk about sex with their children. It was discovered that Ecuadorian parents do not talk about sex with their children. According to the statistics, 77% of the surveyed girls said that their parents have not

taught them about sex. Teenage girls showed fear of the reaction of their parents if they start talking about sex, although it was also demonstrated that they would like to be able of talking about sex with their parent and improve the communication about sex matters. Teenage girls would like to be able to talk about sex with their parents, 76% (49%+27%) of the surveyed girls said that they would like to be able to talk and clear their concerns with their parents. Parents are the key to decrease teenage pregnancy, they are the first teachers; and the ones responsible of instill strong values to their children. Girls let themselves be led by the information given by unreliable sources, like their friends, gossips and even prejudices.

In final conclusion, all the research questions were answered with the information gathered along the research. It was discovered that the main causes of teenage pregnancy in the city of Guayaquil are misinformation, lack of communication, and irresponsibility. Teenage girls from the city of Guayaquil showed knowledge about the existence of the most common contraceptive. However they do not know the correct use and have a misconception of the condom, associating condoms with promiscuity. It was also determined that teenage girls consider the “withdrawal method” a real and effective method. Young girls have no sense in what it implies to have an active sex life. They get their information from unreliable and they feel comfortable with what their friends say about sex. Their parents do no teach them or talk about sex; however it was demonstrated that teenage girls would like to be able to talk about sex with their parents.

Sex still is a taboo in Ecuador, people do not like to talk about it and teenagers do not feel comfortable asking adults about their concerns. This is a social problem, and to decrease this problem a change has to be in the society. It is a hard task, but it is possible. Parents have to forget how their parents talked or did not talk about sex. They need to talk more openly with their children instead of closing their eyes to the reality that

most Ecuadorian teenagers are sexually active. This is a new generation and they are exposed to sex everywhere. There is a new generation of parents; teen pregnancy among girls 10 to 14 years old has a 74% increase in the last ten years, which means that there is a new generation parents too. Changing the mind of late teenagers is an even harder task, they have already made up their minds and most of them are sexually active, but the attitude and values of the younger girls can be influenced. Girls need to have respect over their own bodies, they have to understand the responsibilities that come with an active sex life, having a baby changes their lives and they have fewer chances to succeed in life. Ecuadorian teenagers will not change without the guidance and values of their parents; they are the key to start breaking the cultural barriers.

6. CHAPTER IV

6.1 Proposal

Develop a communication plan that will influence the prevention of teenage pregnancy in the City of Guayaquil. This plan is composed of the data gathered with the research performed.

6.2 Overview

Ecuador has cultural barriers that turn sex into a taboo, a secret, something to keep in silence; these barriers affect the communication with teenage girls, they are not comfortable with their parents talking about sex. According to the results of the surveys in which 400 teenage girls were surveyed 77% of them have not received any sexual education from their parents or talked about sex with them, but 76% said that they would like to be able of talking about with their parents. Teenage girls need to understand the responsibility that comes with an active sex life and the best way to it is by teaching them values like respect and responsibility since young ages. Effective communication about sex between parents and daughters develops sexual responsibility.

6.3 Situation analysis

There has not been a plan to decrease teenage pregnancy only to the parents, and the ENIPLA does not have a special program for the parents either. The location selected to implement this plan is the city of Guayaquil, because it is the biggest city of Ecuador. After implementing the plan in Guayaquil the plan can implement in other cities around Ecuador.

6.4 SWOT analysis

Figure 21

<p>Strengths:</p> <ul style="list-style-type: none"> • The government is starting an 80 million campaign against teen pregnancy by improving the services for teenagers. • Parents want what is best for their children. 	<p>Weakness:</p> <ul style="list-style-type: none"> • Ecuador has one of the highest rates of teenage pregnancy in America Latina and the Caribbean. • There is a 74 % increased in the teenage pregnancy between the ages 10 to 14 in the last 10 years. • Ecuador has a low level of education.
<p>Opportunities:</p> <ul style="list-style-type: none"> • Innovative ideas • This plan can be part of the ENIPLA or any other program against teenage pregnancy. It can receive financial support from the no-government or governmental organizations. • Support of all entities working to prevent teenage pregnancy. • Statistics showed that 74% of teenage girls would like to be able to talk about sex with their parents. • Social responsibility is 	<p>Threats:</p> <ul style="list-style-type: none"> • Ignorance and sexism • Narrow-minded attitude about sex topics • Cultural barriers.

growing and a considerable number of companies are supporting the community.	
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6.5 Communication challenge:

The socio cultural barriers in Ecuador do not let parents have an effective communication about sex with their children. Parents have to forget the sexual education they received from their parents and the negative connotations they have about, like silence, denial and prohibitions.

