"A qualitative analysis of the CERCA interventions promoting adolescent sexual and reproductive health in Latin America"

Community-embedded Reproductive Health Care for Adolescents in Latin-America - CERCA

"A qualitative analysis of the CERCA interventions promoting adolescent sexual and reproductive health in Latin America"

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INTRODUCTION

The complexity and diversity of the CERCA project, in which each *barrio*, high school, local parish and health post offered rich investigative terrain for studying issues related to adolescent sexual and reproductive health, created challenging conditions and unique opportunities for qualitative research. Through participatory ethnographic methods and a commitment to open and ongoing discussions with the communities involved, we sought to bring attention to the individual voices of project participants. An overarching result of this process has been the recognition of the multiplicity of adolescent lives and experiences, not only across national or regional borders, but also within villages and neighborhoods.

In this report we consider the implications of a 'community-embedded' approach on the polemical issue of adult-adolescent communication on sexual issues. Through the use of ethnographic methods and sustained engagement with communities targeted by the project, we concluded that the adults and adolescents in question were engaged in dynamic processes of negotiation and contestation over what aspects of sex could or could not be talked about, which adult family members should or should not take responsibility for having the 'sex talk,' and what the consequences – intended or not - of open communication on sex might be. The research revealed the multiple modalities and practices of adult-adolescent communication, and a diversity of opinions across and within generationally-specific groups about how this communication has, or should be, changed.

Furthermore, our research revealed how adult-adolescent communication on sexuality is a negotiated process that transpires not just between parents and young people, but also within extended families and communities. Young people get and share information with many different relatives from different generations, especially in social contexts where it was common for a parent – either the mother or father – to work as migrant laborers. While the wider community beyond the nuclear family was important, we also found that the community, not surprisingly, did not "speak" with one voice. Desires and expectations related to family communication on sexual issues varied widely across both youth and adult populations. These differences in turn reflected broader power dynamics related to shifting socio-sexual norms on issues such as the reputational value of female virginity, knowledge versus use of modern contraceptives, and adult control over young people's relationship and sexual choices.

We show that neither young people nor adults involved in the project spoke with a unified voice about the desired outcomes of an ASRH intervention, and in particular, what adult-adolescent communication on sexual issues should consist in, when it should occur, and what impact this communication might have. These results suggest that the language of 'community-embedded' or 'community-based' in global health and development projects should be used with caution, taking seriously the diversity of perspectives and the complexity of internal power

dynamics that affect how a given intervention is received. The implications of these results will be considered in the final recommendations section.

BACKGROUND

Titled, Community-embedded reproductive health care for adolescents (CERCA), this project has emphasized in particular the need to find – and respond to – "community" needs and wants. The rationale for including anthropologists– as in many other development projects – was partly in order to study such needs and wants as well as the wider socio-cultural context shaping healthcare decisions. A key element of this context was communication between parents and teens. A guiding premise of CERCA was that unilateral public health policies are not enough to improve adolescent sexual and reproductive health in the global South.[1] It aimed to improve ASRH indicators through comprehensive actions targeting multiple "levels": clinics and communities, behaviours and beliefs, individual adolescents, and crucially, families. Reflecting priorities first defined by the International Conference of Population and Development twenty years ago, parents were conceived of as key change agents.[2]

When developing the ethnographic component of the project it was clear that parent-adolescent communication, as a primary objective of the intervention, would be a key research concern. The research was, in part, informed by the vast U.S.-based scholarship linking 'open communication' between parents and adolescents to positive adolescent sexual and reproductive health-seeking behaviors,[3] in addition to research identifying challenges to communication in Latin American and African contexts.[4] It was influenced to a greater extent by our direct engagement

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[1] P. Decat, et. al, "Community embedded reproductive health interventions for adolescents in Latin America: development and evaluation of a complex multi-centre intervention," *BMC Public Health* 2013, 13(31).

[2] UN, "Report of the International Conference on Population and Development, Cairo, 5-13 September 1994," 1995:49-51

[3] K. Miller et. al, "Patterns of condom use among adolescents: the impact of mother-adolescent communication," *American Journal of Public Health* 1998, 88(10): 1542-44; D.J. Whitaker et. al, "Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions," *Family Planning Perspectives,*1999, 31(3): 117-121; J. Jaccard, T. Dodge and P. Dittus, "Parent-adolescent communication about sex and birth control: a conceptual framework," *New Directions for Child and Adolescent Development,* 2002, (97): 9-41; M.K. Hutchinson et. al, "The role of mother-daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: a prospective study," *Journal of Adolescent Health,* 2003, (83): 98-107; S.C. Martino et. al, "Beyond the 'big talk': the roles of breadth and repetition in parent-adolescent communication about sexual topics," *Pediatrics,* 2008, 121(3): e612-618; D. Wight and D. Fullerton, "A review of the interventions with parents to promote the sexual health of their children," *Journal of Adolescent Health*, 2013, (52): 4-27.

[4] O.E., Amoran and O. Fawole, "Parental influence on reproductive health behaviour of youths in Ibadan, Nigeria," *African Journal of Medical Science*, 2008, 37(1): 21-27;

with the communities involved in Project CERCA in each country. The flexible and responsive nature of ethnographic research allowed us to continuously question and modify our understanding of the socio-cultural factors impacting on adolescent sexual and reproductive health in target communities, in direct collaboration with the adults and adolescents involved in the project.

METHODS

In the first (pre-intervention) phase of the project, we applied both participatory and researcher-led qualitative methodologies to better understand the specific adolescent sexual and reproductive health needs of communities in all three CERCA sites (Cuenca, Ecuador; Cochabamba, Bolivia; and Managua, Nicaragua).[5] The participatory ethnographic research was modeled on the "PEER" method pioneered by Kirstan Hawkins and Neil Price of the University of Wales.[6] This

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J. Crichton et. al, "Mother-daughter communication about sexual maturation, abstinence and unintended pregnancy: experiences from an informal settlement in Nairobi, Kenya," *Journal of Adolescence*, 2012 (35): 21-30.**;** A. Harrison, "Hidden love: sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS," *Culture, Health & Sexuality,* 2008 (10)2: 175-189; A. Bochow, "Let's talk about sex: reflections on conversations about love and sexuality in Kumasi and Endwa, Ghana," *Culture, Health & Sexuality*, 2012 14 (1): 15 -26; E. Gallegos, et. al, "Research brief: sexual communication and knowledge among Mexican parents and their adolescent children," *The Association of Nurses in AIDS Care,* 2007, 18 (2); 28-34; E.E. Atienzo et. al, "Intervenciones con padres de familia para modificar el comportamiento sexual en adolescentes," *Salud Publica Méxicana*, 2011 (53): 160-171; S. Caal, et. al, "Because you're on birth control, it automatically makes you promiscuous or something: Latina women's perceptions of parental approval to use reproductive health care," *Journal of Adolescent Health*, 2013, 52(5): 617-622.

