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What Contributes to High Adolescent Pregnancy Rates in Ecuador?

A Secondary Analysis of a Qualitative Study

Isabel Gollmar, BSN Student; Hartley Feld, PhD, PCHCNS-BC, RN

Background

- Ecuador has the second highest rate of adolescent pregnancy in South America¹.
- Adolescent pregnancy has numerous negative health implications for both mother and child².
- Adolescent pregnancy perpetuates the cycle of poverty and generates a large economic burden³.
- 70% of Ecuadorian women experience intimate partner violence⁴.

Community

- Santo Domingo de las Tsáchilas, Ecuador
- Peri-urban community
- Many families living in this area face poverty and malnourishment and lack access to healthcare and educational resources.
- Access to services from El Centro de Salud Hombro a Hombro, a full-time medical clinic funded by Shoulder to Shoulder Global student experiences and community partners.

Purpose

- Describe experiences contributing to high rates of adolescent pregnancy.
- Identify barriers to seeking or utilizing birth control among sexually active adolescents.
- Long-term goal: improved health and socioeconomic status of women and children in the community.



Methods

Parent Study

- Qualitative descriptive study
- Focused on family planning and ultimately women's empowerment
- Interviewed 11 community leaders and healthcare providers and 19 women
- Semi-structured interviews conducted in Spanish, transcribed in Spanish, and translated into English for analysis.

Secondary Analysis

- Focused on experiences specific to adolescent pregnancy
- Participants: subset of 11 women aged 22-38 years who experienced an adolescent pregnancy
- Iterative content analysis to identify codes and themes with peer review

Themes

1. Adolescents learned through experience

"I thought that when I had my period, I couldn't have sex...I did not know that I could get pregnant at any time"

2. Partner and peer pressure to have sex

"Since I was young, I just gave in."

Themes

3. Limitation in provision of reproductive healthcare

"I applied for the {birth control} injection at the age of 15. But they said 'no' because I was just a girl."

4. Lack of feasible options other than early motherhood

"He won't take care of me if I don't have kids with him."

Discussion/Conclusion

- Women in this community lacked the tools needed to maintain reproductive autonomy as adolescents
 - Education
 - Financial resources
 - Self-efficacy
- Implications for practice:
 - Development of effective sexual education programs in schools
 - Improved healthcare and contraceptive accessibility
 - Creation of programs promoting emotional and financial empowerment
- Study impact:
 - Results applied by Shoulder to Shoulder Global team
 - Violence prevention programs
 - Sexual education for male and female adolescents
 - Micro-loan program
 - Community support groups