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Faith-Based Organizations as Sites for Adolescent Health Interventions: A Feasibility Study in the Bañado Sur Neighborhood of Asunción, Paraguay

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An abstract of
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Abstract

Faith-Based Organizations as Sites for Adolescent Health Interventions:
A Feasibility Study in the Bañado Sur Neighborhood of Asunción, Paraguay

By Catherine Elizabeth Couper

Background: Nearly half of Paraguay's population is under age 25. Many youth are in their prime reproductive years, and gaps in education and parent-child communication on sexual-reproductive health (SRH) put youth at risk for experiencing negative SRH outcomes such as unplanned pregnancies and sexually transmitted infections. Faith-based organizations (FBOs) are a potential site for intervention programs, particularly in marginalized communities where churches are among the strongest local organizations. . This project explores the potential for FBOs to help promote healthy SRH among low-income youth in Asunción.

Methods: In-depth interviews and focus group discussions were conducted with adolescent females ages 15-18 in the Bañado Sur neighborhood of Asunción. Key informant interviews were conducted with clergy and non-clergy. Data were analyzed to identify patterns and variation in participant responses and compare how groups of participants felt on various topics.

Results: Adolescent females do not feel comfortable discussing SRH with clergy and prefer to learn about SRH from their parents or trained providers. Adolescents also note that parents and adolescents struggle to engage in comfortable, effective conversations on SRH. Clergy believe that SRH education is the responsibility of parents, not that of the church, except in the case of discussions around marriage and marriage preparation classes.

Discussion: Churches may be an appropriate location for an SRH intervention for adolescents, however adolescents and clergy both felt the intervention would be more appropriately implemented by outside experts. Given that adolescents and clergy both emphasized that parents should give SRH education to their adolescent children, churches could foster interventions with parents to better prepare them for successful conversations with their adolescents. Materials from recommended interventions should be adapted to better serve the linguistic, cultural and literacy-appropriate needs of Bañado Sur parents.

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Chapter 1: Introduction and Rationale

It is often said that children are the future of a society. Adolescents, or individuals aged 10-19 years old as defined by the WHO, are the most visible evidence of this, as they undergo biological changes that bring them closer to adulthood. The transitional nature of adolescence makes these young adults potential agents of change in their communities as they enter the work force and contribute to the local economy and become parents, assuming role model positions for their children.

The need to improve the sexual and reproductive health (SRH) of adolescents should be prioritized and treated with urgency, as negative sexual-reproductive outcomes such as unplanned pregnancies or sexually transmitted infections have long-lasting impacts on health and can impede educational and work-related opportunities. The SRH decisions that adolescents make and actions they take today will quickly determine the quality and trajectory of their life in a longer term, given that negative SRH outcomes affect one's ability to participate in employment, education, and an enjoyment of one's inherent human rights (UNFPA 2012). In particular, very young adolescents or those ages 10-14 are often not prioritized because they are still considered children. Social norms suggest that they are too young to participate in surveys on such topics, and that they would not answer truthfully if they did (Population Council, UNFPA et al. 2006). Yet in some contexts, beginning interventions at 15 may be too late if adolescents are already cohabitating or married.

Why Paraguay?

Paraguay lies in the "heart" of South America, bordered by Argentina, Bolivia and Brazil. Historically it was one of the region's most powerful countries, however two bloody wars and

decades of corruption and dictatorship left deep wounds in Paraguayan history that the country continues to feel today. In the most recent presidential election, both presidential candidates had marred personal histories. Horacio Cartes won the election, in the midst of vote-buying allegations and despite a questionable history including jail time for fraud and the discovery of cocaine and marijuana airplane shipments on his property (Romero 2013). The 2013 election comes as the smoke is clearing from the ousting of former President Fernando Lugo by the Senate in 2012 (Romero 2012).

Beyond corruption inside the political sphere, there is also a lack of faith in the national police, and examples of police brutality are all too common (Latino 2014). The highly publicized events that took place in Curuguaty during June 2012 are still making their rounds in the international news. Eleven peasants and six police officers died during an eviction procedure, and groups such as Amnesty International have raised red flags due to the lack of investigation of national police (Duarte 2012). Paraguay's economic sector is no less affected by corruption. The Tri-Border Area between Paraguay, Brazil and Argentina is a haven for "drug trafficking, the smuggling of goods, and organized crime syndicates"(Stadius 2012).

Several statistical indicators shed light on the economic disparities inside the population. The GINI Coefficient is a measurement of income inequality, with 0 representing perfect equality and 100 representing perfect inequality Paraguay's GINI Coefficient was 52.4 for 2010 (The World Bank 2013). The Human Development Index is comprised of various measurements such as life expectancy, educational attainment and "command over the resources needed for a decent living" to create one composite score. The nation ranks 111 out of 187 countries in regards to the Human Development Index, and Paraguay's HDI score (0.669) is below both that of the world and Latin American-Caribbean region averages (United Nations Development Programme 2013).

Second to Bolivia, Paraguay is consistently rated as South America's second most impoverished country, with nearly thirty-five percent living below the poverty line (Index Mundi 2012), (Romero 2013). A full third (33%) of the population in Paraguay is under 15 years old (The World Bank 2013).

Paraguay merits higher prioritization for monitoring and research purposes to its people's benefit given its unstable political and economic environments for its citizens, many of whom are very young and additionally vulnerable to poverty.

Study Site: Bañado Sur

Such disparities become magnified in one of Asunción's most marginalized areas, the Bañado Sur. The Bañado Sur is one of various informally-settled communities located on the shores of the Rio Paraguay. Due to their location in the flood plains of the river, these marginalized communities often experience flooding from heavy rains, rising river levels and the opening of local dams in order to control flooding in other zones. Early inhabitants of the area characterized the area as *yuyal* (scrubland). Since then the Bañado Sur community has constructed schools, churches, clinics, comedores or community kitchens, soccer fields, radio stations and community centers. Despite these strides in development, the Bañado Sur remains highly marginalized by the government and other Paraguayans.

In interviews, key informants reported approximately 6,000 families or an estimated 15,000 individuals in the Bañado Sur. For the Bañado community, the city's landfill, known as Cateura, provides a primary source of income as people sort and sell recyclables. Gancheros, or "trash pickers" in English, earn approximately $6.80 USD per day. To contextualize this income, we can examine the Paraguayan Total Poverty Line and the Extreme Poverty Line as indicators

of income and poverty. The Total Poverty Line (TPL) is the monthly income needed to afford a combination of foods that satisfy the necessary nutritional requirements of the population with other good related to housing, clothing, and education. The Extreme Poverty Line (EPL) strictly accounts for the food portion of TPL. In the Asunción Metropolitan area for 2011, the Total Poverty Line was set at 562,925 Guaraníes ($127 USD), and the Extreme Poverty Line at 343,212 Guaraníes ($77 USD) (DGEEC 2011).

According to Cunningham who studied the environmental hazards Gancheros are exposed to, thirteen percent of workers are under the age of 18, several of whom reported that they had worked in the landfill as gancheros for up to six years. This assessment of environmental hazards noted that in addition to facing exposure to sharps and medical waste, 24% of gancheros reported breathing difficulties and 73% reported having eaten out of the trash (Cunningham 2012). These figures speak to the economic hardship faced in the Bañado community.

Apart from occupational hazards such as those mentioned, youth living in the Bañado face various other risks. CEPEP reports that low-income women ages 15-44 in Paraguay are equally as likely as their middle-class counterparts to face sexual violence, and more likely than their upper-class counterparts. Unwanted pregnancy also occurs more frequently in low income adolescent females than in their better-off counterparts. School is compulsory in Paraguay from ages 6 to 12, and so while enrollment is high for these years, by age 18 only 50% of Paraguayan youth are still enrolled in high school (CEPEP 2010).

Religiosity in Paraguay:

The Jesuits have a long and respected history in Paraguay. Prior to the arrival of the Jesuits in 1588, the country's religions were the polytheistic beliefs held by the Guaraní tribe. Unlike the brutal relationship between Spanish conquistadors and other nation's indigenous populations, the Jesuits and the Guaraní had a peaceful relationship. This relationship breaks from most of Latin American history concerning the Jesuits:

> "Always at the vanguard, the Jesuits led the way in imparting both secular and sacred knowledge to the boys and young men who were to become the powerbrokers of colonial society. The church presumed that one of the most efficacious ways of perpetuating Catholdom was to mold the minds of the movers and shakers of tomorrow…the future lawyers, priests, and government bureaucrats of colonial society would presumably become powerful defenders of the faith…It should be of little surprise that the colonial church spent precious few resources on educating the Indians, Africans, mestizos, mulattoes and poor Iberians who constituted the great majority of the Catholic faithful. Since these parishioners were mere deckhands on the ship of the colonial state, the church strategically chose to invest its limited educational capital in the captains whose navigational skills would provide far higher returns"(Chesnut 2003).

The Jesuits built up many mission sites throughout Paraguay which were far removed from colonial mining efforts – this allowed for Guaraní language and culture to put down roots among the Jesuit societies (Chasteen 2006). The success of the Jesuits was much to the chagrin of the Spanish Crown which eventually felt threatened by the growing Jesuit presence and ousted them in 1677, again distinguishing Jesuit history in Paraguay from that of most other Latin American countries in which the Jesuits enjoyed longer, more influential stays (Cooney 1979). Nonetheless, it was this relationship between the Jesuits and the Guaraní that is in large part responsible for the survival of the Guaraní language, today making Paraguay a truly bilingual country as it remains spoken in many households and taught in schools (Romero 2012).

The 2002 National Census reported nearly 90% of Paraguayans to be Roman Catholic, while a more recent 2006 survey showed somewhat lower figures (84.7%) (U.S. Department of State). Religious freedom is part of the Paraguayan constitution and there have been no recent reports documenting any violations of this constitutional right (U.S. Department of State). To date, the 2012 Census Data has not yet been made available regarding national religious statistics. Nonetheless, Paraguay's unique past history with the Catholic Church and current religious market with many Protestant options draws up a case for the continued relevance of religious institutions for Paraguayans. Though Paraguay has a relatively weak civil society (only 36% of Paraguayans participate in non-governmental organizations), 15% of those that are involved in an organization participate in a church (The World Bank 2004).

Problem Statement:

Adolescent residents of the Bañado Sur face the multitude of health and behavioral challenges already associated with coming-of-age in society, and these risks are compounded by the extreme poverty of the area. As will be discussed in Chapter 2, religious organizations have successfully served as sites for health interventions on many topics, including sexual-reproductive health. Given the variety of religious organizations in the Bañado Sur community, and the high participation of the Bañado community in already-established programs associated with these FBOs, youth development stands to benefit from exploring the feasibility of FBOs serving as sites for SRH interventions for youth in the Bañado Sur. Such interventions could lead to a reduction in adverse health outcomes from SRH, violence and substance abuse, while also aim to strengthen parent-child communication on these issues.

Purpose Statement:

The purpose of this study is to assess the feasibility of faith-based organizations as sites for interventions aiming to reduce risky behaviors and adverse health outcomes for adolescents living in the Bañado Sur of Asunción, Paraguay.

Research Questions include:

1. What are youth perceptions of faith-based organizations in the Bañado?
2. What are churches and other FBOs in the Bañado already doing to address adolescent health issues among the community?
3. What barriers, theological or otherwise, do clergy perceive to implementing adolescent health interventions related to SRH, violence or substance abuse?

Specific aims include:

1. Assessing the acceptability of SRH, violence and/or substance abuse interventions at FBOs among clergy members and youth.
2. Assessing youth connectivity with leaders and congregants of FBOs and participation at these sites.
3. Drawing up recommendations based upon data gathered from qualitative interviews to inform future interventions that may involve FBOs and youth.

Statement of Significance:

This study builds upon the existing literature concerning the Bañado Sur, a marginalized area of Asunción Paraguay and home to thousands. It amplifies the voices of both adolescent females and clergy on the idea of utilizing existing meeting locations and human capital in the Bañado to launch interventions that could potentially protect adolescents from harmful health outcomes. Additionally, engaging in conversations on these topics with conservative groups such as clergy members could lead to further positive dialogue and exchanging of ideas between FBOs and other organizations on behalf of the youth in their community.

Chapter 2: Review of the Literature

To better understand how adolescents in a given country are faring in terms of SRH, it is important to examine indicators for age at sexual debut, pregnancy rates, knowledge on and access to multiple, highly effective methods of contraception, STI incidence and prevalence, and other adverse health outcomes such as cervical cancer. The Centro Paraguayo de Estudios de la Población (CEPEP) has been a leader in conducting national surveys and publishing reports related to sexual-reproductive health in Paraguay. The most recent survey, ENDSSR 2008 (National Survey on Demography and Sexual-Reproductive Health) offers nationally representative data from 6,500 interviews conducted with women ages 15-44. USAID, UNICEF, and IPPF all contributed funding to make the survey possible, while the CDC provided technical support. This survey was the final survey in a set of six(CEPEP 2009).

Country-level Data on Adolescent Reproductive Health

In terms of population age, Paraguay is a very young country. Nearly half of the population is under the age of 25 (46.7%), and the 15-24 year old population represents 20.5% of the Paraguayan population, a group in its prime reproductive years (CIA The World Factbook 2013). In the most recent survey and all past surveys, the Gran Asunción area possesses the greatest proportion of women ages 15-24 who have had premarital sex (64.8%) (CEPEP 2009). Only 32% of Gran Asunción women ages 15-24 are aware of when a woman is most likely to become pregnant during her menstrual cycle (CEPEP 2009).

In Paraguay, over a third (34.1%) of female adolescents 15-19 experienced their sexual debut with a man six or more years older than themselves; three-quarters (74.5%) experienced debut with a man three or more years their senior(CEPEP 2009). This gap in age may indicate

emotional and/or physical coercion. Girls who are considerably younger than their partners may lack the necessary skills to negotiate sex and effective methods of contraception. This difference in partner ages declines as women become older, suggesting the importance of delaying sexual debut. Nonetheless, both male and female adolescents would benefit from interventions which address negotiation skills related to SRH.

