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Paternal-Adolescent Communication of Risky Behaviors in Asunción, Paraguay:  
A Qualitative Study

By

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A Qualitative Study

By

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2010

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2014

## **Abstract**

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By Rachel L. Blumenfeld

### **Background:**

Little is known about adolescents' access to information regarding substance abuse and violence throughout Latin America. Studies suggest that adolescents access information about sex, STIs, pregnancy, and contraception from friends and family. In countries where the Catholic Church plays a role in sexual education in schools and personal beliefs, information may be incomplete because of some churches conservative views. Along with the stigma concerning sexuality in teenage years, adolescents feel shame consulting parents or siblings about sexual behaviors. Prior studies have focused mainly on adolescents' relationships with their parents, but few have focused specifically on the father-adolescent relationship.

### **Methods:**

This project was conducted in Asunción, Paraguay, in a marginalized neighborhood known as the Bañado Sur, located outside the city center along the Paraguayan River. In collaboration with a local non-profit organization, Asociación Mil Solidarios, in-depth interviews and small group discussions were conducted with fathers of adolescents in the community in order to understand their personal as well as community-wide views on risky behaviors, community needs, family dynamics, faith-based organizations, and ideal intervention sites. 14 individual in-depth interviews, 1 small group discussion, and 1 focus group were conducted.

### **Results:**

Fathers in the Bañado Sur lack the knowledge and skills necessary to communicate with their children about risky health behaviors, however they express a strong desire to do so. There are few resources available for fathers to learn about how to communicate effectively with their children about sexual health, substance abuse, and violence. There are also few resources available for fathers to learn about and discuss these issues with other fathers.

### **Discussion:**

A combination of two existing interventions should be adapted for use in the Bañado Sur. The resulting intervention would be delivered in collaboration with faith-based organizations and would focus first on developing fathers' own knowledge and communication skills. Workshops should be led by faith leaders and encourage open communication and education, especially about sexual and reproductive health, amongst fathers, in order to later discuss strategies for reducing negative health outcomes among their children and foster a better future for youth in the Bañado Sur.

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## Chapter 1: Introduction

### 1.1 Introduction and Rationale

Adolescent health is comprised of interactions between early development, biological and social-role changes occurring during puberty, shaped by social determinants and risk and protective factors that affect the uptake of health-related behaviors (Sawyer et al., 2012). This life phase shapes the future patterns of adult health and understanding how and why adolescents make health-related decisions is vital to future health outcomes. Negatively contributing social determinants of adolescent health are structural and proximal; structural including poverty and sex inequality while proximal includes intrafamilial violence, parental mental disorder, and substance misuse. Targeting protective effects is the most effective manner of developing effective prevention intervention strategies. Knowing how and when parents influence adolescent decision-making the most has been identified in past studies of social and emotional development. In early adolescence, ages 10-14, youth tend to begin having heightened conflict with parents whereas in later adolescence, ages 15-19 years old, adolescents tend to distance themselves from parents (Sawyer et al., 2012). Creating pre-teen intervention methods prior to ages when youth begin to detach from parents could be crucial to adolescent health and the future of adult health.

In the Latin American and Caribbean region, crime and illicit drugs are widespread, and adolescent pregnancies are occurring at younger ages. The financial and psychological costs to young people and their societies due to high-risk behaviors prevent some youth from becoming productive and contributing members of society (Cunningham, McGinnis, García Verdú, Tesliuc, & Dorte, 2008). Several previous studies have been conducted surrounding sexual and reproductive health and intervention strategies in the Bañado Sur, an informally settled



community outside of Asunción, Paraguay (Fleming, 2011; Keefe-Oates, 2013; Rios, 2013). These studies brought light to an otherwise overlooked population, identified substance abuse and violence as other community issues, and proposed possible interventions for adolescent and community development.

A study conducted with primary healthcare providers in Bolivia, Ecuador, and Nicaragua identified parents as key stakeholders for improving adolescent sexual and reproductive health in their communities. Participants suggested sexuality education for parents to enable them to guide adolescents, increasing parents' awareness about the importance of allowing children to attend health centers, and involving parents in sexual and reproductive health activities. Broader community involvement in adolescents' sexual health was also suggested, especially making problems facing adolescents more visible in the community. Community activities included improving knowledge of sexual and reproductive health needs, breaking myths and taboos, and promoting sexual and reproductive health services and health promotion activities provided by health centers (Jaruseviciene et al., 2013). A Central American study also identified parents as a protective factor for adolescent substance abuse (Kliwer & Murrelle, 2007).

Faith-based organizations (FBOs) are essential sources of information, resources, and culture, and often work to "fill the gaps" by designing and delivering social services and development programming to communities (Hefferan, Adkins, & Occhipinti). FBOs are numerous in Latin America with varied denominations and varying levels of religiosity. Churches are often trusted sites in a community and a place of public gathering as well. Previous U.S.-based studies focused on health-related activities of FBOs and the features of successful health promotion programs in churches (Coleman, Lindley, Annang, Saunders, & Gaddist, 2012; Dehaven, Hunter, Wilder, Walton, & Berry, 2004). These studies suggested that identifying

influential individuals in a congregation or community who aim to reduce stigma and increase prevention strategies could maximize effectiveness for community-based interventions surrounding risky behaviors. Incorporating parent communication and education in FBO prevention intervention strategies could improve the future of adolescent health and decision-making behaviors in Paraguay.

## **1.2 Purpose Statement and Research Questions**

Pre-teens' and adolescents' knowledge and perceptions of risky behaviors vary or are altogether unidentified in the Bañado Sur. Structured education is lacking and consulting parents for advice about sensitive issues such as sexual health, substance abuse and violence can cause embarrassment for both parents and adolescents.

### **Research Questions**

1. How do fathers perceive sexuality, substance abuse, and violence?
2. How do fathers perceive adolescents' education regarding sexuality, substance abuse, and violence?
3. What influences fathers in how they teach their adolescent about sensitive issues?

## **1.3 Significance Statement**

Little is known about adolescents' access to information regarding substance abuse and violence throughout Latin America. Studies suggest that many adolescents access knowledge about sex, sexually transmitted infections, pregnancy, and contraception from close friends and family (Andes & Ciseneros Puebla, 2010). In countries where the Catholic Church plays a large role in sexual education in schools and personal beliefs, information may be incomplete and misinformed because some churches hold conservative views on sex. Along with the stigma concerning sexuality in teenage years, many adolescents feel shameful in consulting parents or

siblings about sexual behaviors and practices (Andes & Ciseneros Puebla, 2010). While prior studies have focused mainly on adolescents' relationships with their parents, few have focused specifically on communication between fathers and adolescents (Fleming, 2011; Keefe-Oates, 2013; Rios, 2013).

## Chapter 2: Review of the Literature

### 2.1 Overview of Paraguay

Paraguay is centrally located in South America, northeast of Argentina, southwest of Brazil, and southeast of Bolivia. Paraguay is a landlocked country that faces many health and economic issues and is considered as a lower middle income country ("The World Bank," 2014). The majority of Paraguayans live in the southern temperate regions of the country. A large percentage of the population are youth and young adults; almost half of Paraguayans (47%) are 24 years of age or younger. In comparison with the rest of Latin America, Paraguay falls below average in many socioeconomic categories including immunization rates, potable water, sanitation, and secondary school enrollment ("The World Factbook Paraguay," 2014). Paraguay is also one of few countries to have two official languages, Spanish and Guaraní, an indigenous language spoken more often in rural areas. A mix of the two languages is also frequently spoken in urban areas, and is known as Jopará, meaning "mix" in Guaraní. An estimated 90% of Paraguayans of all classes speak Guaraní, and it is now part of most primary school curricula nationwide even though indigenous peoples now account for less than 5% of the total population (Romero, 2012). Though not all are practicing, almost 90% of the Paraguayan population identifies as Catholic, 6% as Protestant, and less than 4% inhabitants identify as "other" Christians, or unspecified religion ("The World Factbook Paraguay," 2014).

In comparison with other Latin American countries, Paraguay ranks near the bottom in reduction of poverty over the last decade (Romero, 2013). The overall average yearly income in Paraguay as of 2013 was \$6,800. Income inequality is also problematic with the wealthiest 10% of the population holding 40% of the country's income and the poorest 10% holding just 1% of income ("The World Bank," 2014). Paraguay's market is largely informal and many Paraguayans

make a living from agricultural activity; Paraguay is the sixth largest producer of soy in the world. Paraguay is also a major producer of cannabis that is mostly sold on black markets in Brazil, Argentina, and Chile. Paraguayan border control is infamously weak making exportation of illicit drugs such as cannabis and cocaine fairly simple ("The World Factbook Paraguay," 2014).

While Paraguay has made substantial strides in many areas in recent years, the country as a whole still struggles with weak governance, weak and corrupt police services, and an overall lack of trust by citizens. Marches and protests for the rights some Paraguayans believe they deserve are often held in Asunción, but their voices and efforts are frequently unheard and unrecognized.

## **2.2 The Bañado Sur**

Paraguay is a unique country with eminent culture, and is the only country in South America with two official languages. With 35% of the country's population falling below the poverty line, the need for research and economic development is high ("The World Factbook Paraguay," 2014). Informally settled communities, one of which is known as the Bañado Sur, surround the capital city of Asunción. The Bañado Sur's residents live just outside of the capital city, but are plagued by poor living conditions, lack of jobs and job security, crime and substance abuse, teenage pregnancy, and lack of comprehensive educational opportunities. The community is prone to flooding; the flood that occurred at the time of this research led to the destruction of homes ("Cuando la educación se abre paso entre la pobreza,"). Transportation to and from the Bañado is limited due to the lack of functional roads amongst other issues making it difficult for residents to access resources available in Asunción and elsewhere (Zibechi, 2008). As a small and unique community, members often times know most of the residents, where they reside, and

who their family members are. Families in the Bañado often band together and live on the same street, in the same neighborhood, or sometimes even in the same household. With little opportunity to move ahead from the Bañado, family and friends are often times the biggest support system that each other have (Benegas, 2013).

Communication between parents and their children, pre-teens, and adolescents can be crucial to the decision-making processes of youth surrounding risky behaviors, especially in marginalized communities. Prior studies on both women and men have shown that the themes of shame and feeling uncomfortable weighed strongly in their discussion of sensitive issues such as sexual health, alcohol, tobacco, and drug abuse as well as violence (Fleming, 2011; Keefe-Oates, 2013; Rios, 2013). Youth expressed their own feelings of shame to speak with adults and perceive that adults are also reluctant to have such conversations with youth. Youths' descriptions of parental communication often mentioned parents' disapproving comments that seem to cut communication short rather than fostering it. Important exceptions included occasional participants reporting that they talk openly with parents, though usually with mothers rather than fathers (Keefe-Oates, 2013). A study elsewhere in Asunción showed that the major gaps in information lie between fathers and their sons and daughters and how cross-gender and cross-generational communication affects knowledge of these pressing matters (Andes & Ciseneros Puebla, 2010).

### **2.3 Sexual and Reproductive Health**

Research in Latin American shows that adolescents who face obstacles that discourage academic achievement and high aspirations in life are more likely to bear children than those who have higher expectations of themselves and more incentives to prevent pregnancy (Näslund-Hadley & Binstock, 2010). Overall, teenage fertility rates in Latin America and the Caribbean

(LAC) are not declining. In comparison with all other regions in the world, LAC has the highest percentage of total live births to adolescent mothers between the ages of 15-19 at 18% (UNICEF, 2007) just ahead of Africa at 17%. With almost half of its population under the age of 25, sexual and reproductive health education is critical to the health of Paraguayans now and in future years. HIV prevalence in Paraguay has remained low, affecting just 0.3% of the adult population as of 2012 (UNICEF, 2013). Between 2008 and 2012 only 51.3% of females aged 15-24 who admitted having multiple lifetime partners said they consistently used condoms. Furthermore, overall contraceptive prevalence for the same time period of all women was relatively high at 79.4% (UNICEF, 2013). Many schools have implemented sexual health education programs into primary and secondary school education, but the quality of these programs is unknown. Additionally, school dropout rates have remained consistent; in 2010 the dropout rates for students 15-17 was 29% ("El Desafío es la Equidad: Informe de Progreso Educativo Paraguay," 2013).

Understanding risk and protective factors for reproductive health in developing countries is essential to making country-level improvements and advancements. Protective factors are those that discourage behaviors leading to negative health outcomes while risk factors are those that encourage or are associated with behaviors that could leave to negative health outcomes. For example, risk factors for adolescent pregnancy include early onset of puberty and friends who have had sex. Protective factors for adolescent pregnancy include condom and contraceptive knowledge, two-parent family, and higher educational level (Blum, 2004).

A 2010 Qualitative Needs Assessment published in collaboration with Paraguay's Centro Paraguayo de Estudio de Población (CEPEP) by Dr. Karen Andes and César Cisneros Puebla focused on Adolescent Sexual and Reproductive Health in Asunción, Paraguay. This study

presented findings on the availability and use of condoms and contraception, knowledge of services offered at CEPEP, adolescent communication, adolescent relationships and sexuality, adolescent space, and use of free time. The study concluded that one of the most salient themes presented was the lack of open and neutral communication between adolescents and parents about sexual health. Recommendations for improving communication between adolescents and parents included various types of interventions, one of which was parent-centered and recommended various existing intervention programs (Andes & Ciseneros Puebla, 2010).

#### **2.4 Alcohol, Drug, and Tobacco Abuse**

In addition to risky sexual behaviors, the use and abuse of substances such as alcohol, drugs, and tobacco greatly affect youth in Paraguay. The use of substances, whether legal or illegal, may be considered somewhat normative behaviors as part of the adolescent and youth development processes. However, the use and especially abuse of substances can be detrimental to the health of an individual physically and mentally. Substance abuse has also been linked to increased sexual risk taking as well as increased violent behaviors in the individual who is using (Jennings, Reingle, Staras, & Maldonado-Molina, 2012). The determinants of likelihood to take risks, such as participate in drug, alcohol, and tobacco use, has been researched in Paraguay in the past.