[5] Unless stated otherwise, the data referred to in this article derives from observational notes from lead author's field research, transcripts of recorded interviews and group discussions facilitated by Nelson, as well as notes from discussion groups facilitated by Ballesteros and Rodriguez. All participants in qualitative research were required to first give either oral (in the case of some informal interviews) or written consent (in the case of focus group discussions, participatory ethnographic research, and semi-structured interviews*)*. Given the sensitive nature of SRH-focused research, all participants were offered complete anonymity, though most commonly people offered for their names to be used. To avoid confusion between those individuals who wanted to use first names only, and those who wanted to use first *and* last names, we have decided to use first names for all excerpts. In instances where the individual asked for anonymity, we will use a pseudonym and an "*" to denote this fact. The transcripts and notes are kept by Nelson in accordance with European standards of Human Research Subjects protocol and will be destroyed within a 5-year period following the publication of any Project CERCA-related articles or reports.

[6] Neil Price and Kristan Hawkins, "Researching Sexual and Reproductive Behaviour: A Peer Ethnographic Approach," *Social Science and Medicine* 2002, 55*:* 1325 – 1336; See Options consultancy website for more information on the PEER approach: http://www.options.co.uk/peer/

method involves the training of volunteers from the community in collaborative research design and basic interview techniques over the course of a weekend, following a week-to-two week long period during which they conduct interviews with their 'peers' (family, friends, neighbors), and concluding with an analysis workshop where findings are shared and discussed. In order that the South Group and ICAS research assistants could carry out participatory research projects at intervention sites, Nelson hosted a facilitator training in Cuenca from 24 – 26 May, 2010 to the Lics. Cabrera, Rodriguez, Medina, as well as Lic. Adriana Verdugo and Drs. Pablo Sempertegui and Zoybeida Robles (Proyecto CERCA-Cuenca).

By initiating the research process in this collaborative way, we underscored Project CERCA's commitment to a youth-led approach to ASRH education and health services. As will be discussed in the results section, the replication of the "PEER" method both at the pre-intervention and intervention wrap-up stages, went a long ways towards making young people and parents of young people feel that their opinions, perspectives, and *analytical capabilities* had contributed to the success of the project. This method also formed the cornerstone of relationship building with "change agents" at the community level: about a quarter to half of the young people who participated in the "PEER" process in the pre-intervention stage continued to be visible and vocal advocates for the project nearly two years later.

In addition to the use of the "PEER" approach and video ethnography, more traditional qualitative research methods were applied to the pre-intervention situation analysis, including focus group discussions using gender-specific facilitation guides (with separate groups of young women and young men, ages 14-17), in-depth semi-structured interviews with health care professionals and community leaders, and participant observation in target intervention sites.

Table 1. Pre-Intervention Research Activities (May 2010 – May 2011)

Pre-Intervention	*Cuenca, Ec*	*Cochabamba, Bo*	*Managua, Ni*
Total In-Depth Interviews	*18*	*20*	*10*
*Total Peer Interviews***	*20*	*9*	*20*
Total Focus Groups	*5*	*3*	*3*
Total On-Camera Interviews	*8*	*n/a*	*n/a*

***Refers to interviews carried out by peer researchers. These were not recorded but researchers took notes for each interview, which were later discussed and analyzed together with the lead researcher.*

Intervention

Once the intervention period was underway, we were able to begin using an additional methodological tool of peer group discussions (PG), which we named "*comités comunitarios*." The groups were named *comités comunitarios* to reinforce the premise that the discussions would not be used simply to 'extract' information about socio-sexual norms and behaviors, or to disseminate the values and objectives of the project, but would instead function as non-hierarchical spaces in which all participants (facilitators included) held equal opinions and equally valid knowledge. Peer group discussions are similar to focus group discussions but consist of repeat sessions with the same group. In contrast to focus group discussions, the repetition of engagement engenders relationships of trust and provides "a dynamic understanding of change over time, validate reports, and help to evaluate complex or sensitive topics."[7] This methodology was selected not only because it would provide a loci of exploration and evaluation of complex issues related to ASRH but also in response to the human resources that each consortium partner was able to contribute (one .25 FTE in Bolivia and Ecuador and one .10 FTE in Nicaragua). The multiple roles and responsibilities of the research support team (e.g. as simultaneously providers of psychological counseling, medical treatment, and outreach education within the context of the intervention) limited what could be achieved from a data collection standpoint. However, the use of periodic peer group discussions, carried out in all three research sites in within a similar time frame and with identical facilitation guides, not only contributed to the evaluation and understanding of complex issues related to ASRH but also provided consortium partners with direct feedback on the project from its participants.

The accumulated research from the first 14 months of the intervention informed the planning of a final period of fieldwork carried out for three-weeks each in Managua, Cuenca and Cochabamba as CERCA activities came to an end. Together with preliminary analyses of the earlier research period we developed three semi-structured interview guides (one for young people, one for adults involved in project as parents/grandparents, one for health workers involved in the project), a focus group discussion guide for mixed groups of adults and young people, and a rapid participatory ethnographic research process centering on communication and advice-giving. We recruited interviewees, peer group discussants and participatory researchers from the areas where we had built relationships via the work of the "community committees."

Each country partner interpreted the division of population and the definition of a target community in different ways. These choices reflected the particular urbanization patterns of each city. For example, in Cochabamba, local partner South Group targeted high schools and clinics within defined municipal districts (Quintanilla and Sarcobamba) as in practice adolescents attending a given

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[7] A. Harrison, "Sexual ideologies and relationship ideals among rural South African adolescents in the context of HIV/AIDS", *Culture, Health & Sexuality*, February 2008; 10 (2): 179-80. See also: SK Jaswal and T Harpham, "Getting sensitive information on sensitive topis: gynaecological morbidity," *Health Policy & Planning*, 1997 (12): 173-178.

school or using a certain clinic may travel in from one of many dispersed, peri-urban settlements that have crept outwards from the city's center in recent decades. In Nicaragua, ICAS (Instituto CentroAmericano de Salud), worked with geographically contained neighborhoods, reflecting the post-revolutionary settlement of Managua's urban fringe and the popular organization of health and sanitation services (the neighborhood in which we worked were named for fallen Sandinista rebels, sons of local residents – Salomón Romero and Enrique Lorente). Finally, in Cuenca, the University of Cuenca medical team chose individual high schools and health posts located in two semi-rural parishes (Chiquintad and El Valle) which have over the last twenty years become linked to the outer edges of Cuenca's urban sprawl, in addition to one urban high school and district health center (César Dávila high school and the Pumapungo Health Center, district 1).

For each of the five rounds of peer group discussions, Partner 5 developed the facilitation guide in direct response to conversations, interviews and observations from fieldwork in Cuenca. Partner 5 would then discuss these ideas with Lic. Ballesteros (Cochabamba), Lic. Rodriguez (Managua) and Lic. José Sarmiento (Cuenca) to see which issues and questions would be cross-culturally relevant. At the country level, the peer group discussions were divided into two to four groups of young people and, separately, parents and adult relatives of young people (see "results" section for details). Partner 5 facilitated the fifth, round of peer group discussions in each country where the age groups were brought together to encourage cross-generational dialogue on the challenges of communication on sex and sexuality.

In parallel with the peer group discussions, Partner 5 spent extended periods of time (a total of nine months in Ecuador and one month each in Nicaragua and Bolivia over the course of the project) conducting rigorous ethnographic research using a combination of all previously mentioned methods.

