

**International Family Planning Conference
Kampala, November 16-18, 2009**

**Panel Gender and Reproductive Rights:
The Foundations of Successful FP Programs**

***EVIDENCE-BASED GUIDELINES FOR ADDRESSING ADOLESCENT
CONTRACEPTION IN THE CONTEXT OF CONSERVATISM, POVERTY, AND
GENDER-BASED VIOLENCE: A PERUVIAN STUDY***

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Background

Peru is chosen as one worse-scenario case for adolescent contraception for many reasons: It is one of the least gender-equitable countries in the world; Latin America is the second region in the world in gender-violence and the WHO highlights the Peruvian reality; and Peru is a clear example of the influence of conservative forces on social policies, as a national official report to the United Nations recognizes, curtailing sexual and reproductive rights and gender perspective. Hence, Peru has among the highest rates in the world of adolescent unwanted pregnancy; early pregnancy; and adolescent maternal mortality (FEM, 2005) -strongly linked to the estimated 100,000 annual illegal, clandestine and unsafe abortions taking place. This is the case especially for adolescent girls in rural settings, in poverty and exclusion from education, health, communications and other basic services and development opportunities, as well as lacking citizenship and the realization of human rights. Nevertheless, given the large inequities within Peru, its national means only qualifies it as a medium-reproductive risk country, making these harsh realities invisible (Countdown 2015).



Highland Children and Young Mothers, Huaraz
Credits: Maria Raguz

Being a patriarchal society, Peruvian women are seen as vulnerable and needing protection but, also, the authority of a man, and traditional gender identities, roles,

stereotypes and power male to female relations prevail in the family, school, training and work environment, community, health providers, and legal and judiciary system. This has led to Peru having among the worse Gender Development Indexes of the world (World Economic Forum, 2005) and being one of the two countries having all of the gender indicators under the world mean.

Not only the country is patriarchal and sexist, but “Machismo” (“Macho” culture) is generalized. A 2008 survey carried by the Universidad de Lima showed 85% of Lima population believed Peruvian society to be sexist and that “Machismo” prevailed. Women are considered of less value, males using force, violence, and other forms of power to control female sexuality, reproduction, economy and lives, and evading sexual and reproductive responsibilities, as a series of studies and publications attest. Peru has the worse economic gender gap in Latin America (UNIFEM 2003). In this context, a 2009 Ombudsman official report shows a national mean of 42% of Peruvian urban women reporting being victims of physical violence by their intimate partner, ascending to 46% in the Amazon.

In poor rural communities men refer women “*have to be kicked as a sack of potatoes so that they do not try to equalize with the husband*”, as found in a Population Council study we conducted some years ago.

Peru is a highly diverse country in terms of race, ethnic groups, cultures, religions, geographic regions –Coastal Desert, Amazonian Jungle, and Andean Highlands-, socioeconomic and urban development.



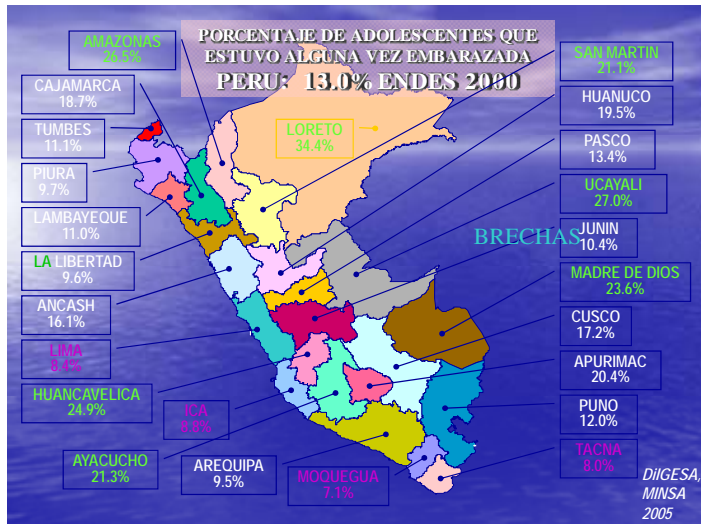
Amazon Indigenous Woman
Credits: Javier Silva

Peru has among the highest within-country socioeconomic gaps in the world, and half the population is poor, leading to adolescent girls living in extremely different realities with regard to their sexual and reproductive health, depending if they live in urban, semi-urban or rural settings and in the degree of poverty and marginalization.