While across all age groups in Paraguay there has been a decrease in fertility, adolescents ages 15-19 are not experiencing this decrease as quickly as older groups and therefore contribute more to the overall percentage of Paraguayan fertility than twenty years ago (10.5% in the late 1980s to 12.8% in the late 2000s)(CEPEP 2009). Paraguayan adolescents from lower socioeconomic backgrounds and who possess five or fewer years of formal education are at an increased risk for becoming pregnant (CEPEP 2009). These same demographic characteristics related to education and socioeconomic status describe adolescents that are less likely to use contraception at first intercourse. Twenty percent of urban adolescents' first intercourse was unprotected; given that living in an urban area is a protective factor, it comes as no surprise that among rural adolescents the lack of contraception at first intercourse is higher(CEPEP 2009). Young women have seen an increase in contraceptive use at first sex; in the mid-1990s nearly 75% of women ages 15-24 reported that their first intercourse was unprotected, that figure dropped to 29.3% in 2008 (CEPEP 2009).

Additionally, women are choosing to employ more effective methods of contraception. Between 1995 and 2008, the use of a modern form of contraception at first intercourse increased to 47.2% (CEPEP 2009). This being said, among adolescents age 15-19 condoms continue to be by far the most popular choice of contraception (39.7% at last sex), followed by injections (21.3%) and the pill (21.1%) (CEPEP 2009).Women ages 20-24 continue to favor these same

methods but are also increasingly users of long-acting reversible contraceptive methods such as IUDs and injectable contraceptives.

Why do some adolescents choose to not use contraception? The most common response among those aged 15-19 was that they didn't consider themselves to be sexually active (52%). The second most common response was that they were pregnant at the time of the survey (32%), which speaks volumes to the need for improved access, education and use surrounding contraceptives. Notably for this study, no adolescents identified religious beliefs as a reason to not use contraception (CEPEP 2011).

Several studies on human papillomavirus and cervical cancer in Paraguay are available (Rolón 2000, Mendoza Torres 2009, Mendoza Torres 2011). Paraguay is one of the countries at highest risk for HPV and cervical cancers, in part due to the lack of cytological screenings. Among controls in one study, HPV prevalence was 20%, above those of other countries considered high-risk for HPV. Additionally, risk factors for cervical cancer in Paraguay excluding HPV included lower educational status, higher numbers of sexual partners, and having never had a Pap smear. Among case subjects, 84.9% had first intercourse before age 19, 54% of which was before age 17. What does this mean for Paraguayan adolescents? The risk of contracting HPV faced by adolescents who are sexually debuting is significant due to the high prevalence of HPV and low administration of HPV vaccine. The HPV vaccine could reduce up to 70% of cervical cancers in Paraguayan women due to the vaccine's ability to combat HPV 16, the most frequent genotype present in Paraguay. Additionally, adolescent women are more susceptible biologically to contracting HPV due to "young cervical tissue" and "higher transformation activity"; a high frequency of high-risk HPV cases was observed in women under twenty-one.

Other Risk Behaviors Among Adolescents

Beyond those risk factors related to sexual-reproductive health, adolescents are subject to a myriad of other challenges with potentially negative health outcomes. The following three challenges - violence, alcohol and tobacco use – frequently appear together as we will see in the data presented below, increasing the likelihood that an adolescent will suffer a preventable adverse event.

Violence disproportionately affects those from lower income backgrounds in Paraguay. Among Paraguayan women ages 15-19, 30.3% report that they have been victims of verbal violence, 12.2% have experienced physical violence and 3.5% were victims of sexual violence. Urban women who work outside their homes are more likely to experience violence that women who work at home or do not work at all. The rural experience is quite different, however, as rural women are most likely to be victims of violence if they do not work. Paraguayan women of all ages are more likely to be victims of abuse if they themselves were abused before they turned 15, and/or if they witnessed violence in their home as a child. Physical and sexual violence is more common among women of lower socioeconomic status, while verbal violence is highest among women of high socioeconomic status (World Health Organization 2010).

While studies on youth in Asunción are scarce, a few do exist and provide city-level data which approximates that of levels expected in the Bañado Sur. A study from 2006 of Asunción high school students ages 14-18 (n=1,114) found that 88% had ever consumed alcohol and 99% of those who smoke tobacco also drink. There was no difference by gender among the proportion of students who drank, nor was there a difference between students who attended public or private schools. On average, youth first consumed alcohol at age 13. Nearly 36% of students said their first alcoholic beverage was consumed in their own home, followed by the home of a

friend. Forty-two percent said that they drank at least once a month, with nearly 20% drinking at least once a week. Among those students who had consumed alcohol, 26% reported driving a motor vehicle while intoxicated, while 67% said they had been a passenger in a vehicle while the driver was intoxicated (López 2005).

For both public and private school students, the main reason for drinking alcohol was due to its euphoric effects ("It makes me happy"), followed by "Because it's what my friend drink". This study provides an eye into some of the adverse events that adolescents face when drinking alcohol: its association with tobacco, the dangers of drinking and driving, and the impairment of judgment that comes with side effects associated with overconsumption such as dizziness and vomiting. Also evident here is the strong influence of an adolescent's peers in regards to decision making and alcohol consumption (López 2005).

Another study in Gran Asunción examined smoking among 478 adolescents ages 12-17 in both public and private schools. The prevalence of smoking tobacco in this sample was 11.5%, with equal consumption among male (5.8%) and female (5.5%) students. Fifty-three percent of adolescent smokers also had an immediate family member who smoked. Of those family members, half were fathers, one in five were brothers, and one in ten were mothers. Knowing about the dangers of tobacco use among this population was not found to be a protective factor from using tobacco(Nuñez S Nuñez A 2007).

It is natural for adolescents to experiment with risks and push against societal norms. This kind of exploration on what it means to leave childhood behind and of behaviors that were previously (and may still be to some extent) off-limits must be done cautiously, though. There is one particularly alarming coincidence threaded among this data on violence, alcohol and tobacco, and that is the impact of home life on adolescents. Home is supposed to be the safest

place one can run to, and yet just in these three examples it is evident how past home life can predict the likelihood that someone will suffer abuse later in life, how influential home is as a location for alcohol consumption, and how deeply immediate family members influence their adolescents' smoking habits. Beyond the home, adolescents are also highly susceptible to the influence of their peers, which can pressure youth to make decisions based upon what is perceived to be "cool" or attractive among the crowd rather than safe or healthy in the long run.

Faith-Based Organizations: Sites for Health Interventions

Health interventions are not limited to clinical spaces for implementation. Schools, work spaces and community centers frequently host health programs for the benefit of their constituents. Faith-based organizations (FBOs) are defined as "churches (or) community organizations with a common religious focus" (Reifsnider 2010). FBOs possess certain attributes that make them ideal spaces for interventions. Beside the fact that they possess "community legitimacy", FBOs already have the "organizational structures and roles" necessary to facilitate programs (Werber, Derose et al. 2012). Successful health interventions have been conducted through FBOs on a wide variety of topics (Collie-Akers, Schultz et al. 2010) (Kim Yeary, Cornell et al. 2011) (Morgan, Green et al. 2013)(Reinert, Campbell et al. 2003, Reifsnider 2010, Muñoz Laboy, Murray et al. 2011, Willms, Arratia et al. 2011, Wooster, Ariela Eshel et al. 2011).

Nevertheless, the majority of the literature is comprised of interventions occurring in African-American churches, or of interventions targeting HIV/AIDS in FBOs in Africa. Civil society in Paraguay is weak; however, when questioned about participation in organizations, the organization Paraguayans most often cite participating in is a faith-based organization, usually a church (The World Bank 2004). In other settings where FBOs are a central part of the

community, there are components of success from health interventions at FBOs that may be transferable to sites such as Paraguay.

Of successful faith-based health interventions, what were some of the key components that ensured the program was well-received among participants? Participants in a weight loss intervention for an African-American church in Arkansas "enjoyed the use of scripture to promote health…the connection between faith and health motivated them to make positive behavior changes because it increased their confidence to make healthy choices and provided an incentive to do well in the program to show devotion to God"(Kim Yeary, Cornell et al. 2011). Other considerations can be taken into account in order to make the program easier for participants. A tobacco cessation program for youth in Mississippi also recommended careful and frequent monitoring and assistance, avoiding overwhelming FBOs with unmanageable workloads and paperwork, and holding trainings on weekend so that participants do not have to take off work (Reinert, Campbell et al. 2003). Another study named client-centered approaches, the use of client knowledge in designing the intervention, long-term collaborations that establish trust and an equal fulfillment of both the FBO and researcher's needs as keys to an intervention's success (Reifsnider 2010).

Faith-Based Organizations and Sexual-Reproductive Health Interventions

Major barriers that arise when churches address topics in sexual-reproductive health include stigma and moral concern (Muñoz Laboy, Murray et al. 2011, Wooster, Ariela Eshel et al. 2011, Coleman, Lindley et al. 2012). These barriers can arise from both congregation leaders and the congregation itself. Coleman's 2012 study of HIV prevention programs in African-American churches identified organizational concepts that promote the success of such programs: "buy-in" or readiness; pre-existing infrastructure including human resources,

participating in existing collaborations, pre-intervention staff trainings, etc. Trust between the church and its congregation was deemed essential to success. One participant was quoted saying the "pastor has got to be the keystone", while another participant said "in some churches, if the pastor doesn't want it, then nothing's getting it"(Coleman, Lindley et al. 2012). The importance of a pastor's reception of these issues as either barriers or facilitators to an intervention's success reflect previous findings in Wooster's 2011 study (Wooster, Ariela Eshel et al. 2011).

A study from Malawi aimed to engage senior leaders of FBOs "in a participatory process to construct an interfaith theology of HIV/AIDS". Senior leaders can promote a theology that cites "sin, blame and immorality" or discourages condom use because it interferes with reproduction and "encourages infidelity and adultery" (Willms, 2011). In Wooster's study, however, participatory action research allowed senior leaders to propose a shared, ethically derived framework for understanding the problem of HIV in their communities. Their proposed solution – a "spiritualized condom" – the notion that condom use for their communities was imperative in order to protect sacred life, avoid committing greater sins (such as murder via HIV transmission) and protect the innocent. One Malawian co-facilitator said it this way: "Can the faith community in Malawi justify its moral stance on condoms in the face of this pandemic? I am persuaded to say that it cannot. There is a good at stake, and that good for me is life. The question then is shall we save life or let it die? The choice is on the side of life." (Willms, Arratia et al. 2011).

Conclusion

We were unable to identify any research in Paraguay on the use of FBOs as intervention sites for health programs. From the existing literature, we draw several conclusions. Church leadership and congregational buy-in are essential to the success of an intervention. Given the

religious tradition at hand, it cannot be assumed that clergy would be opposed to engaging in sensitive issues such as sexual-reproductive health, or exploring how such programs might fit within their faith and call to leadership. Many times what is needed to make an intervention work on the group is organizational support – infrastructure, human resources, and careful planning. It is also important to involve the congregation in developing the intervention in order to ensure participation, effectiveness and sustainability.

This study set out to assess components such as these as they related to interventions on adolescent risk behaviors in the Bañado Sur. The project engaged key actors in this process: clergy, other community leaders, and adolescents themselves.

Chapter 3: Methods

Study methods

In order to explore the feasibility of Bañado Sur FBOS serving as sites for potential adolescent health interventions the PI used several kinds of qualitative methods to garner the personal experiences and opinions of the participants. In-depth interviews, key informant interviews and focus group discussions allowed for different interview styles to be employed on different participants. While in-depth and key informant interviews allow for the privacy of a one-on-one interview setting, allowing for the participant to share intimate and information rich data with the interviewer, focus group discussions aim to gather perceptions and beliefs at the community level on a topic. In-depth interviews were chosen for this study because it was important for adolescents to feel comfortable and not judged for speaking their mind on institutions such as the church or their schools, and for sharing beliefs and experiences on topics such as sex and drug use. Faith is also a highly personal topic, and in an in-depth interview there is not the added pressure of having to speak about one's faith or lack of faith in front of a peer group or adults. Focus group discussions were also chosen because it is valuable to see how adolescents as a group discussed community-wide beliefs on SRH topics and church connectivity with youth as a whole in the Bañado.

Key-Informant Interviews

Key-informant interviews capture the perspective of someone who possess expertise in a field related to the study, considerable knowledge of the community being explored, and whose insights contribute to the overall understanding and social contextualization of the study topic. In collaboration with other team members exploring related topics in the study site, the PI

developed two separate guides with which to interview key informants, one for church clergy and one for non-clergy. The PI conducted key informant interviews either in the home or work site of the interviewee for their convenience. Recruitment for KIIs initially began by meeting local figures, clergy and non-clergy alike, and asking them if they would be interested in participating in an interview related to the study. At the end of the interview, each interviewee was asked if there was anyone else he or she was aware of that might be interested in discussing the study topics with us (Snowball Sample). We conducted interviews with key informants in Spanish, the native language of the interviewees. During the clergy interviews, we asked questions concerning personal involvement with their religious institution, youth participation in their FBO, programs available to youth via the FBO, the FBO's current stance on SRH, etc. Non-clergy interviews were more related to the individual's own organization rather than FBOs. At the beginning of the interview, a plate of local bakery confections was offered in order to thank the interviewee for their participation. After the interview, a letter thanking the interviewee for his or her participation was sent and the recording was downloaded from the recorded as a password-protected file on the computer. In the interview, a note taker was almost always present and the interviews were digitally recorded.