Table 2. Intervention Research Activities (January 2012 – April 2013)

Intervention	*Cuenca, Ec*	*Cochabamba, Bo*	*Managua, Ni*
Total In-Depth Interviews	*30*	*14*	*20*
*Total Peer Interviews***	*11*	*10*	*14*
Total Peer Discussion Groups	*18*	*13*	*15*
Total On-Camera Interviews	*7*	*n/a*	*n/a*

ANALYSIS

There were two analytical processes at play in this research. Firstly, Nelson, Ballesteros and Rodriguez discussed the results of each round of peer discussion groups and identified together the emergent issues demanding further attention. Nelson carried out a preliminary analysis after each round (five rounds in total) and from these results created subsequent facilitation guides. It was through this dialogic process that the importance of intergenerational dynamics and extended family network communication on sexuality came to the fore. In the final period of fieldwork (January to April 2013), semi-structured interviews, peer group discussions and participant ethnographic research focused exclusively on the issue of adult-adolescent communication. The resulting transcripts, collected over the course of the intervention period, together with field notes consisting of observations and unrecorded conversations, were subjected to holistic content analysis through which key themes were identified. Excerpts of transcripts and field notes, organized thematically, were then treated to discursive analysis and the method of continual comparison.

RESULTS

Pre-Intervention Research Results

An overarching result of the qualitative research has been the recognition of the diversity and multiplicity of adolescent lives and experiences in Managua, Cochabamba and Cuenca. Group discussions and one-to-one conversations revealed wide variations in attitudes and socio-sexual norms, not at the national or even regional (Andean) level, but within individual neighborhoods and high schools. These divergent attitudes and norms included those concerning pre-marital sex (not only by gender), the 'right' age or 'right' relationship contexts in which to initiate sex, the meaning of female and male virginity, norms regarding the initiation of contraceptive use within relationships, degrees of openness or silence on the topics of sex and relationships within families, and disparate practices of adult surveillance and control over young people's sexual lives. The pre-intervention research marked the initiation of a process of understanding and helped uncover which aspects of lived realities of adolescents and their families would be most relevant to the implementation of intervention activities. To put it more simply, this research helped the consortium to, "learn to listen to our target groups."[8]

The resulting analysis of preliminary research identified the issue of communication between parents/significant adults and young people on sex and sexuality as central to the development of the project. This was in parallel with the results of the pre-intervention quantitative survey, which illustrated a high demand for increased communication on 'sexuality' with parents (for the overwhelming majority of respondents, mothers were the preferred parent for this communication, though detailed gender and country-level variations are presented

[8] Translated quote taken from Skype meeting to discuss results of community committees rounds 3 and 4, December 2012

in the quantitative results.) Within the context of focus groups and participatory ethnographic research young people expressed specific communication aspirations: to learn more from their parents and/or other significant adults about how to negotiate romantic relationships and about their own sexual histories, how to prepare for decision-making related to sex, how to deal with issues of jealousy and control in male/female relationships, and the specifics of how contraceptive methods work to prevent unwanted pregnancies and/or sexually transmitted infections. In all three cities young people expressed a need for "*más confianza"* (more trust) with their parents/significant adults in order to be able to talk about these issues.[9] A sampling of young people's demand for improved sex education and better communication on sex and relationship issues within families can be seen in the short film, "Voces de Cuenca", which was produced and directed by Erica Nelson (Partner 5) and Dylan Howitt, with the collaboration of young *cuencanos* who either participated in the first 'peer' researcher workshops or whom had had previous exposure to ASRH training via the local IPPF affiliate *Pájara Pinta* (now defunct): http://www.youtube.com/watch?v=L8o0kFfUddY.

At the same time, in-depth interviews revealed that some adults (for pre-intervention research this meant community leaders, health professionals, and teachers) assumed young people already knew more about sex or were more sexually experienced at young ages than previous generations (contributing to result 2). "*El problema es que tiene información pero no la usan,*" explained one health provider (Managua). According to a school doctor in Cuenca, "*Mira, todos los años hablamos de la sexualidad, les traigo los métodos – el DIU, pastillas, condón - les explico que en estos 5 días no debe ir a las fiestas [método de ritmo], pero para ellos todo es sexo sexo sexo… les digo que cuídense, utilicen preservativos, pero ellos dicen que causa molestias*" (Cuenca). Interviews in Bolivia suggested that while adults considered young people to be more sexually experienced than previous generations, they did not consider them to be necessarily more knowledgeable about contraception. In Cuenca and Managua it was more common that adult informants considered young people to know more about contraceptive methods than previous generations, as well as being more sexually active or sexually active outside the context of established unions (Church-sanctioned or free unions). A more complete view of health providers' perceptions of the barriers to ASRH are detailed in the (now published) research led by Lithuania University of Health Sciences[10].

The pre-intervention qualitative research report concluded with these recommendations:

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[9] For an overview of young people's demands for improved dialogue on issues related to sexual and reproductive health at the project site in Cuenca, Ecuador see: http://www.youtube.com/watch?v=L8o0kFfUddY

[10] L. Jaruseviciene et. Al., "Primary health care providers' views on improving sexual and reproductive healthcare for adolescents in Bolivia, Ecuador, and Nicaragua," *Global Health Action,* 2013 (6): 20444.

1) Continue to involve peer participatory researchers in the early stages of the intervention process;

2) Build relationships with "community gatekeepers" in target intervention sites *before* beginning intervention activities;

3) Determine needs of key sub-groups in target intervention areas before initiating intervention activities (or determine which key sub-groups will be targeted and modify communication strategies accordingly). Note, at this stage we thought that in-school youth, out-of-school youth, young men having sex with men, youth without stable housing, and youth in migrant families might be considered 'vulnerable' populations requiring targeted efforts;

4) Address the gap between health provider and young people's perceptions of SRH information and education adequacy and applicability;

5) Reconsider use of Internet as primary outreach method – cell phones a more viable alternative?;

6) Address the taboo of abortion and provide information on safe abortion services where available;

7) Address the issue of sexual diversity;

8) Address the taboo of violence/the silencing of sexual violence both within couples and within the home;

9) Seek collaborative relationships with NGOs and other organizations already providing SRH services to young people in the intervention areas.

Intervention Research Results

During the intervention stage, peer group discussions (PGs) became central to the CERCA consortium's ability to get continuous feedback from local parents, grandparents and young people in target areas on intervention actions. The non-hierarchical and dialogic nature of this method, and the commitment of the facilitators to open-ended discussions instead of "teaching points", meant that these sessions were genuinely guided by community members in terms of the issues and problems they wanted to discuss.

Lic. Rodriguez, Lic. Ballesteros and Dr. Nelson facilitated five separate rounds of PGs, with 2-4 groups each, keeping to the original participants as much as was possible from the first round onwards. The topics of these PGs included: 1) Generational Differences and Talking about Sex and Relationships in the Family; 2)

Gossip, Scandal and Stigmatization; 3) Sex vs. Sexuality and Challenges to Achieving Sexual Health; 4) Perceptions on what "Virginity" Means and Ideals of "Couple-dom"; and lastly, 5) Generational Differences, Part 2. From the very first round, participating young people made clear their demand for additional spaces "*donde nos pueden escuchar y dejar hablar"* ("where we are listened to, where we can just talk, Cochabamba) versus being on the receiving end of lectures on contraceptive methods or the benefits of abstinence. Similarly, parents/grandparents/adult carers of adolescents expressed a desire for additional opportunities to "*compartir convivencias*" ("share life experiences", Cuenca) related to communication with adolescents about sex and relationships. These demands, relayed to consortium partners, informed increased efforts at parental/grandparental/significant-adult involvement in intervention activities beginning in the spring of 2012 (result 2).