A 2002 report from Pan American Health Organization (PAHO) states that in the Southern Cone of Latin America close to 40% of adolescents have already smoked tobacco by the age of 15. PAHO also published that Latin Americans consume on average 6 kilograms of pure alcohol each year (Peruga, Rincón, & Selin, 2002). The report suggested that challenges and barriers exist when controlling for smoking and the use of alcohol. Protecting non-smokers from exposure to secondhand smoke, diminishing the availability and affordability of tobacco and



alcohol products, and avoiding or banning marketing practices by tobacco and alcohol companies could reduce the prevalence of tobacco and alcohol use in LAC (Peruga et al., 2002).

While substance use in LAC is not particularly high, abusive behavior is increasing (Cunningham et al., 2008). In 2005 alcohol was the most consumed drug in Paraguay followed by marijuana and tobacco. Zarza reported that in 2006, crack entered the Paraguayan market and quickly became the most consumed drug nationwide. As a highly addictive drug, 90% of users who try crack once will continue to use. In Paraguay, users can purchase a crack rock for as little as \$1 USD. Most first-time users are between the ages of 13 and 17, and due to it being cheap, odorless, and easy to conceal, the use of crack has become a severe nationwide problem, especially in urban areas. Crack is still consumed today more than any other drug in the country, including cannabis, of which Paraguay produced and exported almost 6,000 tons in 2012 (Zarza, 2013).

Prevention of addictive behaviors and substance abuse in communities where the use of alcohol and drugs is widespread can prevent pre-teens and adolescents from the associated negative health outcomes of drug and alcohol abuse.

## **2.5 Violence**

One out of every three citizens in Latin America has been victimized by violence, either directly or indirectly (Rotker, Goldman, & Balan, 2002). Latin America is the second most violent region in the world just behind Sub-Saharan Africa in homicides (Heinemann & Verner, 2006). Youth violence is a major social, economic, and public health problem across LAC. Homicides and nonfatal assaults contribute greatly to the global burden of premature death, injury, and disability, as youth are strikingly overrepresented as both victims and perpetrators of violent crimes (Cunningham et al., 2008). This affects families, communities, and the individuals

themselves. In LAC, the homicide rate of young men between the ages of 15 and 29 is the highest in the world at 69 per 100,000. School violence as well as gang, street violence, and drug-related violence have increased in recent years with youth as well (Cunningham et al., 2008; Heinemann & Verner, 2006). While youth violence is much higher among young men than young women, women have increasingly higher chances of being subject to intimate partner (IPV) or domestic violence than do men.

Unlike youth violence, domestic violence is much less visible. Over time, reports of IPV in Paraguay have been moderately high in comparison with other Latin American countries, ranging from 24-47% since the early 1990s (CEPEP, 2009). Assistance for victims of IPV, typically women and children, is very limited due to various barriers including lack of services and training personnel, poor law enforcement, and the economic dependency of women on men due to extreme poverty (Arrúa de Sosa, 2005). Additionally, many women in Latin America still uphold traditional “machismo” perspectives on gender roles and feel a sense of inferiority to their male counterparts (CEPEP, 2009). Many women are permissive to violent behaviors and are subject to poorer mental health outcomes as well (Ishida, Stupp, Melian, Serbanescu, & Goodwin, 2010).

The Ishida et al study previously noted used the 2008 Paraguayan National Survey of Demography and Sexual and Reproductive Health looked at a link between mental health and intimate partner violence in women. This study looked at emotional, physical, and sexual IPV prevalence in Paraguay as reported by women, all of who had been, or were currently in a formal relationship. 36% of women reported they had experienced emotional violence, 18% had reported physical abuse, and 9% reported sexual abuse (Ishida et al., 2010). Children and

adolescents are heavily affected by violence which is concerning since these are critical stages for individual development (Heinemann & Verner, 2006).

## **2.6 Parent-Child Connectedness, Relationships, and Communication**

Family dynamics and family relationships can potentially help understand the choices that adolescents make and how parent to child communication can affect those choices. Parents' education, marital status, sibling composition, parenting styles and other family influences are also contributors. Additionally, residing in disorganized or dangerous neighborhoods, living in a lower socioeconomic status (SES) family, living with a single parent, having older sexually active siblings or pregnant/parenting teenage sisters, and being a victim of sexual abuse are all causes of increased risk for adolescent pregnancy (Miller, Benson, & Galbraith, 2001).

In terms of child development and family research, parenting has been a central focus for decades. A study from Spain showed that negative family environment, characterized by communication problems between parents and adolescents, is a major risk factor for negative health outcomes in adolescents. However, adolescent psychological development and positive decision-making is positively affected by respectful and affectionate family communication (Estévez López, Musitu Ochoa, & Herrero Olaizola, 2005). Recently, three constructs have been used to better organize research findings about parental influences on children and adolescents; parental support and connectedness, control and regulation, and parent to child communication are considered the most important constructs in studying child development and adolescent risk taking (Miller et al., 2001). In relation to sexual and reproductive health, substance abuse, and violence, communication as a broad term must be broken down into more specific levels. Parent to child communication includes timing of communication, conveyed parental values, communication content and validity of content, frequency and quality of communication, and

more. Most recently a common finding across most recent studies suggests that open, positive, and frequent parent to child communication is associated with adolescents not having sexual intercourse, postponing their sexual debut, or having fewer sexual partners (Miller et al., 2001).

As a potentially modifiable protective factor of adolescent substance abuse and sexual risk taking, parent to child communication can also produce gender-specific variations between communication with father or mother. A cross-sectional study of U.S. tenth graders was conducted and focused mainly on cigarette smoking, alcohol drinking, and marijuana use in male and female adolescents. The study recognized that greater frequency and quality of parent to child communication was negatively associated with adolescent substance abuse, but gender-specific differences in the relationship that fathers and mothers had with adolescents received limited attention. The study demonstrated that among male adolescents, mother to son communication was a protective factor for cigarette smoking while father to son communication was a protective factor for marijuana use. It was determined that interpersonal and family factors such as parent to child communication benefitted both females and males, and indicated that gender-specific variations imply a narrowing gender gap in substance abuse among young people (Luk, Farhat, Iannotti, & Simons-Morton, 2010).

## **2.7 Prevention-Intervention Strategies through Faith-Based Venues**

Churches in Paraguay are community-based and work closely with the public, making them a possible means for intervention on parent to child communication of risky behaviors is through faith-based venues. While faith-based organizations (FBOs) can be ideal for health promotion, they can also present unique challenges. Establishing trust, caring, sensitivity, reciprocity, and active involvement between leaders of FBOs and the community can be difficult, especially with adolescents. Sensitivity is especially necessary when working with

youth, a vulnerable population, as well as when dealing with sensitive issues and topics. A successful intervention can only be implemented if the prior mentioned establishments have been made (Reinert, Carver, Range, & Pike, 2008).

One primary barrier to providing intervention services through the church is the struggles that many churches have with the moral issues related to sexual and drug behaviors at the root of health problems such as substance abuse, HIV/AIDS and other sexually transmitted infections, and violence. Topics such as prevention education for HIV/AIDS and sexually transmitted infections include key topics such as vaginal, anal, and oral sex, which could be potentially limiting as discussion topics in FBOs and would fail to provide a comprehensive educational experience. Churches may choose to limit or even delete certain topics from an educational program should they see the topic to be too controversial or contradicting the church's beliefs (Francis & Liverpool, 2009).

However, churches highly influence communities and are a trusted site, which makes them an ideal location for culturally appropriate prevention programs. Community leaders alongside churches have the potential to play an important role in influencing not only community behavior and health improvement, but nationwide policy as well. One important social context to influence the implementation of intervention programs through FBOs is the stigma associated with risky behaviors and their consequences. Churches have the opportunity to discuss with congregants topics such as the belief that HIV/AIDS is a "homosexual disease" and dispelling other myths surrounding the community's perceived causes and protective factors for or against any range of negative health outcomes (Coleman et al., 2012).

A U.S. study on the effectiveness of faith-based intervention programs in underserved communities and primarily Hispanic or African American congregations demonstrated that faith-

based health programs can produce positive effects such as significantly increasing knowledge of disease, improving screening behavior and readiness to change, and reducing risks associated with disease and disease symptoms. The study suggested that more attention to building relationships with racially and ethnically diverse populations and increasing collaboration between FBOs and health professionals could help provide a better conceptualization of and understanding of existing information, the need for more information, and the possible directions for collaboration with public health professionals, clinicians, and providing health services through FBOs (Dehaven et al., 2004). In collaborating with community organizations to address pressing health issues, study results suggest that congregations can widely contribute to community health. These contributions are made by sponsoring health activities for members and by providing specific support or resources to enhance the programming of other community organizations as well as collaborating with external organizations to sponsor congregation-based and community-based health activities (Werber, Derose, Domínguez, & Mata, 2012).

## Chapter 3: Methods

### 3.1 Research Design

This project was conducted in Asunción, Paraguay, in a neighborhood known as the Bañado Sur, located just outside of the city center along the Río Paraguayo, or Paraguayan River. In conjunction with a local non-profit organization, Asociación Mil Solidarios, in-depth interviews, group discussions, and focus groups were conducted within the community. The study was designed using the researchers' backgrounds in qualitative methods in order to generate information-rich data from community members about their personal as well as community-wide views on risky behaviors, community needs, family dynamics, faith-based organizations, and ideal intervention sites. The primary objective of the team project as a whole was to understand how faith-based organizations could be mobilized to support prevention interventions around sensitive issues such as sexual and reproductive health, substance abuse, and violence in marginalized neighborhoods of Asunción. Past studies in the Bañado Sur have targeted primarily women and youth in the Bañado Sur (Fleming, 2011; Keefe-Oates, 2013; Rios, 2013); one study focused on young men (Fleming, Andes, & DiClemente, 2013). Little data had been collected regarding fathers' involvement in their childrens' lives and educational influence.

#### **Overall Team Project Aims**

1. To assess the feasibility of interventions that target pre-teens (aged 9-12).
2. To assess the acceptability of interventions that target parents (mothers and/or fathers) and their interactions with pre-teen children.
3. To understand how parents and youth "connect" to the faith-based organizations in their communities in order to assess the feasibility/capacity for these organizations to promote such interventions.

#### **Fathers as a Focal Point**

In order to better understand the general perceptions fathers have and how they convey specific information to their children regarding sexual health, substance abuse, and violence, in-depth interviews were conducted with fathers of children and adolescents. Interviews with each father focused on personal experience with his family related to sexual and reproductive health, substance abuse, and violence. In addition, one small group discussion with two fathers and one focus group with five fathers were conducted to understand more generally how fathers perceived these issues in the community. In-depth interviews, group discussions, and focus groups were used to understand how children learn about risky behaviors and how parents teach their kids about these issues.

### **Project-Specific Aims**

1. To identify how and where fathers themselves learned and shaped opinions about violence, substance abuse, and sexuality.
2. To examine fathers' own personal beliefs and feelings about risky behaviors.
3. To identify why and what fathers share with their adolescent sons and daughters.

### **3.2 Study Site**

The Bañado Sur is one of several informally settled neighborhoods in the areas between the city of Asunción and the border of the Paraguay River. The Bañado Sur, Bañado Norte, and Chacarita are wetlands that house some 100,000 people, nearly half of which are residents under age 18 (Zibechi, 2008). According to the last census, approximately 4,500 families and 17,000 are currently living in the Bañado Sur (Benegas, 2013). Only one in ten inhabitants is formally employed; the vast majority of inhabitants collect recyclables (especially in the Bañado Sur), raise animals (chickens, pigs, cows), or engage in informal trade to make a modest living. Some residents even make the trip to the nearby Argentine towns of Clorinda and Puerto Falcón to purchase bulk goods such as oil and produce as well as counterfeit clothing to be resold in the



Bañados. In 2002, the majority of the residents of the Bañados lived below the poverty line, but it is said that these communities are characterized by a sense of solidarity and mutual aid (Zibechi, 2008). The majority of the population in the Bañados does not have a basic education and only about 1% have completed a baccalaureate program ("Cuando la educación se abre paso entre la pobreza,").

Infamous for being a flood zone, the residents of the Bañados live in constant fear that the river will overflow and inadvertently destroy not only their homes, but their communities (Zibechi, 2008). Mud and dirt roads line the Bañados and community members have learned that they must work hard to get what they want. In order to buy rocks to pave the streets or medicine for the sick, community members hold events selling plates of food such as pasta and chicken, which many are very responsive to. Community members contribute in any way possible, whether they are donating money, time, or social support. Though impoverished, the residents of the Bañados often fear urbanization but rely on their solidarity to stay strong. There is a strong sense of community in the Bañados and various communal spaces that encourage social interaction, especially in the early evening (Zibechi, 2008).

While we know that some topics regarding sexual and reproductive health, substance abuse, and violence are discussed with the youth of Mil Solidarios in their programs, not much is known about what is discussed in the home especially between fathers and their children. Mil Solidarios is a faith-based organization founded by Father Pa'i Oliva, a Jesuit priest who is well known and respected throughout the country of Paraguay. Soraya Bello, Executive Director of Mil Solidarios, has worked closely with Pa'i Oliva and led the staff of Mil Solidarios for many years to continue expanding the organization and provide opportunities for the organization and the residents of the Bañado Sur to flourish.

Mil Solidarios provides a wealth of services and programs to the population of the Bañado Sur including youth scholarships and educational programs, monthly scholarships to women and youth in the community, and other community-building and development activities. The staff of Mil Solidarios is predominantly Paraguayan, some from the Bañado Sur themselves, and most have a university-level education. The close relationships between the staff of Mil Solidarios and the community help facilitate a greater understanding of community needs and motivations for change. Mil Solidarios has had a positive impact on community members by offering financial services, scholarships, emotional support, and much more to children, men, and women in the Bañado Sur. The majority of the participants in this study received some sort of support from Mil Solidarios, directly or for their children and/or spouses. Mil Solidarios is comprised of three different centers located within the Bañado Sur. RAPE (translated from Guaraní to English as “path”) provides education, after-school programs, and religious services to children and adolescents as well as weekly evening groups for mothers and fathers to discuss issues in the community and education. CAFA (Centro de Atención Familiar translates to “Center for Family Care”) provides services to women and children in the community such as activity groups for children, non-traditional secondary school for young mothers, and the newly formed Cooperativa de Mujeres (Women’s Cooperative).