6.6 Key message:

“Talking is cheap, being a grandpa isn’t” (Hablares barato, ser abuelo es caro)

6.7 Main goal:

Communicate to parent’s skills and knowledge to have an effective communication with their children to instill sexual responsibility since earlier ages.

6.8 Primary audience

The primary audience is parents of girls from 3 years old to 19 years old from Guayaquil. According the clinical philologist Oddette Leon, specialized in children and teenager, “At age 3 children start to learn about their bodies and develop a sense of decency.”

The audience is sub divided into three groups:

- 1: High class with a high socio economical background.
- 2: Middle class with a standard economical power.
- 3: Low class with a poor socio economical background.

According to statistics of INEC 2010, the leading group of the population is the "fighters," they are a 58% of the entire population. The fighters are people with little resources, strugglers that in many cases the only resource they owned is their physical abilities. The main message and the tools selected are chose in order to reach that group. The message is going to be sent to the rest of the population too, but the main efforts are destined to reach that audience which is a vast majority.

6.9 Secondary audience

Girls aged 3 to 19.

6.10 Objectives and tactics

Objective 1:

Educate parents to be able to talk with their daughters about sex and start encouraging sexual responsibility and the value of respecting their own bodies since they are 3 years old to have in two years 50% of girls that their parents taught them about sex.

Tactics:

- Organize informative events. The events will take place every Sunday near to each of the area of the 15 health care centers to cover all spots from the city. Specialists will talk to the parents and

teach them the importance of talking about sex with them and how to do it.

- Write letters to companies to sponsor the food in the events, people will go if there is something free and attractive.
- Invite doctor and members of the ENIPLA to explain the project to the parents and how to be involved.
- Hand out flyers around the communities to invite them to the events.
- Use the radio and press to invite parents to these big events.
- Make an alliance with school to make sex education to parents an obligation. As our audience is working the classes will take place at the mandatory hand in of the report card
- Send letters to companies asking them for sponsorship. Arrange meetings and talk to them personally.
- Obtain sponsorship to cover event. Offer free food to attract people to the conferences.
- Write press release to the media with the findings of the research in order to obtain free publicity.

Evaluation:

Do a survey to teenage girls to establish how many have received sexual education and confirm the increase in the statistic.

Objective 2:

Influence the prevention of teenage pregnancy in the following two years and achieve a 10% decrease in teenage pregnancy between teenage girls from 12 to 16 with the improvements in the communication models between parents and teenager about sex.

Tactics:

- Put posters encouraging parents to talk about sex with their children. The posters will be located at all bus stops and public transportation settings.
- Special mentions in the radio encouraging parents to give sexual education to the parents.
- Hand out brochures with useful information of how should parents talk about sex with their children and with useful information about the misleading conception that teenage girls showed toward certain contraceptive methods.
- Locate pamphlets and brochures on strategic location. The places where these educational materials are going to be are: on the public roads, bus stops, local stores, supermarkets and big companies.

Evaluation:

Compare the new statistics of teenage pregnancy and do survey to teenage girls confirming how many of the sexually active are using birth control because what their parents taught them.

Objective 3:

Influence 20% of the parents in Guayaquil by creating awareness of the importance of talking about sex with their children in one year.

Tactics

- Write press release letters to the media to gain publicity about the objective and the importance of accomplishing it.
- Broadcast in the radio what misconceptions teenage girls showed to have about contraceptive methods and that they would like to be able to talk about sex with them.
- Organize monthly plays to inform and entertain the public. The location has to be free and the actors can be volunteers to reduce costs.

Evaluation:

Perform a survey to parents of children from 8 to 19 years old to confirm how many have talked to their children about sex (specify if they did it after what they learned of this campaign).