In all five PGs, how adults judge, comment, advise, or observe adolescent sexuality was a constant thread of discussion and debate. From the first community committee, adult participants in all three cities expressed anxiety over changing models of parenting and a perceived loss of control over young people's sexual behavior. On the one hand, previous generations *"vivían una ambiente más vertical, más represivo"* ("lived in a more vertical, more repressive environment," parent, Cochabamba) and parents acknowledged that they did not want to treat their children in the same way: *"Porque a mi mama me puso el freno fuerte…No puedo ser así con mis hijas"* ("My mom put the brakes on me, hard…I don't want to be like that with my daughters", Managua). But on the other hand, parents in all three cities perceived a rise in *libertinaje* (libertine behavior) among young people and worried that this resulted from a loss of parental authority.

In round 2, we considered the content and impact of "loose talk" and gossip related to perceived deviations from sexual behavioral norms. Specifically, we considered the different ways that young women and young men get classified according to sexual experience (regardless of whether such experience was real or assumed). Both young and adult participants in the PGs in all three countries came up with long and varied lists of pejoratives to describe sexually active young women and non-sexually active young men. From "roses without petals who don't count for anything" and "ball warmers" (sexually active young women) to "future priests" and "mama's boys" (male virgins), this taxonomic exercise made evident the ease with which young people are classified both by their peers and by their communities if they deviate from normative sexual behaviors.

A second issue raised by this round of PGs was the distinction made by adult participants between social vigilance and gossip. For the parents and grandparents, aunts and uncles, they felt it a duty to inform their neighbors and families if a young woman was spotted out late at night in the company of a young man, or spied at the health centre seeking contraception, or suspected of having "provoked" an abortion. There was some debate in these sessions about whether this conjecturing and "loose talk" helped or hindered the achievement of ASRH objectives, such as access

to scientifically-accurate information on contraceptive methods and access to SRH care at health centers, for both young men and young women (result 3).

The prevalence of gossip or verbal vigilance of adolescent sexual behavior in all three cities, as revealed in this second round of PGs but also underscored by interviews, informal conversations and participant observation throughout the intervention period, proved problematic to the project. In an internal report on this second round Partner 5 highlighted an inherent tension in the development of education and communication outreach campaigns, asking whether the stigmatization of certain adolescent sexual behaviors, and the construction of adolescent pregnancy as 'problematic' may impact negatively on adolescents', and especially young women's, access to SRH information and services. These PGs also raised the question of how to talk about, or indeed encourage, the delay of sexual debut without participating in moralizing discourses that encourage the shaming of sexually active unmarried women.

For the third round of PGs we used a short open-ended survey adopted from the U.S. based ASRH website www.scarlateen.org to go into greater depth on the challenges to ASRH both from the perspectives of young people and adults. The survey was done in such a way that individuals could mark off from a list of possible challenges to the achievement of sexual health (in the broadest sense of the term "health") as many challenges as they thought relevant. Cumulatively the top 5 most-picked responses out of a possible 16 were, in order (from PGs in all three cities):

1) Being clear about what I want or don't want
2) Being comfortable with my own body
3) Having, maintaining or respecting the sexual limits of others
4) Evaluating what I want and what I like (sexually)
5) Understanding how sex, like and love are or are not the same thing

What this survey and the resulting discussions revealed was an underlying ambivalence about relational aspects of sexuality, and in particular the negotiation of desire and consent within the context of a sexual relationship. It was noteworthy that adult participants were the only ones who chose "not using constantly, or never using, contraceptives" as the greatest challenge facing young people in the development of a healthy sexuality when we discussed these results in small groups, whereas young peoples' answers suggested they were much more concerned with the relational aspects of sex, such as negotiating consent with sexual partners and figuring out what they like or want from physical sexual contact.

By the third round of PGs it was clear that differences in the norms and values around adolescent sexuality as well as the extended family context in which talk about sex occurred complicated the received wisdom on parent-child communication and ASRH outcomes. The observations, conversations and interviews shed light on the multiple social worlds in which adolescent sexual behaviors are commented on, observed, monitored and judged. The idea that

improving the SRH knowledge of parents and 'significant adults' would lead to less-risky adolescent sexual behavior does not account for the interpretation of this knowledge by either party or the context in which the knowledge is exchanged, or the many other indirect ways that this knowledge circulates in a family, extended family, neighborhood or community.

While the project's pre-intervention quantitative results showed a problematic infrequency of communication and advice seeking on SRH within families, the ethnographic research in the final period of fieldwork sought a more nuanced understanding of what this family-level communication consisted of and how advice-giving and receiving on sex and relationships was perceived by project participants of different generations. More specifically we wanted to understand: 1) How do young people perceive their existing communication on sex and relationships with their parents or other significant adults? 2) How do parents or significant adults perceive their existing communication on sex and relationships with young people? 3) What kinds of advice do young people receive or do adults give on sex and relationships, and how do they (young people or adults) perceive this advice in terms of usefulness or impact?

In the final sections of this report we summarize the results of the accumulated data from the intervention period of the project.

Youth Perceptions of Communication with Parents/Adult Family Members on Sexuality

From the earliest stages of our research, young people expressed a desire to learn more from adults about how to negotiate romantic relationships, how to prepare for decision-making related to sex, and how to deal with issues of jealousy and control in male/female relationships. In all three cities young people stated a desire to have "*más confianza"* (more trust) with their parents/significant adults in order to be able to talk about these issues.[11], On the other hand, n the pre-intervention stage we found that adults (parents, grandparents, community leaders, health professionals, and teachers) assumed young people already knew more about sex, pre-marital romantic relationships and contraception than any previous generation: "*Los chicos con el Internet puede ser que saben más que los padres*" (Young kids with their Internet might know more than their parents) explained one project organizer.

In this section we consider perceptions of communication from the standpoint of young people as talked about in peer discussion groups, individual interviews, peer interviews and informal conversations. One major theme was that some young people claimed that they talked about 'lots of things' while others said

[11] For an overview of young people's demands for improved dialogue on issues related to sexual and reproductive health at the project site in Cuenca, Ecuador see: http://www.youtube.com/watch?v=L8o0kFfUddY

they talked about 'nothing' related to sex and relationships with their parents (or with the adult family members with whom they lived). Concomitantly, some insisted they had a state of 'trust' or *confianza* with their parents, while others said they did not have any trust (*falta de confianza*). If one were to take this self-reporting at face value, it would seem that communication within *cuencan, cochabamban*, and *managuënse* families on sex and relationships is an all or nothing practice. However, after repeated discussion groups and in-depth interviews a more complex picture of communication practices emerged.

For example, those who claimed to have open communication with their parents would nonetheless describe the precise limitations of communication that made this 'openness' possible. This could mean keeping a romantic relationship secret (whether sexually active or not), keeping one's sexual status secret (virgin or not, heterosexually inclined or not), or keeping one's knowledge of contraceptive methods and abortive methods secret (whether having used them or not). Young men *and* young women equally expressed these underlying currents of silence and evasion in relationships of '*confianza*,' although the specifics of what could or could not be talked about were gendered. As one young woman explained (age 16, Cochabamba):

> Jenny: I can't talk with my mom if, let's say, I am going to have sex with my boyfriend (*enamorado*), I still can't tell her because she could react really badly, she might beat me (*hasta los golpes tal vez*).
> Interviewer: So if she figured out that you were having sex with your boyfriend it would be a disaster (*sería fatal*)?[12]
> J: The end of the world, the end of everything.
> I: Anything else you can't talk about?
> J: Just that. I have a lot of trust with my mom (*tengo mucha confianza)*

That being found out by parents as sexually active could lead to a beating may seem extreme, but informants of all ages spoke of corporal punishment as an inherited practice challenged only recently. Were the young people speaking of the rise of these – maybe better to just cut that. Both young women and young men in all three cities (though most especially in Cuenca and Cochabamba) cited the threat of physical punishment as a factor limiting communication.