In-Depth Interviews

In-depth interviews are the appropriate type of interview for participants to share perceptions and experiences in because of its highly private environment. IDIs foster a space in which sensitive topics can be freely discussed, so they were deemed the appropriate tool to gain the perspective of Bañado Sur adolescent females on their connectedness to FBOs, their comfort with SRH interventions that might take place in an FBO, and feelings about discussing sexual health, pregnancy, etc. Prior to conducting interviews, the PI trained a locally recruited research

assistant in qualitative research methods including how to conduct in-depth interviews, focus group discussions, and how to transcribe interviews from their recording into Spanish. During the 15 IDIs conducted with female adolescents, I took notes while my research assistant conducted the interview in Spanish and/or Yopará (a mixture of Spanish and the indigenous language Guaraní). At the beginning of each interview, each girl was informed that participation was entirely voluntary, that she could stop the interview at any point in time, and that she didn't have to respond to any question she didn't want to. The research assistant assured the girl that confidentiality would be maintained, and asked for permission to record the interview. The research assistant was born and raised in the Bañado Sur, so she easily developed rapport with the interviewees. All fifteen participants agreed to participate in and record the interview. I took notes without participating in the conversation, except to ask a few clarifying questions at the end.

Mil Solidarios assisted with the recruitment by providing names of eligible girls based on our age inclusion criteria, female adolescents ages 15-18, based on their rosters of participants. In order to avoid research fatigue, I requested that girls who had been interviewed by past researchers not be included in the sample.

Focus Group Discussions

Focus-Group Discussions sought to understand how female adolescents perceived sexual-reproductive health, sex education, faith-based organizations, and youth connectedness to those organizations. Two focus-group discussions took place at Mil Solidarios with girls recruited by the organization. Each discussion took approximately an hour. At the beginning of the discussion, the research assistant explained the purpose of the discussion, explained our commitment to maintaining confidentiality, and encouraged the girls to also keep the discussion

confidential so that they could speak freely about the various topics. The research assistant informed the girls that participation was voluntary, and that they could leave the discussion at any time without repercussions.

The focus groups were held at Mil Solidarios with only the participants, research assistant and I sitting in a circle in a small enclosed room. The research assistant moderated the discussion while I took notes. The group began with questions on challenges that youth face in the Bañado, followed by discussion on faith-based organizations. Then the girls participated in a ranking activity, in which the girls were given 14 notecards with different SRH-related topics written on them, and the research assistant asked the girls to place the cards in order on the ground from which topics they learned about from first to last. Additional cards with ages (10 years-18+ years) were provided so the girls could visualize at which age they learned about each topic. They were encouraged to rearrange the cards as many times as they wished, and were assured that there were no right or wrong answers. This evoked discussion between the girls and revealed points of agreement as well as points of disagreement.

Data Preparation and Analysis

I transcribed key-informant interviews from their recordings into Spanish with the help of web-based programs called Transcribe (Wreally) and Express Scribe (NCH, Canberra). Research assistants from Paraguay transcribed all other interviews (in-depth individual interviews and focus group discussions) due to the presence of Guaraní terms.

Codebook development was conducted in collaboration with team members who worked with different populations in the Bañado, fathers and mothers of adolescents, as part of the same larger project. We began with a sample of three interviews, one from each population, reviewed

the transcripts, and identified potential themes. We then each coded a set of three transcripts, compared our coding, and considered each instance where we disagreed. Based on those discussions, we eliminated some codes, added others, and redefined code definitions. Once a consensus on the codebook was reached, I individually coded my transcripts and wrote summary paragraphs on each individual's interview. Coded segments were retrieved and reviewed in order to identify patterns and variation in what participants said, and then draw up comparisons between adolescent and clergy data. All transcripts were analyzed using MAXQDA software (Verbi, GMBH, Berlin) during the 2014 spring semester.

Ethical Considerations

All efforts possible were made to protect the confidentiality and integrity of the information offered by the participants during this study. Research assistants received training that emphasized the importance of confidentiality at all times during the research process and afterward. Research assistants signed an agreement prior to being hired indicating that any breach in confidentiality would be cause for termination of employment. Data were only available to the study team, and transcriptions were stripped of identifiers before conducting analysis. All audio files are currently contained in password protected folders and will be destroyed on completion of the study. This study was deemed non-research prior to departure by the Emory Institutional Review Board (IRB). No changes were made to the study upon arrival and duration of stay in Paraguay that would require an additional review process by Emory IRB.

Limitations of the Data

In-depth interviews were conducted during after-school hours at Mil Solidarios Santa Librada, where noise levels occasionally interfered with both the interviewer and interviewee's ability to concentrate exclusively on the interview. Because youth interviewed are on scholarship

with Mil Solidarios, our data does not include the experience of youth not fortunate enough to participate in the program; these youth may be more susceptible to risky health behaviors such as illicit drug use, violence, and risky sexual behaviors because they do not have such opportunities. We were also unable to include out-of-school youth in the Bañado, who may be at greatest risk for such behaviors.

Chapter 4: Results

The following data contributes to the literature that exists on the Bañado Sur and Paraguay, and into the hearts and minds of both adolescent females and clergymen, the majority of whom were born and raised in the Bañado Sur. These interviews provide insight into the knowledge, attitudes and beliefs of both these groups regarding health behaviors and interventions for adolescents. Also gleaned from these interviews are contextual data about the Bañado community, its environment, strengths and challenges.

PART ONE | The Bañado Sur: *"Poverty beats the Bañado down, but does not destroy it."*

Participants discussed many factors that weather and mold the Bañado Sur's environment for its inhabitants – poverty, violence, corruption, drug use and alcohol are pervasive themes in the data. Yet despite these mediating forces, there is also a sense that Bañado Sur residents are unique in their ability to supersede the weight of their circumstances, as seen in the quote above. One clergyman offered what he believed to be the Bañado community's greatest strength – its resilient goodness and hope in the face of suffocating adversity:

> First of all, at the end of everything, [the Bañado Sur residents] have such a goodness, what happens is that this goodness is really beat down by poverty, and of course it doesn't completely destroy it, it beats it down but doesn't destroy it. But that goodness, in the Bañado a person who is honest, a person who loves others, who is supportive, it's easy because since the whole community has needs, everyone wants to help, feels the need to help his neighbor, because there is so much poverty so [the community] has a tender heart, solidary, for helping. When a person is honest, he's really honest, when a person has hope, he really has hope because otherwise he would have lost it in this circumstance. That's why I say that in a way the Bañado is the reserve of goodness, of hope, because what they have no one can take away from them, because they have every human condition to not have these values. (CLECA1)

This "goodness" that Bañado residents possess is seldom recognized by Paraguayans outside the Bañado Sur. Bañado Sur residents are well aware of the stigma against their community, and it does not come without discomfort:

> Pastor: It's a marginalized zone, you leave, here you're in your water, but you leave here and you… everyone marginalizes you. Because this zone has a bad reputation.
>
> Interviewer: But why?
>
> Pastor: Why? Well, because in this zone for example there is lots of crime, lots of drugs. But this, this isn't the people's fault, it's the result of something, none of the people here had opportunities, not for studying, not for getting better, so it's a result of what it is.(CLEB3)

Marginalization and lack of opportunity are just a few of the ways poverty makes itself known inside the Bañado Sur. Informal recycling to earn money is common but comes with potentially hazardous threats to health. Many youth work as gancheros, and this interferes with school and studying since some young gancheros are out as late as one o'clock in the morning with studying to do after they get home (CLEB4). Clergy were very concerned with the lack of professional opportunities for Bañado residents (CLECA1: 34; CLECA2: 35; CLEB2: 14; CLEB3: 45; CLEB4: 38 and 94). In the minds of many Bañado residents, both young and old, a lack of recognition and assistance from the Paraguayan government helps to explain the poverty around them. The Paraguayan government is widely perceived to be unreliable in responding to the safety and economic needs of the Bañado community. Virtually all references to the government were negative in nature, displaying community distrust and disappointment, with the exception of Lugo's presidency, which was perceived as beneficial for the Bañado, given the way it prioritized the poor and provided resources such as medication and government housing projects (CLECA1; CLECA2). Clergy also spoke about the government in regards to national wealth distribution.

> 80% of the land is owned by 2% of the population…Jesus wants us to lead happy lives, to have what is necessary, and to prosper on earth. But all this goes against neoliberalism. (CLECA1)

Another clergyman believed that Stroessner named his family members heirs to the Itaipú hydroelectric plant, then doubled the salaries of government officials with money that was intended to support programs for the elderly (CLECA2:). The current President of Paraguay, Horacio Cartes, was never mentioned in interviews.

Historically, the Jesuits in Paraguay have not always had the smoothest relationship with governments, and this was certainly true for Jesuit priests living in Paraguay during the mid-20th century. Catholic clergymen recounted how they were personally affected by the Stroessner Dictatorship and had to leave the country for many years before they could re-enter (CLECA1: ; CLECA2:). These same pastors believe that after the golpe (see Chapter 1) this money was redirected to line the pockets of politicians (CLECA2). The government is often referenced as a reason for the ill-distribution of national wealth (mismanagement of Itaipú, for example), and in their eyes the government is partially responsible for the current state of poverty in the nation (CLECA1 : ; CLECA2:). An Evangelical pastor offers a different perspective on the government, suggesting that instead of blaming the government for not fulfilling its duties, the congregation should pray that God work through the government to deliver what the people need (CLEB4:). Not being able to trust that their government will deliver assistance has serious implications for quality of life in the Bañado Sur, fueling the area's instability, desperation and sense that they truly are "off the map" and unwanted.

As evidenced by the Evangelical pastor's "fish out of water" quote, the Bañado Sur community is very aware of the poverty it lives in, but this does not necessarily mean everyone is talking about it. Adolescents never once talked about themselves as living in poverty, and only

on one occasion did we see a girl allude to her family's unmet needs by describing her mother's financial hardship (Hortencia: 2). Another manifestation of poverty in the Bañado food security and malnutrition, which is particularly serious for infants and youth who are in their developmental stages. One Catholic clergyman estimated that some five-hundred children were in danger of mental deficiencies because of "neither drinking milk nor eating well between the ages of one and five, so their neurons don't develop" (CLECA1:).

The weight of these issues combined makes for a tumultuous environment, one more likely to harvest suffering than success. An Evangelical clergyman likened living in the Bañado Sur to being a "seed planted on rock", while another described the Bañado as a sick individual who did not have the capacity nor the education to cure himself (CLEB2; CLEB3).

Mil Solidarios seeks to foster the goodness in youth in this community. Since its inception, Mil Solidarios has invested over nine billion guaraníes ($2.02 million USD) into the local economy (CLECA1: 72). All adolescents interviewed were part of Mil Solidarios' site for older adolescents, Santa Librada. Adolescents typically spent three days a week after school at Santa Librada to receive tutoring, participate in youth training class and spend time with friends and peers. Adolescents report that they have seen positive changes in themselves since attending Mil Solidarios; for example, Carmina tells how prior to participating in Mil Solidarios, she used to be a "big mouth", often speaking before thinking, but that guidance from her teachers has made her a more careful speaker (154). Mil Solidarios creates a nonjudgmental environment that the adolescents appreciate – they say it changes the way they feel about themselves being able to ask questions without the fear of being judged, and they enjoy feeling treated as equals (Dionisia: 226; Hortencia: 6; Genoveva: 159). Part of the way Mil Solidarios accomplishes this is by employing Bañado residents instead of anyone from "up above" in order to improve rapport with

the youth (CLECA1:74). “Our professors [at Mil Solidarios] teach us how to, how to handle life and in doing so learn more and grow more.” (Lourdes: 12). The following from the founder of Mil Solidarios descript how the organization came to be, and the desperation of Bañado Sur youth that drove its creation:

> …[Bañado Sur youth] live a life so poor, so poor, that it’s desperate for them, when they see on TV or they go to the *centro*, some of them never get to go, but on TV they see a different world, with people dressed up and they just have on pants and flip-flops, right? They don’t have a house that’s worth anything, they’re poor; that makes them lose hope. They don’t find that studying allows them to leave here, they don’t find that.
>
> So I thought to make an organization where boys and girls would come, where we’d give them the monthly scholarship as a point of attraction, because otherwise they wouldn’t come, not like school but as a site for tutoring and training. So we give that scholarship of 80,000 guaraníes, 110,000 guaraníes, 150,000 guaraníes depending on the courses and they get help in classes, in character training, in sexuality, in religion, in everything there is, in politics, everything, everything, as a means for seeing the horizon.
>
> What happens is this is an influence for three mornings or three afternoons a week – the rest of the time they’re receiving the negative influences of living in an extremely poor neighborhood, it destroys them, crushes them into dust. When they have a scholarship in seventh grade, seventh, eighth, ninth, tenth, first, second, third year of high school, and then they enter if they want to and are able, because some can’t or leave it, into the university, and that’s a huge attraction.
>
> – Pa’i Oliva, founder of Mil Solidarios

Neighborhood Insecurity and Violence

The bad reputation the outside world ascribes to the Bañado Sur is not completely without evidence. Adolescents never spoke of their own involvement with crime or drugs, and only one personal account of violence arose. Nevertheless, these topics deeply concern adolescents, which they view as being intertwined with insecurity:

> Insecurity and how it affects someone’s family, how it affects one’s self. And this carries lots of causes and consequences, among which are drug use, intrafamiliar violence and vices and such, like [inaudible], alcohol, and such, along with robbery. [….] And then they also talk about intrafamiliar violence, that’s what they talk about the most. – Rosaura

Home was perceived to be the safest place one could be. While "the street" was the most frequent response when asked where was the greatest insecurity, "all places" was also mentioned (Lourdes: 46; Nuria: 56; FGD1: 20). Part of what is fueling the sense of insecurity in the Bañado is the lack of confidence in the police to act on behalf of the inhabitants. Even when residents explicitly call on the police for help, residents claim that the police don't do anything (Melisa: 148). Adolescents perceive their community to be helpless in the face of injustice, a problem they found to be nationwide, and spoke on the lack of action taken to address violence (Irene: 52; Filomena: 42).