The Women’s Cooperative was established just over a year ago to teach women about empowerment, self-esteem, how to avoid violent situations, and various sexual and reproductive health topics. Additionally, the Cooperative recently held elections allowing women to take leadership roles within the group and make the changes they would like to see in the community. The leadership committee meets once a week and is open to all women of the community to come and express their own personal opinions. Recently, the Women’s Cooperative helped

refurbish a centrally located library that had been closed for 16 years. The library now provides the community with a large variety of books for borrowing and computers with internet and printing for a small fee. It has also created jobs for women in the community, which has helped promote self-sufficiency and empowerment.

The last site, Santa Librada, provides educational services for pre-teens and adolescents during the afternoon after school hours. The lessons include sexual and reproductive health topics, drug and alcohol abuse, as well as violence prevention. All sites also provide snacks and drinks for participants in addition to a monthly stipend. Some members of the community struggle to provide nourishment to their families so the impact of dietary supplementation through Mil Solidarios is important. Those enrolled to receive the scholarship/stipend are required to attend a specific number of meetings each month and maintain their grades at school or they lose the financial support provided by Mil Solidarios.

### **3.3 Study Population**

The study population was comprised of adult men residing in the Bañado Sur who had one or more children. Participants who were recruited were between the ages of 31 and 53. The ages of the men varied as well as the number of and ages of their children.

### **3.4 Data Collection Methods**

Originally, the researcher intended to recruit only men whose children or wives were receiving financial assistance and were involved in programs at Mil Solidarios. However, due to recruitment challenges, the study population was expanded to include all fathers in the Bañado Sur.

All in-depth interviews, group discussions, and focus groups were conducted in Spanish. Though the researcher speaks Spanish at an advanced level, it was brought to the researcher's

attention that participants from the community were more likely to give honest responses to a community member than a foreigner. In addition, though many community members speak Spanish fluently, Jopará is often used, a mix between Spanish and Guaraní. Therefore, a research assistant from Mil Solidarios who is also a community member of the Bañado Sur and fluent in both Spanish and Guaraní conducted all in-depth interviews and moderated all group discussion. The researcher was present for all interviews and group discussions. Overall, the flow of conversation was more fluid with the research assistant's knowledge of Jopará. Participants tended to disclose more information and feel more comfortable when using a mix of the two.

### **3.5 Participant Recruitment**

Participants were first recruited by telephone with the help of research assistants and employees at Mil Solidarios using a list of students currently enrolled at Santa Librada. For those willing to participate, interviews were scheduled at times that were convenient for the participant. Interviews were scheduled in the participants' homes since many fathers work outside the home and were unwilling to come to Mil Solidarios when their workday had ended. Due to lower than anticipated participation rates from fathers recruited via telephone, four participants were recruited by going door-to-door and asking for voluntary participation. Some participants were recruited within the Bañado Sur by word-of-mouth or from networking events where they heard about and became interested in the study. The seven participants in the focus group and small group discussion were solely recruited from parents of adolescents receiving scholarships through Mil Solidarios. All interviews took place at the participants' homes; some took place outdoors and some indoors. The focus group took place at Mil Solidarios RAPE and the group discussion took place at the community radio station.

### 3.6 Data Collection Process

All interviews and group discussion followed semi-structured guides developed by the researcher. During the planning phase, all interview and group discussion guides were reviewed by Mil Solidarios staff, research assistants, as well as by the researcher's advisor to ensure that questions being asked were culturally appropriate. All participants in the study were informed about the purposes of the study and what topic areas the questions would cover prior to beginning any interview or group discussions. The in-depth interviews were designed to elicit fathers' own personal experiences with their children, while the group discussion and focus group rather sought to understand these issues at a community level.

#### **Research Questions**

1. What determinants influence fathers' approaches to their childrens' health surrounding risky behaviors (i.e. sexual and reproductive health, substance abuse, and violence)?
2. What information is being shared between fathers and children in regards to these health issues?
3. What are the existing barriers concerning cross-gender parenting and gender roles in the household?
4. How does the Church influence fathers' approaches to educating children on sensitive issues?

#### ***In-Depth Interviews***

In-depth interviews asked about fathers' personal relationships with their children and families, perceptions of and communication surrounding risky behaviors, his role in and comfort in the Church, and future aspirations for his children. Participants were also asked to participate in an activity outlining their relationship with each member of his household and the role of each individual in the home.

#### ***Group Discussion and Focus Group***

The group discussion and focus group were structured to reveal fathers' perceptions of these issues in the community as a whole. Participants were also asked to participate in an activity that included various scenarios related to sexual and reproductive health, substance abuse, and violence, and how they perceived the reaction of another father in each scenario. These scenarios prompted fathers for their reactions to discovering their child was under the influence of drugs and/or alcohol after returning from a party, how he would discuss contraception with his son and/or daughter if approached about it, and what he would do if his son or daughter had marks or bruises that appeared to be from a partner. Important issues that arose during in-depth interviews with fathers were explored during group discussion to obtain a comprehensive vision of each issue as it presents itself in the community.

All in-depth interviews and group discussions were recorded with participants' consent and lasted between 14 minutes and an hour and a half. Interview and group discussion guides in English and Spanish can be found in Appendices 1-4.

### **3.7 Data Preparation and Analysis**

While in country all interviews were transcribed verbatim by a research assistant in Spanish. This was done to preserve the implications and richness of the data collected. All audio files recorded from interviews and focus groups were re-labeled by numerical audio codes to de-identify the participant. In addition, all transcripts were further de-identified by the researcher to protect the privacy of each participant and to maintain confidentiality. Upon her return, the researcher cleaned and de-identified all data prior to utilizing MAXQDA version 10 to code and analyze the data further (VERBI, 2011).

The researchers involved in the larger project and their advisor worked closely to develop a codebook encompassing important themes that were present in the data. Researchers coded

several interviews and compared results in order to edit codes and code definitions until they were agreed upon. The researchers completed several rounds of coding and editing code definitions before the codebook was finalized. Researchers then coded their own data individually by applying each of the 18 developed codes to all interviews and group discussions. The full codebook is presented in Appendix 5.

After coding the interviews with fathers, the researcher systematically retrieved all coded segments by each individual code to begin analysis. The researcher analyzed each code individually by reading and summarizing all of the coded segments in each code and further sorting data into dimensions under each theme. Direct quotes from participants as well as summarized themes from each code were then compiled to develop results. The researcher translated all direct quotes verbatim from Spanish to English, and developed pseudonyms for each participant to protect his identity in the results.

### **3.8 Data Quality and Limitations**

Many issues were encountered in conducting interviews and focus groups, largely because many fathers work long hours and are unavailable during the day. For example, twenty fathers who were recruited by Mil Solidarios to participate in focus groups agreed to participate but did not appear for as many as three separately scheduled meetings. When the researcher and research assistant later went door-to-door to recruit participants, children or wives were present and often interrupted the interviews. When interviews were conducted outdoors, noises such as animals and cars also interrupted the flow of discussion. During one interview, it became apparent during through the interview that the participant was under the influence of alcohol; the data collected was deemed unusable and therefore destroyed. Nevertheless, upon completion of

the in-depth interviews and group discussions, it appeared that saturation was reached, as participants' comments became repetitive and revealed little new information.

Recruitment issues may have resulted in a sample that was skewed toward participants who were well known in the community and who had a connection with Mil Solidarios, a highly regarded organization by most community members. Data quality may also have been affected by lack of privacy at in-home interviews and continued interruptions from children, neighbors, stray animals, and wives. Participants may not have divulged as much or in as much detail as if they had been alone in a quiet and private space.

### **3.9 Ethical Considerations**

Prior to arriving in Paraguay, Emory's Institutional Review Board reviewed the project and determined that it did not meet the federal definition of research, as the project did not seek to generalize to a population beyond this particular community. The intention behind the project was to inform Mil Solidarios and provide guidance for improving or implementing new development programs. Nevertheless, the researcher completed the Emory CITI certification training prior to arrival in Paraguay, and thoroughly trained her research assistants on qualitative research methods and ethical considerations. The ethics training was based largely on the FHI Research Ethics Training Curriculum (RETC). All participants in the study were informed about both the purpose and scope of the study prior to agreeing to participate, and were instructed that they could end their participation at any time.



## Chapter 4: Results

### 4.1 Community

#### *Security*

Security and safety in the Bañado were issues brought up by most participants. The Bañado has been understood by community members and outsiders to be a very unsafe place, especially after dark. It was not advised to walk alone at night nor carry anything with you after sunset. This is not something that only held true for women and youth, but for men as well. Most of the time feelings of insecurity and lack of safety were linked with drug and alcohol use, poverty, and lack of police presence and police corruption.

I was born in this community and now I'm 47 years old. I have never left the Bañado, I like the Bañado, and I don't want to go anywhere else because this is my place. The truth is that I would like for things to get better in many aspects, primarily security. It doesn't matter that we're in the mud as long as we have security, but if we don't have security this place is not going to be anything. (Guillermo: 3)

Fathers repeatedly expressed concern about violence and security issues related to drug and alcohol abuse. Fathers were afraid to leave their children home alone without parental supervision for fear that someone under the influence may break in or try to harm their children. Additionally, status in the community seemed to play a role in whether or not fathers felt at risk for being harmed themselves. One respondent in particular mentioned that it was much more dangerous for those who were not well known in the community and that community perceptions of each individual contributed to his or her risk of being attacked.

Sometimes we can't even sleep, and do you know why? Here there are tons of addicts and overnight they get into their mischief. For example, I see a lot of things because sometimes late at night I am with four of my co-workers and we see the things that happen. It's such a different world at that time. During the day, it's a totally different life. There are people who go out at 10:00, 11:00 at night and come back at six in the morning. The last time I went to work at a birthday party at midday on a Sunday I saw two girls and two guys on a motorcycle. The one girl was so drunk she couldn't stop [the motorcycle] and every Sunday you're going to see that here. And the violence, well, that depends a lot on you and how you interact with people. If they don't know you, it's deadly. (Enrique: 74-75)

### ***Social Support***

Support given by family members, community members, friends, peers, and religious figures in the community was discussed by half of the participants. Social support was perceived as emotional, spiritual, physical, or financial in nature. Generally, the men discussed emotional and physical support, and some also mentioned physical and financial support as a consequence of necessity.

When we asked men what types of social support they would like to see more of, many mentioned the need for more fathers' groups. They noted that there are already existing groups for women and youth. There used to be groups for fathers as well, however attendance was sometimes lacking due to difficult work schedules and other barriers related to the man's primary responsibility to provide for his family. Many of the men also explained that they do not have many close personal friends and that the majority of their time away from work is spent with family. Therefore, the opportunity for men to come together and discuss issues in a friendly environment is limited.

Interviewer: There used to be meetings with fathers, but there aren't anymore, right?

Alberto: Yes, we used to have them.

Interviewer: Rarely though, right?

Alberto: Once a month. We used to have them every Tuesday.

Interviewer: That was really important.

Alberto: Yes. They are all fathers of marginalized children, fathers from our own neighborhood. They talked about distinct topics and those workshops were really interesting. There were a lot of people who formed better relationships with their children and all that. (Alberto: 73-81)

Social support sometimes also meant an unspoken agreement to come together and support each other through hard times. Fathers expressed certain solidarity: everyone helps and supports one another in any way they can. They come from similar backgrounds and financial situations, and face similar community and personal issues. This situation has made many fathers feel like the community as a whole, is more like an extended family.

Moderator: What are the strengths of the Bañado?

Victor: We all help each other. There's a local committee and that's where we all help each other achieve the goals that we want like cleaning and paving the streets. With things like that we mutually help each other.

Wilson: We work as a group because individually we can't do anything. It's the only way we can fix the green spaces, the plazas so that kids can play...that's important. (Victor, Wilson: 23-25)

While most respondents agreed that the community members work well together and support each other where needed, some objected to this assertion as well. One participant felt that the sense of community support had diminished and made them feel out of place and

unsupported by others. Additionally, two fathers saw the need for youth to begin coming together and uniting the community for future development and continued community support.

I think that for a while now the unity of the people in this community has diminished. In just a few months everyone has completely separated and when you have a good idea instead of joining you, people start to pick apart your idea. Things like that worry me and I would like to talk with the community. No, I would actually love it. (Javier: 103-104)

The most important thing is that youth come together and create a youth committee to work with the community. That is so important. In my neighborhood, at least, there is a youth group that is working, playing soccer, and with the money they collect they buy clothing to give to those most in need. That is working and those things are very important. (Victor: 145-146)

As men's groups are lacking in the community, two group discussion participants brought up the difficulty of communicating with other fathers about sensitive issues.

Patricio: It's difficult to tell another father how he should be with his kids, really difficult. But yeah, they could listen.

Quentin: They're not going to hold onto that though. If you see that someone's child is smoking and you're going to tell their father, he would say, "No, my child wouldn't do that." It would go exactly like that. (Patricio, Quentin: 330-334)

### ***Poverty and Basic Needs***

All men in interviews and group discussion discussed poverty and the lack of basic needs. Marginalization was a recurring issue in reference to people and the community as a whole, as were the lack of steady work, income, education, financial support from Mil

Solidarios, and poverty. Several participants mentioned community and intimate partner violence, as well as the Church's influence on poverty. Basic needs and the lack of government support were also prominent issues.