In those families where physical threats were not a factor, young people nonetheless described communication as circumscribed by expectations of certain kinds of sexual behaviors and romantic partnerships. In Cuenca, youth participants in peer group discussions often discussed the pressure to keep secret any adolescent relationship with someone of unequal race/class standing, expressed in the language of having a 'good family name' (*buen apellido*) or 'bad family name.' In Cochabamba, some young men and young women reported having to keep all non-

[12] In all transcript excerpts included in this article, I (interviewer) or F (facilitator) refers to Erica Nelson.

platonic relationships with the opposite sex hidden from adult family members until at least the age of 18. In Managua, several peer researchers spoke of the need, for both young women and young men, to avoid getting caught socializing 'in the street' with the 'wrong' crowd, as this could be interpreted by adult family members as the first step towards teen pregnancy. In all three sites, participants in peer discussions spoke of sexual identity and sexual diversity as issues that could not be discussed with adult family members under any circumstances.

Frequently, the limits of what could or could not be discussed with parents and adult family members, including in relationships of reported 'open communication,' came up at the end of interviews once the tape recorder was turned off, or in anonymous 'comment' slips circulated at the end of peer discussion groups. These questions reflected a wide range of doubts and concerns, such as:

-How should a person act after they have had sex with their boyfriend/girlfriend for the first time?
-How do you know if you are ready for sex?
-How do you know if you are with the right person and how do you make sure someone is with you for the right reasons?
-How should you deal with jealousy (either yours or your partners')?
-How do you tell your parents that you have a boyfriend/girlfriend?
-How do you tell your parents you are sexually active?
-How old do you have to be to fall in love?
-What happens to you if you have an abortion?
--Is pornography bad for you?

At the same time that these interviews and discussions made clear a desire for the chance to talk about relational aspects of sex or taboo subjects like pornography or abortion, it was also evident that in both situations of 'lots' of communication or 'no' communication, differing sexual behavioural norms and expectations were expressed by adults to their children, nieces and nephews and grandchildren. Teresa (17, Cuenca), explained that, 'I really never talk about these issues with my parents, we've never talked about this stuff.' She then recounted how a cousin of hers got pregnant in high school and her aunt and uncle threatened to disinherit her. When asked how her parents responded to this extended family crisis, Teresa stated, 'They didn't say anything about it, but they put it to me as an example, like, 'look how their life turned out'" (*veras como es la vida de ellos).* Similarly, Fabiana* (16, Managua) claimed not speaking with her mom about sex or relationships, "It's pretty rare, but when I talk to her she sometimes tells me that I have to be really careful about who I get involved with, so I don't screw things up later (*no cometa ninguna caballada*)."

We also found that, while young men reported similarly ambivalent states of communication on sexual issues in their homes, it was far more likely that they received a prescriptive 'condom talk' from either a parent or an adult family member (often an uncle, or an older cousin). Tovi, 17, (Cochabamba), related that,

> T: Since I'm not [living] with my parents, we haven't known (no sabíamos) how to talk about this issue, or its like, there wasn't a way (*no había como*). Normally when we would begin to talk about it, we would say, "how can we possibly talk about this?"

Nevertheless, Tovi explained, his mother, having witnessed high levels of teen pregnancy and heard stories about spreading HIV in the lowland metropolis of Santa Cruz (having migrated there for work) told him to 'use condoms if the opportunity [for sex] presents itself.' This condom-talk, given by mothers or fathers, uncles, older cousins and even grandfathers to young men, was framed as 'disease prevention' first, and pregnancy prevention second.

Although the semi-structured interviews were not gender-specific in their design (the same general script was adhered to for interviews with both young men and young women), interviews with young men in all three countries pointed to direct conflicts between communications with adult men (fathers, uncles, grandfathers, male cousins) versus adult women (mothers, aunts, grandmothers, female cousins). Specifically, young men related, from a self-aware and critical standpoint, the "*machista"* attitudes of the adult men in their lives. For these end-of-intervention interviews this may well have been due to the fact that they had gathered from project workshops and outreach activities that *"machista"* attitudes were considered counterproductive to achieving sexual health. In some instances, where the interviewee did not have an ongoing relationship with interviewer (in Managua and Cochabamba) it's possible that an element of this criticism was due to a self-conscious negation of *machismo* faced with being interviewed by a white, North American female. Nevertheless, from ethnographic research that involved repeated contact with groups of young men living in both urban and peri-urban areas (e.g. central Cuenca, Chiquintad, and El Valle) the lead researcher heard repeated critiques of their parents and grandparents' gender norms.

Miguel*, 15 (Managua), an active participant in the community committees and CERCA outreach activities, was reluctant to share the ways in which his older cousins talked to him about sex, except to say that it was "vulgar" and that they had explicitly counseled *not* using condoms. He provided an example instead from his friend's father, who had been asked to participate in CERCA activities:

> My dad's friend says, "no way man, I'm not going to talk with you all. I'm not going to talk about this with you all…its a woman's thing, a gay thing," he says, "talking about sexuality, this and that, its for gays and women. You all are crazy (*vos sos loco*)."

This idea, that the content of project CERCA, including research related to the project, was not "for men" or was in some way counter to male behavioral norms, emerged at various points in the research process. As mentioned at the beginning, the interviews and focus groups discussions analyzed here built on community-based ethnographic research initiated in the pre-intervention stage of the project.

When recruiting focus group participants, key informants, and interviewees it proved challenging to involve adult men as parents and family members of adolescents (versus as community leaders or medical professionals). Those few adult men who did participate, along with young people of both sexes and adult women, shared stories of male relatives and neighbors who disagreed with the aims of the project, considered such concerns over sexual and reproductive health a "woman thing" (*cosa de mujeres)*, or proffered advice counter to that given by their kin.

For young women, the first explicit talk about sex and relationships often occurred in the context of first menarche. Talk about menstruation varied widely. In some instances young women told of how older female adults (mothers, grandmothers, aunts) began sharing 'wisdom' about the sexual aggressiveness and single-mindedness of the male species once they had their first periods: "men are slippery so you have to watch out," "men are just looking to get you pregnant and then they will run off." In other instances, adult women explained the practicalities of how to handle pre-menstrual syndromes and bleeding (in Managua, this entailed not eating beans or fatty foods to avoid spoiling the blood, in Cuenca and Cochabamba healing 'waters' (*aguitas*) consisting of boiled herbs and plants, sometimes mixed with cane alcohol, were recommended). Equally, female informants described having learned about menarche in school and cobbling together the practicalities of how to deal with the bleeding from older sisters or cousins.