6.11 Project Budget

Figure 22

Quantity	Detail	Cost	Total Cost
30	Banners Medidas: 1,00 x 1,00	\$7,00	\$210,00
30	Roll Up Medidas: 0,80 x 2,00	\$55,00	\$1.650,00
2000	Posters	0,09	\$185,00
400000	Flyers	0,01	\$3.080,00
300000	Brochures	0,03	\$8.700,00
60	Speakers	30,00	\$1.800,00
15	Host	500,00	\$7.500,00
2000	Chairs	0,50	\$1.000,00
15	Microphones	5,00	\$75,00
10	Speakers	25,00	\$250,00
	Props		\$1.500,00
	Lights		\$1.700,00
		SUB TOTAL	\$27.650,00
		I.V.A. 12%	\$3.318,00
		TOTAL	\$30,968,00

6.12 Activities schedule

Figure 23

Event / activity	Date
Objective 1	
Informative events	Start date: January 20 2013 (one Sunday a month for one year)
Sending letters to obtain sponsorship	Start month: October
Flyers	Start date: January 3rd
Special mentions in the radio	Start date: January 3rd
Press releases	Send date: January 3rd
Objective 2	
Poster campaign	Start month: November
Special mentions on the radio encouraging parents to talk about sex	Start month: November. Use the most popular radios stations of the target audience
Hand out of brochures	Start month: January
Objective 3	
Press realease explaining the objective of the campaign	Send date: October 1st
Broadcasting the findings of this research in the radio	Start month: October
Educational plays	Opening date: April 7 2013 (tentative date)

7.2 Research budget

Figure 24

Description	Amount to pay
Transportation/ Gas	100
Printing and copies	150
Focus Group Snacks	11
Focus Group lunch (pizza)	28
Recorder	89
Cassettes and cd's	13,50
Video	25
TOTAL	\$416,55

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Appendix 1: Survey

Edad: _____

Tesis de María Graf: Desarrollo de un Plan Integral de Comunicación para Prevenir el Embarazo Adolescente Alentado a la Responsabilidad Sexual

Qué métodos anticonceptivos conoces ? (puedes elegir más de uno)

- a) Pastillas anticonceptivas
- b) Condones
- c) Inyecciones
- d) Parche
- e) Dispositivo intrauterino o T de cobre
- f) Otros _____

Sabes cuál es el uso correcto de las pastillas anticonceptivas ?

- a) Si
- b) No

Cómo se debe conseguir las pastillas anticonceptivas?

- a) Farmacia
- b) Doctor
- c) Amigos/Novio

Para qué sirve el condón ?

- a) Prevenir embarazos no deseados

- b) Prevenir enfermedades venéreas
- c) Ambas

Qué mujeres utilizan condón ?

- a) Mujeres responsables
- b) Mujeres de mucha actividad sexual
- c) Mujeres con enfermedades veneras

Llevarías un condón contigo ?

- a) Si
- b) No

Si respondiste No, por qué no lo llevarías ? Si respondiste Si continua a la siguiente pregunta

- a) El hombre es el que lleva condones no la mujer
- b) Pensaran que soy una mujer fácil que tiene mucho sexo
- c) Me daría vergüenza que alguien me encontrara un condón

Quién crees que te debería dar los métodos anticonceptivos ?

- a) El novio
- b) La mujer
- c) Ambos deberían pagarlo
- d) El gobierno
- e) Los padres

Conoces que se entregan métodos anticonceptivos gratuitos ?

- a) Si

b) No

Conoces dónde conseguir métodos anticonceptivos gratis ?

a) Sí, Donde?

b) No

Quién crees que te debería dar educación sexual? Puedes elegir más de una opción

- a) La escuela
- b) Los medios de comunicación
- c) Mis padres
- d) El Gobierno
- e) La iglesia

Tu padres te han hablado de sexo claramente (no superficialmente)?

- a) Si
- b) No

Te gustaría poder hablar con tus padres de sexo sin rodeos y poder acudir a ellos para aclarar tus dudas ?

- a) Si, me gustaría poder confiar en ellos
- b) Si, pero a ellos no les gusta hablar de sexo
- c) No, me da vergüenza

De dónde obtienes la información acerca del sexo ?