Highlands Girl Child
Photo Credits: Maria Raguz

NHS data show adolescent pregnancy is more than threefold in the Amazon, and that 78% of Cuzco pregnant adolescents claim they are having unwanted pregnancies.



Ministry of Health Map of Early Pregnancy Gaps in Peru 2005

NHS show only adolescent pregnancy and contraceptive use have not changed in the past decades, whereas young adults and adult women have lowered pregnancy and fertility indicators and bettered contraceptive use. In 2006, 67% of sexually active adolescent women were pregnant, mostly, unwanted pregnancies. In Cuzco, 78% of pregnant adolescents did not want that pregnancy.



Girls and boys grow in these gender-based violence environments and this affects the ways adolescent and young boys and girls, and also children, view sexuality, sexual rights, sexual and reproductive health, and gender inequalities and violence, all of which are inextricably linked, and differential risks are derived, especially in the poorest populations. This has to be taken into account when designing Family Planning and sexual and reproductive health policies, programs and interventions.

Hypothesis

Being female puts some adolescent girls in Peru at very specific high reproductive and sexual risks given that discrimination against women combines with other social discriminations, such as age, race, ethnicity and language, education, urban/rural condition, poverty and other indicators of exclusion.



Photo credits: Javier Silva

Methodology

This is a descriptive-comparative qualitative study carried by the feminist NGO Movimiento Manuela Ramos, using semi-structured interviews, focus groups, and the technique of Community Self-diagnosis developed and validated by this NGO through decades of research. The Self Diagnosis is a qualitative technique which entails drawings, life stories, trees of problems and solutions, consensual plenaries, and workshops

The study took place in populations where the NGO develops intervention projects. Incidental samples of 10-14 year old boys and girls, 15-19 year old adolescents, and 20-24 year old young adults living in rural and semi-urban poverty in the three distinctly different regions of Peru: Coast (Lima), Highlands (Ayacucho), and Amazon (Ucayali Shipibo ethnic group). The study was the initial diagnostic part of a long-term intervention project in sexual and reproductive health and rights.



Ashaninka Ethnia in the Amazon, where girls are forced into marriage at age ten, With older men

Data

Qualitative data was gathered by trained teams of researchers from 78 children, 40 adolescents and 46 young adults. Through content analysis of the raw data, we identified underlying knowledge, attitudes, beliefs, values and behaviors with regard to sexuality, reproduction and gender, to gender-based violence and discrimination, and to sexual and reproductive health and rights. Social representations, fears, fantasies, dreams, emotions were also explored.



Highlands Young Mother in Huaraz
Photo credits: Andrea De Romaña

Although most topics to be explored were predetermined before the study was carried, new topics emerged in categorizing the verbal material. Topics covered included not only the usually covered ones in reproductive health studies: contraception, adolescent pregnancy, and abortion, but also addressed: gender identities, homosexuality, adolescent bodily changes, virginity, love, sexual relations, power issues, discrimination and violence. In this presentation special attention is paid to findings on contraception but other relevant content areas related to contraception are highlighted, and an attempt is made to explore the social roots and consequences of the findings.

Comparisons are made between genders, age groups, and regions.



Lima Girl Child

Photo credits: PUCP Psychology 50 Years
Celebration Photo Contest

Findings

The majority of female children, adolescents and young adults from poor settings in the three Peruvian regions studied evidence insufficient and inadequate knowledge concerning the body and reproduction, as well as the use of contraceptive methods. Not only knowledge is inadequate but they do manage information their communities provide: non-scientific, not evidence-based information, but deeply engrained socially shared information, sometimes handed from generation to generation, about sexuality, gender, contraception and gender based violence. To this adds negative attitudes toward contraception –mainly, modern contraception- prevail, particularly with regard to its use: Myths and expanded hearsay regarding supposed harms to health; moral sanctions to contraceptive use in young, unmarried people; and tolerance or resignation to extended gender violence in the everyday community life. Even young adult women, including married women and mothers, show poor knowledge, as they report their mothers had.