Problems with the police do not stop at passive response to community emergencies. The police are widely perceived to be corrupt and to facilitate the proliferation of drug use in the Bañado Sur, either by turning a blind eye to drug-related events or by informing houses of impending raids so that they can clean up before they are investigated by other authorities ( ). Participants suggested that the police worsen the problem of drug sales by not arresting drug vendors, or by accepting bribes to let them out of jail early. One clergyman explained, "…because here, the one who has the money has it made, he's the one who wins, and gets back on the street. " (CLE :). Another clergyman posited, "That's why there are drugs, if the police did their job, it would be over quickly, if there are drugs it's because they allow it".

With no one to rely on when the time comes to request help, the recounts of police passivity are particularly jarring given how ubiquitous violence is throughout the interviews. The most common form of violence mentioned was intrafamiliar, which Clergy believed was a result of poverty. They also said that parental behavior was strongly associated with violent behavior in their children (CLECA 1, 71; CLEB3, 78; CLEB4, 89). One Catholic clergy explained violence in the home as a "chain" –

> Kids suffer the violence of poverty, for example, the dad suffers violence because he doesn't have a job, he's in a bad way, he abuses his wife, the wife is desperate and doesn't know how she's going to feed the kids, she's violent toward the kids, the kids are desperate because they don't have anything, etc., etc., they become indifferent, the dog walks by and they give him a kick, and there you go, it's a chain, and it flows from the top down. (CLECA1, 71).

Intrafamiliar violence is the most pervasive concern among clergy key-informant interviews, appearing in all clergy interviews. Catholic clergy almost exclusively discussed the topic of family in the context of domestic violence (CLECA1, 30, 36, 58, 71; CLECA2, 58; CLECA3 ;). The stress of living in poverty was also linked to intrafamiliar violence as parents "unload tension onto their children" (CLEB3, 78). Domestic violence was also a topic of discussion for non-clergy, and unlike their adolescent and clergy counterparts, they expressed concern over the number of families headed by single mothers and said that domestic violence is rooted not in drugs and alcohol, but in culture. (KIINCL1, 34).

For adolescents, parents were cited as important sources of information on violence. When asked what their families had taught them about violence, responses were simple and lacked depth: "that it's bad"; "that we should talk about it"; "it doesn't get us anywhere" (Eréndida, 46). Hortencia's family taught her, "if you get hurt it could lead to death, you could damage your life for nothing, and that talking about it is the solution" (78). Another important response was her that one should keep quiet on the topic, or callarse (Irene, 46). Keeping quiet is also what some adolescents believe their community does in the face of violence (Lourdes, 40). Ultimately while most girls are getting a consistent message from their families that violence is damaging and conversation can serve as a solution, some believe keeping quiet on the matter is the way to handle what they witness. While the adolescents were never asked about violence inside their own households, several offered personal stories on intrafamiliar violence.

> It doesn't affect me because I'm never in that situation, my mom and dad never fought in front of me. But yes it happens in lots of homes, for example to my cousin (female), my cousin hit my sister, she hit me, my cousin, my aunt always beat her, and one time she hit her with an iron bar, it scared me so badly, I cried so hard.– Lourdes, 54.

Drugs and Alcohol

Drugs are perceived to be a destructive and prevalent issue in the Bañado Sur, or as one clergyman stated, "Drugs get sold around here like bread." (CLEB2: 15). "Here in this zone, 60% are drug users. At the same time you rescue someone, it's like more show up." (CLEB4: 70). Some expressed desires for a rehabilitation center in the Bañado. Participants explain that the current economic state of the Bañado drives people to use drugs, and the traffickers are aware of this.

> Before it wasn't so bad, now every day there's more…crack is a really cheap drug with effects that last ten minutes and then you need more…it destroys the mind, just totally destroys the mind. (CLECA1: 52).

Some adolescents made connections between alcohol, drugs and intrafamiliar violence. In a focus-group discussion, Vicenta said that alcohol use in a family could lead to violence that destroys the family (FGD1, 26). Rosaura expressed her family's concern over her brother, whose family's home is right next to an open lot where drug addicts, one being her brother's friend, congregate. In a different focus group, Odette was the only adolescent who cited family as a potential source of strength in overcoming drug abuse – she also pointed out that it depends on the individual's willpower, and that treatment alone wasn't always enough as many drug users go to rehab "twice, three times to enroll themselves, regardless, they come and get drugged up again" (FDG2, 19). This echoes what clergymen described about drug use as a problem that sees setbacks and requires powerful treatment for success.

PART TWO | Sexual-Reproductive Health

The hardships and strengths of the Bañado Sur community discussed above set the stage for understanding adolescent behavior and decision making – which do not occur in a vacuum, but are a product of the many forces they face on a daily basis. The second half of our findings goes deeper into interpersonal and community-level relationships that influence adolescent sexual and reproductive health specifically.

The word "cuidarse" has multiple meanings in Spanish: It literally means "to take care of oneself", but when used in the context of SRH, it implies using protection to avoid pregnancy or other negative SRH outcomes. Paraguayan society tends to be conservative, especially when discussing topics such as sexual health and contraceptive use. Nonetheless, adolescent females discussed their experiences with sexual education, sexual debut, perceptions on motherhood and other topics. When asked what "cuidarse" meant to them, adolescents said:

> From my point of view cuidarse can be expressed in many ways, if it's being said of "cuidarse", as in you already had sex or if something happened to you, like abuse, you have to be more careful when you're on the street or when you want to have, decide to have sex with him, someone or another person that protects himself like that with contraception, condoms, and it depends a lot also with whom the girl wants to have sex with. – Pilar (FDG1).

> It doesn't necessarily mean exactly that, because it has more meanings that just [the literal translation]. But if you have a boyfriend the first thing your parents tell you is "cuidate". But if you don't they still tell you who to hang out with, so "cuidarse" has lots of meanings, it's not just that. – Zaira (FGD2).

Specific concerns mentioned that were related to cuidarse were unplanned pregnancy, getting vaccinated for "the virus", and treating HIV, (Filomena, 167; Irene, 160; Tomasina, 20; Odette FGD2 14).

Adolescents tend to view motherhood as something "admirable", and note that motherhood is respected in society; women who are mothers have men's respect more than women who aren't (Hortencia:143; Irene 115). Nuria felt that the way a woman raises her child determines what society thinks about her (Nuria:148). There was not a connection drawn by adolescents, though, between becoming pregnant and achieving this status change. When asked if adolescents try to become pregnant, most respondents said no. A few proposed that a girl might try to become pregnant to get a boyfriend to stick around ("atajarle a la pareja", "retenerle a la pareja") or "because they're crazy" (Genoveva:117; Pilar:181; Vicenta:185). Having a boyfriend, they explained, implies that sexual relations are involved, and boys commonly suggest not using protection as proof of her love (Eréndida, 156 and 160; Irene:115; FDG1:55).

Relationships that were formalized by marriage were perceived a thing of the past. "No one talks about marriage, let's be honest" was quickly followed by "The famous 'Boyfriend by 16, pregnant by 17'" in one focus group (FGD1:126).

> Odette: Today marriage doesn't happen, girls get pregnant without being with their boyfriends. (Hoy ya no hay luego más matrimonio, las chicas se embarazan sin estar con sus novios).
>
> Xanic: Before when girls got pregnant, they had to get married. But now they don't, now they get pregnant and get dropped quick.
>
> Odette: Men are irresponsible. They don't want to take responsibility. (FGD1).

Though adolescents were never asked about abortion, the topic was discussed spontaneously in both focus groups and one individual interview. One adolescent used the term echar, "to throw away", to describe abortion. Adolescents explained that at the hospital, girls as young as 13 are questioned over whether or not they have had an abortion and how many they have undergone; and recounted that some girls had already had three abortions (FGD2: 85).

During the activity, one focus group created a new card labeled abortion and said girls tend to learn about abortion much earlier than other topics such as contraception and menstruation because girls at 11 were using abortion to terminate pregnancies (FGD1: 126). Filomena explained that she thought girls who became pregnant did not want an abortion "because it might make them feel bad again" (Filomena; 134). None of the participants described personal experience with abortion, however nor did they cite specific instances they were aware of in the community.

In individual interviews, adolescents were asked to reflect back to what they knew about SRH and puberty when they were ten years old. Only one girl reported knowing about contraception at this age (Hortencia:143). Another girl mentioned she knew at this age that SRH was "something for adults" (Genoveva:117). When interviewed, all of the girls said they had received some form of sexual education in school, but the content varied. "Everything has its moment" and "Don't rush" were messages promoted at school (Jacinta: 134). Others were told it was ok to be sexually active, as long as protection was being used (Hortencia: 181). Girls also said that the information parents conveyed was often different from what the schools taught (Bernice: 89). One girl said she was told at a health clinic to double up condoms to prevent breakage and to avoid using the pill because it "means nothing but pregnancy and STIs" (Odette: 87). School was generally perceived as a good place to learn about SRH, although one girl said that school was ideal because students were disruptive during the lecture, yelling when teachers talked. She preferred one-on-one discussions instead (Genoveva: 112).

When asked in the individual interviews if they had already had sexual relations, two of fifteen replied yes (Dionisia:198; Lourdes: 128). When Lourdes was asked if any of her sexual education influenced her decision making in the moment, she said "Me atormentó" ("It

tormented me"). It is not clear if she was referring to her sexual education or the act itself – she was 14 at the time. Dionisia was also 14 years old when she first had relations, and could not recall anything she had learned about sexual education in school, though she remembers listening to lectures about it. Other examples also exist in the data, ones that show assertiveness in terms of seeking education and using protection. One girl alluded to being sexually active with her boyfriend in a focus group discussion. She recounted how she had made the decision that she was ready to begin having sex with him, and requested that he provide results from an STD screening. This was a point of contention for him, but eventually he conceded and provided the results (FGD2: 87). Another girl expressed her own assertiveness in gaining access to information on SRH:

> And the truth is I, for example, I'm really curious and if I have a chance I'll take it, if I'm by myself at home, or if not, if I'm with someone I trust and ask about it, I like it, I'm not conformist, I don't settle at what I know, rather I have to, I'm the kind of person that if I know something, I have to learn more and go one step further on the topic. – Carmina

Family

To those living in the Bañado Sur, family is a highly powerful and influential factor as shown by the data below. Family can be motivational for youth to salir adelante or "get ahead/move up in life" and directly influence their health habits, positively or negatively. For all interview groups, family was the second most salient theme that arose in the interviews. There was congruency between what clergy and non-clergy key informants say occurs in families and what adolescent females report about their own families. A notable difference between adolescents and key informants is that key informants assign responsibility to the family to instill protective values in their adolescents (KIICLEB1,180; KIICLEB3, 58; KIICLEB4, 89).

In order to effectively design interventions aimed at changing adolescent health behaviors, it is necessary to identify major sources of influence in an adolescent's life. For adolescent females living in the Bañado Sur, in-depth interviews reveal that their decision making, attitudes and beliefs are strongly shaped by their family members. Adolescent females in the Bañado frequently named a family member as the person they admired the most. The family members mentioned were overwhelmingly female (namely mothers, aunts, and female cousins). Often these members were chosen because they had overcome difficult circumstances; for example, single motherhood was mentioned on three occasions. Also, these family members served as a source of inspiration as they constantly provided for their families and made the kids keep studying (Carmina, 2 and 16; Dionisia, 26; Genoveva, 14; Hortencia, 22; Jacinta, 18; Melisa, 18).

Overall, adolescent females tended to identify their mothers, fathers, or parents together as the ideal people in their lives with whom to discuss issues such as reproductive health. When asked to explain what about this person made them feel comfortable in order to discuss sex and puberty, the young women found familiarity an important factor in establishing trust. Lourdes cited three attributes that made her mother the ideal person to discuss these topics with: "And first because she's a woman, and because I'm going to feel more secure with her, and moreover she has experience" (Lourdes, 106). While mothers were most frequently cited, on occasion young women cited their fathers as people they would feel comfortable talking to as well. Carmina describes her first conversation with her mother about reproductive health here:

> So it was like a dialogue with my mom, having an example in my little neighbor who got pregnant at just 12 years old. And it was a time when it was cold outside, we were drinking mate with my mom and I said to her, 'Look mom, she's 12 years old, she still hadn't finished school, she's practically a child, and already taking care of a baby, for example she doesn't have anything else', and my mom tells me 'Look here you've got to

> think, you have to see this as an example, finish your studies, work, and there are many ways to protect yourself, now if you really want to get pregnant, that's when you get pregnant, because there's lots of methods so that you being a women and a man protect yourselves, so, become pregnant when you want to', and there are lots of times when, just like they tell us here, as my mom told me, [unintelligible] , for not having worn protection and the woman for not having protected herself. – Carmina:132

While adolescent girls cite parents as the ideal people for these conversations, this does not suggest the conversations are happening or are easy to hold. Genoveva for example chose her mom as the ideal person, but explains that her mom does not know very much about the topic, and that for this reason she would like to hear from someone who is well trained; she goes on to say "She didn't have what…she wasn't taught well how to take care of herself and that's why she had my brother so young" (Genoveva:101). Other girls have parents who simply refuse to discuss the topic with them, as in Irene's case (Irene:140). Irene went to the local health clinic which taught her about condom use, how to protect herself and how to maintain good hygiene.

Family plays an important role in the way adolescents perceive risk associated with becoming pregnant. Oftentimes family members tell their daughters to "cuidarse", which implies protecting oneself in a general sense from harm, or by using contraceptive methods. The openness of the term's intended meaning makes it easier to use for parents who are embarrassed by the topic at hand. Adolescents believed that parents and grandparents will come to their aid when an unplanned pregnancy occurs (FGD2, 167-172, 177-189; Filomena, 134). "They just pass off what they've done, they hand the ball off to their mom or their dad" (Kariana, 167). "Having family support" was also mentioned as an advantage during an unplanned pregnancy (Filomena, 134).