- a) Medios de comunicación
- b) Amigas/amigos

- c) Novio
- d) Escuela
- e) Padres
- f) Doctor

Honestamente, fueras a un doctor o a un centro de salud antes tener sexo?

- a) Si
- b) No
- c) Si, pero si voy sola sin mis padres

En quién confías más al momento de dar consejos de la sexualidad ?

- a) Iglesia
- b) Gobierno
- c) Medios de comunicación

Tienes amigas de tu edad que ya sean sexualmente activas ?

- a) Si
- b) No

Has escuchado el método de "terminar afuera"?

- a) Si
- b) No

Conoces personas que utilicen este método?

- a) No
- b) Si, algunas personas

- c) Si, muchas personas

Crees que este método es seguro ?

- a) No
- b) Si, es muy seguro
- c) No estoy segura

Consideras que el uso de métodos anticonceptivos es.....

- a) Responsable
- b) Irresponsable

Crees que las campañas de prevención de embarazo, educación sexual y facilitadoras de medios anticonceptivos están.....

- a) Haciendo el problema peor
- b) Impulsando a tener mas sexo
- c) Ayudando a prevenir con información y métodos

Appendix 2: Brochures and posters

Rompe los mitos, rompe las barreras:

Las jóvenes de hoy creen que el método de terminar afuera es 100% efectivo, enséñales que no es cierto que NO y que no se dejen engañar.

Las adolescentes creen que las mujeres que usan condón son promiscuas. No dejes que tu hija crezca con prejuicios.

Sacan la información acerca del sexo de sus amigas. Crea una buena relación con tu hija para que ella te pregunte a ti, y no a fuentes poco fiables.

Rompe los temores y mitos acerca de la utilización de anticonceptivo.

No dejes que tu hija crea en los mitos comunes como **"La primera vez no embaraza"**

Habla con tu hija honesta y dale confianza

76% de los adolescentes quieren poder hablar con sus padres.

RECUERDA... SER ABUELO SALE CARO.

HABLAR ES BARATO, SER ABUELO ES CARO.



Foto: Shutterstock

Habla de sexo con tus hijas

¿Tu sabes que tus hijos quieren hablar de sexo contigo?

En una encuesta realizada por Mania Patricia Grad, estudiante de la UEEs se descubrió que al **76%** de las jóvenes encuestadas les gustaría poder hablar de sexo con sus padres.

El embarazo adolescente ha incrementado un 74% en los últimos diez años en Ecuador, no permitas que tu hija sea parte de la estadística.

¿Cómo le debo hablar a mi hija de sexo y a qué edad?

A partir de los tres años las niñas se desarrollan el sentido del pudor y esta edad adecuada para inculcar valores.

- **RESPETO**
- **RESPONSABILIDAD**
- **PUDOR**

Es muy importante que al nombrar los genitales se lo haga con sus nombres respectivos y no sobre nombres.

Debe estar preparado para las preguntas comunes de las niñas como **¿Por qué soy asínto a mi hermanito?, ¿De donde nací yo? o ¿Cómo salí de dentro de tu barriga?**

Este listo, sea honesto y haga sentir a su hija siempre en confianza para que ella crezca pensando que siempre puede acudir a sus padres para hablar de sexo.

La comunicación efectiva entre padres e hijas acerca de asuntos de sexo evita embarazos y relaciones sexuales precoces.



Foto: Shutterstock

El mayor causante del embarazo adolescente es la desinformación.

¿Cómo mantener una comunicación efectiva con mi hija acerca de temas sexo?

- Habla con tus hijos acerca de la sexualidad temprana.
- No esperes a tener "la conversación," el sexo no es solo una conversación, es un tema para toda la vida.
- Sé específica y siempre asegúrate que la conversación es honesta, abierta y respetuosa. Lo más importante es crear un ambiente de confianza para que la adolescente le pida consejos a sus padres y no a sus amigos.
- Supervisa y monitorea a tus hijas, siempre debes saber que hace, donde y con andá.
- Habla con tu hija para que no tengan "novios" o citas muy temprano. Explicale los riesgos que corre y siempre alientala a seguir sus valores.

