

implementation story:



Supporting Young Influencers to Reduce Adolescent Pregnancies in Disadvantaged Areas of Ecuador



Paola Nazareno uses educational material as part of her "tool box"

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Background and Context

According to the Pan American Health Organization (PAHO), the Latin American and Caribbean region has the second highest pregnancy rates in women between 15 and 19 years of age in the world. In 2015 in Ecuador there were 77.3 births for every 1,000 women between 15 and 19 years of age—much higher than the regional average of 66.5 (PAHO/WHO 2017).

Several public and private initiatives have surfaced in recent years to address adolescent pregnancy, but they have had limited impact. To strengthen a nationwide response, in 2018 the government of Ecuador implemented the Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents (2018), an eight-year strategy to bring together the Ministry of Public Health, Ministry of Education, Ministry of Economic and Social Inclusion, and Ministry of Justice under one coordinated program, with support from PAHO/WHO and the United Nations Population Fund (UNFPA). This strategy aims to contribute to the prevention and reduction of adolescent pregnancy within the PAHO/WHO reproductive health framework, including personal integrity, a life without violence, and the protection of girls and young women from sexual abuse.

The implementation of voluntary family planning and reproductive health (FP/RH) programs in Ecuador is complicated by persistent social and cultural barriers. Strong social norms discourage voluntary FP and access to information and health care, particularly by young people, while the acceptance of incest and prevalence of rape remains high, especially in certain regions of the



"There are a lot of myths about how a woman gets pregnant. That translates in the fact that many adolescents in my neighborhood get pregnant. Some people say that if you drink water with three lemon seeds you can prevent a pregnancy."

Malena Monroy Quiñonez
(Rurankapak volunteer)

country. For example in Esmeraldas, a province that was severely hit by the 2016 earthquake, pervasive structural poverty further amplifies such barriers. Marriage and cohabitation among young people, low knowledge and proficiency in FP methods, and myths about health are common, as is a high incidence of sexually transmitted infections, including HIV.

Pressure from different groups has also influenced the substance and impact of previous public FP/RH efforts. Until 2014, the National Intersectoral Strategy for Family Planning and Prevention of Adolescent Pregnancy (2011) included an intersectoral approach to inform beneficiaries about voluntary FP, including the use and distribution of contraceptives, design and distribution of educational materials, and maintenance of a help hotline, among others. Although successful, the strategy was suspended and replaced by the National Plan for Family Strengthening (2015), which focused on abstinence and did not expand to a broader FP programmatic base.

THE HIGH IMPACT PRACTICE

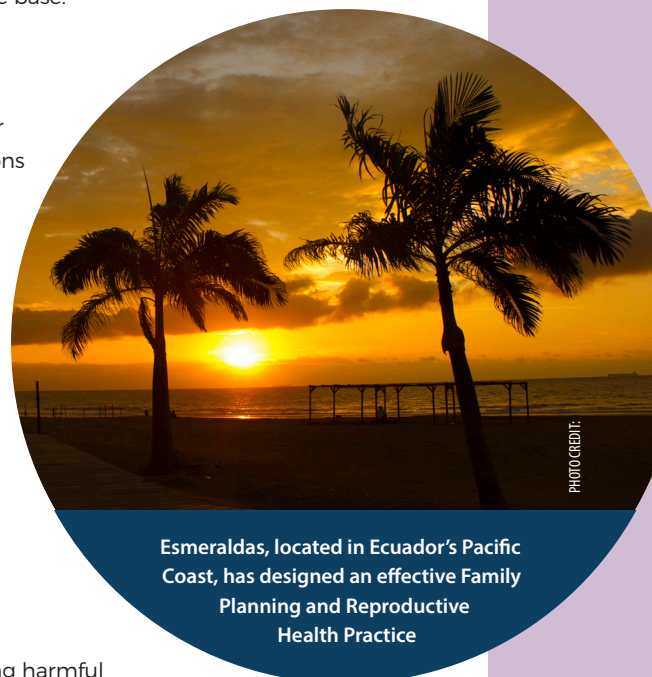
In response to high rates of pregnancy among young people, the Ecuador Ministry of Public Health incorporated the principles and recommendations of the 2011 intersectoral strategy into formal policy. In the province of Esmeraldas, the current Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents (2018) is applied with a focus on the [Community Group Engagement](#) High Impact Practice (USAID 2016). Its implementation is an example of how a national initiative—when supported by interagency coordination, strong local community participation, clear policy outlook, and international cooperation—can result in a highly effective voluntary FP/RH intervention. The program has also been publicly supported by local and national authorities, schools, universities, and youth groups.