For clergy of all denominations in the Bañado, improving family life for one's congregants and community members is a priority. Churches address family-related topics such

as family life, domestic violence and marriage by offering programs. Protestant churches offer courses entitled “From Marriage to Parenthood”, “Program for Men and Women”, “Family Foundation”, among others. Marriage is said to be fundamental to a family’s wellbeing, and many Protestant programs that deal with family issues work to strengthen marriages.

> …And mostly programs for marriage, which is the the most important family nucleus that there can be – if there is a good, well-established family the kids are going to be even stronger, right? - Evangelical clergyman (CLEB1, 35-41).

Clergy said that the presence of a parent as a positive role model in the home can have just as much impact on their children’s lives as negative parental behavior. The wife of one pastor believed that the Bañado Sur community’s greatest strength was family because if a child had someone to look up to and teach them from a young age, it would protect the child from falling into vices (CLEB4, 34). Churches have also done what they can to provide positive role models for youth in the Bañado Sur through programs such as Mil Solidarios, or in the case of one pastor’s family by temporarily adopting youth who are in danger of succumbing to the negative behaviors of their parents.

The Church and Religion

The feasibility of implementing youth health interventions at FBOs in the Bañado Sur relies heavily upon youth perceptions of and connectivity to FBOs. The following data reveal youth perceptions of and participation in FBOs, youth’s trust in clergy and other church members, youth’s comfort levels with discussing potentially sensitive topics with clergy, among other topics related to religion and faith. The other key component is clergy buy-in, and so clergy perceptions were captured on the church’s role in addressing community health issues, along with theological and logistical barriers to implementing such interviews.

During the key-informant interviews, clergy members shared how they came into their profession. Catholic clergy were all originally from outside the Bañado but had devoted their lives to living and working inside the Bañado. Evangelical clergy in the Bañado were either from outside the Bañado (CLEB1; CLEB 2) or had been born and raised inside the Bañado (CLEB3; CLEB4). All of the clergy came into their profession as young adults, through theological training, seminary, or involvement with a local church. Catholic clergy left Paraguay for many years during the Stroessner dictatorship, as the Jesuits "were not liked by [Stroessner]" (CLECA2:16). While none of the Catholic clergy were married, all of the Evangelical clergy were married and had children. In two of the four Evangelical key-informant interviews, the pastor brought his wife to sit in on the interview. One Evangelical clergyman shared that as a young man, he was an alcoholic; it was a pastor who pursued him multiple times to help him get sober and involved with the church (CLEB4:5).

Clergy were asked to name a particular strength of their church and the answers were extremely varied. Answers ranged from perseverance to youth groups to nothing at all. Aspirations for the future were also varied. Some clergy wanted to see their congregation view one another more like brothers of the same heavenly family, while other clergy had more interest in programmatic plans such as providing after-school snacks and tutoring for children in the Bañado (CLECA2 MAX; CLEB4 MAX).

Not all churches had programs for congregants outside of their usual worship services. Some Evangelical churches do not have resources for such programming and instead rely on ministry alone as a way to resolve community issues (CLEB2:20; CLEB3:78). Other churches both Catholic and Evangelical offer a variety of programs for their congregants' benefit, oftentimes focusing on marriage and family (CLEB1; CLEB4). One Evangelical church not

located in the Bañado has Saturday evening sports activities for youth that is paired with training classes (CLEB1). One of Mil Solidarios' programs targets single mothers who have left their studies and provides them with scholarships to attend night school to become nurses (CLECA1). Clergy perceived this as not only a way to help mothers become financially stable but to increase the number of medical professionals inside the Bañado Sur. In a less formal way, some churches in the Bañado perform door-to-door community outreach activities such as providing clothes or meals for the needy, or intervening in domestic disputes to connect the victim to resources that can help. Churches also raise funds by holding polladas, where they sell hot plates of chicken and rice for a few dollars in order to raise money for a cause, usually for unforeseen medical expenses. (CLEB3: 84; CLEB4: 46, 83).

Adolescent females believe that church attendance among youth their age in the Bañado Sur is extremely low (FGD1:65; FGD2:37; Genoveva: 65). As far as their own attendance goes, seven adolescent females attended regularly, while one was an occasional attender (Adelita: 85; Bernice: 64; Eréndida: 85; Filomena: 62; Genoveva: 65; Irene: 69; Melisa:72; Hortencia:92). The remaining female adolescents were non-churchgoers (7/15). Additionally there were four adolescent females who participated in the focus groups who mentioned that they had either never been to church before (#) or that they previously were churchgoers but had stopped attending (FGD1:65 and FGD2:37).

An adolescent's church attendance in the Bañado is heavily influenced by her parents' participation in the church and whether or not there are problems at home. Just as many adolescents (Carmina 80; Eréndida 94; Nuria 74 and 90; Melisa 96;) cited parents or home life as a reason why an adolescent would not participate in a church as why they would attend (Filomena 90; Lourdes 82; Genoveva 67; FGD1 73). Adolescents reported "problems at home"

as both a reason an adolescent would or would not attend church. An adolescent won't attend church if his or her parents don't talk about it at home, or if they don't want them to go (Nuria 90; Melisa 96). In one focus group it was mentioned that parents "forcing" their adolescents to go was the reason for adolescent participation. Catholic clergy were less optimistic about youth interest and attendance in church activities. When asked how many congregants attended Sunday services, one Catholic clergy said:

> Very few, twenty…on rare occasion fifty. When there are family functions then yes it fills up or patron saint festivals, right? When there are patron saint festivals the people come and the church fills up or for Holy Week, a big event every couple times a year then more participate but yeah, normally very few people go. (CLECA3:39).

Another Catholic clergy explained that adolescents today are "radically not interested in [faith in Christ]" (Bueno, precisamente la iglesia todo lo contrario, o sea la fe en Cristo, en Jesús es todo lo contrario, ¿no? de la gente. Pero ya te digo, como están metidas en esa, bajo el agua en la pobreza, es muy difícil, sobre todo los jóvenes eso no les interesa pero radicalmente, radicalmente no les interesa) (CLECA1:64). Evangelical clergy reported total congregant attendance as small as 35 and as large as 120 "with many youth attending" (CLEB2:5; CLEB4:18).

Clergy were asked to name a particular strength of their church and the answers were extremely varied. Answers ranged from perseverance to youth groups to nothing at all. Aspirations for the future were also varied. Some clergy wanted to see their congregation view one another more like brothers of the same heavenly family, while other clergy had more interest in programmatic plans such as providing after-school snacks and tutoring for children in the Bañado (CLECA2; CLEB4).

There is not a noticeable difference between girls who attend church and those who do not in regards to trusting clergy members or congregants. Among those who identified themselves as churchgoers, there was a fairly even distribution across the group of those who found clergy and congregants trustworthy, those who found a few clergy and congregants trustworthy, and those who had no trust in anyone associated with the church. Among non-churchgoers, a few still found clergy and congregants to be trustworthy and a few somewhat trustworthy. Distrust of clergy and congregants was more pervasive among non-churchgoers.

> Interviewer: Who do you believe can be trusted in church?
> Participant: I don't really trust anybody.
> Interviewer: You don't really trust anybody, so for you, no one in the church is a trustworthy person?
> Participant: No, it's just about speaking inside of yourself.
> Interviewer: Why don't you think anyone is trustworthy?
> Participant: There's not anyone, for me there are a lot of people, some day they're going to feel that, for example you betrayed them and they're going to want to get even using all the things that you told them or showed them in confidence. (Hortencia: 92).

Why do some youth enjoy going to church? Adolescents mentioned issues at home (problemas en casa) as a main reason why youth attend church, along with a desire to gain insight on "right and wrong". Adolescents who attend church specified listening to what the pastor has to say, especially when the message is related to problems youth face, as a reason they enjoyed going to church. Adolescents who do not attend church say they do not enjoy going to church because "it's boring" (Jacinta: 92; Lourdes: 62). Adolescents are also dissuaded from attending Evangelical churches because of the dress-code expectation ("If you go in jeans, they give you nasty looks") (FGD2: 37). Several of the girls cited "not having enough time" as the reason that they themselves had quit participating in a church. It is not particularly explicit which denomination has been the most successful with youth outreach and connectivity tactics, given

that some youth perceived Evangelical churches to be better at this and others perceived the Catholic churches to be the same. In the focus groups, adolescents explained the difference between the Catholic and the Evangelical churches in the Bañado:

> Because in the Evangelical church they're more educated, they're more…they respect God more, and in the Catholic church the people that go to church also go to parties, it's really different, it's not so…so closed, they don't restrict you from anything.
> - Odette (FGD2: 202). Odette neither attends the Evangelical nor the Catholic Church.

> And the difference is that in the Catholic Church the only one who conducts mass is the priest. But on the other hand in the Evangelical church everyone participants, altogether, they can go up and give their testimony, they sing just like that, altogether, they sing for long periods of time, they worship, they have a moment for prayer, like that. It's totally different.
> -Tomasina (MAX 65)

Given the way in which clergy brought up the importance of marriage in family life and the church's role in strengthening marriages, adolescents were asked about youth perceptions of getting married in the church. While two adolescents viewed church marriages as important, another viewed it as what one does in order to start a family. In general, focus group discussions painted marriage as an outdated institution.

> Today marriage doesn't happen anymore. Girls get pregnant without being in a relationship. (Odette, 226)

> Some adolescents think it's a waste of time, they just want to live together, and that's because they know that someday all that is going to end and it's not going to help us one bit being married. (Rosaura, 46)

The belief that marriage is not worth it because the woman ultimately will be left by the man was a common theme among the adolescents. There is an even variation in how trustworthy adolescents perceive clergy and congregates to be. Nevertheless, adolescents believe that in the case of an adolescent pregnancy, the church would help a girl, not judge her (Adelita: 170;

Eréndida: 118; Genoveva:131; Irene:134; Lourdes: 148). Adolescents see matrimony as something important but not necessary, and claimed a distinction exists between civil and religious marriage but did not go on to explain how they were different. Adolescents also mentioned early marriage as a negative aspect of church communities, citing marriages as young as fifteen (FGD2:37).

When asked about the connection between faith and health, all clergy perceived a relationship between the two subjects, and often perceived this relationship to be inseparable. Some clergy believed that without health, faith crumbled, and went on to say that is why the church is so concerned with making sure people are fed and not falling into vices such as drugs and alcohol (CLECA1). For other clergy, faith was equivalent with healing, and a lack of faith could explain why someone was impoverished or ill (CLEB2: 26; CLEB3: 58; CLEB4: 44).

Talking about "cuidarse"-related issues generated moments of hesitation, skirting the topic, and frustration on the clergymen's behalf (CLEB1; CLEB2; CLEB3; CLECA1). When asked how the church's formation class incorporated SRH, the clergyman did not address the question and instead talked about church activities to promote formation in other areas of participants' lives (CLECA1:24). When asked about what theological issues he perceived in relation to SRH, one clergyman offered an extensive response on homosexuality but did not address anything in relation to youth, contraception, or barriers the church faced in addressing these topics (CLECA2: 82). An Evangelical pastor voiced his frustration with sexual education in schools:

> Here the school, at eight, nine years old, is already teaching [the kids] everything they have to do. So what did [the school] do? Wanting to do something good, they woke up something that didn't need to be disturbed. So they start to toy with this and they throw it at a child and it turns out that all the sudden they find one kid with another kid. So why is

> that? Because there wasn't education, and the education he got wasn't appropriate. So here, we teach them that. – CLEB2

Clergy viewed sex as a form of escapism from the poverty of the Bañado Sur, and rationalized the current culture around sex in Paraguay as being rooted in historical events such as the trading of Guaraní women to Spanish colonizers, and the repopulation of Paraguay after the War of the Triple Alliance (CLECA1:79). Crowded living conditions in the Bañado were also cited as a reason why sex occurs outside marriage (CLECA2:58). Human nature was understood as a reason why premarital sex was difficult to avoid – "The spirit is strong, but the flesh is weak" (CLECA2:64). Economic hardship was also reported as a reason adolescents "entered into prostitution" (CLEB1:126).

When asked about who would be their ideal person to discuss issues such as SRH with, the majority of adolescents mentioned family members. When asked if clergy or other people in the church would also make ideal candidates, all adolescents in both individual interviews and focus groups said no. "I don't trust them enough to go and talk to them about that, I trust my family more." (Filomena: 114). Adolescents believed that doing these interventions might be sacrilegious or offensive to God. One asked the room of girls to try and imagine a Bañado pastor holding up a condom inside the church as an example of discomfort and a reason for why people might not be responsive to the message as opposed to being taught by an outside expert (FGD2 Kariana, Odette: 202). The idea that an outside expert might come to the church to deliver the intervention, taking the clergy out of the implementation and teaching piece, adolescents were more responsive to this idea, although it was stressed that the person must "understand the Bañado" (FGD2 Odette 202).

While clergy proposed reasons as to why premarital sex was occurring among adolescents in the Bañado, the consequences of premarital sex such as an unplanned pregnancy or contraction of an STI were viewed as a result of having sinned (CLEB3: 88). Clergy tended to cite parents as responsible for talking to their children about SRH, and felt that the only thing the church could do was to talk about it or provide counsel on the topic (CLECA1: 36). When asked if the church would be interested to serve as a site for education related to SRH for youth and their parents, one Evangelical pastor's wife replied:

> Pastor's Wife: That would be fantastic. Because there's many things that we can't teach, beyond what our capacity allows us because we're not professionals, you know? We, with the help of God, with the lessons from the Bible, from a few books, from the experience we had with our kids, we can speak on that. But if there are professionals that can help like psychologists or doctors, that'd be fantastic. (CLEB4)

There was a wide variety of beliefs surrounding SRH among Bañado clergy. Among the Catholic clergy there was a consensus that there were no theological barriers to teaching SRH. Catholic clergy believed that while sex was designed to occur in the context of marriage, "We're not moralists in this sense, every person, the freedom they have, yours, mine, that God has given us." (CLECA1: 36; CLECA1: 62). Intrafamiliar violence is a barrier to church efforts to discuss SRH because it influences adolescent relationships and their psychological health, according to one Catholic priest (CLECA1).