Both sets of gender-specific advice giving we have just described relate to a core conflict in communication dynamics between young people and adult family members: the reputational value of female, pre-marital, virginity to individuals and families. In Cuenca, beyond the prescriptive condom talk, some young men described uncles and fathers counseling the importance of 'respecting' and 'not harming' (*hacerse daño*) young women (read: not forcing a virgin to have sex) even though it was 'natural' that they would want to ask for a 'test of love' before committing to marriage. In Cochabamba, young men described being advised to 'respect' young, virginal women, while at the same time prove their masculinity through multiple pre-marital sexual 'conquests' (presumably with 'not respectable' young women). In Managua, adults portrayed sex to young men as automatically leading to pregnancy, and therefore young men were encouraged to first finish school or get a job. For young women, adult family members depicted the loss of female virginity in terms of irreparable damage: once you had sex you were like a 'rose without petals,' or a 'cracked crystal vase.' Some young women worried that if their parents or adult family members found out they were bleeding from their first period, they might mistakenly misinterpret this blood as evidence of first sex (meaning here, the first act of male-female penetrative vaginal sex). In a peer discussion group on the topic in Cuenca, one young woman explained:

> My grandma says that if a woman has 'relations' before she gets married then she is impure, and she told me that if you do this you are impure and you aren't going to have any peace, because you will know what you did.

Similar to this advice, a young woman in Cochabamba recounted how if you lost your virginity before marriage, according to her grandmother, your future husband would be justified in giving you beatings. The future consequences of virginity loss were perceived to be greater than physical abuse s, however. Young women, and adult family members' greatest concern, was that a first sexual experience might lead to being qualified as a 'slut' (*puta, cualquiera, descontrolada, trepadora*), and thus treated with less respect, and considered a less likely candidate for an 'honorable' partnership. In the semi-rural/peri-urban zones of Cuenca and Cochabamba, young people of both genders described family pressures on partner choice reflecting the continued practice by which marriage links extended families in a web of social and economic reciprocity.[13]

The universal undercurrent of adult-youth communication, as understood by both male and female informants, was fear and anxiety. For young people, they talked about the fear that their questions about sex and relationship issues would be misinterpreted as already having sexual knowledge. In a peer discussion group in Cuenca, one young woman explained:

> Look, when we talk about this at home, our parents already think we are up to trouble. [It's difficult] to try and express ourselves freely without worrying that dad is going to give you the evil eye (*mala cara*), or start worrying or thinking bad about you.

Young people also talked about their parent and adult family members' fears that if they spoke openly about sex, their adolescent children would misinterpret this as a green light to start having sex. Sometimes this fear was the direct consequence of having older siblings involved in adolescent pregnancies. Alicia*, 17 (Cuenca), understood her mother's ambivalence as linked her sister's pregnancy.

> Sometimes [my mom] gives me advice, but my sister has a daughter and now she's pregnant again, and so my mom, it scares her because she used to talk about this stuff [with my sister], but now with me she doesn't.

In addition, Alicia reported, in parallel with other informants, that she thought her parents were worried they might give advice in contradiction to what Project CERCA was teaching at her school.

This leads us final, shared concern of young informants involved in CERCA: how to interpret adult family members' advice on sexual 'readiness.' This notion

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[13] J. Pribilsky, La Chulla Vida: Gender, Migration & the Family in Andean Ecuador & New York City. *Syracuse University Press* (Syracuse: New York), 2007: 130-131.

that there might be a 'right' age to start having sex, a chronological threshold that should not be crossed too early or too late, was a point of frequent debate in peer group discussions throughout the intervention period. What young men and women understood as the adult-defined appropriate age for first sexual encounter varied across countries (later in Cuenca and Cochabamba, earlier in Managua), and by gender (earlier for young men, later for young women). In Cochabamba and in Cuenca, a number of young women reported that they were expected to wait to have a serious boyfriend (e.g. a relationship that may lead to the 'loss' of virginity) until they were at least 21: "My mom says 'I don't want to see you with a boy until you are at least 21.' When you get to 21 you are an adult and you can do what you want," explained one young *cochabambina*. The more crucial point, however, was not the age itself but the universal recognition that there was a chronological point in time at which they – the non-adults – would be considered 'ready' for sex.

We found that, what Ashcraft refers to as the limitations of the 'discourse of readiness'[14] were closely related to fears that adults would misinterpret open talk on sex as evidence of having already had sex. In order to work through questions about readiness, young people would have to first admit to that they considered themselves potentially 'ready,' and for the most part this was the trickiest element of talking about sex with parents or adult family members.

It was on this question of sexual 'readiness' that the diversity of young people and adults' opinions and expectations were most evident. The most general, and oft-repeated, advice received by young men and women was to 'wait until the right time' (*esperar hasta el debido tiempo*). While this may have been the overarching advice, the specifics of what this meant varied not only by family, but also within families. For example, one young man, (Managua), was told by his aunt he should wait to have sex until he finished high school. She suggested that once he started having sex he would have to drop out to begin preparing financially for the inevitable pregnancy. Meanwhile, his mother told him he should wait, but not because he would have to drop out of school. She argued that it was a question of good contraceptive practice with whoever his future sexual partner might be. In this instance, the two sisters (aunt and mother) disagreed about the implications of his becoming sexually active, and openly talked about these disagreements in front of the young man.

Ivana (17, Cochabamba) recounted a similar conflict in family advice-giving around sexual 'readiness.' In Ivana's case, her aunt recommended she avoid getting into an exclusive relationship with a young man at her school, "just be friends, get to know him better," she warned. At the same time, her older female cousins told her,

> "You should lose your virginity before you get married!"
> "And when am I going to get married," asked Ivana.

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[14] C. Ashcraft, "Ready of not…? Teen sexuality and the troubling discourse of readiness." *Anthropology and Education Quarterly,* 2006, 37(4): 328.346.

> "In a couple of years, but you should really lose your virginity before you are 17."

The third opinion, that of her father, was that she should wait to find someone of her 'social stature' before getting serious, the question of class/race equivalency of greater concern than the prospect of friendship or romance.

These are just a few select examples of the polyphony of advice-giving young people described in discussion groups and one-to-one interviews. The ethnographic component of the research, which demanded intensive participant observation of project activities and engagement with targeted populations, helped put these communication dynamics in the context of daily life. In the *barrios* of Managua where we carried out research, extended families often lived in the same dwelling, thin sheets marking off bedrooms, grandmothers perched on rocking chairs guarding front entryways, cousins and siblings running in and out of gates and barbed wire fences. In the midst of interviews, uncles and aunts, grandmothers and grandfathers, sometimes popped in to hear what was being talked about, contributing their own stories and those of neighbors and friends to the conversation.

In Cochabamba, the high-school based nature of the intervention meant that young people were targeted separate from the neighborhoods where they lived, but the description of conversations and advice received made clear that adult family relatives were as relevant to the dynamics of communication as mothers and fathers. Furthermore, the impact of a decades-long exodus to Santa Cruz and Spain meant that many young people lived with grandparents, or aunts and uncles, as their parents worked elsewhere.[15] This was similarly the case in Cuenca, although migration (to the United States) had reached its peak at an earlier moment in time (the late 80s, early 90s) meaning that during the CERCA intervention period it was not uncommon to hear of fathers and uncles returning after long periods abroad. In all three cities, whether in a place such as Managua where extended families lived in close daily contact, or in Cuenca and Cochabamba where some extended family members lived in close daily contact while others maintained a watchful eye over adolescent children from great distances, young people often received competing or contradictory messages about expected sexual behavior and romantic partnerships. I rephrased because this makes it seem that no one ever said the same thing!