Highlands Mother and Child
Photo credits: Maria Raguz

Poor knowledge and negative attitudes are embedded in cultures and societies where women are less valued, gender inequities taint their everyday life and impact their sexual and reproductive health and their development. The study revealed females in general, but especially in the Amazon, feel they are less valued, limited by their gender on what they can do, and subjected to mistreat, abuse, deception, abandonment by their families and couples of themselves and their children, blame, even rape, and that their future is deterred by adolescent motherhood, *“being unable to fulfill their educational and professional goals and expectations and those of their parents”*.



Nevertheless, contraception is not an option, abstinence until marriage is the social mandate. In this context, girls and young women are disempowered, can not actually become self-determined with regard to their sexuality and reproduction, including family planning.

Lack of Scientific Information and Stone-Written Community Information:

It was not unusual to find young girls believing being “sexually active” implied no risk if one is very young, *immature, their bodies are not ready yet for pregnancy* even though menstruation was already present. They also believe discontinuous sex puts at no risk, or that pregnancy in the first intercourse is not possible.



Highlands Girl Child
Photo Credits: Maria Raguz

Women of all ages, especially younger ones, associate fertility with blood (menstruation) and believe they are fertile during menstruation. Thus, it is not surprising that most unmarried young women in Peru use periodic abstinence –the rhythm method- and experience unwanted pregnancies, leading to unintended motherhood -78% of adolescent mothers in Cuzco do not want the pregnancy they are carrying-, and this can lead to illegal clandestine high-risk abortions, which strongly contribute to the high adolescent maternal mortality Peru has.

Some women believe menstruation “*cleans*” the body from toxic residues, and modern contraception –e.g., injections- that affects bleeding is seen as a health risk, producing cancer. In general, modern contraception is associated with body harm. A young adult woman says contraceptive injection use leads to death because she knows “*a woman whose blood stopped circulating well, her blood was ovulating in her lungs, and this killed her*”.



Adolescent Mother, Highlands
Photo credits: Maria Raguz

Being able to name a contraceptive method is no guarantee of actually knowing about it. Although schoolgirls have had FP talks by medical personnel and heard on the matter in the radio or TV, girls show confusion between the pill and emergency contraception, believing both to be abortion, or having wrong ideas about how to use them. For example, a Lima adolescent says “*One takes one pill before or after sex, and another one 24 hours later... and the effect is they kill sperm and throw it out in the urine... Men can also take the pill.*” Confusion also surrounds the IUD and female sterilization.

A young adult woman says “*the pill prevents the ovum from becoming mature.. what happens with the (menstruation) blood then? I don’t know where it goes.*”

Young males also share the misbeliefs that *contraceptives like the pill or injections kill unborn lives*, and that *injections can hurt the vagina which can get an infection and the woman dies*, or that *injections can become infected after some years*. Young males also evidence poor knowledge of the body and its processes, especially, the female’s body and the fertile cycle. Even natural herbs, believed to have contraceptive powers, are believed to be harmful for young girls because *their bodies are not yet mature*. This leads to preference for “natural” methods (mainly, rhythm, for *condom reduces sensations*).

Negative Attitudes: Beliefs, Values and Behaviors toward Contraception, but, also, toward Sexuality in general

Adolescent girls know of (i.e., are able to name) a variety of modern methods but strongly negative attitudes prevail concerning young people use of modern contraception. On the one side, there are moral and normative issues. One adolescent says that, in case of getting pregnant from her boyfriends their parents know nothing of, for they prohibit her any romance and demand she waits until older for this, she would tell them *pregnancy resulted from being raped by a stranger*. This represents another reason why young girls prefer to use “natural” methods, for the pill or condoms can be found by their parents who try to control their sexualities (more out of economic pragmatic reasons, such as the costs of early pregnancy for a poor girl and her family, than moral reasons). This illustrates how dramatic the situation is for a young girl and how complicated it results for FP programs and interventions where society actually restrains sexual information, sexual education, health care services attending sexual and reproductive needs, including access to counseling and to contraception.