All interviewees mentioned the prominence of poverty in the Bañado Sur and considered themselves and their community to be marginalized. Whether in reference to job insecurity and lack of job opportunities, or the need for outside help and government intervention, all interviewees mentioned marginalization as a barrier to other activities. Many interviewees spoke of poverty and marginalization as a commonplace theme without any hesitation from the start of the discussion.

Interviewer: What is your neighborhood like?

Alberto: Well, like everyone is going to tell you, it's labeled as marginalized. There are a lot of things that have needed to be done, but they [the government] don't do it. Nobody does anything to that respect. (Alberto: 11-13)

Many respondents spoke of their childhood and how they had to start working as children and adolescents to contribute to their family income. Some participants dropped out of school to work full-time while others were able to work part-time to help support themselves and their families. Some men mentioned that their parents found it more important for them to contribute to their families financially than to continue their education because of how impoverished they were. Respondents who were unable to complete their education were typically disappointed that they were unable to do so, but only realized how important education was later in their lives.

I grew up young. I worked, studied, and sadly I didn't finish secondary school. I completed up to 9<sup>th</sup> grade and I left. First, because of poverty that started to affect me because I started to work when I was 15 and from there I grew up. (Frederico: 6-7)

The importance of education was often linked to the opportunity to work in Paraguay, especially given that jobs are difficult to come by. Respondents spoke of the importance of education and how those who did not finish school were unable to find well-paying jobs or in some cases, any jobs at all. Well-educated members of the community were able find higher paying jobs, and also more secure jobs. Some men have started their own businesses selling meat or fishing. Others made a living by doing construction work, recycling, and working as professional waiters for catering events. Several men said that job insecurity was such an issue that they worked any odd job that a friend, family member, or neighbor was able to find them. Typically, these jobs were temporary or one-time events.

My job, for example, I can be rich one week and poor for 3 months. I can earn 3 million [guaraníes = US\$ 673] and for 3 months afterward I don't work. You need things and they [kids] ask you [for money] and you can't give it to them. In order for this to not happen to them, the same story that our mothers told us too, I hope it's not like this for them. (Tomás: 316-317)

Another interviewee mentioned that his children had become more financially independent because they received scholarships from Mil Solidarios and learned about financial management from a young age.

Enrique: Those that have scholarships, they do it, they spend their own money and I never take any, you know?

Interviewer: They handle it themselves?

Enrique: They handle it all themselves, but we also control it so that they don't spend it all poorly. (Enrique: 6-7)

One interviewee spoke of violence as an effect of poverty and necessity. This participant captured not only the physical toll that poverty can take on someone, but the mental repercussions of continued financial struggle and constant need.

There's a lot of violence in our society, first, because of necessity. There are many people today that live on next to nothing and that frustrates them. Many times the needs that someone has at home make them do things they shouldn't do. It makes them think things they shouldn't think. (Beto: 46-47)

Mil Solidarios was highly regarded by the men of the Bañado and was spoken of by several fathers in a very positive light. Not only were educational services discussed, but also the financial means by which Mil Solidarios helped families with simple necessities such as paying bills. Families have received assistance when job opportunities were limited and personal resources were depleted. There are many people in the community that, at times, cannot pay for water or electricity. Mil Solidarios provided financial support as part of the fight to continue working for a better future.

Interviewer: What other situations or problems do you wish were easier to discuss with your children aside from violence, sexual health...

Leonardo: That they have to continue pushing forward. Before, [my son] had a secure job, you know, we were doing well and paying all of the bills. With all of the help we

received from the parish and Mil Solidarios, we didn't have to throw in the towel. We have to keep fighting. (Leonardo: 156-157)

Some men had a lot of trust in the Church and relied on the power of prayer to put food on their table. One participant said he went to Church sometimes just to pray, especially when he has had little or no work. He prayed for the opportunity to work, for financial success, and for the “pan de cada día” [daily bread]. He believed the Church and prayer helped him overcome obstacles related to poverty.

Other men, particularly in the first group discussion, expressed distrust toward financial assistance from the Church as well as the Church's motives for providing aid to the community. Both monetary and material items are collected in many churches in the Bañado. Items were donated from outside communities as well as from the city of Asunción, such as clothing, shoes, toiletries, and more. These items were collected with the understanding from community members that they would be distributed to families who were most in need at the time. While most of the men had positive feelings about the Church and the role it plays in the community, a few interviewees said that the best clothing items were picked out by the leaders of the churches and “elite” members of the community. A few men suggested that once the items that had been picked through, the remaining items, typically in poor condition, were then distributed to community members. Financial and material issues were a source of concern in other situations as well; one participant shared a personal story after several others mentioned that they used to enjoy attending church and do not anymore.

Tomás: One time a friend came to my house to take me to an Evangelist Church. I went and I had 200 guaraníes [a nickel] in my pocket. I go, I listened to his sermon, and after the pastor said, “Give the tithe because it's in the bible,” I don't know. I wanted to listen



and I was waiting for that, a word of encouragement, something. I wasn't working at the time; I was at the point of starting to smoke marijuana when that happened. I wanted to listen, and nothing, everything is about the title.

(Tomás: 305-308)

Many men expressed the need for outside help for community development, and most of them made specific references to lack of government support. However, the men spoke of how the Bañado was neglected despite its close proximity to Asunción. They reported feeling forgotten and like government promises of financial and community development assistance were left unfulfilled.

From my point of view, this community really needs help from outside people. The kids are getting lost in vices; there is a lack of entertainment for them. We have a soccer field right here that [the government] funded, but it is in poor condition. I have three boys, three sons, and I don't want all of that to affect them. (Hugo: 8-9)

Some men noted their complete distrust of the government and accused politicians of saying anything to get people on their side without any intention of following through on their promises. The lack of government and police support was a strong concern for many men in the Bañado. In some cases, homes and families were neglected when government assistance was available because eligibility was limited to the poorest families in the community. Many men believed that the government did not care about them, did not want to see progress in the community, and failed to recognize that some people are so poor that they do not even want to get up in the morning.

## 4.2 Risk

### *Mental Health*

Half of the fathers that we spoke with mentioned mental health in various contexts. Several fathers spoke about their own personal mental health issues while others spoke of mental health as it intersects with drug and alcohol abuse as well as violence. A few also mentioned mental health as an important factor in a child's development, which is shaped by the love and care given to them by their parents in early years.

Many references to mental health also cited drugs, alcohol, and/or violence. The majority of men who mentioned mental health also discussed how drug and alcohol abuse affected mental health and led to violence and vice versa.

Interviewer: Have you discussed the use of drugs and alcohol with your children?

Marcelo: Up to this moment, I don't talk about any of it with them because they see what is happening in the news; they see many of their friends at school who are still children. They are 12 or 13 years old and already stealing to buy marijuana and all that, my kids see that and psychologically that really sets in. (Marcelo: 32-33)

Psychological mistreatment of children in the home was believed to be a major cause of poor mental health in the Bañado. Many participants thought that what children see occurring in the streets influences their thoughts and perceptions about risk behaviors, but that what is learned and observed in the home is the most impactful.

I think its bad [domestic violence] because if a couple is always fighting, their child will be worse off. (Carlos: 89)

Interviewer: How do you think that children and adolescents are introduced to alcohol consumption, drugs, and tobacco?

Victor: I say it's primarily the parents' fault. They don't care for their children, they mistreat them, and so it's the fathers and mothers who are directly responsible because they give their children the opportunity to do those things. The parents should know where their child is, what they're doing. It's the parents' fault. (Victor: 39-40)

It's a problem because these kids end up very psychologically neglected and from there they end up in the streets, they leave their homes. They see their parents' problems and they leave, they do drugs, they look for other things. Essentially when kids have these issues, it's a problem within the family. (Alberto: 49-50)

One father in particular described himself as being a very nervous person and seeking professional help to learn how to cope with his issues. He said that he used to use alcohol as a coping mechanism, but sought help from a psychologist in a nearby neighborhood where he went for treatment. He expressed frustration with the lack of rehabilitation services available in the community. He also recounted feeling out of control mentally and physically when fighting with his wife.

Octavio: Like me and my wife, I fight with her verbally, but when I drink, I hit her too. I hit her physically, but mentally you forget that you leave something that's not tangible.

Interviewer: And do you consider that good or bad?

Octavio: It's bad. That isn't what I want, but I also wanted treatment for it. You don't see it now, but I made a decision and I went to a psychologist for help. I talked and all that to better myself again. I can't drink anymore. When I don't drink, everything is ok.

(Octavio: 109-112)

## ***Violence***

Participants presented the issue of violence in the Bañado in many ways. Community violence involving neighbors and children, especially at night, was noted as an issue for most men. Most men did not admit to seeing domestic violence firsthand, but they stated the violence against children as well as intimate partners was an issue that they had heard to be prevalent in the community.

The issue of violence in the community was discussed by the majority of participants whether in their own neighborhood or in the Bañado as a whole. Respondents noted that violence was present in many ways, including in the streets, in schools, during the day, and at night. Violence was perceived to be associated with drug or alcohol use. Some participants also agreed that learned violent behaviors in the home caused children to act violently with each other.

Interviewer: We would like to know your opinion about violence that exists in the community. Do you think there are problems with violence in your community?

Frederico: Based on what I've seen, there's a lot of violence especially within families. I don't know if it's because of alcohol and all that, but there's always violence everywhere. Yes, there's a lot. (Frederico: 54-73)

Interviewer: Do you think that kids now need more information about violence?

David: Yes, they need it. These days kids are falling apart. They go to school, they fight, and a lot of things happen now. There needs to be more communication with youth. (David: 64-64)

Violence between parents, or between parents and children, was an issue that most men spoke about. None of the men admitted to physically abusing their wives or girlfriends; however several admitted to becoming violent with their children at times. Many men said that intimate partner violence was prevalent in the community. Some even said they could hear neighbors

being violent in the home, but did not witness it themselves. At the same time, several participants believed that domestic violence was not as much of an issue as it had been in the past. Other participants explained that it was important for women to speak out on their own behalf and empower themselves to be respected by men.

Interviewer: Some people say there is a lot of domestic violence in the community. What do you think about that?

Enrique: Well, yeah there are people who want to fight too much against women. I have never touched my wife up to this day and I never will touch her. I tell her, "I will never hit you." I don't like to hit women. (Enrique: 74-93)

Interviewer: How do you expect your son to act in a formal relationship, or even a casual relationship, in order to avoid domestic violence?

Carlos: The truth is that comes from the home too. They [kids] see how their mother is mistreated or how they themselves are mistreated and they go on learning that from there. (Carlos: 74-95)

Some men believed that hitting children was a thing of habit, and that if done infrequently, had a positive effect on behavior change. Most men agreed that communication between parents and children was the key to avoiding violence in the home, but several also said that speaking with children about misbehaving did not have the same impact as hitting, slapping, or punching.

Interviewer: Do you usually talk to your kids about violence?

Octavio: Yes, thank God we talk, we play games, we do a lot of things and we care for each other. When [name of son] was young I would grab him and he would get mad at me for that. I love him, but sometimes if he made me nervous I hit him, but not all the

time. But, when they [my children] made me mad, all three of them, I would hit them; I would do things and not listen. (Octavio: 102-124)

Moderator: How would you all describe the weaknesses of the Bañado?

Tomás: Temptations.

Moderator: What kind of temptations?

Tomás: What I'm referring to are the temptations that exist now for kids that are growing up.

Quentin: They want to try things.

Tomás: They want to try things in a sense and they have a lot of freedom too, human rights and all that. You can't do anything anymore. You can't hit them. For example, before if you made a mistake they [parents] would hit you so that you knew you shouldn't do that anymore. And now, people say no, you have to talk to them calmly to solve your problem. What happens is that nothing is solved from talking and they are just going to do it again, the same thing they're going to do it again. But giving them the heavy hand makes them angry.

Rodrigo: So you're saying just hit them hard when they're bad?

Tomás: No, not to just hit them hard, but just to make them feel something. (Tomás, Quentin, Rodrigo: 34-48)

Violence was one of the risky behaviors that fathers said they routinely talked about with their children. Fathers said they communicated directly with their children frequently, and often informally based on a particular situation. Several participants brought up the importance of reacting passively and relying on siblings and friends protecting each other in the streets in order to avoid violence.

Interviewer: Do you usually talk to your kids about violence?

Beto: Yes, we usually talk about it when we have a problem that we're trying to solve as easily as possible. Talking about the problem and not getting to the point of hitting because my son, for example, he's 13 but he's big, he's stocky. [My son], for example, if he hit someone, he would hurt them badly, and that's no way to solve a situation. Contrarily, you have to solve the situation by talking and not making it worse. (Beto: 46-59)

Interviewer: Do you usually talk to your kids about violence?

Hugo: Yes.

Interviewer: What do you usually talk about?

Hugo: That they have to be careful in the streets and if anyone says anything violent that they don't do anything and that they just come home, that's it. They are young and anyone could hurt them. If they are together they have to be careful, that's it, and that they protect each other when they're out there. (Hugo: 57-91)

Interviewer: Do you talk to your kids about violence?

Javier: Yes.

Interviewer: What do you talk about?

Javier: Usually we talk about, for example, I give them advice first and talk to them about how they shouldn't be violent and that they should be passive. I tell them they have to avoid violence and that violence with violence just creates more violence. (Javier: 51-71)

Fathers in group discussions were asked how they would react in various situations and whether communication or violence would be their preferred method of handling each situation. Most fathers agreed that communication between parent and child was the correct way to deal with a situation such as finding out his child was sexually active, using drugs or alcohol, or involved in a violent intimate relationship. However, some said that they would likely become violent in the situation due to anger and instinct.

Moderator: Imagine that each of you faced a situation in which your child comes home from a party and you suspect that he or she has used some sort of drug or alcohol. How would you react?

Quentin: If I caught him in that moment, I couldn't react. You can't react at that moment because you've seen that he's been drinking or is drunk and you're not going to solve anything with them. It's better to wait until the next day and sit down and talk with him or her. Ask why they did it and tell them they shouldn't be doing that.