Adult Perceptions on Advice-Giving and Communication

This leads us to consider how adults perceived the dynamics and challenges of communication on sexual issues with their adolescent or young adult children, nieces/nephews or grandchildren. As with young people, a wide range of adult family members were cited as giving advice, setting the parameters of 'open'

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[15] Germán Guaygua, et. al, La Familia Transnacional: cambios en las relaciones sociales y familiares de migrantes de El Alto y La Paz a España. *Fundación PIEB* (La Paz: Bolivia), 2010.

communication and relaying gender-specific messages about acceptable sexual behavior and practices. In contrast to young people whose overarching fear was that seeking to talk about sex with adult family members would be misconstrued as already having sex, adults expressed concerns that ranged from the reputational to pragmatic.

One common issue discussed in peer groups was that they by talking about sex they might expose their own inadequate knowledge of modern contraceptives. A second common fear was that by talking about sex they might 'incite' sexual activity. Both of these concerns were connected to radical changes in modern contraceptive knowledge and access that spanned one, or sometimes two, generations, combined with the advent of the Internet which meant young people had a level of access to information about sex (and pornography) previously unimaginable. The parents, grandparents, aunts and uncles involved in CERCA, not just those targeted by the project but also those running interventions, described upbringings where knowledge of condoms, tubal ligations, or birth control pills was non-existent, extremely limited, or at best, something acquired due to their own initiative. This absence of historical precedence for talking about contraception within families contributed to fears that, by speaking openly about the pragmatics of being sexually active, they might be accused of being 'depraved' by other adult relatives.

One of the benefits of including adults in rolling peer discussion groups and participatory ethnographic research (instead of recruiting just 'adolescents') was that these conversations and interviews filled in some of the gaps in young people's reports on communication. When young people spoke of having no 'direct' communication with parents about sexual issues, it was nonetheless possible to identify the messages expressed implicitly or indirectly by adult family members which informed young people's understandings of acceptable and unacceptable sexual and relationship behaviors. When speaking with adults, the answers hinged less on having 'good' or 'no' communication, and centered instead on adults' own experiences of adolescence and family communication and the ways in which these experiences informed their current practices. Many, like Martha (mother, Managua), interpreted the current state of communication between adults and young people as a substantially more 'open' than it had been for them:

> "My mom didn't have this closeness with me. She would say, 'hey, *chavala*, get up already, its time to get a move on,' screaming at me from a distance. It would get me running! Young people today are closer to their parents. They have more freedom (*libertad*) to get close to them and talk about things…When my mom heard me talking about this stuff she said, 'Why are you talking like this with the girl [her niece] and I said, 'this is reality. She should learn about it from someone in her own family."

Yet, even as adults talked about shifts in parenting practices (for instance, declining practices of physical punishment and unquestioned parental authority), they also reported on disagreements with partners, parents and siblings over what

constituted acceptable talk with young people. In Cochabamba and Cuenca, the refrain: '*es wawa todavía'* or '*todavía es mocoso/a'* (meaning, adolescents are 'still children') came up repeatedly in reference to how grandparents or elder aunts/uncles questioned CERCA's objectives when speaking adult family members active in the project. Elizabeth (mother, Managua) explained that her sister had proved unwilling to speaking directly with her 11 year-old daughter about these issues. Subsequently, Elizabeth took her niece aside, telling her,

> "'Look, Sharito, I know you are coming up to adolescence, and you are going to fall in love one day and have your boyfriend, and I can't take that away from you…I can't deny you becoming sexually active, but you've got to protect yourself and educate yourself.'
> And she listens to me. I've got this freedom to speak with her."

That a non-parental adult relative would take equal responsibility for counseling adolescent family members about sexual issues goes back to an issue raised by our discussions and interviews with young people: the reputational and socio-economic impact of an out-of-wedlock teen pregnancy goes beyond the immediate family. In illustration of this point, Yamileth (mother, Managua), recalled the reverberations of her niece's teen pregnancy through the extended family:

> We all asked her, "Mari, come here, are you pregnant?"
> "Lies" she said.
> "And that gut?"
> "The food made me sick."
> Everyone came, even her step-dad, who sat her down and said, "Tell me the truth, we aren't going to do anything. We will support you. Are you pregnant?"
> Her dad came, he slapped her and said: "I'm not going to beat you because you are pregnant."
> All of us [the adults of the family] were like, [shocked] because she was the baby of the house.

This story echoed those related by young people and adults in Cuenca and Cochabamba, as in practice nearly every informant had a cousin or a sibling who got pregnant/got someone pregnant in adolescence, or were themselves the products of adolescent pregnancies. In Cuenca and Cochabamba, adult fears of unplanned teen pregnancy went hand in hand with the fear that young people of unequal race/class status would form couples. As one mother explained in a Cuenca discussion group,

> In a family of pure *sucos blancos* (light skinned Spanish-descent *mestizos*), if a young person falls in love with a *morenita* or *morenito* (darker-skinned, more 'Indian') then the family wouldn't allow it, saying 'you are going to blemish the race' (*vas a dañar la raza*).

For these reasons, adults often described 'good' or 'open' communication in terms of having increased surveillance over the sexual behaviors and relationship choices of adolescent family members. Adults in Managua and Cuenca gave concrete examples of how the CERCA intervention had encouraged their children or nieces/nephews to present boyfriends and girlfriends to the family when these relationships had previously been kept hidden. As one *cuencano* father reported, the project had 'produced results' given that his daughter had since brought her *enamorado* to the house for a formal introduction. Another mother in Cochabamba described the 'open' communication she maintained with her daughter in terms of her 'having to tell me everything' and keep any conversations with romantic interests in the public areas of the house so that, 'they are talking where I can see them.' In all three countries, there were parents who understood 'open' talk about contraceptives and sex as knowledge imparted for future use (versus actionable knowledge), and also an opportunity to restate the 'limits' of sexual and social behavior. Migdalia (Managua), parent of several adolescent children, including a 13 year-old boy, stated:

> "The fact that he is going to fall in love with a girl doesn't mean he goes straight to 'the street.' There are limits. One has to set limits for your kids, not let them run free, or they will end up in the street, catching vices and everything."

Not all adults, however, viewed 'open' communication on sexual issues as an opportunity to extend family surveillance and control over adolescent relationships. In all three sites, some adults expressed the belief that public health or school-based education was problematic and potentially detracted from families' ability to control the sexual behaviors of their children and adolescent relatives. In a peer discussion in Cuenca, one father argued that,

> "These days, health projects give out condoms for protection, so young people can take care of themselves, but they don't explain that this isn't right. For example, religion (*la religión*) tells us that sex before marriage is not ok. So, I think the best thing would be to give talks about sexuality, but to conduct them in line with our values (*llevarlas con lo que son valores*).

Given that participation in CERCA-affiliated peer discussion groups and in-depth interviews was completely voluntary, there was a self-selecting element to the research process that weighted the results towards those adults in favor of, or at least not actively opposed to, sexual and reproductive health and education in the community. With that said, the language of 'values' came up repeatedly in our research with adults as a way of indirectly critiquing the perceived aims of the project. In other instances, adult community members approached CERCA-affiliated researchers directly to voice opposition to 'open' talk on sex and sexuality with young people (we discuss one such instance in a forthcoming article to be published in the May 2014 special issue of *Anthropology & Medicine*). In other moments, parents and grandparents in favor of CERCA expressed interpretations of project

aims that were beyond the purview of a public health intervention, such as getting young people to 'respect' (read: obey) the limitations on sexual behavior and socializing with the opposite sex as set by parents and family elders.