Highlands Adolescents.
Photo credit: Maria Raguz

Young people having sex are considered “unrestrained” and blamed for the consequences of their sexual and reproductive choices, but more so, women, being expected to control males, whose desire is believed to be stronger. Misinformation sets the ground for hearsay, which plays an important role in the prejudice against modern contraception in general. For example, anything “unnatural” -that is, manmade- is viewed as possibly harmful. Because of this they expect malformations in newborns if mothers have used contraception; they believe injections sterilize women and young girls believe injections and the pill “*kill the baby*”. This is the discourse of Catholic and Evangelical forces which strongly influence poor, lowly-educated populations in Peru. More than lack of information, the issue entails personal and community values, religious and moral beliefs, making it more difficult to address and change.

A woman says the IUD is unsafe because “*it can move during sex and pregnancy occurs and the Copper T is stuck in the baby’s body*”... “*It can also cause infection or cancer. And men say it bothers them during sex, they can feel it.*” A third one says

“Pills are bad for the liver, they produce gastritis, they can sterilize or produce Down Syndrome children; my sister was born with a blood mole in her face.”

Another important issue is the strong conviction modern contraception fails: the pill, the condom, even injections, and DHS data prove this is so, due to inadequate method use. Hearsay is very strong on this and women in poverty generally distrust contraceptives.

Only Reproductive Sex within Marriage

Adding to this, conservative moral, religious and even social and economic issues lead to valuing virginity and abstinence until marriage for young people and, especially, women, and this makes even having boyfriends being unacceptable, making modern contraceptive use “wrong”. Girls in poor settings refer they would prefer to tell their parents they became pregnancy due to rape than acknowledge having a boyfriend.

Following Christian religious beliefs, women are expected to control male’s desire and *not tempt men*; men are not held responsible for the consequences of their heterosexual and reproductive acts. Girls’ sexuality evidences more control and punishment (stigma, discrimination, and exclusion). Women are blamed for abortions, divorces, unfaithfulness, even for rape.



Cuzco church with religious motif: Hell for sinners.
Photo credits: Maria Raguz

Because of low acceptance of modern methods and permanent methods for young people, condom use, the most natural of the unnatural methods and the one easier to hide and also, available to buy on demand, is the most accepted contraceptive method. Adolescent boys and girls in the study –especially in Lima- know how the basics of how to use it, but males do not want to use it because “*it does not feel the same*”, and females feel disempowered to get them to use it, and fear being abandoned or subjected to physical violence if they insist. Also, a girl is not expected to carry condoms with her, “being prepared” implying “promiscuity”.

Another issue is young people’s sex is mainly unplanned and thus, unprotected. To this it adds the difficult accessibility to modern contraception in poor and rural settings. Even if they are freely provided by public health services, access to these services is very limited, as has been proven in studies about the delays to access health care in obstetric complications leading to maternal deaths. For young people this access is not only logistically complicated but social and cultural factors make it more difficult for them, and especially females, to look for sexual and reproductive health care. This is so

even in pregnant poor adolescents, who rarely have the minimum of three prenatal controls the Ministry of Health intends to provide to combat adolescent maternal mortality.



Pregnant Adolescent learning to attend another adolescent's baby at a Lima shelter. Photo credit: María Raguz

In Peru adolescents sexuality is actually being legally prohibited: a 2008 law considered rape any sexual activity with an adolescent or between adolescents, even among consenting adolescents or boy/girlfriend. This makes it more difficult for them to communicate on sexual and reproductive matters with professors, health providers and other adults, and with parents opposing their sexual activity, peers become their main source of (dis)information. This context is, evidently, not favorable for preventing reproductive risks.

Not only sex outside marriage for youngsters is disapproved. Non-reproductive sex is disapproved for young people but for adults as well. Young adult women do not see maternity as a free-choice but as a social mandate, God's or the Nature's mandate. Hence, they accept contraception only to space births and to stop having more children once they have enough, but not to postpone the first pregnancy or worse, to never become a mother.