Evangelical clergy had opposing viewpoints within their denomination on the church's role in influencing SRH matters for its congregants. Some Evangelicals were very strongly opposed to discussing SRH because they believed it promoted premarital or extramarital sex (CLEB2 MAX; CLEB3 MAX). When asked if the church taught anything about condom use, the clergyman responded:

> The church itself, no, no, no. Because if you're teaching condoms it's because you're granting them the freedom to go do it, you understand? Because the Bible, what does it tell you, right, that you shouldn't have premarital sex, you shouldn't commit adultery. So if you tell them in the church to use a condom and you, then, you're telling them they can do it, you understand me? (CLEB3 MAX 88).

Another viewed the "fear of God" as the tool necessary to enforce purity before marriage and believed that teaching youth about sex at a young age only caused youth to act on their new knowledge (CLEB2 MAX 30).

Other Evangelicals who had more funding and more established youth programming were more welcoming of the idea of SRH interventions for youth in the context of marriage. One church in the Bañado was already effectively teaching sexual education to women new to the church, stressing the importance of not bringing children into the world in an irresponsible manner:

> So we teach this to the women…that we too can space our births, family planning is free, I know it is because I planned my births, when I got to four kids I began using family planning at the health center, which was free for me and the attention was really great, if you don't use family planning it's because you don't want to, it can be done and usually it's the women who deal with it because to men this isn't very important, it basically doesn't matter to them. If a woman doesn't care about it and doesn't do anything about it, she says "I can't, I don't have the resources" then baby, baby, baby. Yes you can because there's the health center…we women do have to be proactive and not let ourselves get behind, that's it, that's what I teach…to women in the church, that we have to take advantage of the help that exists for us, that we have to use it because it's for all of us. – Wife of Pastor (CLEB4)

One Evangelical deacon who is also a medical doctor was conflicted between his professional and spiritual beliefs in regards to SRH and the medical recommendations he made to his patients:

> Myself, as a doctor I find myself a little...unique. I know that as a Biblical principle the first recommendation I make is for the person to abstain but I'm facing a difficult

> situation in that today there are many times in which I have to recommend [contraception] and many times I recommend condoms when I see that things are difficult, because it's worse to bring into the world an unwanted child, or abortion, but these happen a lot, and all of this is the responsibility of the family, of the home. (CLEB1 MAX 158).

Non-clergy were very open to discussing SRH and SRH education for adolescents and addressed religious opposition to sexual education –

> There's a wrong perception among religious people of a certain…about the sexual education having…like an impact in promoting promiscuity, "That's just going to make it worse", How is it going to be worse? Since when did an educational talk result in pregnancy? (KIINCL1: 109).

Non-clergy also expressed that religious figures opposed the Marco Rector, which would have reformed sexual education nationwide in Paraguay. And yet, non-clergy still believed that there was a role for clergy to work on these issues with their communities, since clergy are aware of the needs of their communities:

> The faith-based organizations, I can be frank, right? I believe that the faith-based organizations have a dilemma…a difficult one because in being dogmatic toward reality I don't know why this would be a dilemma, right, between the dogma, the mandate, the religious mandate that satanizes sex, sex is for reproduction, they say "How can you have sex with condoms? No way." "How is a man going to have sex with another man, ooh, that's satanic", so that is the mandate. But what happens with the priests or the nuns that are in a community? They are in touch with reality. And that, I believe, is a weight on their conscience right? So we see that many times at the community level…it becomes more flexible, that they understand, they get it but they have this mandate that…they are living in reality and they know, but they can't do it, they can't go against their faith, right? – KIINCL1

Rural health specialists at INS cited religious schools as having less comprehensive sexual education than non-religious schools, and parents opposing sexual education for children as young as 10 in the public schools (KIINCL2).

Ultimately, clergymen from all denominations in the Bañado Sur are faced with aligning their theologies with how to address hardships such as teen pregnancies and STI prevention among youth; however, for some clergy these barriers are not as insurmountable as they are for others. The Catholic clergy that we interviewed did not perceive theological barriers to discussing youth SRH via interventions in their congregations. Information on SRH was already being disseminated through youth groups inside Catholic organizations such as Mil Solidarios. Evangelicals were on a wider spectrum about SRH interventions for youth, with half being extremely opposed to the idea and the other half being somewhat more open. Notably, Evangelical churches with larger youth programs were more open to the idea of implementing youth interventions on SRH. Both adolescents and clergymen have a desire to see parents take an active role in communicating with their adolescents about SRH, and the chasm between adolescents and clergy regarding communication on SRH appears to be too wide for efficacy's sake and a gap that neither party wants to bridge.

Chapter 5: Discussion

Summary of Findings

In exploring the feasibility of using faith-based organizations as sites for adolescent health interventions, several important findings have been revealed. What appears to be arising from the data are two narratives, that of adolescent females and that of Bañado clergy. These narratives, while similar in some respects, are effectively passing by one another like two ships in the night.

Adolescent females in the Bañado Sur do not feel comfortable discussing sexual-reproductive health with clergy or other people in the church, often due to a lack of trust or fear of chisme, or gossip, within the congregation. As a meeting place, some adolescents felt comfortable in churches while others did not. In agreement with a previous study conducted in the Bañado Sur (Keefe-Oates 2013), adolescent females prefer to discuss these topics within their families, especially with older female family members, because there is greater trust and less fear of judgment. Adolescents believed an intervention could be delivered through a faith-based organization, but only if the actual implementing group was comprised of SRH experts who were familiar with the circumstances of the Bañado Sur. While adolescents preferred discussing these topics with family members, parent-adolescent communication on sexual-reproductive health often faces obstacles that weaken the message parents want to communicate or prevent communication from happening at all. Adolescents are eager to learn more about SRH and wished they had known more about SRH at a younger age.

For clergy in the Bañado Sur, comfort levels varied greatly regarding whether the church could serve as a site for adolescent SRH interventions. Smaller Evangelical churches with fewer

financial resources were very opposed to the idea of discussing SRH topics with adolescents, and felt that this would promote early initiation of sex and give adolescents permission on behalf of the church to do so. One Evangelical church in the Bañado welcoming the idea of serving as a site for an SRH intervention, but only if SRH experts delivered the intervention. Catholic clergy fell somewhere in the middle; they neither expressed opposition nor great enthusiasm for intervening on SRH with adolescents. In the case of Mil Solidarios, Catholic clergymen themselves are not delivering the content, however SRH education was already offered through youth training classes. Regardless of their stance on promoting SRH to adolescents, all clergy stated that parents are responsible to give education and instill values on SRH to their adolescents.

Another major disconnect between the narratives of youth and clergy concerns marriage and formal relationships. Clergy heavily promote formal marriage in the church and believe that the discussion on SRH should be confined to the context of marriage. This is problematic given that adolescents view marriage as outdated and do not envision themselves as having a formal church marriage. Adolescent females voiced distrust that men intend to commit to long-term relationships, and noted this as a reason why it was not beneficial to enter into a legally binding relationship. Adolescent females also equated having a boyfriend with an expectation of sexual activity, and that boyfriends often pressure for sex without contraception as a sign of love. These kinds of pressures put adolescent girl at risk of engaging in sexual activity or becoming pregnant before they are ready, as well as contracting an STI.

The backdrop to these differing agendas is the Bañado Sur and the vast array of unmet needs and threats to security and livelihood that its inhabitants face. It is possible that the views of adolescents living in the Bañado Sur are not dramatically different from those of youth living

elsewhere in regards to communicating with family and clergy on SRH; however, in order to maximize any potential intervention's effectiveness it may be appropriate to adapt the intervention with the Bañado Sur's challenges in mind. From the results of this study in the context of the Bañado Sur, three major needs arise:

1. The need for parents to be educated and empowered to effectively communicate with their adolescent children about SRH.

2. The need for interventions that target adolescents directly prior to puberty and increase adolescent knowledge and awareness of their bodies, menstruation, and how pregnancy occurs.

3. The need for interventions that promote sexual education that is both scientifically sound and simultaneously aligned with local theologies.

Characteristics of Effective Interventions

What are the components of effective interventions? The late Douglas B. Kirby, a world-renown expert in the field of adolescent reproductive health, examined 83 sex and HIV education interventions for adolescents in order to identify what components the successful interventions had in common – successful in this case meant a delay or decrease in sexual activity and/or an increase in condom or contraceptive use for youth who were sexually active. Seventeen characteristics were present among the interventions that were shown to be successful through rigorous evaluation. In his review, Kirby organizes these characteristics into three stages: intervention development, intervention content and curriculum (activities and teaching methodologies), and intervention implementation.

Kirby's 17 Characteristics of Effective Programs*

Development

1. Involves multiple parties with different backgrounds in sex/HIV theory, research, and education to develop the curriculum
2. Assesses "relevant needs and assets" of target group
3. Uses a logic model
4. Designs community-appropriate activities given the culture and available resources
5. Pilot tests the program

Curriculum and Content

6. Focuses on clear health goals – the prevention of STI/HIV and/or pregnancy
7. Focuses narrowly on specific behaviors leading to these health goals, gives clear messages about these behaviors, and addresses situations that might lead to them and how to avoid them.
8. Addresses multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy).
9. Creates a safe social environment for youth to participate

Activities & Teaching Methodologies

10. Include multiple activities to change each of the targeted risk and protective factors.
11. Employ instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors.
12. Employ activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience.
13. Cover topics in a logical sequence.

Implementation

14. Secures at least minimal support from appropriate authorities such as ministries of health, school districts, or community organizations.
15. Selects educators with desired characteristics (whenever possible) trains them and provides monitoring, supervision and support.
16. If needed, implements activities to recruit and retain youth and overcome barriers to their involvement, e.g., publicizes the program, offers food, or obtains consent.
17. Implements virtually all activities with reasonable fidelity.

* Figure 1: Characteristics of Effective Curriculum-Based Programs from Page 71 (Kirby 2006).

Kirby states that studies should aim to assess which of the 17 aforementioned characteristics are most important in their research setting and "what kinds of adaptations can be made without jeopardizing effectiveness".

Recommendations for Interventions Involving Parent-Adolescent Communication:

If parents in the Bañado could be empowered to successfully communicate with their adolescents on SRH topics, adverse SRH health outcomes among adolescents in the Bañado could be reduced, thereby promoting health and wellness and increasing the chances that an adolescent stays in school. In order to bring about individual change in behaviors and or knowledge, it is valuable to involve multiple levels from the Social Ecological model (Stokols, Allen et al. 1996). By involving an adolescent's parents at the interpersonal level, it increases the likelihood that change will occur since parents are influential figures and can help to reinforce learned positive behaviors or dissuade negative behaviors.

My Changing Body

A potential intervention is "My Changing Body: Body Literacy and Fertility Awareness for Young People" from Georgetown University's Institute for Reproductive Health. "My Changing Body" is a six-session curriculum designed for young adolescents ages 10-14. The program is an evidence-based curriculum in its second edition (Palmer 2010). Along with other languages, it has a Spanish version called "Mi Cuerpo Está Cambiando." It is designed for both boys and girls. Five of the six sessions are designed with the idea that boys and girls can be taught together; the fourth session is designed to be taught with the sexes separated. This curriculum addresses a multitude of topics in a way that encourages a non-judgmental environment. Physical and emotional changes during puberty, menstruation, healthy relationships, sexual desires, fertility and pregnancy are all part of the curriculum. Additionally, there is a section on pregnancy prevention that explains in detail abstinence and contraceptive methods. While the curriculum's instructions to the facilitator claim that the curriculum can be accomplished in just a few days if necessary, the curriculum's creators encourage the use of

more time in order for youth to be able to take full advantage of some of the activities that require tracking menstrual cycles and other activities that require more time.

My Changing Body used its Spanish version to implement the program among a low-income community in Guatemala. “Evaluations of the programs are currently underway using a pre- and post- design with nonequivalent matched control groups” and preliminary findings suggest that among those youth and parents that received the intervention there was an “increase in fertility knowledge among the intervention group; parents believe they are more accepting towards their children’s sexuality; both parents and youth report greater confidence and the ability to communicate; and there is a shift towards more equitable gender attitudes among both parents and youth.”(Palmer 2010).

An advantage of the curriculum is that it involves parents through activities designed to facilitate conversations with their children on SRH and the changes that come with puberty. After the first session, adolescents go home with a sheet of questions and interview their parents about what they enjoyed about being their child’s age (10-14 years old) and what they didn’t like about that age. Adolescents are expected to tell their parents three new things they learned through the curriculum that day, and parents are to tell their adolescent three things they feel their adolescent should know about going through puberty. By involving parents early on in the curriculum, it helps them feel connected to what their adolescent is learning, and gives them an opportunity to share past experiences with their adolescent. From the interviews conducted with Bañado adolescents, we know that adolescents look to their parents for information on SRH precisely because they have already lived through these experiences.

There are several advantages to this curriculum on top of those already mentioned. One is the promotion of discussion on SRH and puberty at a young age. As was seen through the data,

very few of the adolescent females interviewed knew anything about SRH and puberty at age 10. This curriculum would promote early, age-appropriate education and conversations between young adolescents and their parents before an adverse health event occurs. Also, the curriculum addresses many "myths" on SRH and puberty, helping to quell rumors that circulate and misinform adolescents on important information regarding their ability to get pregnant or contract an STI.