Rodrigo: I don't know, I'm violent.

Moderator: Do you think you'd hit them then, instantly?

Rodrigo: Instantly. (Quentin, Rodrigo: 245-255)

When asked about preventing violence in the community, men had very mixed answers. Some suggested the importance of organized discussions to the community from outside sources about violence, members discussing violence within the community together, and the need for outsiders to be more aware of the issues facing the Bañado. Many participants said that there was a need for more opportunities for children to express themselves and become involved in the community and learn about healthier decision-making options than resorting to violence.

Interviewer: How do you think they can reduce or prevent violence in the Bañado?

Hugo: It's something very difficult, in the Bañado at least, but they could make people more conscious of it.

Interviewer: How could they do that?

Hugo: Well, what you guys are doing, for example, that's a good sign because people have to be talked to, that's it. I don't know, look for a time and get everyone together to talk to them in that way. But, I don't know, this could work what you're doing. If you're talking to all the families it would be possible. (Hugo: 57-91)



Interviewer: How do you think they could reduce or prevent violence in the Bañado?

Frederico: I think that conversation is what is most important, that parents talk about it a lot, or on the contrary, find a better way to act. (Frederico: 54-73)

Interviewer: What would be a good way to reduce or prevent violence in the Bañado?

Beto: I think providing more education, really getting into more education and especially sports. Music too, because here in the Bañado there are a lot of adolescents that have qualities that they need to learn and I think more educational opportunities would help achieve that, reducing violence. (Beto: 46-59)

Some men did not think that violence could be prevented. One reason was the cultural acceptance of violence in the community. Another was that the lack of education of many community members was said to have an association with accepting violence and not knowing about alternatives that would be better than violence. One father even said that he would be hurt to know that his child was being abused by her partner, but that he could not do anything about it because her partner was now in power and he no longer had the right to intervene.

Interviewer: How do you think violence can be prevented?

Alberto: It's tough. For me it's inevitable because of our own culture that we have. If you don't study, you don't read, then how do you think your kids are going to end up? (Alberto: 43-56)

Interviewer: If you suspected one of your daughters was being hit by her partner how would you feel or what would you do?

Carlos: If one already has a partner or is married, they are together. There's nothing more in my power to do. Obviously it would hurt me, but there's nothing I can do. (Carlos: 74-95)

Violence has also taken a toll on many relationships, and participants say that the prevalence of separation and divorce is an effect of violence in the community. In some cases, men suggested that couples end their relationships because of violence. One participant shared his story of separating from his wife in order to protect themselves and their children.

Interviewer: At a community level, how do you think violence can be reduced or prevented?

Alberto: Like I told you, kids from a young age are going out and getting involved in crime. They're in their houses, in their own homes, and their mother can't do anything. Sometimes their father comes home drunk all the time and that's when he raises his hand and it goes on from there.

Interviewer: Using your imagination, how would you react if you knew or saw that your daughter's boyfriend hit her? How would you feel? What would you do?

Alberto: For me, I would talk to her and ask her truthfully because sometimes us men tell them that - we threaten them... They need to know what the reasoning is and how to talk, investigate, and try to solve it justly. That's the only way because there are a lot of girls and women who keep quiet and there is no reason for that. (Alberto: 43-56)

Interviewer: Are you saying that lowering the level of violence also changes divorce rates?

Quentin: Yeah, it definitely changes the level of separation.

Interviewer: More people are separating?

Quentin: It's because they don't want to fight each other anymore. For example, my wife and I didn't want to fight anymore so we decided to separate, that's it. (Quentin: 186-244)

### ***Drugs, Alcohol, and Drug Addiction***

Drug and alcohol use and abuse were discussed with all participants and were identified as problems in the community. Some participants admitted to using tobacco and alcohol, but not drugs. One participant had a history of smoking marijuana, but none of the participants currently used drugs. Men who admitted to drinking said they did so occasionally or during celebrations, and a few participants were occasional or habitual tobacco users. All of the men, however, said that many community members abused alcohol and drugs, specifically marijuana and crack. Youth and adults alike were identified alcohol and substance abusers; many men attributed issues of insecurity, violence, poverty, and other themes to substance abuse.

Drug and alcohol abuse was discussed by all participants, some asserting that the problem has grown in recent years. Many associated alcohol and drug abuse with violent behaviors and spoke of addicts as dangerous or frightful. Some parents noted that their children learned about substance abuse from a very young age because they were exposed to community members or neighbors under the influence.

Interviewer: What is your neighborhood like?

Alberto: My neighborhood compared to 7 years ago is much worse than it was before. Now, for example, kids and adolescents are really aggressive and more into drugs than they were before. Before, there weren't that many drug addicts among adolescents or kids but today all of that has changed. (Alberto: 8-9)

Marcelo: At somewhere around 10 or 12 years old I started to tell them things when I saw things changing in the community. For example, they know everything now and some of

that even comes from kids in the streets smoking. They tell me later, they're smoking marijuana, they see that. They know who is there doing it. (Marcelo 28-47)

None of the fathers interviewed admitted to current drug use, though some did admit to light or moderate drinking and smoking cigarettes. Negative effects of substance abuse were most frequently pointed out in relation to their effects on the body and mental health and stability.

Interviewer: In your opinion, what are the risks associated with the use of tobacco, drugs, and alcohol?

David: It's going to harm them a lot, their health, they will start to rob and not care about their lives. That is what I think would happen. That's how all kids are these days; that's how they grow up. Their lives aren't important to them anymore and they base their lives on drugs. (David: 36-57)

Interviewer: In your opinion, what are the risks associated with the use of tobacco, drugs, and alcohol?

Enrique: Drugs, for example, are screwed up because first, someone tries marijuana and then they try cocaine, and if they don't get cocaine, they don't have money to go on. They start to base their lives on crack, and that, that is deadly. That is a substance that leaves people on the floor and after that they rob you at your house. Your own kids will rob you, you know? I know a lot of people that are like that. (Enrique: 32-51)

Explicit conversations about alcohol and substance abuse occurred in the majority of families that we spoke with. Some men said their children learned about substance abuse by witnessing people in the streets who were under the influence and asked questions later. Others said that drug and alcohol abuse was discussed with children in schools as well as in the Church.

Interviewer: Do you usually talk about these topics with your children?

Alberto: Yeah, a lot.

Interviewer: At what age did you start to talk to them?

Alberto: We always talk because they see everything, they know, they study. So, they know what the consequences are and all that, and they themselves see how it is, you can't avoid it or stop talking to them because they see what happens in the streets. Sometimes they have contact with [addicts] or even their friends so almost every day we talk about it. They see it a lot on television too. (Alberto: 19-34)

Interviewer: Do you usually talk to them about this [substance abuse]?

Enrique: Yes, I talk to them.

Interviewer: About what usually?

Enrique: I always tell my son a lot, my daughter understands a lot of things, but my son is the one who wants to go out more and so I always talk to him. I tell him if he's going to a party or a quinceañera or some birthday to not drink and not smoke. If your friends invite you to, say no. Say I don't want to, I don't like it. (Enrique: 52-57)

One father was adamant that it was his personal duty to ensure that his children never got caught up in tobacco, drugs, or alcohol. He truly felt that he would have failed as a parent if his children were to ever become addicted to any sort of substance.

Interviewer: How would you react if you found out one of your children was consuming alcohol, drugs, or tobacco?

Hugo: Truthfully, I don't know how I would react. It would affect me a lot. That would be the moment and the day that I would know I wasn't a good father, that I didn't make things how they should have been. It would affect me a lot and I would make sure, to any extreme, to try and solve it if it came to that. (Hugo: 19-34)

Fathers discussed the prevention of substance abuse on a family level more so than a community level. The majority of fathers said that they talked with their families about avoiding tobacco, alcohol, and drugs, but wished that these topics were easier to discuss with their children. On a community-wide level, several men also mentioned the need for more psychological services as well as rehabilitation centers for people afflicted by addiction. The men described services available to those suffering from any number of addictions as limited or altogether unknown.

### ***Sexual and Reproductive Health***

One of the most important themes that participants discussed was their view on sexual and reproductive health, if and how they communicate about these issues with their children, and where children learn about issues surrounding this theme. These issues included pregnancy prevention, the acquisition of sexually transmitted infections (STIs), contraceptive methods, advice given by parents to adolescent, and more. Fathers' attitudes about sex were also discussed. A common phrase heard repeatedly by all of the fathers in reference to conversations between themselves and their children was "cuidarse", or "take care of yourself". For some, this was the only communication that fathers had with their children in relation to sex. This phrase is not only frequently used in Paraguay, but throughout Latin America as well.

### ***Sexual Health Education***

In terms of sexual health, most fathers agreed that the education received by pre-teens and adolescents in the community is not sufficient. Most men knew that adolescents learned about sexual health in school, but did not know at what age, what topics were discussed, or how in depth each topic was addressed. Men also said that much of what adolescents learn today about sex comes from friends, television, internet, cell phones, and other forms of technology.

Most participants did not talk to their children about sex at all. Some mentioned that their wives did have discussions about sex with their children, but they did not know what was discussed.

Interviewer: How do you think the adolescents in the Bañado learn about sexual and reproductive health?

Alberto: We hardly ever talk about it, very infrequently. We hardly ever talk about it because they have lessons in school and there are some workshops about it. (Alberto: 35-42)

Almost all respondents expressed the need for more information about sex. While some of them did not have suggestions for where this information could be obtained, the need for it was conveyed very strongly. Fathers said that it is not uncommon to see girls as young as 12 years old who are pregnant in the Bañado, and none of the fathers thought that these girls chose to become young mothers. Many fathers articulated that becoming sexually active is a normal part of growing up, but that young people do not know how to protect themselves from pregnancy or sexually transmitted infections because they are too young and uninformed to make smart decisions about their sexual health.

Interviewer: Do you think they need more information?

Guillermo: For me, yes. Yes.

Interviewer: According to your criterion, why should they have more information?

Guillermo: Because there are so many adolescents that from the age of 14, some of them 13, they're already pregnant. If there was more information I think that could be avoided. (Guillermo: 50-52)

Interviewer: And do you think they need more information about this [sex]?

Marcelo: I wish there was more so that [the kids] knew more. Here, there's a lot of disease. They need to take better care of themselves because when they are thinking about sex they don't want to know anything, you know? Because of that, they need to take good care of themselves and protect themselves. There's so many ways, for example, primarily using condoms. (Marcelo: 54-56)

When asked what a proper age is to start talking to children about sex, whether at home or in schools, answers were very mixed. Some said it was not something that had to be discussed at all, some said around 9 or 10 when puberty begins, and some said even as late as 18 was a good time to start discussing sex. While there was no general consensus, fathers also mentioned that lack of communication is not something new. Their generation as well, was uninformed and misinformed about sex when growing up.

Interviewer: Do you all think there's a certain age that you should start talking about it [sex]?

Quentin: I still want to know! (Quentin: 68-69)

All respondents were asked how much communication they had or planned to have with their children regarding sex and sexual health. Many of them responded that their communication had been limited, but that they did know if their children were or were not yet sexually active. Several fathers mentioned that their son or daughter had a boyfriend or girlfriend, which they took to mean that he or she was sexually active. Those who did not think their children had yet had sex explained that he or she had not yet been in a relationship or that his children were too young to have had sex.



Interviewer: Do you know if any of your kids have had sexual relations?

Marcelo: Yes, the oldest has.

Interviewer: How did you react when you found out?

Marcelo: The truth is, his mother and I started to wonder and so we talked to him about it. We talked about it really well and he told his. From there, we started to ask him about it and if he was protecting himself, all of that. He told us too and everything is ok. Up until now, he has no STIs or anything, thank God. (Marcelo: 60-63)

Very few fathers said that they talked to their children about sex. Those who did typically only did so with their sons, not with daughters. Men mentioned the sense of friendship they had with their sons, and said that men more closely relate with their sons and mothers with their daughters. The idea of friendship between a parent and child in talking about sex was very important in forming a trusting and open relationship. This sort of friendly environment was the most conducive to discussions about sex from the fathers' perspectives. Additionally, many of the men spoke of feeling awkward or embarrassed to talk to their children about sex. This feeling was mostly expressed in relation to talking with daughters, and shows a cross-gender communication barrier.

Interviewer: Do you talk with them about how they have to and how to take care of themselves if they start having sex?

Carlos: Yes, I always talk about it with the boys.

Interviewer: But not with the girls?

Carlos: With the girls, no. (Carlos: 71-72)

I think there is a little bit of difference in talking to boys and girls, with your son or with your daughter [...] because with the guys you talk like a friend and with your daughter you can't. Like, I'm the father and I feel awkward with her [my daughter] and telling her

those things. Her mother is a woman too and can be her friend so she can get close to her and talk to her more. She will explain everything better. (David: 90-91)

Fathers who spoke about contraceptives were well informed about the benefits of using condoms to protect against sexually transmitted infections including HIV/AIDS as well as unwanted pregnancy. However, none of the fathers mentioned any form of contraceptive other than condoms.

Interviewer: Do you talk to girls and boys differently about this topic [sex] or about contraceptives and sexually transmitted infections? Or do you talk to you them the same way?

Enrique: No, everything is equal because we all sit down and I tell them, I bring them in and tell them that at the clinics they give you condoms or if not, go buy them yourselves and please protect yourself, I tell them. (Enrique: 69-72)

While the majority of the men identified as Catholic, very few said that they regularly attended church. Almost all of the men said that sex was something that could be discussed within the Church, but that it was not spoken of now. Most of the men agreed that while sex could and should be discussed more openly in the Church, religion did not influence their own personal views about sex or how they talk about sex with their children.

Interviewer: When you talk to your kids about sex or when you talk to them later about sex, how does religion affect the way you talk about sex?

Marcelo: It doesn't. It doesn't influence anything. (Marcelo: 106-109)

### 4.3 Struggle

When discussing risky behaviors and problems facing the community, fathers repeatedly expressed their desire for their children to have a better life than themselves. A recurring theme that the majority of participants spoke of was their wish for youth to “seguir adelante,” literally, to continue moving forward. This phrase was later brought up in group discussions to clarify what exactly it meant to the men of the Bañado.