In a challenging social context with high rates of marriage and cohabitation among young people, low proficiency and knowledge in voluntary FP methods, and common acceptance of incest and/or rape, community group engagement is a proven strategy for successfully shifting harmful social and cultural norms. The Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents (2018) program has been built on the sustained commitment of civil society partners and international organizations, which have helped them navigate the political volatility and constant turnover of local and national authorities that make interagency work particularly difficult.

The program integrates FP/RH, domestic violence prevention, gender roles, and youth empowerment as parallel activities that complement each other. A stakeholder coordination mechanism fosters interagency and formal partner cooperation, facilitating discussion and harmonization. The involvement of youth in conducting local outreach themselves, with support from participating organizations, has proven instrumental to building trust with disadvantaged Afro-Ecuadorian youth, a key population that faces high levels of poverty and has one of the highest pregnancy rates among young people in the country.

Implementation Story

The Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents program began in Esmeraldas in late 2017 as the province was emerging from the devastating April 2016 earthquake and resulting humanitarian crisis. Implementation of the National Plan for Family Strengthening had ended due to its overly narrow focus on individual behavior change through one-way communications with limited room for dialogue and its emphasis on family values over sexual and reproductive health education.



Esmeraldas, located in Ecuador's Pacific Coast, has designed an effective Family Planning and Reproductive Health Practice

Esmeraldas was chosen as one of the first locations for program implementation due to high HIV prevalence among its general population. After a commemoration for World AIDS Day in December 2017, a stakeholder coordination mechanism was set up to define joint public actions to improve HIV treatment and prevention, and broaden policy impact areas.

With the Ministry of Public Health's leadership through the local health district, other public institutions such as the Ministry of Social and Economic Inclusion, Ministry of Education, Public Attorney's office, and the Esmeraldas local government developed a common approach to related public health challenges.

Earlier work on HIV prevention laid the foundation for a more holistic approach to FP/RH practices. In less than three years, the program expanded to include health education, domestic violence prevention, youth empowerment, and access to health care and contraception. Youth groups have been reached through educational activities and visits to rural and hard-to-reach communities. Many of the trainings, which include social and recreational strategies, are led by volunteers who began as program participants.

Technical support from PAHO and UNFPA has significantly influenced the development of the program's approaches and its successful implementation, including the use of *WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries* (2011), emphasizing youth-friendly health delivery and provision of accurate and complete information on the use of contraceptives.

With careful planning and advocacy, for example, the programming expanded to become more holistic and interdisciplinary. Rather than relying on educational activities in the form of one-way communication, health personnel with support from teachers have used more participatory approaches. These approaches empower youth to make informed decisions that affect their sexual and reproductive health, who then actively strengthen health literacy in their communities by sharing their knowledge with peers.

Interagency coordination also played an important role in widening the scope of the written policy and shaping a more nuanced public discussion around voluntary FP, which included challenging how local media cover topics such as HIV and how local educational institutions approach pregnancy prevention among young people.

Using a peer-to-peer methodology called *rurankapak* (a phrase in the indigenous language of Kichwa that means "to do it") was key to ensuring the program reflected the local context. Program staff recognized early on that shaping peer information flow was vital in the region, so they identified and trained committed peer-to-peer "influencers" with voluntary FP knowledge. As Malena Monroy Quiñonez, one of the youth volunteers, described:

"The influencer methodology allows youth to become active communicators, so they can pass down verified information to their peers. The practice covers issues such as access to contraception, prevention of sexually transmitted diseases, prevention of domestic violence, cervical cancer prevention, as well as securing access to pregnancy and childbirth care."

In 2019 the program worked directly with 430 students, 60 teachers and psychologists from 21 schools, and involved 80 health workers from 30 health centers. Indirectly, through collaboration and peer training, at least 1,200 students, 100 teachers, and 150 health workers were also reached. Thanks to the program, the health district of the municipality of Esmeraldas reported that HIV-related registered deaths dropped from 25 in 2017



"IT IS VERY GRATIFYING TO SEE THE YOUNG PEOPLE WE STARTED WORKING WITH ARE NOW LEADING MANY OF THE INITIATIVES. THEY ARE THE ONES WHO, WITH THEIR LANGUAGE AND YOUTH, GET THE MESSAGE ACROSS TO OTHERS."

Silvia Charcopa, health district nurse practitioner



Miguel Mesa is a member of the MOVILHIZATE youth platform. He believes youth empowerment is the key for prevention of adolescent pregnancies.