Male Gender Issues

In poor settings, where gender roles and identities and relations are clearly structured and defined, and male/female concepts are dichotomous and excluding, motherhood and maternity are female issues only, and there is almost no concept of shared responsibility concerning parenting or parenthood (there are no words in Spanish for these terms). Motherhood is a woman's issue and her sole problem. Women are expected to control men's desire and held responsible if they become pregnant, even in pregnancies resulting from rape. *Machismo* being now pervasive due to internal migration and communication technologies, role complementation is less frequent than gender power relations and violence among poor populations. Women are devaluated and used as objects and men take no responsibility of their sexual and reproductive acts and society is pretty tolerant of economic, social, psychological and physical gender based violence.

Men in the study, from all regions, seem more aware of the need to use contraception because of poverty conditions and economic limitations, knowing families *with seven or nine children and the problem they represent*, probably because they feel they can be expected to provide for them. They highlight early pregnancies and their economic consequences can be prevented but put the burden on women.



Highlands family
Photo credits: Maria Raguz

Even young boys know of a variety of methods and are aware girls are worried of becoming pregnant and use different methods, but they believe young girls should refrain from sex and only young adults –over age 18- should have access to free contraception. They also believe *condoms are too big for young boys*. They are more accepting of contraceptive use but always in married couples.



Highlands Children
Photo credits: Maria Raguz

Lima poor male adolescents' use of contraception seems in confrontation with feelings of love and the sensation that *magic is destroyed*, limiting pleasure and introducing planning in something that should be spontaneous.



Lima Adolescent. Villa El Salvador.
Photo credit: Celia López

Also Machismo plays a strong role: a girl *being prepared* for sex –i.e., having condoms– is socially disapproved, and many aggressive name-calling slang terms exist for her. Boys say *the pill kills innocence*, *contraceptives turn you into a savage that doesn't know what he is doing*. To this it adds the value of exploring new things and of risky behavior, the excitement of knowing unprotected sex can be dangerous. Inconsistently, they prefer the abstinence method –*saying no*– to any other.

Moral and religious issues also play an important part. Some adolescent boys in Lima believe using *contraception kills love*, *for then it is only sex for pleasure*. This could have to do with the idea that sex is, mainly for reproduction in the married, loving adult couple, a religious mandate. They also expect young adult girls in love to surrender completely to their partners so they have children and become the mothers and caregivers they expect them to be. Following religious precepts in the Peruvian conservative society, blame is usually placed mostly or solely on women. These Lima boys explicitly view the unmarried woman as the responsible one for avoiding sex and pregnancies; although males are blamed for seducing, females are blamed for accepting or not protecting themselves with natural methods. If a pregnancy occurs, *the unborn innocent baby* is to be defended.



Photo Credit: Justicia Juvenil
Restaurativa

Girls, ashamed to use modern contraceptives, expect boys to use it, but believe men to be *electrical*, sex-driven, and *only wanting sex*, and perceive them as coercive with girls and unwilling to use protection.

Sexuality linked to Gender-Based Violence

Unprotected sex often is linked to gender based violence, as these narratives attest:

“He used no condoms. Worried he had made a son, he wanted her to have an abortion and the girl also wanted to, because she was studying and could not keep educating if she didn’t. When she was 3 months pregnant she self-induced an abortion, there in the street, with the root of the retama plant she drank.”

Males of all ages and in the three regions believe females to be fools and fall prey to their enactment of love, and their promises. Young adult males use the argument *nothing is going to happen to you, do not worry, I will come outside (withdrawal) or we can do it by the back door (anal sex), we insist we are experienced, we know how, no condom, we win! If there is a pregnancy, she can have an abortion if the man is not responsible enough.* Machismo here becomes self-evident when males –the father, the sexual partner, the boyfriend- is usually the one with the final saying over the decision whether a young girl or even female adult should terminate a pregnancy or not. Males blame women for *falling after the males’ enchanting discourse and for being fools and believing their promises.*

“As soon as she falls in love with words, the girl ‘is done’, she’ll give in”.
(Male adolescents from the Amazon and Highlands)

“(He) was a seducer; he starts having sex with another girl, he gets tired of the first one, doesn’t want her anymore. He abandons her, he is in love now with this other girl. Probably now he uses condoms with her, he shouldn’t have another children.”