Conclusions

In this report we have looked at how ethnographic research within project CERCA identified considerable "desires" for more adult-adolescent communication on sexuality, but also conflicts over what this communication should consist of, when it should occur, which adult family members are responsible for making it happen, and when the knowledge that was communicated should be put into practice. The resulting polyphony of responses to these questions shows that a community does not speak with one "voice". The range of differences in desire and expectations around communication varied not only by country, or even by community, but also within communities and extended families. For example, adult perceptions of young people's sexual knowledge were different to young people's own perceptions of their knowledge. Young people insisted that whether they could 'talk about anything' or not, they had a desire to talk about relational aspects of sex beyond contraceptive methods or the obscure counsel to 'wait until you are ready.' Young men described communication centered on the practicalities and pragmatics of being sexually active (use a condom, get a job before getting serious with someone) whereas young women reported advice centered on the reputational and future relationship value of staying abstinent.

We found that direct, verbal communication may be the most obvious way that advice giving on sex and relationships occurs but it is far from the only way that young people come to understand what kinds of sexual or relational behaviors are considered appropriate or acceptable by the adults in their families and communities. Whether or not they self-report as having "good" or "bad" communication, lots of communication or no communication, young people in all three research sites revealed their exposure to morality tales, gossip, family histories, half-whispered scandals, judgments, and contradictory messages about sex and sexuality that adults speak.

We also discovered that the standard public health conceptual model in which knowledge related to sexual and reproductive health is assumed to be transmitted unilaterally from parent to child (and thus by educating the parent you educate the child) did not line up with the lived realties of research participants. Within extended family networks, adults described conflicts of opinion over what could or could not be talked about with adolescent children or relatives, and the objectives of this talking or 'open communication.' Was more communication important because it would allow adults greater surveillance by flushing young people's romantic relationships out into the open? Was it important because the 'reality' of sex, love, and unplanned pregnancy was something adult family members should teach, versus leaving the task to outsiders? Did adults even have the

requisite knowledge for the task or was this communication best left to experts? Would talking about sex lead to more young people having it, our would it delay them having it?

This heterogeneity of perceptions in turn reflected power dynamics within families (individual and extended) and 'communities' more broadly, power dynamics due to shifting marital practices and the impact of outward migration in Cuenca and Cochabamba, and in all three settings, a dramatic expansion of modern contraceptive knowledge, access to communication technologies (and thus, to information), and access to secondary education.

As we have sought to understand the complexity and multiplicity of cultural factors that influence ASRH, we have also realized the potential for additional research. Existing site-specific data on ASRH barriers and needs from an anthropological or sociological perspective, beyond the level of Masters theses or municipal reports, is virtually non-existent for Cochabamba and Cuenca (though due to the work of the CERCA project this is likely to change). In both of these instances, the bulk of funding, advocacy and policy-making efforts related to SRH generally or ASRH specifically which then impact on which parts of the country get studied, have largely centered on the capital cities of La Paz/El Alto (Bolivia) and Quito (Ecuador). Managua, as Nicaragua's most populous urban area, has had greater attention paid to these issues by previous internationally funded SRH projects (both those that involved consortium partners ICAS and CIES as well as other NGO-led initiatives).

This research has identified a wide range of issues that impact ASRH, which require dialogic interaction and exploration, instead of unidirectional communication and outreach. If socio-sexual norms inform communication with young people on sex and sexuality in ways that then impact on their sexual and reproductive health, change must necessarily happen at the micro-level of families and homes, a central place where young people learn what is expected from them as they move from childhood to adulthood, and from platonic relationships to sexual ones.

Recommendations

In the original project proposal, U Ghent, with input from UvA, stated that qualitative research is "particularly suited for understanding complex behavior and motivations and for understanding problems that vulnerable populations are confronted with." This research experience has also shown that it is also particularly suited to questioning the cultural norms and practices, the complex behavior and motivations, of the people in charge of program and policy decision-making, and of health service delivery. The use of the peer group discussions exposed the difficulties of engaging "vulnerable populations" in non-hierarchical ways, and

concomitantly, the fact that facilitators themselves often required just as much "working out" of their beliefs and cultural assumptions regarding sex and relationships as did the parents and adolescents we targeted. How to achieve adolescent sexual and reproductive "health", where health is taken to mean a wide range of behaviors, practices, and self-knowledge, is not self-evident, nor does the process of achieving it look the same for every adolescent, or every community.

With this in mind, Partner 5 would like to contribute the following recommendations:

1) Greater resources should be put towards non-hierarchical "spaces of dialogue" on issues of sex, sexuality and relationships, both uni-generational and multi-generational. Both young people and adults, in each round of the peer group discussions and in formal and informal interviews, communicated their desire for more opportunities to talk about these issues with the support of a facilitator. Young people especially said they wanted to go beyond lectures on condoms, STIs and unwanted pregnancies and get a better handle on how to deal with their romantic and/or sexual relationships. Parents (and grandparents charged with looking after adolescent grandchildren) expressed a desire to have more support in learning how to better talk about these issues in their homes. This kind of learning is particularly well suited to the "abordaje familiares" methodologies used by ICAS, which were well received by community members, as were the "*comités comunitarios*". Although these are not high-cost methodologies, they are time intensive (see Annex 1 for participant statements about what kinds of issues they would have liked to discuss or learn more about).

2) Participatory methodologies are crucial to the development of relationships of trust, and to the exploration of sensitive topics such as adolescent sexual behaviors and sexual norms. We recommend that any future ASRH intervention use participant methodologies to better understand local perceptions and ASRH needs at the earliest stages. With that said, the participant methodologies used in CERCA would have benefitted from having semi-professional peer educators, like those used in Managua, as co-recruiters and participant motivators in all sites. As all ethnographic methodologies used in this project required the voluntary participation of informants, including the proviso that they could drop out at any time, substantial effort was required to keep participants involved over the life of the project.

3) In a multi-country intervention such as CERCA, where each country partner developed specific program activities and strategies responsive to the particularities of their socio-cultural contexts and to the disciplinary strengths of each teamthe qualitative research would have

benefitted from a team of researchers unaffiliated with the intervention, one at each site. This would help to encourage key informants and discussion group participants to share their critiques and perceptions of the project more openly.

4) Future ASRH projects involving health professionals and educators would benefit from a 'values clarification' process in advance of intervention design and implementation. Such a process, borrowing from the experience of organizations such as IPAS, (http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-attitude-transformation--Introduction-to-abortion-values-clarification-and-attitu.aspx) could help identify values conflicts within a given project that might impact on the ways that ASRH gets talked about and communicated to young people.

5) Future ASRH interventions in the Latin American region seeking to improve parent-child communication on sexual risk-taking or contraceptive use should expand their defined target groups to account for the extended family networks in which adolescent sexualities are informed, surveyed and interpreted. Public health interventions should be sensitive to the multiplicity of discursive strategies used by both adults and adolescents to convey and contest sexual behavioral expectations, and to the social worlds in which this communication takes place.