"ALL OF OUR SPACES ARE DESIGNED TO BE FRIENDLY TOWARD YOUNG PEOPLE. WE SERVE THEM WITHOUT ANY JUDGMENT CALLS ABOUT THEIR LIVES. WE HAD TO BUILD THEIR TRUST. WE HAVE TO TAKE BARRIERS DOWN SO WE CAN COME THROUGH WITH OUR MESSAGE TO ADOLESCENTS. THEY HAVE TO TRUST US, SO WE CAN COMMUNICATE FREELY."

Paola Nazareno, social worker, health district



Malena Monroy is a volunteer and expert in the Rurankapak Methodology. Adolescent pregnancy is a common occurrence in her neighborhood Puerto Limón

to 17 in 2019. Although 1,543 childbirths among young people were projected for 2019, only 230 childbirths actually took place. The rate of pregnancy among young people is projected to further drop from 25.9 percent of total pregnancies in 2019 to 11.3 percent in 2020.

Teachers and health workers have shown commitment to working with young people and supporting them to change harmful social norms and individual behaviors regarding their bodies, reproductive health, voluntary FP, sexual violence including stigma and stereotyping of women, and local myths and beliefs, such as eating six lemon seeds to prevent pregnancy.

Social and behavior change has been tremendously successful thanks to the program and its interdisciplinary approach. As Silvia Charcopa, nurse at the Health District in charge of the HIV prevention component, puts it:

“The policy design we have in Ecuador regarding FP/RH not only prevents pregnancy among young people, but helps people to live (...) freely, but in a responsible manner.” —Silvia Charcopa, nurse practitioner, health district

One of the most significant challenges has been to address acceptance of incest and rape in the local culture, which has been done by challenging these norms, attitudes, and practices; making youth aware of their protections; and highlighting alternative views.

Another challenge was encouraging teachers and health workers involved in the program to put aside their own preconceived notions and stereotypes about reproductive health and ensure appropriate and nonjudgmental communication with program participants, without the risk of stigmatization.



“THE GREATEST LESSON WE HAVE LEARNED IS THAT WE CAN’T DO IT ALONE. IF ALL WORK TOGETHER WE CAN ACHIEVE GREAT RESULTS.”

Silvia Charcopa, nurse practitioner, health district



LESSONS LEARNED

Even in disadvantaged social circumstances, voluntary FP/RH initiatives can successfully change norms and behaviors. **Youth participation and involvement was a crucial factor.**

To build effective communication with adolescents, it was helpful to train peers as coaches, **focusing not just on information, but also on personal growth for all participating individuals.**

Any voluntary FP/RH practice must have clear knowledge about young people’s expectations of and relationships to reproductive health in their specific context.

Although young people have access to large amounts of digital information, much of their knowledge about voluntary FP/RH is based on urban myths and misconceptions. Training must include techniques on how to filter incorrect information and share accurate information to peers.

The underlying drivers of pregnancy among young people must be well understood, as not all pregnancies are unintended or undesired. In many cases, young people view pregnancy as a way out of violent social environments or even as a means to reaffirm their independence.

It is critical to empower young people to make informed decisions about their reproductive health and responsibilities, rather than just share information, and to understand how their choices may relate to contextual factors.

The need for a supportive environment is vital. Avoiding staff attrition and recruiting committed teachers and health workers who will not judge young people is required.

Voluntary FP/RH initiatives require an intersectoral approach and coordination to withstand political volatility.

recommendations

- 01 An intersectoral approach is needed to sustain voluntary FP/RH programs** and is strengthened by formal agreements and planning. Guidelines should be developed with feedback from both experienced field personnel and young people, and should adapt to new realities such as COVID-19.
- 02 It is important that all young people have access to robust reproductive health information.** Voluntary FP/RH practices should not rely solely on school-based education, but should also include genuine youth participation in after-school activities, such as youth groups and clubs.
- 03 By drawing on local capacities across different public and private institutions,** an interdisciplinary voluntary FP/RH approach can offer a wider perspective on reproductive health, including domestic violence, sexual abuse, access to contraceptives, and youth empowerment.
- 04 Voluntary FP/RH programs should train peer-to-peer youth coaches** with ample technical and evidence-based understanding of FP/RH.

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Activities such as street art help inform the general public about prevention of adolescent pregnancies and of intersectoral FP/RH initiatives.



Silvia Charcopa works as a health district nurse with HIV prevention.