**HABLAR
ES BARATO,
SER ABUELO
ES CARO.**



Habla de sexo con tus hijas

**HABLAR
ES BARATO,
SER ABUELO
ES CARO.**



Appendix 3: Press Release

“Talk to us about sex” say Ecuadorian teens

Most Ecuadorian teenagers want to talk to their parents about sexual matters but don't feel able to. New research by UEES reveals the worrying level of ignorance among young people about sex and birth control.

The research shows the damaging effect of a lack of communication in Ecuadorian families about sex. Over 75% of respondents said they would like to talk to their parents more about sex, but most don't because they feel too embarrassed or their parents don't like to discuss the topic.


The research also found that most teenage girls do not know how to use birth control pills and do not provide their own birth control because of fears for their reputation. Even though 100% of respondents thought use of birth control was responsible, the majority (68%) still believe that women who use condoms are either promiscuous or suffering from sexually transmitted diseases. Teenage girls still consider that the man should provide birth control - 55% answered that the boyfriend should provide and only 22% that the girl should provide it herself.


Furthermore, most teenage girls (65%) think that the withdrawal method, also known as *coitus interruptus*, shown by medical experts to be ineffective, is still a reliable way to prevent pregnancy. Nowadays the “withdrawal method” is still seen as reliable, according to Dr. Maribel Fierro, gynecologist of the nongovernmental organization CEPAN. “Girls believe this is a birth control method, but it is not reliable or safe. It does not protect girls from unwanted pregnancies or diseases. It is just a matter of time to get pregnant with this so-called method,” Dr Fierro said.

Ecuador has one of the highest rates of teenage pregnancy in Latin America. In the past decade pregnancy in teenagers 15 years old or younger has increased by 74%, according to the Ministry of Public Health of Ecuador.

The research survey carried out by UEES student Maria Patricia Graf questioned 400 girls aged 12-19 and has spawned a publicity campaign that aims to encourage parents to talk about sex with their daughters.

Appendix 4: Authorization to Interview Teen Moms (Hospital Enrique C. Sotomayor)

 JUNTA DE BENEFICENCIA DE GUAYAQUIL
HOSPITAL GINECO-OBSTETRICO
"ENRIQUE C. SOTOMAYOR"
DIRECCIÓN TÉCNICA


Dr. H. Hidalgo, autoriza
HOSPITAL GINECO-OBSTETRICO
"ENRIQUE C. SOTOMAYOR"
AGUSTÍN FEBRES CORDERO RIBADENEYRA
INSPECTOR

HES-DOF-DIC-0507
Mayo 29 de 2012

**SR.
AGUSTÍN FEBRES CORDERO RIBADENEYRA
INSPECTOR DEL HOSPITAL GINECO OBSTETRICO
"ENRIQUE C. SOTOMAYOR".
Ciudad.-**

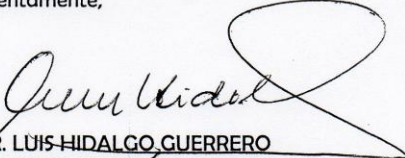
Estimado Don Agustin:

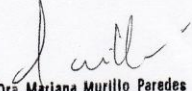
Adjunto a la presente solicitud de la Srta. María Patricia Graf Barriga, quien solicita realizar entrevistas (sin cámaras) a las pacientes adolescentes madres, para cumplir su proyecto de tesis.

Habiendo reusado el proyecto de la tesis el mismo que está dirigido por el Dr. Benjamin Westwood, Profesor de la Universidad de Especialidades Espíritu Santo (UESS), considero que es de gran importancia para beneficiar a estas madres y los resultados de su investigación serán enviados al hospital para contribuir con estas madres a fin cumplan los mejores objetivos en su vida futura.

Particular que comunico para los fines pertinentes.

