



# ADOLESCENT PREGNANCY IN PERU

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A systems analysis of the educational, health-based, cultural, socioeconomic and political barriers to the reduction of teenage motherhood across Peru

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**Gloria**, 14 years old





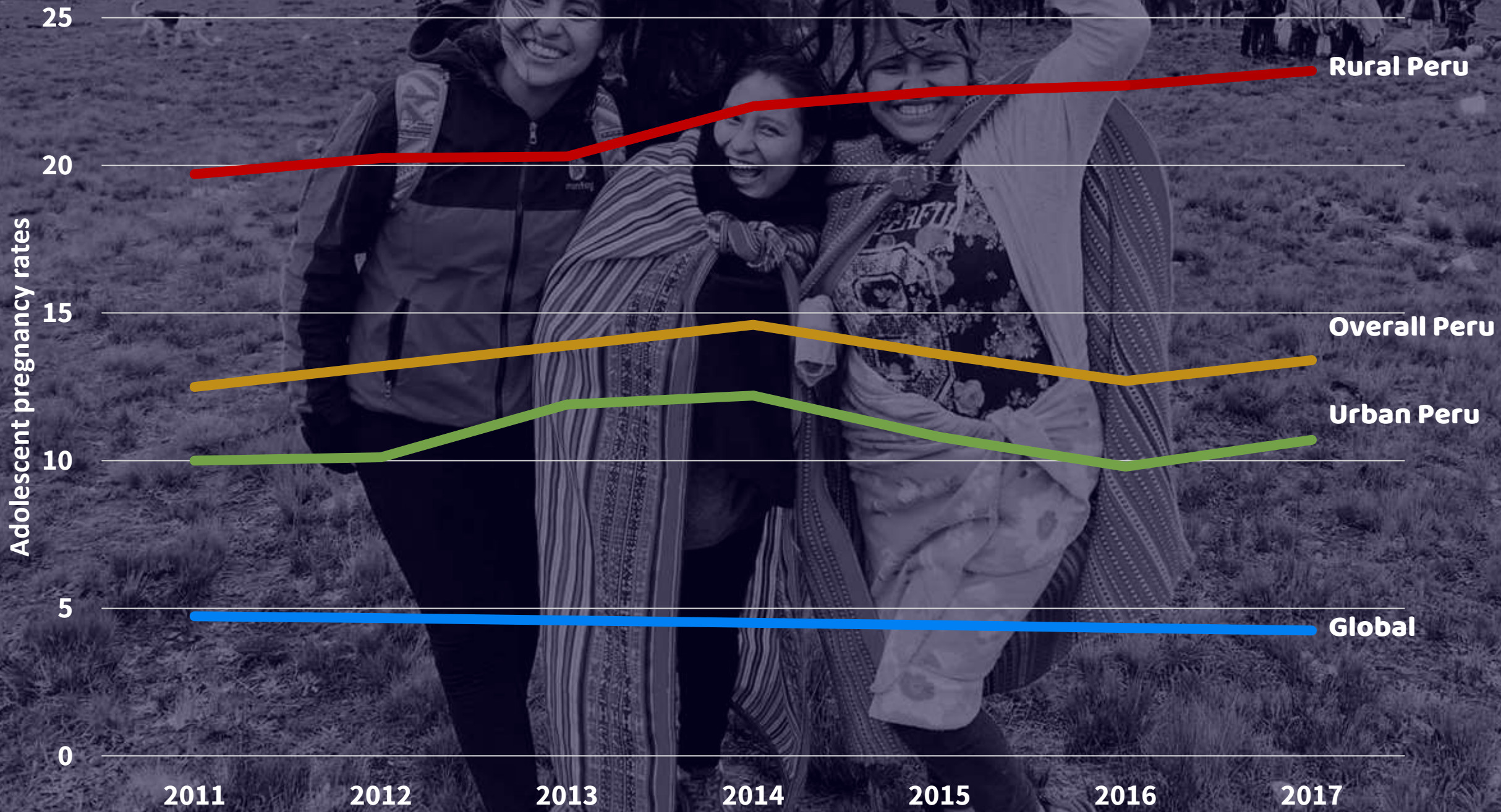
# GIRLS BORN IN RURAL PERU

# 6x

MORE LIKELY THAN GLOBAL AVERAGES  
TO GET PREGNANT AS A TEEN



# Adolescent Pregnancy Rates Over Time



**2x**  
FASTER GROWTH  
IN RURAL AREAS

Source: World Bank, ENDES



**Maria**, 16 years old

**34%**

Are pregnant as  
a result of  
gender-based  
violence

**66%**

Suffer  
psychological  
distress

**26%**

Higher risks of  
infections and  
maternal anemia

**CHILD IS MORE LIKELY  
TO BE A YOUNG MOTHER**

**~70%**

Of Peruvians are  
in the informal  
labor market

**67%**

Drop out  
of school

**62%**

Higher odds of  
having babies  
with low  
birth weight

## EXPERTISE

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**29**

Combined months living and working alongside adolescent girls in Lima, Loreto, and Cusco, Peru.