While adolescent females themselves may not want to speak with clergy or congregants on SRH topics, "My Changing Body" could potentially be adapted by Mil Solidarios for its 10- to 14-year old student cohort. Mil Solidarios already has incredible rapport with students and parents, and is open to the idea of teaching sexual education via youth training classes. Mil Solidarios already possesses much of the infrastructure that would be necessary to implement this curriculum: a meeting location that is accessible to youth, chalkboards that could be utilized in the event that flipcharts were not available, writing utensils for students, mechanisms to provide snacks for participating adolescents, and a non-threatening atmosphere.

The "My Changing Body" curriculum recommends making parents aware that their young adolescent will be participating in the intervention through a letter to parents. The curriculum has clues for facilitators on how to adopt the curriculum to low-literacy areas in case sending a letter home to parents is met with communication barriers. This would be an important consideration for Bañado parents who may struggle with reading. Another section of the curriculum has a parent guide that includes "Road Blocks to Discussion" and "Building Blocks to Discussion" – examples of negative or positive ways a parent might respond to a child's comment. Parents are given handouts with lots of examples and are trained in recognizing when a comment they make to their children can shut conversation down or encourage more of it. For

Bañado Sur parents, it would be important to assess local literacy levels and then develop the guide based on those needs. Spanish might not be helpful in all cases as Guarani is also frequently spoken in the Bañado; a bilingual guide might be useful so that both Spanish and Guarani-speaking parents can participate together.

Fertility Awareness Methods

The Institute of Reproductive Health at Georgetown has previously conducted work in fertility awareness through the use of CycleBeads and the Standard Days Method, and this curriculum incorporates CycleBeads as an activity for teaching fertility awareness. Fertility awareness as a contraceptive method can be very effective in preventing pregnancy, and studies on perfect use show failure rates of 0.4-5% within the first year of use; however, typical use has considerably higher rates of failure, ranging from 12 to 24% in the first year (Hatcher, Trussell et al. 2011). Fertility awareness relies greatly on partner compliance and either abstaining from sex during the fertile days or using alternate methods of contraception during that time. Finally, the promotion of fertility awareness methods like CycleBeads is consistent with more conservative teachings in the Catholic Church, allowing adolescents to learn about their bodies and healthy communication with their partner.

Fertility awareness interventions could also target parents so that there is increased dialogue between adolescents and their parents about SRH. Having parents teach on fertility awareness not only provides a chance for parent-adolescent dialogue, but it also might be an easier approach to discussing SRH. Talking about fertility awareness and menstruation is a more "innocent" approach than talking about sexual activity and using contraception, and in this sense may be more comfortable for parents. It still gets the message delivered on how pregnancy can occur and how to go about recognizing the physical and emotional signs of puberty. Churches

could serve as sites for these parent-based interventions given their desire to see parents address SRH at home, and in return, parents may come away with a better understand of the role that churches assign them.

Families Talking Together

Another curriculum that promotes parent and adolescent communication is "Families Talking Together", developed by Vincent Guilamo-Ramos of NYU (Guilamo-Ramos 2011). This intervention, meeting many of the initial 17 characteristics proposed by Kirby, has already been piloted in the Bañado (Keefe-Oates 2013). While the intervention received an overall positive response, parents who participated in the intervention could have benefitted from more training on how to effectively communicate with their adolescents provided that some parents did not follow through with the intended conversations on SRH that "Families Talking Together" tried to prepare them to initiate. This intervention could be even more promising than its pilot-test if adapted to provide parents with additional training and support. As recommended by Keefe-Oates, the current version in Spanish would need to be adopted to the local Spanish, as some phrases were not transferable (Keefe-Oates 2013).

Among churches with the resources and human capital to do so, "Families Talking Together" could be promoted through churches, as churches believe it is within the family that the topics of SRH should be discussed. It remains to be seen if churches fully comprehend the difficulty that Bañado parents experience in trying to communicate with their adolescents on these topics. By promoting "Families Talking Together", churches are also promoting their goals of strengthening families which is central to their mission and avoiding having to deliver the content directly to adolescents themselves.

There is a growing body of literature on the health of adolescents in the Bañado Sur of Asunción. Many of the risks and barriers that this population faces have been identified, and to date, one intervention has been piloted in a feasibility study. The Georgetown University curriculum has been identified as a potential intervention that could fill many of the voids remaining in parent-adolescent communication, the church's desire for religiously-aligned materials on SRH, and the lack of "early enough" education on SRH and puberty. Not only would young girls benefit from this curriculum, but young boys would as well, opening the possibility for increased awareness and understanding for how to prevent adverse SRH outcomes for themselves and their peers.

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Appendix 1: Adolescent Interview Guide

Guía de Entrevista: Adolescentes (Unisex) Edades 15 a 18

Propósitos:

1. Entender las experiencias pre-adolescentes relacionadas con la SSR y educación del entrevistado.
2. Evaluar la participación de adolescentes con OBF y sus niveles de comodidad con OBFs como sitios posibles para intervenciones de SSR para padres con sus hijos preadolescentes.
3. Entender el punto hasta cuál los adolescentes utilizan la información de SSR que aprenden.

Buenas tardes y muchísimas gracias por su participación en esta entrevista.

Somos investigadores de la Universidad de Emory trabajando en colaboración con Mil Solidarios para aprender más sobre las necesidades de la comunidad del Bañado Sur y para colaborar con la comunidad para construir intervenciones. Relacionado con todo eso, tu perspectiva es inestimable pues quisiéramos realizarte una entrevista sobre temas como madurar en el Bañado.

Antes de comenzar, quisiéramos que sepas que tu participación es exclusivamente voluntaria. No tienes que responder a ninguna pregunta que te incomoda. También, puedes parar la entrevista en cualquier momento. Quisiéramos hacer una grabación de esta entrevista para que nada de lo que digas este omitido. No usaremos tu nombre dentro de nuestros hallazgos. La grabación será confidencial, nadie excepto nuestro equipo de investigación tendrá acceso a la grabación. ¿Podemos hacer la grabación?

Sírvete bien a la comida mientras hablamos. Esta entrevista tomará más o menos una hora. ¿Alguna pregunta?

Para Empezar:

1. Cuéntame sobre ti mismo.
    a. ¿Cuáles son algunos de tus intereses?
    b. ¿Cuáles son tus metas?
2. ¿Cómo llegaste a participar en Mil Solidarios?
    a. ¿Qué haces aquí?
    b. ¿Cuánto tiempo pasas acá durante la semana?
    c. ¿Qué te gusta de MS?
3. ¿Quién es la persona que admiras mucho?
    a. ¿Por qué?

Ahora, quisiéramos hacerte unas preguntas sobre la salud de los adolescentes.

Abuso de Substancias:

4. ¿Hay alguien que te ha hablado sobre el alcohol o las drogas?
    a. ¿Quién? ¿Edad?
    b. ¿Cuántos años tuviste?
    c. ¿De qué hablaron ustedes exactamente?
    d. ¿Y tus amigos? ¿Hablas con ellos sobre estos temas?

5. ¿Bebes alcohol?
    a. ¿Cuántos años tuviste la primera vez que bebiste?
    b. ¿Con quién o quiénes estabas?
    c. ¿Por qué?

6. ¿Fumas tabaco?
    a. ¿Cuántos años tuviste la primera vez que fumaste?
    b. ¿Con quién estabas?
    c. ¿Por qué?
7. ¿Has usado alguna sustancia a parte del alcohol o tabaco?
    a. ¿Cuántos años tuviste la primera vez que usaste algo que no era alcohol ni tabaco?
    b. ¿Con quién estabas?
    c. ¿Por qué?

Muy bien, muchísimas gracias. Todo eso es muy útil. Ahora, quisiera hacerte algunas preguntas sobre la violencia.

Violencia:

8. ¿Qué hace la comunidad ante la violencia?
    a. ¿Dónde siente la gente segura? ¿Insegura?
    b. ¿Cómo es que la violencia dentro de la comunidad afecta a tu vida cotidiana, o lo que haces cada día?
9. ¿Hablas con otros sobre la violencia?
    a. ¿Quién?
    b. ¿Dónde?
    c. ¿De qué hablan?
    d. ¿Hablas con tus padres sobre la violencia?
    e. ¿Qué tal escuela?
10. ¿Qué te ha enseñado sobre la violencia?
    a. ¿De qué te gustaba aprender?
    b. ¿De qué quisieras aprender más?

Pensamientos generales sobre Organizaciones Basadas en la Fe (OBFs)

11. ¿Qué opinas sobre las iglesias en tu comunidad?
    a. ¿Qué tan involucradas son las iglesias en trabajar con los jóvenes?
12. ¿Cómo es tu participación con una iglesia o comunidad religiosa?
    a. ¿Y cuáles partes de participar te gustan?

13. ¿Van sus amigos a misa o servicios religiosos?
    a. ¿Por qué es que a algunos jóvenes les gusta ir a la iglesia?
    b. ¿Por qué es que a otros no les gusta participar en comunidades religiosas?
14. ¿Cómo influye la fe de un adolescente en su manera de tomar decisiones?
15. ¿En quién puedes confiar en las iglesias?
    a. ¿Cómo son estas personas para que sientas así?
16. Describa tu relación con el pastor o sacerdote.
    a. ¿Cuánto puedes confiar en él?
17. ¿Qué tan cómodo sientes cuando estés en la iglesia?
    a. ¿Por qué?
    b. ¿Qué te hace sentir así?
18. ¿En cuáles lugares sentirías más cómodo para aprender sobre el sexo y la pubertad?
    a. ¿Qué características tienen estos lugares que hacen que sientes más cómodo?
    b. ¿Qué tiene la iglesia para que te sientas más cómodo al hablar del sexo y la pubertad?
    c. ¿Tu familia?
19. ¿De quién prefieres aprender sobre el sexo y la pubertad?
    a. ¿Cómo es esta gente que hace que quieres aprender de ella?
    b. Pastores o sacerdotes
    c. Tus padres
    d. ¿Otra gente de tu iglesia?
20. ¿Cómo reacciona la iglesia al embarazo adolescente?
    a. ¿Cómo afecta eso tus ganas de aprender sobre el sexo y la pubertad?

SSR:

Ahora quisiéramos hablar un poquito sobre madurar y de lo que has estado enseñado sobre eso.

21. ¿Qué significa para ti ser adulto?
    a. ¿Cómo es que esto es diferente de ser adolescente?
    b. ¿Cómo se nota la diferencia entre ser niño y ser adolescente?
22. Cuéntanos sobre las primeras conversaciones que tuviste sobre el sexo o la pubertad.
    a. ¿Dónde ocurrieron?
    b. ¿Con quién tuviste esta conversación?
    c. ¿De qué hablaron?
    d. ¿Qué aprendiste sobre relaciones románticas?
23. Cuando tenías diez años, ¿qué sabias del sexo y la pubertad?
    a. ¿De dónde sacaste esta información?
    b. ¿Qué hubieras querido aprender pero no aprendiste?
24. ¿Cuándo fue tu primera experiencia sexual?
    a. ¿Cómo fue que la educación que recibiste sobre este tema afectó ese momento?
25. ¿Qué información que te enseñó sobre la SSR encontraste útil?
    a. ¿Qué información no fue útil?

Para terminar:

26. ¿Cuáles otras preocupaciones tienes o tienen los adolescentes y que piensas son importantes?
27. ¿Cómo ha influido Mil Solidarios a tu vida en cuanto a los temas que mencionamos hoy?
28. ¿Hay algo más que quieres mencionar o destacar antes de que terminemos?

Otra vez, muchísimas gracias por tu participación en esta entrevista. Queremos asegurarte de que todo lo que acabas de decirnos es totalmente confidencial.

Appendix 2: Non-Clergy Interview Guide

Organizaciones y Salud de la Comunidad: Guía para Entrevistas de Informantes Claves

PROPÓSITOS:

1. Determinar las percepciones de la organización sobre las fortalezas y desafíos en la comunidad, incluso los relacionados a la salud sexual-reproductiva, violencia y abuso de substancias.
2. Identificar el trabajo que hace la organización para abordar los desafíos dentro de la comunidad.
3. Identificar cuáles aspectos de programas de la organización ya establecidos son efectivos o inefectivos.
4. Identificar otras organizaciones en la comunidad que están involucradas de trabajo similar.
5. Identificar asociaciones potenciales entre organizaciones.

DECLARACIÓN INICIAL:

Buenos días.

Antes de empezar, le quisiéramos agradecer por su participación en esta entrevista. Como un profesional de la comunidad, su pericia será sumamente inestimable al trabajo que estaremos haciendo.

Somos investigadores de la universidad de Emory, trabajando en colaboración con Mil Solidarios. En los últimos años, varios estudiantes de nuestra universidad han venido a la comunidad del Bañado Sur para examinar temas como la salud sexual-reproductiva y resiliencia de los jóvenes, o sea, la manera en que afrontan los jóvenes a sus problemas y los superan.

Estamos acá para captar las percepciones de la comunidad en cuanto a la salud sexual-reproductiva, violencia, y el abuso de substancias. Usaremos información que colectamos para proponer intervenciones basadas en lo que dice la comunidad. Usando estas intervenciones, nuestra esperanza es colaborar con otras organizaciones basadas en la comunidad y en la fe.

Quisiéramos hacer una grabación de nuestra entrevista hoy para que nada de lo que diga este omitido erróneamente. No usaremos su nombre dentro de nuestros hallazgos, pero usaremos su posición dentro de la comunidad y el nombre de su organización. Si quiere que saquemos más datos personales, claro que lo haremos, solo tiene que decirnos. ¿Podemos grabar esta entrevista hoy?