Interviewer: Some people say that they always tell their kids that they have to continue to push forward. We use that word a lot, “seguir adelante”. What does that phrase mean?

Tomás: To be something in life, to obtain things so that they don't have to go through what is happening to us...it's the same story that our mothers told us before, you know? And that is what I don't want it to be like that for them too. (Tomás: 316-320)

All fathers wanted their children to “continue to move forward,” whether that meant obtaining a good education, continuing on with their studies, protecting themselves against unwanted pregnancy and sexually transmitted infections, avoiding the use of alcohol, tobacco, and drugs, not practicing violent behaviors, or pursuing a brighter future overall. Fathers all wanted their children to take advantage of the opportunities before them and follow their dreams.

Interviewer: How would you describe the roles that fathers play in the Bañado, or the roles that you as fathers in the Bañado play in your home?

Patricio: Teaching, it has to be like that. Teaching them that they have to be something in life. That's what we as fathers have to do, tell them not to be like us, and to aspire to be more than we are. (Patricio: 51-55)

### *Mil Solidarios*

Mil Solidarios has provided many opportunities for the people of the Bañado to better themselves and their families. Several fathers expressed their gratitude that Mil Solidarios provided their children with opportunities that did not exist when they themselves were younger. All of the fathers had a strong desire for their children to continue fighting for a better future. Several men said that Mil Solidarios helped ensure that the children of the community would not follow the same paths as their fathers. Some fathers also benefitted directly from the services, particularly educational services, provided by Mil Solidarios.

Interviewer: What advice would you give to fathers who have children coming into adolescence?

Rodrigo: If they [fathers] have the opportunity to study, they should study. Me, for example, I started high school again through Mil Solidarios after I was 28 years old. I was able to finish high school for free, the most beautiful thing that has ever happened to me. (Rodrigo: 321-322)

Interviewer: Is there anything else that we haven't discussed that you would like to mention?

Frederico: I always think that here in the community, in the Bañado Sur, people are so well organized. I'm telling you, I always hear about social organizations. For example, Mil Solidarios is absolutely wonderful. They are teaching kids how they have to be in life, they give them the opportunity to study and also form friendships between themselves. All of that. It's a great organization. Here, for example, despite the fact that there are many problems due to drugs and all that, it's going away little by little. I think Mil Solidarios is implementing this system of bringing kids to a better place. If this organization didn't exist in this community, the Bañado Sur would be completely different already. It would be a lot more difficult because there are a lot of ugly things that exist here. (Frederico: 102-103)

### *FBOs as an Intervention Site*

Mil Solidarios is a faith-based organization, but it is perceived to be somewhat different from other churches in the Bañado. Most participants' attitudes and perceptions of the Church were positive, though many fathers said they did not attend church themselves. This study sought to understand if residents of the Bañado felt that FBOs to serve as an intervention site for workshops, lectures, and educational sessions to be held on risky behaviors.

Some men said that the Church would seldom speak on issues such as community violence, partner violence, juvenile violence, and substance abuse. However, sex was a topic that fathers never said was discussed in church. At the same time, the majority of fathers thought that all of these issues could be discussed in the Church. Some men did disagree, saying that the Church was not an appropriate venue to discuss these issues, that the Church was a place for people to go, pray, listen to the sermon, and nothing more.

Interviewer: Do you think that these topics are topics that they can discuss within a religious community?

Alberto: Definitely, they definitely can. Why wouldn't they be able to?

Interviewer: Including sex, violence, all of that?

Alberto: Definitely. (Alberto: 67-72)

Interviewer: Do you think that these topics we're talking about, substance abuse, sex, and violence, are things that can be discussed in the religious community that you're a part of?

Frederico: I think so, yeah, because the role of a pastor, he has the power to talk about these things, you know? I don't know about sexuality, I don't know if a priest or father

can talk about that, but tobacco, drugs, alcoholism, yes. The Church has to also warn youth what the risks are that they can cause to someone.

Interviewer: And violence too?

Frederico: Violence too, yes. (Frederico: 84-89)

Several participants who attended church said that violence and substance abuse were discussed in their own congregations. While sensitive in nature, these were highly visible issues in the community, especially alcohol abuse, crack consumption, and community violence, a topic that frequently stemmed from discussions of substance abuse.

Interviewer: Do you think that these topics, sex, violence, drugs, alcohol, can be discussed in the Church?

Guillermo: The truth is, yeah. It would be good, really good.

Interviewer: Can the church help you in any way in giving advice about these topics?

Guillermo: Yes, yes it can. It would be really important.

Interviewer: But do they?

Guillermo: The truth is, very little. Topics like violence, vices and all that, they do, but about sex and all that, very, very little. (Guillermo: 90-103)

Sex was not mentioned in the churches of most participants. One participant, an Evangelical pastor, said that the discussions on sex in his congregation were based on his belief that homosexuality is a sin.

Several men suggested that the Church could intervene through workshops and men's meetings. Suggested workshops included meetings for just fathers to discuss and learn about these issues with other men who had children of similar ages. Other suggestions included individual meetings with a priest or pastor to learn about sensitive issues and discuss them

privately rather than in a group setting. Most respondents agreed that the Church has a significant influence on the community and that FBOs would be a trusted site - a preferred one in some instances - to learn about sex, substance abuse, and violence at the community level.

I think that all of these topics are very important. The Church can influence the majority of the problems that families have too. They need to have a workshop or, I don't know. The few that go listen and they always say that the priest talks to the people a lot.  
(Alberto: 84-87)

Interviewer: Do you think that religious organizations, the churches, could help fathers learn how to talk to their children about these problems?

Enrique: I would like it because they, the priests, have I don't know how many years of education, you know? They are intelligent, they study everything. Some of them are even psychologists and it would be important to have a church for that, so they can try to do that. (Enrique: 112-123)

Some respondents also suggested the need for groups and workshops that bring fathers and children together in the same setting. Priests and pastors were regarded as being well educated and having had educational opportunities that community members did not have. Some felt that their knowledge could be beneficial for bringing together different groups to discuss these issues together rather than separately.

## Chapter 5: Discussion

### 5.1 Recommendations for Program Intervention

Program interventions that target fathers in the Bañado should focus first on sexual health and family planning. The need for rehabilitation services for drug and alcohol addiction, psychological services for negative mental health outcomes, as well as violence prevention strategies should also be considered. Men in the Bañado have a lot of goals; they want a better life for their children than they themselves have had. The men in the Bañado want to see their children succeed and want children to feel the support of their parents. Achieving these goals would involve not only the community as a whole or Mil Solidarios, but also fathers as individuals. With such busy and tiring work schedules, some men in this study found it difficult to take initiative in their community. However, men do have the ability to do for their own children what could ultimately be beneficial to the community as a whole.

There are two aspects to a useful intervention strategy that would benefit fathers and children in the Bañado. This study suggests that an intervention that incorporates faith-based organizations as a center and organizer of the intervention, comprehensive sexual health education for fathers and children, and communication skills building would be most beneficial. All of the men in the Bañado, whether practicing or not, agreed that all of the risky behaviors we discussed could be taught in the Church. As a central meeting point in the community and a trusted site by most, churches would be a comfortable and easily accessible site to hold an intervention, as there are many in the Bañado. However, existing interventions designed for use by faith-based organizations promote abstinence and religiosity as a means for preventing unwanted pregnancy and sexually transmitted infections. In the Bañado, an intervention would be more beneficial that not only promoted abstinence, but also included comprehensive sexual



health education on contraceptive methods, how to prevent unwanted pregnancy and sexually transmitted infections, and how to make healthy sexual decisions. Promotion of avoiding sexual activity altogether would not be a successful intervention method.

## **5.2 Faith, Hope, and Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy**

Faith, Hope, and Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy, produced by The National Campaign to Prevent Teen Pregnancy, is a useful tool available in both English and Spanish. This U.S.-based tool suggests that faith leaders, churches, and other religious organizations can help parents and other family members provide guidance and support to younger children as well as teens about sexual matters ("Faith, Hope, & Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy," 2005). This report promotes the faith community as an important site for parents and teens to talk, especially when parents are away from their children due to working long hours to support their families, such is the case in the Bañado. Deciphering the differences between religious values, cultural norms, and social influences as well as the promotion of education to secure a prosperous future are also topics suggested in the guide ("Faith, Hope, & Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy," 2005).

This intervention tool also promotes sending clear messages to both parents and children. Messages sent to both groups must be clear, direct, and precise. Encouraging teens to set goals, being successful, and living a healthy life can be a protective factor against sexual risk-taking. For adults, faith leaders can help convey that the value placed on motherhood in Latino culture can also be devalued by early pregnancy, unstable relationships, and lack of support and economical means to care for an unexpected child ("Faith, Hope, & Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy," 2005).

The most important part of this intervention emphasizes the importance of fathers' guidance and support in conveying positive expectations for both sons and daughters. As heard by many fathers in the Bañado, mothers are typically talking to their children, especially daughters, about sexual health topics while fathers are doing so less. The guide promotes that men could be better able to emphasize to their sons that having sex does not correspond to being a man, but that fulfilling the emotional spiritual, and financial needs of a family does. Lastly, this intervention promotes being cautious of the "double standard" that sometimes exists in Latino culture that teaches girls to abstain from sex, but encourages boys to engage in sexual activity to become more masculine ("Faith, Hope, & Love: How Latino Faith Communities Can Help Prevent Teen Pregnancy," 2005).

The objectives of this intervention could be adapted for the Bañado in several ways. Though all of the fathers identified as being Catholic, the majority of them did not attend church regularly. This intervention tool emphasizes the Church as the intervention site as well as faith leaders as the educators and moderators. Since many of the men do not attend church regularly, it may not be beneficial to hold these workshops on Sundays after church. Instead, these workshops could be held on Saturdays since men are not typically working and children are not in school. Additionally, a man who may have negative attitudes toward attending traditional church services may be less reluctant to attend a workshop held at the church on a day when mass is not occurring. Another component of this tool is using plain talk and concise messages to communicate. Based on this study, all of the men desired for their children to be more educated and have a successful future. Both faith leaders and parents could set these specific future goals with children as well as timelines for mapping out these goals.

The final recommendation aims to reduce the social norms associated with youth and sex. Though none of the men said they encouraged their sons to have sex, they also did not discourage them from having sex. Teenage motherhood is widely accepted and young girls do not understand the emotional, financial, or psychological implications of starting a family so young. In the Bañado youth and parents need to discuss what it means to start a family and when a family should be started, and how to balance those desires with aspirations for the future and more open gender roles. Discussing these issues openly during the intervention with other fathers would lay the foundation for being able to discuss them between parents and children in the home. What this intervention lacks, however, is comprehensive sexual education and inclusion of substance abuse and violence in communication.

### 5.3 Parent-Adolescent Communication about Sex in Latino Families

Another tool produced in both English and Spanish, by the National Campaign to Prevent Teen and Unplanned Pregnancy, titled, “Parent-Adolescent Communication about Sex in Latino Families,” was developed for use by practitioners and could be a good second component in conjunction with the first intervention tool. This tool emphasizes four areas of communication: the content of communication, the context of communication, the timing of communication, and the frequency of communication (Guilamo-Ramos & Bouris, 2008). The contents focus on different aspects of communication as well as what should be included in each. They are as follows:

**The Content of Communication:** *What Parents Say Matters*

- Strategies for practitioners: What should Latino parents say?
- Parental messages that delay the onset of adolescent behavior
- Helping parents talk about the technical aspects of sex and Contraception

**The Context of Communication:** *How Parents Communicate Matters*

- Strategies for practitioners and parents: How should parents talk to their teens?

**The Timing of Communication:** *When Parents Communicate Matters*

- Strategies for practitioners and parents: When should parents talk?

**The Frequency of Communication:** *How Often Parents Talk Matters*

- Strategies for practitioners and parents: How often should parents talk?

Latino parents in the U.S. are concerned about teen pregnancy, STIs, and HIV, as are parents in the Bañado (Guilamo-Ramos & Bouris, 2008). In terms of content, this guide includes the importance of talking to children about a wide variety of topics such as puberty, abstinence, pregnancy, and contraception. Areas of concern that parents should address to reduce their children's risk of pregnancy and STIs are delaying the onset of adolescent sexual behavior due to parental disapproval as well as issues of love, social influences, positive expectations, and healthy relationships. It is suggested that parental disapproval of sexual behavior be framed from an angle of preventing negative health consequences rather than disapproval of sexual behaviors in general to avoid deviance. Lastly, technicalities of sexuality such as birth control, contraceptives, STIs, and HIV should be discussed (Guilamo-Ramos & Bouris, 2008).

In relation to content that should be included in the Bañado, many of the topics identified in this study overlap with those recommended in this intervention. Important sexual and reproductive health concepts that need to be well understood and openly discussed include puberty for girls and boys, contraceptive methods, pregnancy and STI prevention, and valuing relationships whether informal or formal. Additional content that would be beneficial to add to this intervention based on this study would be discussions of violence and substance use, including tobacco. Content should include refusal skills, avoiding risky situations, exit strategies, and how to reach out to an adult for help.

Context of communication is something that should be appropriate per situation. This intervention would also help men develop appropriate messages that can be shared with their children when an opportune time arises. “Being open, being the expert, being accessible and trusting, staying calm, asking open-ended questions, listening to the adolescent, putting yourself in the adolescent’s shoes, appealing to common goals, and showing genuine interest” are key components of this tool (Guilamo-Ramos & Bouris, 2008). Practicality and taking an opportunistic approach, such as identifying teachable moments that occur, can make it easier for parents to talk to children about sex.

Timing of communication is crucial; talking to children about sex before they reach sexual debut could be a protective factor. Starting earlier than later, especially if a situation arises contextually (i.e. while watching television together and seeing an explicit scene) is recommended. Conversations about sex should occur in a private, quiet place with no interruptions and free of distraction.