Atentamente,


DR. LUIS HIDALGO GUERRERO
DIRECTOR TECNICO


Dra. Mariana Murillo Paredes
GINECO - OBSIETRA
REG. S. NT. 3506

c.c.: arch.
Martha

*hospital
Enrique C.*



JUNTA DE BENEFICENCIA DE GUAYAQUIL
 HOSPITAL GINECO-OBSTETRICO
 "ENRIQUE C. SOTOMAYOR"
 GUAYAQUIL-ECUADOR
 INSPECTORÍA



RECIBIDO
 04 JUN 2012
 HOSPITAL GINECO-OBSTETRICO
 ENRIQUE C. SOTOMAYOR

MEMORANDO
HES-INS-DME-662

PARA: Sr. Dr. Luis Hidalgo Guerrero Director Técnico

FECHA: Mayo 31 del 2012

ASUNTO: Entrevista para cumplir proyecto de tesis

En atención a su oficio HES-DOF-DIC-0507 en el cual anexa comunicación de la Srta. María Patricia Graf Barriga Barriga, estudiante de la Universidad de Especialidades, solicita realizar entrevista (sin cámaras) a las pacientes adolescentes madres, para cumplir su proyecto de tesis, y del cual Ud. expresa que este será de gran importancia para beneficiar a estas madres, cuyo resultado de la investigación será remitido al hospital para contribuir con nuestras pacientes, al respecto cumpla en informar:

Que he autorizado el ingreso de la Srta. Graf Barriga, agradeceré a usted coordinar y disponer a quien corresponda la respectiva tarea de supervisión.

Atentamente,

Agustín Febres Cordero Ribadeneira
Sr. AGUSTÍN FEBRES CORDERO RIBADENEYRA
INSPECTOR

cc.: Administradora, arch.
 Adj.: lo indicado

HOSPITAL GINECO-OBSTETRICO
 ENRIQUE C. SOTOMAYOR
 DR. LUIS HIDALGO GUERRERO
 DIRECTOR TÉCNICO
Luis Hidalgo Guerrero

Appendix 5: Table of Interviews

INTERVIEWEE	POSITION/ POFESSION
Dr. Estuardo Cantos	Ministerio de Salud, Guayas, manejo de Riesgos, Emergencias y Desastres
Dra. Fanny Mosquera	Ministerio de Salud, Guayas, Educación para la Salud
Dr. Rodrigo Vela Intriago	Ministerio de Salud, Santa Elena. Departamento de atención Diferenciada para Adolescentes
Shirley Venegas	Ministerio de Salud, Guayas, responsable del Programa Provincial de adolescentes
Gilda Barandica	Ministerio de Salud Guayas, responsable provincial de ENIPLA
Dra. Susana García Arguello	Centro de Salud, Sauces 8. Departamento de Atención diferenciada para adolescentes
Padre Paulino Toral	Iglesia la Redonda
Dra. María Inés Gonzaga de Barriga	Ginecóloga Obstétrica, Clínica Keneddy Samborondón
Jessica Cortez	Psicóloga CEPAM
Dra. Diana Murillo	Ginecóloga, Atención Adolescente ç, Hospital Enrique C. Sotomayor
Dr. Maribel Fierro	Ginecóloga, CEPAM
Odette Leon Thoret	Psicóloga Clínica, especializada en terapia de niños y adolescentes.
Johana Druet	Productora TC Televisión, departamento de Responsabilidad Social

María Cecilia Largacha	Reportera Ecuavisa con experiencia en producción.
Ana Buljubasich	Presentadora y Productora de TC Televisión
Dra. María Solona	Centro de Salud, sector Guamo. Ginecóloga encargada del departamento de Atención Diferenciada para Adolescentes
María Elena Manrique de Lecaro	Licenciada en Orientación y Consultoría Familiar
María Vásquez	Centro de Salud, sector Martha Roldos. Obstetriz del departamento de Atención Diferenciada para Adolescentes
Benigno Lacao	Centro de Salud, sector Guasmo. Educador del departamento de Atención Diferenciada para Adolescentes
Diana Moncayo	Psicóloga CEPAM
Sonia Rodríguez	“Pasos y Huella,” CEPAM
Dr. Christian Unda	Centro de Salud, Sauces 8. Dr. encargado de la Atención Diferenciada a Adolescentes.
5 Teenage Girls from low socio-economic class (protected names)	Focus Group A
5 teenage Girls from high socio-economic class (protected names)	Focus Group B
Conservative Teenager (protected name)	Case Study: Compare and Contrast of Girl A-B-C
Middle/ Liberal teenage Girl (protected name)	Case Study: Compare and Contrast of Girl A-B-C
Teenage Mother (protected name)	Case Study: Compare and Contrast

	of Girl A-B-C
Charlie Cisneros Bedoya	Director Creativo, Agencia de publicidad y BTL, Luz Verde
15 pregnant Teenagers (protected names)	