“At 15 years of age the Pomabamba adolescent works in the chicken store, in construction jobs, now he travels for holidays with his male friends to big cities: Lima, Ica, Huancayo, the Amazon, Chincha, Cusco... He learns to spend his life, – wiseguy- Sometimes one has a lot of girlfriends, sometimes one gets them pregnant. He inaugurates his cousins, sometimes he might respect a cousin, or fall for her, and fabricate children, like that, carelessly, when he is 13 or older, 15, 16 years, as is always the case.”

“A man must have seven girlfriends, the girl, only one boyfriend, such is the law. When you are single you can mate with one and another and another; when you marry you can only have one woman.”

(Male adolescents from the Amazon and Highlands)



Lima Adolescent Mother
Phot credits: Maria Raguz

A boy cannot mistreat his woman - “su hembra” (Spanish slang)- unless she cheats on him, then yes. The girl makes the boy’s heart cry when she messes with someone else.”

(Male Adolescent, Highlands)

“A boy, after he had sex with the girl for the first time, now he can demand her: ‘You are now my woman and I can hit you’. At first he acts lovingly but after having intercourse, not anymore.”

(Female Adolescent, Lima).

“Real” Love

Most girls from these traditional and poor settings feel the need to live their sexuality tied to love. Although they share with boys that true love is within marriage, they see their being in love in adolescence as real love and, maybe, it can become true, everlasting, institutionalized love, that is, marriage.

“Sexual initiation is not because of desire, it is because one has the illusion of staying with the boy for all life. The boy does it because he wants to be with the girl, in his case it is only because of sexual desire.”

“In older girls then it is because of sexual desire, same as men, but men have more desire and show it more.”

“Girls have the right not to be obligated to have sex, the right to be respected, to wait until marriage. Sometimes the boy demands the proof of love and says if the girls does not accept (having sex with him) she does not love him and that they have to break up. The girl falls and accepts.”

(Female Adolescents, Lima)

On the other hand, boys believe their sexual partners to be friends or girlfriends, and acknowledge they can feel an “illusion” of love with them but “real love” is reserved to the woman they marry and have a family with, and not feel morally responsible for what happens to these other partners out of their mutual sexual activity.

Boys realize girls “in love” are more sexually accessible and exploit this:

“It depends on her love that she gives her body to the boy. Women say: ‘I surrender to you because of love’, the more they love you the quicker you will get them. Not even a day, in a moment they fell for you.”

(Adolescent Boys, Amazon)

Girls are aware that when they fall in love “*they don’t think anymore, they get carried away by their emotions, fantasies and desires, they have sex and do not protect themselves from pregnancies or AIDS.*” When love is believed to be present, girls are torn between trusting the couple or not: if he will honor the *respect* she asks from him, if he will abandon her or be there in case “*anything happens*” and fulfill the promises made.

Love is perceived to lead girls and young women to do irrational things and to involve in risky behavior. Parents that find out their daughters –not sons- are romantically involved, prohibit this and punish it, many times, violently:

“I had my sister and she was in love... She stopped doing home chores, and did everything for her boyfriend... she ran away through the window, I would tell mom and she would bring her home and batter her with a stick. The more he beat her, the more she escaped with the boy, the more rebellious she got.”

(Boy from Lima)

Boys and girls consider fools the girls that do not realize boys are not being truthful about their love feelings. Men cheat but women are *the stupid ones that believe them*. Males are justified from the belief their sexual drive is stronger and almost impossible to control, and even rape behavior is many times tolerated.

Sacrifice

Based upon the prevailing Catholic female model of Virgin Mary, women are expected to suffer and sacrifice for their families, and to tolerate infidelity and even violence. In these patriarchal societies, males are believed to be the main providers –although more and more they are not- and working for a family is enough sacrifice, a much more valued sacrifice than the women’s.

Women are seen and see themselves as *sufferers, victims, mistreated, undervalued, not loved and at risk of violence and even rape*, with a feeling of disempowerment and impunity when being violence targets, being *abandoned, abused, deceived, and in charge of children men do not undertake*, flunking life and development expectations. Gender-based violence against women is structural in these sexist, patriarchal and “macho” societies.



Internet picture. Anonymous.