La entrevista tomará aproximadamente una hora. Por favor, sírvase lo que quiera de la comida y avísanos si necesita una pausa. Si hay alguna pregunta que no quiere contestar, no hay problema. Si usted quiere parar la entrevista en cualquier momento, está bien. ¿Alguna pregunta antes de que comencemos?

PARA EMPEZAR:

1. Cuéntanos de si mismo
    a. ¿De dónde es Ud.?
    b. ¿Por cuánto tiempo ha trabajado en esta comunidad?
    c. ¿Qué le motivó a tomar parte en este tipo de trabajo?

PARA DETERMINAR LAS PERCEPCIONES DE LA ORGANIZACIÓN SOBRE LAS FORTALEZAS Y DESAFÍOS DE LA COMUNIDAD INCLUSO LOS RELACIONADOS A LA SALUD SEXUAL-REPRODUCTIVA, VIOLENCIA, y ABUSO DE SUBSTANCIAS.

2. En su opinión, ¿cuáles son algunas de las fortalezas de la comunidad?
    a. De estas fortalezas, ¿qué opina Ud. cuál es la más importante?
    b. ¿Cómo es que estas fortalezas impactan al trabajo que hace su organización?
3. ¿Cuáles son algunos desafíos que enfrenta la comunidad?
    a. De estos desafíos, ¿cuáles son los más apremiantes para ud. y por qué?

ABUSO de SUBSTANCIAS

4. ¿Qué tan prevalente es el abuso de substancias entre adolescentes de su comunidad?
    a. ¿Cuáles substancias son las más usadas?
5. ¿Cómo están percibidos los adolescentes que consumen drogas o alcohol?
    a. ¿Cómo afecta el comportamiento de tales adolescentes a la comunidad?

VIOLENCIA

6. ¿Cuáles tipos de violencia existen en su comunidad?
    a. Violencia juvenil
    b. Violencia en pareja
    c. Violencia con armas
7. ¿Quién es más afectado por violencia en su comunidad?
    a. Mujeres
    b. Jóvenes
8. ¿Cuáles son los desafíos relacionados con la violencia en su comunidad?

SALUD SEXUAL-REPRODUCTIVA

9. ¿Qué información sobre SSR está disponible para la comunidad?
    a. ¿Qué está siendo presentado sobre anti-conceptivos?
    b. ¿Quién está presentando la información o proveyendo servicios?
10. ¿Qué tipos de desafíos son relatados con la SSR?
    a. ¿Anticonceptivos?
    b. ¿Embarazo?
    c. ¿Enfermedades de transmisión sexual?
    d. ¿Dinámica entre parejas? (Expectativas)

IDENTIFICAR EL TRABAJO QUE HACE LA ORGANIZACIÓN PARA PLANTEAR LOS DESAFÍOS DE LA COMUNIDAD

11. ¿Nos puede contar un poquito sobre el trabajo que hace la organización suya?
    a. ¿Qué tipos de programas hay o cómo es que Uds. se dedica en la comunidad?
    b. ¿Cuál es el propósito de estos programas?

c. ¿A qué población están dirigidos estos programas?
d. ¿Cuántas personas reciben los programas?
e. En general, ¿quién participa en los programas?
f. ¿Cómo es el plan de largo plazo para su organización?

12. Mencionó Ud. varias fortalezas de la comunidad. ¿Cómo se relacionan estas fortalezas al trabajo que hace su organización?

IDENTIFICAR CUÁLES ASPECTOS DE PROGRAMAS DE LA ORGANIZACIÓN YA ESTABLECIDOS SON EFECTIVOS o INEFECTIVOS

13. Por favor, ¿nos puede explicar cómo es que sus programas han tenido éxito?
    a. ¿Cuáles programas han tenido el impacto más grande?
    b. ¿Por qué?

IDENTIFICAR OTRAS ORGANIZACIONES EN LA COMUNIDAD QUE ESTÁN INVOLUCRADAS DE TRABAJO SIMILAR

14. ¿Cuáles otras organizaciones están involucradas con trabajo similar en esta comunidad?
    a. ¿Cómo son estos programas?

IDENTIFICAR ASOCIACIONES POTENCIALES ENTRE ORGANIZACIONES

15. ¿Está colaborando actualmente con otras organizaciones?
16. (Si su organización no está actualmente trabajando en problemas relatados con SSR, violencia, drogas)…. ¿Es ésta un campo en que su organización tendría interés en expandir?
17. ¿Puede ver un papel o rol para organizaciones basadas en la fe o iglesias en este campo?
18. ¿Tendría interés o inclinación su organización en colaborar con otras organizaciones religiosas?

PARA TERMINAR

19. ¿Hay algo que todavía no ha sido mencionado que quisieras destacar ahora?

Muchísimas gracias por su participación en esta entrevista. Si piensa que alguien más tenga interés en hacer una entrevista, por favor déjenos saber para que podamos planear una entrevista con ellos.

Appendix 3: Clergy Interview Guide

Organizaciones Basadas en la Fe y Salud de la Comunidad: Guía de Entrevista para Informantes Claves

Propósitos:

1. Determinar las estrategias actuales que usan las OBF en cuanto a la salud de su parroquia.
2. Evaluar la disposición de las OBF de trabajar con la SSR de su parroquia.
3. Evaluar los desafíos y el razonamiento teológico hacía la implementación de una intervención de salud sexual y reproductiva.

Introducción:

Buenos días y muchísimas gracias por su participación. Hoy queremos hablar con usted y escuchar sus opiniones sobre la salud de los adolescentes y cómo la iglesia se relata a esta temática. Antes de que comencemos, queremos que sepa que si no quiere contestar ninguna pregunta, no hay problema. Quisiéramos hacer una grabación de la entrevista para ayudarnos a recordar todo lo que usted nos dice hoy. La grabación será confidencial, nadie aparte del equipo de investigación tendrá acceso a la grabación. ¿Podemos tener su permiso para grabar la entrevista?

Para empezar:

1. Cuéntanos sobre su mismo.
    a. ¿Cómo llegó a trabajar con esta parroquia?
2. Díganos sobre la parroquia.
    a. ¿Cuáles fortalezas ve en la gente de la parroquia?
    b. ¿Cuáles desafíos?
    c. ¿En cuáles temas anda bien la parroquia?
        i. ¿Hay ciertos temas, ciertas poblaciones?
3. Aparte de los servicios los domingos, ¿cuáles otros programas tiene su organización?
    a. ¿A quién se dirige estos programas? ¿A la gente de la parroquia? ¿A la comunidad en general?
4. ¿Qué inspiró a la parroquia para involucrarse en estos programas?

Recursos (Ventajas) y Desafíos para la Comunidad

5. En su opinión, ¿cuáles son las fortalezas que posee la comunidad?
6. ¿Cuáles son algunos desafíos que enfrenta a la salud de la comunidad?
    a. ¿Puede ordenar desde 1 hasta 5 cuáles de estos desafíos tienen el mayor impacto en la comunidad?

Salud General y OBF

7. Dado estas necesidades, cómo es su perspectiva en relación entre la fe y la salud?
    a. ¿Cuál rol descarga la iglesia en cuanto a la salud de la comunidad?
8. ¿Cómo aborda su organización estos desafíos?
    a. ¿Quién está involucrado?
    b. ¿Cómo consigue fondos?
    c. ¿A cuántas personas alcanza su apoyo?
    d. ¿A cuáles personas dirige el apoyo?
9. ¿Cuáles son las metas de estas iniciativas?
    a. ¿Cómo está relacionado la fe con estas metas?
10. ¿Cuáles son las condiciones para recibir estos servicios que ofrece la iglesia?

Salud Sexual-Reproductiva

Descripción del trabajo que Emory ya ha cumplido en el Bañado:

En los últimos cuatro años, estudiantes de nuestra universidad han venido al Bañado Sur para investigar temas como la salud reproductiva y resiliencia en jóvenes. Estamos interesados de implicarnos con organizaciones basadas en la fe a trabajar con padres de adolescentes jóvenes (de edades 8 a 12) para prevenir comportamiento que resulta en riesgos para la salud.

Salud Sexual-Reproductiva

11. ¿Qué rol se empeña la iglesia con la salud sexual-reproductiva?
    a. ¿Y su organización, qué puede hacer?
12. ¿Cuáles obstáculos o problemas percibe usted para el involucramiento de la iglesia en salud sexual-reproductiva?
    a. ¿Cómo entra en juego el uso de preservativos?
    b. ¿Cuáles obstáculos teológicos percibes?
13. ¿Cuáles organizaciones religiosas ya están trabajando en la SSR en la comunidad?
14. ¿Cuáles aspectos de SSR tendría interés la parroquia en discutir?
15. ¿Cuáles aspectos de SSR serían inapropiados para discutir con la parroquia?
16. En su opinión, cómo es el razonamiento teológico para su perspectiva?

Abuso de Substancias

17. ¿Qué tan prevalente es el problema de abuso de drogas entre adolescentes en su comunidad?
    a. ¿Cuáles drogas son los más usados?
18. ¿Qué cambios son visibles en el comportamiento y actitud de los adolescentes que consumen drogas y alcohol?
    a. ¿Cómo afecta la comunidad el abuso de substancias por adolescentes?
19. ¿Qué rol podría desempeñar la iglesia para reducir el consumo de drogas y alcohol entre adolescentes?

Violencia

20. ¿Cómo son los desafíos, si existen, relatados con la violencia en su comunidad?
21. ¿Qué tipos de violencia están presentes en su comunidad?
22. ¿Quiénes son los más afectados por violencia en su comunidad?
23. ¿Qué rol podría desempeñar la iglesia para prevenir violencia en la comunidad?

Para terminar:

24. ¿Hay algo en particular que no fue mencionado y de que quiere destacar usted ahora?
25. ¿Cuál es la cosa que logró la parroquia este año que le dio a usted lo más orgullo?
26. ¿Cuáles son sus aspiraciones en cuanto al futuro de su parroquia?

Quisiéramos agradecerle a usted por su participación en la entrevista. Sus pensamientos y opiniones son inestimables. Si piensa usted en alguien más que tendría interés en hablar con nosotros, por favor, dale nuestra información para que la persona interesada pueda contactarnos para hacer una entrevista.

Appendix 4: Codebook

CODEBOOK	
Code	**Definition**
Amigos/Pares	Includes the influence of friends defined as people close to the interviewee, or people close to the interviewee in age or experiences.
Apoyo Social	Support given by family members, community members, friends, peers, and religious figures in the community. This support can be emotional, spiritual, physical or financial in nature. It refers to social fabric or things that individuals do for one another. Generally applies to individual experience rather than support offered at the community level. Applies when individual is recounting their own experience of community level support/programs.
Barrio/Comunidad	Captures references to "what it is like" in the Bañado. Includes physical, social and economic characteristics of the neighborhood. Includes community level risk, such as things that adolescents are exposed to because of the nature of the community.
Confianza/Comodidad	Refers to emotional ease of an individual in a location, with another individual, or among a group of people. This can also manifest as discomfort by being in a particular place, doing something which causes the individual unease, or feeling uneasy among a group of people or through interactions with a particular individual. Refers to trust or lack thereof between individuals, between an individual and an entity such as a church, school system or government, as well as between an individual and their community. Examples of trust include disclosing personal information or secrets, being able to discuss difficult topics at greater ease, etc. Include discussions of changing emotional ease even if they don't move to or from a strong sense of comodidad.
Crecimiento Personal/Aspiraciones	Includes striving for a better life, utilizing education or work to overcome circumstances, learning self-control and other traits of maturity. Includes barriers to these efforts, but not barriers to normal youth activities.
Cuidarse	Includes attempting to prevent pregnancy or the acquisition of STIS through contraceptive methods or techniques, which often appears as advice given by parents to their adolescents. It is also includes any mention of pregnancy, becoming pregnant, avoiding pregnancy, or responses to becoming pregnant.
Drogas/Alcohol/ Drogadicción	Including but not limited to one-time use, recreational use, or continued use/addiction to drugs that are not herbal remedies. This includes the use of tobacco, as well as any mention of alcohol (such as beer, wine, liquor, and cider) consumption or abuse, or of attempting to avoid alcohol.
Educación	Includes the importance of education, a lack of education, and the amount of education received. "Estudiar" as an activity mentioned should not be labeled as education.
Familia	Includes influence of any immediate family member either living with or not living with the interviewee. Also includes roles of family in the household and how the interviewee speaks about each.
Iglesia/Religión/ Espiritualidad	Captures references to religion, church, faith, spirituality. Includes the mention of the institution of church, attending church, or the church's

	influence on decision-making processes. Includes mention of faith in the home or elsewhere, not necessarily specific to attending church. Includes discussions of matrimonio as an official contract.
Mil Solidarios	Includes the influence of Mil Solidarios (MS) as an organization, reference to Pa'i Olivia or any particular reference to staff members at MS.
Pobreza/Necesidades	Captures individual experiences of poverty, how wealth affects both mental and physical health, as well as a lack of opportunity due to poverty. Includes references to unmet needs that are a result of poverty, such as food insecurity, lack of work, lack of housing (or inferior housing), etc.
Politica/Gobierno	Any mention of political or governmental influence locally or nationally.
Relación /Pareja	Refers to dating, going out, and flirting, as well as romantic, sexual, or other topics related to courting and social expectations surrounding relations. It also refers to thoughts and attitudes surrounding marriage, cohabitation, divorce, dissolution of marriage, and future intentions to marry or not marry, to have a family/kids.
Rock 'n Roll	Includes any reference to or mention of sexual and reproductive health, violence, and drug/alcohol abuse/addiction altogether without specific mention of any one in particular.
Salud Psicológica	Includes alleged reasoning for behaviors based on psychological mistreatment and instability, as well as mention of individuals that are affected by psychological instability.
Seguridad	Any mention of feeling safe or unsafe in a zone or among a group of people.
Violencia	Including but not limited to verbal and physical abuse, community violence, and IPV.