The last area of communication that the guide focuses on is the frequency of communication. Some parents believe that one “big talk” about sex is sufficient when in reality, these talks should be happening frequently rather than in one serious conversation. Emphasis should be placed on more consistent discussion of parental values, adding new information as children grow and develop, as well as becoming more comfortable talking about sex individually and together (Guilamo-Ramos & Bouris, 2008).

#### **5.4 Utilizing Intervention Tools in Paraguay**

Adapting these proposed intervention materials for Paraguay and the Bañado would be required since these materials were developed for U.S. interventions with Latinos. With the data collected from this study and the combination of the two proposed tools to form an intervention,

Mil Solidarios and other faith-based organizations in the Bañado could make an impact on the community. Developing curricula for workshops with fathers, children, and both fathers and children together by Mil Solidarios staff could be facilitated by the use of the suggested intervention tools. Practitioners from the community would best be able to convey the messages from the second tool, though the staff at Mil Solidarios would be able to utilize this tool as well; much of the staff at Mil Solidarios have degrees in psychology and/or pedagogy.

Based on this study and the intervention plan, my suggestions for developing workshops with FBOs, Pa'i Oliva, Mil Solidarios staff, fathers in the Bañado, and with the help of practitioners and other community members would be as follows:

*Provide Paraguay and/or Bañado-specific statistics to emphasize need for intervention*

Paraguay or Bañado-specific statistics on the prevalence of the consequences of risky behaviors have not been studied are therefore non-existent. Many of the men in the community spoke about knowing young girls who were pregnant, people in the streets with substance abuse issues, or families who had struggled with domestic violence, yet few of them admitted to their families having any of these issues. There is a disconnect between what the data shows and what mens' perceptions of the prevalence of these issues is. If this information were available, it would inform Mil Solidarios, FBOs, and the community how prominent these issues are as well as which issues the intervention should focus on the most.

*Strengthen father-child relationships and trust; start communication on lighter topics and building a foundation prior to discussing sensitive issues*

Many fathers in the study expressed that the time they spend with their children is limited due to long working hours. Starting an intervention and expecting immediate open communication about issues related to sexual health, substance abuse, and violence may be too

heavy for fathers and their children who may not have a solid foundation in their relationship already. Building these relationships and discussing communication skills in general prior to specifically engaging fathers and children in conversations about sex, drugs, alcohol, and violence would lead to building trusting relationships. Trust and confidence are critical to successful conversations about these issues.

*Teach workshops at a level appropriate for participants' prior knowledge; fathers should learn separately first, children should later be incorporated into father-child workshops*

The importance of education to fathers in the Bañado is beneficial to the purpose of the intervention: for them and their children to learn more. Fathers in the Bañado often dropped out of school to begin working because their families were so poor that income was more important than education. Unfortunately, this means that some of the men lack more than a primary school education. While most of the men are literate, some are illiterate which makes teaching with the use of visuals such as pictures and reducing the amount of text in educational materials important. Concepts should be explained in plain language and at a level that is easily understood, but not too content heavy. Starting with an outline of discussion topics and later incorporating more specific information about each topic is suggested. For example, rather than discussing every form of contraceptive method, introduce each method separately and critically explain what the method is, how it is used, how it works to prevent pregnancy and/or STIs, how it can be obtained, how much it costs, etc. As described in the intervention tools, parents need to be experts about these topics before they can talk to their children about them. The data shows that children are not only lacking information about sex, but that fathers themselves lack information. Educating fathers before educating children should be considered for this intervention.

*Ensure that faith leaders stand behind the materials in the intervention prior to forming workshops or groups in their congregation*

The purpose of this intervention includes providing a safe space in FBOs for workshops to take place, but also incorporating respected community members such as faith leaders to provide the necessary education of risky behaviors. To provide this education, faith leaders must be well-informed of the content of the intervention to ensure that the information being disseminated is universal across all FBOs partaking in the intervention. Most of the participants agreed that any of these issues related to sex, substance abuse, and violence could be discussed in their congregation, but some did not agree. For this reason, it is important to evaluate which FBOs would be the best sites with the best leaders to hold workshops based on value systems and beliefs. The intervention could only be successful if the information being taught in the workshops was consistent. Ensuring this consistency at intervention sites and with intervention leaders is essential.

## **5.5 Conclusion**

“Faith, Hope, and Love” alongside “Parent-Adolescent Communication about Sex in Latino Families” would encourage practitioners to share scientific-based information about sexual health and parent to child communication with religious leaders and community members. It would also encourage faith-based organizations to serve as a site for hosting discussions and groups in which sensitive issues could be shared. Father-focused intervention groups with all men and also those with men and their children together could be a fundamental step in increasing knowledge of risky behaviors as well as positive decision-making skills. Overall, a successful intervention for father to child communication of risky behaviors could provide a base



for fathers to form stronger relationships with their children and for youth of the Bañado Sur to, of course, *seguir adelante*.

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## Appendix 1: In-Depth Interviews with Fathers – English

### Paternal-Adolescent Communication of Risky Behaviors in Asunción, Paraguay: Father's IDI Guide

#### Research Questions

1. What determinants influence fathers' approaches to their childrens' health surrounding risky behaviors (i.e. sexual and reproductive health, substance abuse, and violence)?
2. What information is being shared between fathers and children in regards to these health issues?
3. What are the existing barriers concerning cross-gender parenting and gender roles in the household?
4. How does the Church influence fathers' approaches to educating children on sensitive issues?

**Population of Interest:** Fathers of youth and adolescents in the Bañado Sur

#### **Opening Statement:**

Good morning and thank you very much for your participation. My name is Rachel and I am a student at Emory University in the United States.

In the last four years, students from our university have come to the Bañado Sur to investigate topics such as youth development, reproductive health and parent-adolescent communication, and youth resilience for those who live in the Bañado. My research team and I are interested in working with faith-based organizations to work with parents that have pre-teens (ages 9-14) to prevent health risk behaviors.

We would like to speak with you and listen to your opinions about adolescent health and the role the church could play in health education in the Bañado. In addition, we would like to know how much influence men have on their childrens' health education.

Please do not feel shy as your views are very valuable to us, and we are here to learn from you. Your participation in this interview is completely voluntary so if you are uncomfortable in answering a question or would like to discontinue the interview, please let me know at any time.

I would like to record our discussion today so that we can keep track of everything that you say. The discussion will remain completely confidential. No one else will listen to the recordings and all identifying information will be removed when the data is transcribed so your answers will be anonymous. Can I have permission to record our discussion today?

The interview will last approximately one hour. Please help yourself to any refreshments during that time. Do you have any questions or concerns before we begin?

Excellent, let's begin...

#### **Warm Up:**

1. Tell me a little bit about yourself.
2. How long have you lived in the Bañado?
  - a. Please describe your neighborhood.
3. Could you tell me about the people you live with (in your household)?

**WRITE DOWN EXERCISE:** Provide the participant with paper and a writing implement. Ask him to name each member of his household, his relationship to each person, and the role/job each plays within the household. **Write this out.** (*This will also lead into question 4*)

4. Tell me about your relationship with each of your children.

I'd now like to ask you some questions about tobacco, alcohol, and other substances.

**Substance Abuse:**

5. Do you think your children have been exposed to tobacco, drugs, and alcohol?
  - a. Around what age do you this occurred/will occur?
6. Have you discussed tobacco, drug and alcohol use with your children?
  - a. How old were they?
  - b. What did you discuss?
  - c. How do these conversations differ by gender?
  - d. If not, why not?
7. What risks do you think are associated with using tobacco, drugs and alcohol?
8. How have you reacted when discovering that your child was abusing alcohol or drugs?
  - a. How did you discuss this with him/her?
  - b. If you have not experienced this yet, how would you react if you discovered your child was abusing alcohol or drugs?

I would also like to ask you some questions regarding sexual and reproductive health.

**Sexual and Reproductive Health:**

9. How do youth in the Bañado learn about sexual and reproductive health?
  - a. Where?
  - b. What do they know?
  - c. Do they need more information?
10. Do you talk to your child(ren) about sex and sexual health?
  - a. What have you talked about?
    - i. Healthy relationships
    - ii. Sex
    - iii. Pregnancy
    - iv. Contraception
    - v. Sexually transmitted infections
  - b. How does the information you share with your child(ren) differ by gender?
11. Do you know if your children are sexually active?
  - a. How did/would you react?
  - b. Would you discuss this with him? Her?

I'm also interested in hearing more about violence in the community.

**Violence:**

12. Is violence an issue in your community?
  - a. Have your children experienced violence?
13. Have you talked with your children about violence?
  - a. If yes,
    - i. Why?
    - ii. How?
    - iii. What did you tell them?
    - iv. Did you talk about it once, or has it been an ongoing conversation?
    - v. When (How old were your kids)? Was that the right time?
  - b. If you have not,
    - i. Do you think that you need to?
    - ii. Why or why not?
14. Some people have told us that domestic violence can be an issue in this community. Do you think so?
  - a. How would you expect your son to behave in a formal relationship? Casual relationship?
  - b. How would you feel if your daughter was being hit by her partner?
15. How do you think that violence in the Bañado could be reduced or prevented?

Now, I'd like to address a few questions related to religion in the community.

**Religious Influence:**

16. What is your perception of churches in your community?
17. How would you describe the role religion plays in your life?
  - a. What is your religion?
  - b. To which congregation do you belong?
18. How does your religion influence the way you talk to your children about substance abuse?
  - a. Sex?
  - b. Violence?
19. Can you discuss these issues in your religious community?
  - a. Can you get guidance on how to address these issues from your church/clergy?
20. Do you think religious organizations could help parents think about how to talk with their kids around these issues?
  - a. What do you think the challenges might be if you wanted to discuss these issues in church?
21. Are there other issues you would like be able to discuss within your church community?

**Closing:**

22. What other issues do you wish you could more easily discuss with your kids?
23. Are there any topics we have not covered today that you would like to address?
24. What advice might you give to young parents whose children are arriving at this age?

Wonderful. Thank you again for your time and your cooperation – you've been very helpful for our study. Please feel free to contact me with any further questions or concerns.



## Appendix 2: In-Depth Interviews with Fathers – Spanish

### **Comunicación Paterno-Adolescente de Comportamientos Arriesgados en Asunción, Paraguay: Guía de los Padres**

**Población de Interés:** Padres de jóvenes y adolescentes del Bañado Sur

#### **Declaración Inicial:**

Buenos días y muchísimas gracias por su participación. Mi nombre es Rachel y soy una estudiante de la universidad Emory de los Estados Unidos. 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 sus problemas y como los superan.

Estamos acá para captar las percepciones de la comunidad en cuanto a la salud sexual-reproductiva, la violencia, y el abuso de sustancias. Usaremos información que recolectamos 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?

Excelente, empezamos...

#### **Para Empezar:**

1. Cuénteme un poco de si mismo.
2. ¿Por cuánto tiempo ha vivido en el Bañado?
  - a. ¿Cómo es su barrio?
3. Cuénteme de la gente con quienes vive ud. en su casa.

**EJERCICIO:** Provea al participante con un papel y un lápiz. Pregúntele si puede contarle de cada miembro de su casa, su relación con cada persona, y el rol o trabajo cada una hace en la casa. Escríbalo.

4. Cuénteme sobre su relación con cada uno de sus hijos.

Ahora, quisiera preguntarle sobre el tabaco, el alcohol, y otras sustancias.

#### **Abuso de Sustancias:**

5. ¿Sabe si sus hijos han estado expuestos al tabaco, drogas, y alcohol?

- a. ¿a que edad piensa que esto ocurrió/ocurrirá?
- 6. ¿Ha discutido sobre el uso de tabaco, alcohol, y otras sustancias con sus hijos?
  - a. ¿Cuántos años tenían?
  - b. ¿Qué discutieron?
  - c. ¿Cómo diferencia esta conversación con su hijo o con su hija?
  - d. Si no, ¿Por qué?
- 7. En su opinión, ¿Cuáles serian los riesgos relacionados con el uso de tabaco, drogas, y alcohol?
- 8. ¿Cómo ha reaccionado al descubrir que su hijo estaba abusando del alcohol o de las drogas?
  - a. ¿Cómo discutió esto con él o ella?
  - b. Si aún no ha encontrado esto, ¿Cómo reaccionaría si descubriera a su hijo abusando el alcohol o las drogas?

También, me gustaría hacerle algunas preguntas relacionadas con la salud sexual y reproductiva.

### **Salud Sexual y Reproductiva:**

- 9. ¿Cómo aprenden los adolescentes en el Bañado sobre la salud sexual y reproductiva?
  - a. ¿Dónde?
  - b. ¿Qué saben?
  - c. ¿Necesitan más información?
- 10. ¿Habla ud. con sus hijos sobre el sexo y la salud sexual?
  - a. ¿De qué han hablado?
    - i. Relaciones saludables
    - ii. Sexo
    - iii. Embarazo
    - iv. Anticonceptivos
    - v. Enfermedades de transmisión sexual
  - b. ¿Cómo diferencia esta conversación con su hijo o con su hija?
- 11. ¿Sabe si ya tienen relaciones sexuales sus hijos?
  - a. ¿Cómo reaccionó o reaccionaría?
  - b. ¿Discutiría esto con él o ella?

También tengo interés en escuchar más sobre la violencia en la comunidad.

### **Violencia:**

- 12. ¿Hay problemas con la violencia en su comunidad?
  - a. ¿Han encontrado violencia sus hijos?
- 13. ¿Ha hablado con sus hijos de la violencia?
  - a. Sí,
    - i. ¿Por qué?
    - ii. ¿Cómo?
    - iii. ¿Qué les dijo?
    - iv. ¿Habló de esta solo una vez, o es una conversación continua?
  - b. No,
    - i. Piensa ud. que hay que hacerlo?
    - ii. ¿Por qué?