Violence in the couple is spread and hinders sexual and reproductive protection, as the following statements from Lima boys reveal:

“He forces her to have sex, he throws her legs up to the shoulder, nicer if he ‘breaks her virginity’. If he ‘fabricates’ offspring, he takes the fetus out even if she cries not to, that it is also her son.”

“A wife has to be punched in the face”.

“Women are battered for not allowing them to be f, for not leaving the man take her panties down, for not leaving them f* them, or because they have been unfaithful, or because they got pregnant.”*

(Adolescent boys, Lima and Highlands)



Semi-urban women in San Juan de Lurigancho, Lima, prepared this educational material for GV prevention

Rape is so widely extended, although no official estimates exist, that rural girls say *“Happiness is... not being raped”*, especially by the father, stepfather, stepbrothers, or brothers, at their own home. They add: *“When they touch us we become marked and we do not go out to play anymore, we are not the same anymore.”* Adolescent girls say *“Once you’ve been raped the other owns you, you are worthless”*.

Male adolescents and young adults refer they feel entitled to force sex, or believe *having sex with a drugged, drunk, unconscious woman is not rape*; even in gang rape: *“If she is not aware, is unconscious, it is not rape.”*

It must also be said that estimates show also little boys being raped, about half than girls: *“Little boys are at risk of rape by drunk male adults, who fetch the kids. Blood comes out when they are raped and they become traumatized but the mother doesn’t want to accept the new husband has raped them; she favors him, ‘flesh’ over the child, her own blood.”* (Amazon Boys).



Battered woman in Lima.
Photo credits: Manuela Ramos

This is not surprising when one realizes in some poor settings half or more young girls and adult women report having been sexually assaulted, as studies with small non-representative samples show.



12-Year Old Mother, live-in maid raped by employer in Lima, and rejected from her family in the Highlands, living in a State facility for Adolescent Mothers until her child is one year old., Villa El Salvador.

Photo credits: María Raguz

Lessons Learned

Peruvian girls living in poor, rural settings, having an indigenous origin, not being able to speak fluent Spanish, having poor schooling, and living in gender-violent contexts and conservative cultures, are in high sexual and reproductive health risks that national means and indicators do not necessarily reflect and that intervention programs and public sexual and reproductive and family planning policies need to acknowledge.

It becomes evident that when adolescent sexuality is denied, with a value-system promoting abstinence until marriage, modern contraception is seen as an adult-only and within-marriage-only issue; young girls refuse to use it for it would imply they are voluntarily having sex, when their parents consider adolescent sex unacceptable, and even forbid them from having a boyfriend. Girls also expect boys to protect themselves, but they do not want to use condoms and feel less pleasure, and girls feel disempowered with regard to negotiating safe sex. Boys consider pregnancy a women's issue and do not want to acknowledge their responsibility, even turning to abandonment menaces and demanding "love proofs", or resort to the use of physical violence, even rape. If any consequences derive from unprotected, even violent sex, women and girls are blamed and they carry the burden as well as the moral and social sanctions which end excluding them from development.



Peruvian Highlands woman waiting to give birth at a health center.

Photo credits: Ministry of Health

The intertwining of sexuality, gender, and violence issues needs to be addressed in Family Planning programs that intend to be effective and to really respond to the needs and contexts of young people and young adults living in poverty and gender-based violence, such as the ones participating in this Peruvian study.

State, community-based organizations, movements and NGOs must recognize the complexity of sexuality and reproduction for young people living in poverty in conservative contexts. It implies adopting a critical gender perspective, but also, sexual rights, intercultural and human rights approaches. Interdisciplinary and multi-layered strategies have to be devised for dealing not only with young people but with the

contexts: family, school, community, legal framework and social policies in which these youngsters are embedded, to foster a more positive and rights-oriented view of sexuality, reproduction and rights related to them. It is, in the end, a matter of citizenship.



Young Highlands Mother
Photo Credit: Maria Raguz

After more than three decades working in the field –research, theory-building, program-design, policy-design and advocacy, from the academy, NGOs, the Government and international instances such as the UN, what I would like to convey through the presentation of these results as an example, is the complexity and urgency of action in the field of family planning, reproductive health, gender and gender-based violence.



Highland mother and child.
Photo credits: Maria Raguz