14. Algunas personas nos dijeron que la violencia doméstica puede ser un problema en esta comunidad. ¿Qué piensa ud.?
- ¿Cómo anticiparía el comportamiento de su hijo en una relación formal? En una casual?
  - ¿Cómo se sentiría si la pareja de su hija le está pegando?
15. ¿Cómo sería reducida o prevenida la violencia en el Bañado?

Ahora, quisiera enfocar en algunas preguntas relacionadas con la religión en la comunidad.

**Influencia Religiosa:**

16. ¿Cuál es su percepción sobre las iglesias en su comunidad?
17. ¿Cómo describiría el rol que juega en su vida la religión?
- ¿Cuál es su religión?
  - ¿A cual congregación pertenece?
18. ¿Cómo influye la religión con la manera en que habla con sus hijos sobre el abuso de sustancias?
- ¿Sexo?
  - ¿Violencia?
19. ¿Puede discutir estos problemas en su comunidad religiosa?
- ¿Podría encontrar alguna forma de conseguir consejos sobre estos temas en su iglesia?
20. ¿Piensa que las organizaciones religiosas podrían ayudar a los padres a pensar en cómo hablar con sus hijos de estos problemas?
- ¿Cuáles piensa que son las dificultades o problemas sobre los que quisiera discutir en la iglesia?
21. ¿Hay más problemas que quisiera discutir dentro de la comunidad de la iglesia?

**Para Terminar:**

22. ¿Qué otros problemas quisiera que podrían discutirse más fácilmente con sus hijos?
23. ¿Hay más temas que aún no cubrimos de que quisiera hablar?
24. ¿Qué consejo podría dar a los padres quienes tener hijos llegando a esta edad?

Muy bien. Gracias de nuevo por su tiempo y su cooperación – ha sido muy útil para nuestra investigación. Por favor, contácteme con cualquier duda o pregunta más.

## Appendix 3 – Focus Group Discussion Guide with Fathers – English

### Paternal-Adolescent Communication of Risky Behaviors in Asunción, Paraguay: Father's FGD Guide

#### Research Questions

1. What determinants influence fathers' approaches to their childrens' health surrounding risky behaviors (i.e. sexual and reproductive health, substance abuse, and violence)?
2. What information is being shared between fathers and children in regards to these health issues?
3. What are the existing barriers concerning cross-gender parenting and gender roles in the household?
4. How does the Church influence fathers' approaches to educating children on sensitive issues?

**Population of Interest:** Fathers of youth and adolescents in the Bañado Sur

#### **Opening Statement:**

Good morning and thank you very much for your participation. My name is Rachel and I am a student at Emory University in the United States.

In the last four years, students from our university have come to the Bañado Sur to investigate topics such as youth development, reproductive health and parent-adolescent communication, and youth resilience for those who live in the Bañado. My research team and I are interested in working with faith-based organizations to work with parents that have pre-teens (ages 9-14) to prevent health risk behaviors.

We would like to speak with you and listen to your opinions about adolescent health and the role the church could play in health education in the Bañado. In addition, we would like to know how much influence men have on their childrens' health education.

Please do not feel shy as your views are very valuable to us, and we are here to learn from you. Your participation in this focus group discussion is completely voluntary so if you are uncomfortable in answering a question or would like to discontinue participating, please let me know at any time. In order for the discussion to go as smoothly as possible, I do ask that you are respectful of other members of the group. Your opinions are valuable and it is expected that you may disagree on some topic areas. However, please do not talk over each other and keep the responses that are shared within the group confidential.

I would like to record our discussion today so that we can keep track of everything that you say. The discussion will remain completely confidential. No one else will listen to the recordings and all identifying information will be removed when the data is transcribed so your answers will be anonymous. My note taker will be taking notes during the discussion and remind me of things I may miss while moderating. Can I have permission to record our discussion today?

The interview will last approximately one hour. Please help yourself to any refreshments during that time. Do you have any questions or concerns before we begin?

Excellent, let's begin...

**Icebreaker:**

I would like to start by asking you all to give a brief introduction including your first name only, a bit about your family, and how long you have been a part of your community.

Great! Now I'd like to ask you all some questions about your community and experiences living in the Bañado Sur.

**Warm Up:**

1. How would you describe the Bañado Sur to someone who is not from this community?
  - Who are the people living here?
  - What are the families like?
  - What are the strengths of the community?
  - What are the weaknesses of the community?
2. What role do fathers play in the Bañado Sur household?
  - What are their relations with their wives?
  - What are their relations with their children?

**Substance Abuse – Alcohol, Drug, and Tobacco Use:**

3. How are children and adolescents in the community exposed to alcohol, drugs and tobacco?
4. How do children and adolescents learn about the effects of alcohol, drug, and tobacco use?
  - School
  - Media
  - Peers
  - Family
  - Siblings
  - What do they learn?
5. What services are available for children and adolescents who are abusing substances in your community?

**Sexual and Reproductive Health:**

6. How do children and adolescents learn about sexual and reproductive health?
  - Home?
  - School?
  - Television/Internet?
7. Many fathers in the community have expressed that they tell their children to “cuidarse”. What does cuidarse mean in terms of the sexual and reproductive health of your children ?
8. What information is most important for children and adolescents to know related to sexual and reproductive health?
  - Contraceptive use
  - Pregnancy prevention
  - STI prevention

9. What sexual and reproductive health services are available for children and adolescents in your community?

**Community Violence:**

10. What types of violence are present in your community?

- Partner
- Juvenile
- Street

11. What causes or instigates violence in the community?

12. How can violence be prevented in the community?

**We would now like to describe to you some situations fathers in the community may face when dealing with adolescents and growing up.**

**Scenarios:**

1. Your adolescent son or daughter returns from a party and is under the influence of drugs or alcohol. How do you react?

2. Your adolescent son or daughter has learned about contraception in school, but still has questions. He/she approaches you and wants to know more about contraception. How do you respond?

3. Your adolescent son or daughter has marks or bruises that you think may be from his/her partner. What do you do?

**Religious Influence**

13. What role does religion play in the community?

- How much does religion influence the actions of the community?

14. How could community issues, such as those we have already discussed, be talked about within the church?

**Closing:**

15. Some community members have expressed their desire for their children to “seguir adelante”. As a father, what does seguir adelante mean?

16. What advice might you give to young parents whose children are not yet adolescents?

17. Are there any other topics we have not covered today that you would like to address?

## Appendix 4 – Focus Group Discussion Guide with Fathers – Spanish

### **Comunicación Paterno-Adolescente de Comportamientos Arriesgados en Asunción, Paraguay: Guía de los Padres – Grupos Focales**

**Población de Interés:** Padres de jóvenes y adolescentes del Bañado Sur

#### **Declaración Inicial:**

Buenos días y muchísimas gracias por su participación. Mi nombre es Rachel y soy una estudiante de la universidad Emory de los Estados Unidos. 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 sus problemas y como los superan.

Estamos acá para captar las percepciones de la comunidad en cuanto a la salud sexual-reproductiva, la violencia, y el abuso de sustancias. Usaremos información que recolectamos 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.

Por favor, no sientan tímidos porque estamos acá para aprender de ustedes. También para que la discusión pueda seguir en una manera tranquila, tengan respeto para los otros miembros del grupo. Sus opiniones tienen mucho valor y está anticipado que van a discrepar en algunos temas. Sin embargo, por favor no se interrumpen y mantengan las respuestas compartidas entre el grupo confidenciales.

Quisiéramos hacer una grabación de nuestro grupo hoy para que nada de lo que digan este omitido erróneamente. No usaremos sus nombres dentro de nuestros hallazgos, pero usaremos sus posiciones dentro de la comunidad y los nombres de sus organizaciones. Si quieren que saquemos más datos personales, claro que lo haremos, solo tienen que decirnos. ¿Podemos grabar este grupo hoy?

El grupo tomará aproximadamente una hora. Por favor, sírvanse lo que quieran de la comida y avísanos si necesitan una pausa. Si hay alguna pregunta que no quieren contestar, no hay problema. Si ustedes quieren parar la entrevista en cualquier momento, está bien. ¿Alguna pregunta antes de que comencemos?

Excelente, empezamos...

#### **Actividad:**

Quisiéramos empezar con cada uno de ustedes compartiendo una introducción corta al grupo incluyendo su nombre, algo de su familia, y por cuanto tiempo ha estado parte de esta comunidad.

Excelente. Ahora quisiéramos preguntarles algunas preguntas sobre su comunidad y experiencias viviendo en el Bañado Sur.

**Para Empezar:**

1. ¿Cómo explicarían es el Bañado Sur a alguien que no es de esta comunidad a alguien que no es de esta comunidad, como le explicarían lo que es el Bañado Sur?
  - ¿Cómo es la gente?
  - ¿Cómo son las familias?
  - ¿Cuáles son las fuerzas?
  - ¿Cuáles son las debilidades?
2. ¿Cuáles son los roles que juegan los padres en la casa en esta comunidad?
  - ¿Cómo son las relaciones con sus esposas?
  - ¿Cómo son las relaciones con sus hijos?

**Abuso de Sustancias – Alcohol, Drogas, y Tabaco:**

3. ¿Como son introducidos primeramente los niños y adolescentes a alcohol, drogas, y tabaco?
4. ¿Cómo aprenden los niños y adolescentes sobre los efectos y riesgos del alcohol, drogas, y tabaco?
  - **Escuela**
  - **Medios de comunicación**
  - **Compañeros**
  - **Familia**
  - **Hermanos**
  - **¿Qué aprenden?**
5. ¿Cuáles son los servicios disponibles en esta comunidad para los niños y/o adolescentes que están abusando sustancias?

**Salud Sexual y Reproductiva:**

6. ¿Cómo aprenden los niños y adolescentes sobre la salud sexual y reproductiva?
  - En casa?
  - En la escuela?
  - Televisión o Internet?
7. ¿Qué significa la palabra “cuidarse” como un consejo a los niños y adolescentes?
8. ¿Qué información es la más importante para los niños y adolescentes relacionadas con la salud sexual y reproductiva?
  - Uso de anticonceptivos
  - Prevención de embarazo
  - Prevención de las enfermedades
9. ¿Cuáles son los servicios disponibles en esta comunidad para los niños y/o adolescentes en cuanto a la salud sexual y reproductiva?

**Violencia:**

10. ¿Cuáles son los tipos de violencia en su comunidad?
  - Pareja
  - Juvenil
  - Otro
11. ¿Qué causa o instiga la violencia en la comunidad?
12. ¿Cómo podría ser prevenida la violencia dentro de la comunidad?



**Ahora quisiéramos describir a Uds. algunas situaciones a las que se enfrentan los padres de adolescentes en crecimiento.**

**Escenarios:**

1. Su hijo o hija adolescente viene a casa después de una fiesta y ud. sospecha que él o ella ha usado alguna droga o alcohol. ¿Como reaccionaría?
2. Su hijo o hija adolescente ha aprendido algo de los anticonceptivos en la escuela, pero todavía tiene preguntas. Él o ella le pregunta y quiere saber más. ¿Cómo le respondería?
3. Su hijo o hija adolescente tiene algunos moretones o rozaduras y ud. sospecha que fueron hechos por su pareja. ¿Qué haría?

**Influencia Religiosa:**

13. ¿Qué rol juega la religión en la comunidad?
  - ¿Cómo están influidas las acciones de la comunidad por la religión?
14. ¿Cómo se podrían hablar dentro de las iglesias estos temas de la comunidad?

**Para Terminar:**

15. Algunos miembros de la comunidad motivan a sus hijos diciéndole que tienen que “seguir adelante”. ¿Qué significa esta frase?
16. ¿Qué consejo podría dar a los padres a quienes tienen hijos que están llegando a esta edad?
17. ¿Hay más temas que aún no cubrimos de que quisieran hablar?

Muy bien. Gracias de nuevo por su tiempo y su cooperación – ha sido muy útil para nuestra investigación. Por favor, contáctenme con cualquier duda o pregunta más.

## Appendix 5 – Codebook

<b>Code System</b>	
<b>Amigos/Pares</b>	Includes the influence of friends defined as people close to the interviewee, or people close to the interviewee in age or experiences.
<b>Apoyo Social</b>	<p>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.</p> <p>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.</p>
<b>Barrio/Comunidad</b>	Captures references to "what it is like" in the Barrio. 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.
<b>Confianza/Comodidad</b>	<p>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.</p> <p>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.</p> <p>Include discussions of changing emotional ease even if they don't move to or from a strong sense of comodidad.</p>
<b>Crecimiento Personal/Aspiraciones</b>	<p>Includes striving for a better life, utilizing education or work to overcome circumstances, learning self-control and other traits of maturity.</p> <p>Includes barriers to these efforts, but not barriers to normal youth activities.</p>
<b>Cuidarse</b>	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 also includes any mention of pregnancy, becoming pregnant, avoiding pregnancy, or responses to becoming pregnant.
<b>Drogas/Alcohol/Drogadicción</b>	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.
<b>Educación</b>	<p>Includes the importance of education, a lack of education, and the amount of education received.</p> <p>"Estudiar" as an activity mentioned should not be labeled as education.</p>
<b>Familia</b>	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.

<b>La Iglesia/Religión/Espiritualidad</b>	<p>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.</p> <p>Includes discussions of matrimonio as a official contract.</p>
<b>Mil Solidarios</b>	Includes the influence of Mil Solidarios (MS) as an organization, reference to Pa'í Olivia or any particular reference to staff members at MS.
<b>Pobreza/Necesidades</b>	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.
<b>Política/Gobierno</b>	Any mention of political or governmental influence locally or nationally.
<b>Relación/Pareja</b>	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.
<b>Rock 'n Roll</b>	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.
<b>Salud Psicológica</b>	Includes alleged reasoning for behaviors based on psychological mistreatment and instability, as well as mention of individuals that are affected by psychological instability.
<b>Seguridad</b>	Any mention of feeling safe or unsafe in a zone or among a group of people.
<b>Violencia</b>	Including but not limited to verbal and physical abuse, community violence, and IPV.