**6**

Papers presented at conferences related to health, empowerment, and / or storytelling.

## PRIMARY

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**84**

Adolescents  
(54 girls, 30 boys)

**27**

Key stakeholders

**27**

Community health workers

## SECONDARY

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**5**

Quantitative data sources

**44**

Reports







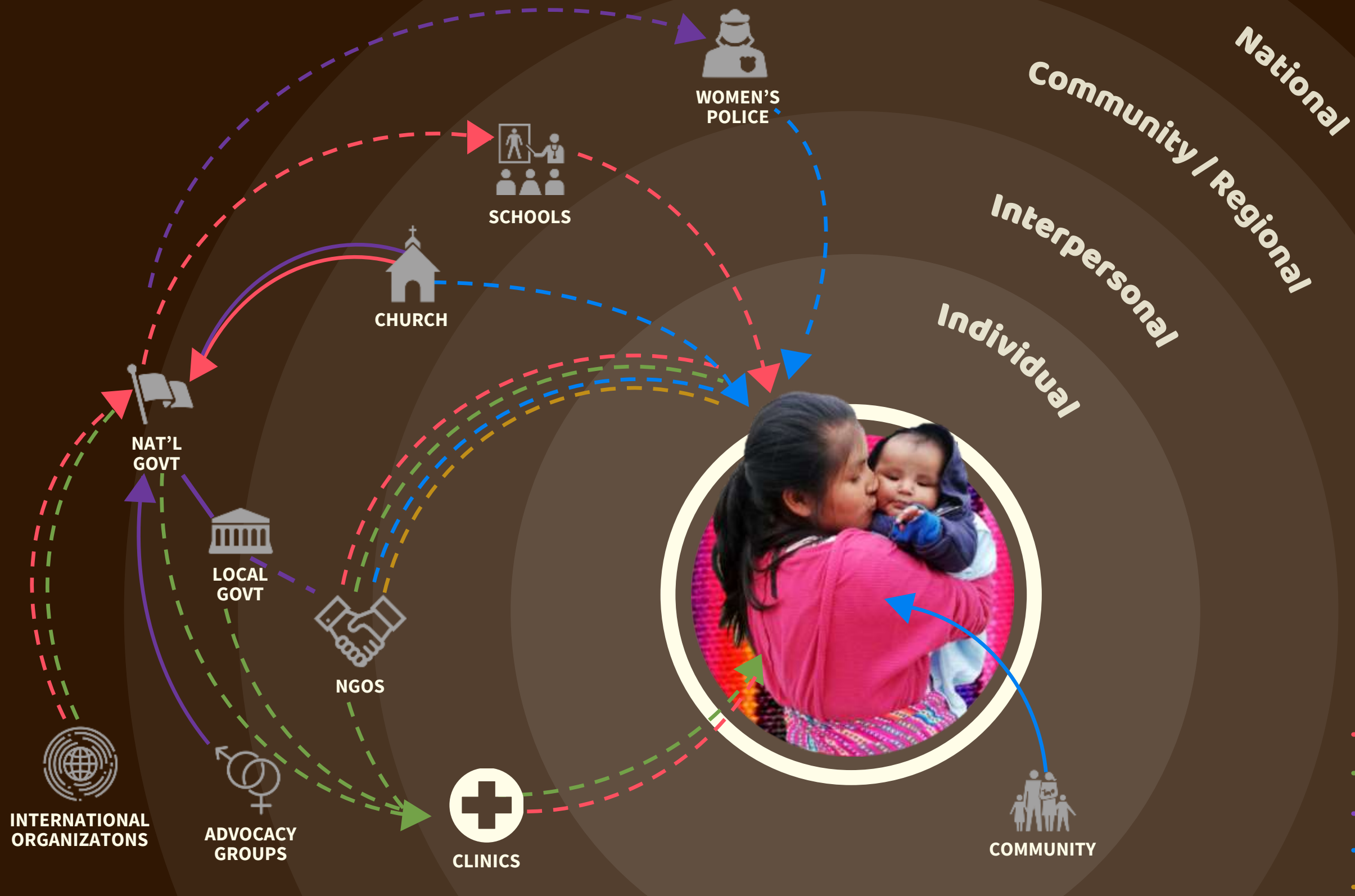
42% Spent

“Even though contraception is ‘free,’ this doesn’t mean that resources are accessible”

“If a man tells you to stay still, you don’t move a muscle.”

“Women only ask you to wear condoms if they’re cheating on you.”

STAKEHOLDERS  
INFLUENCING  
RESOURCES

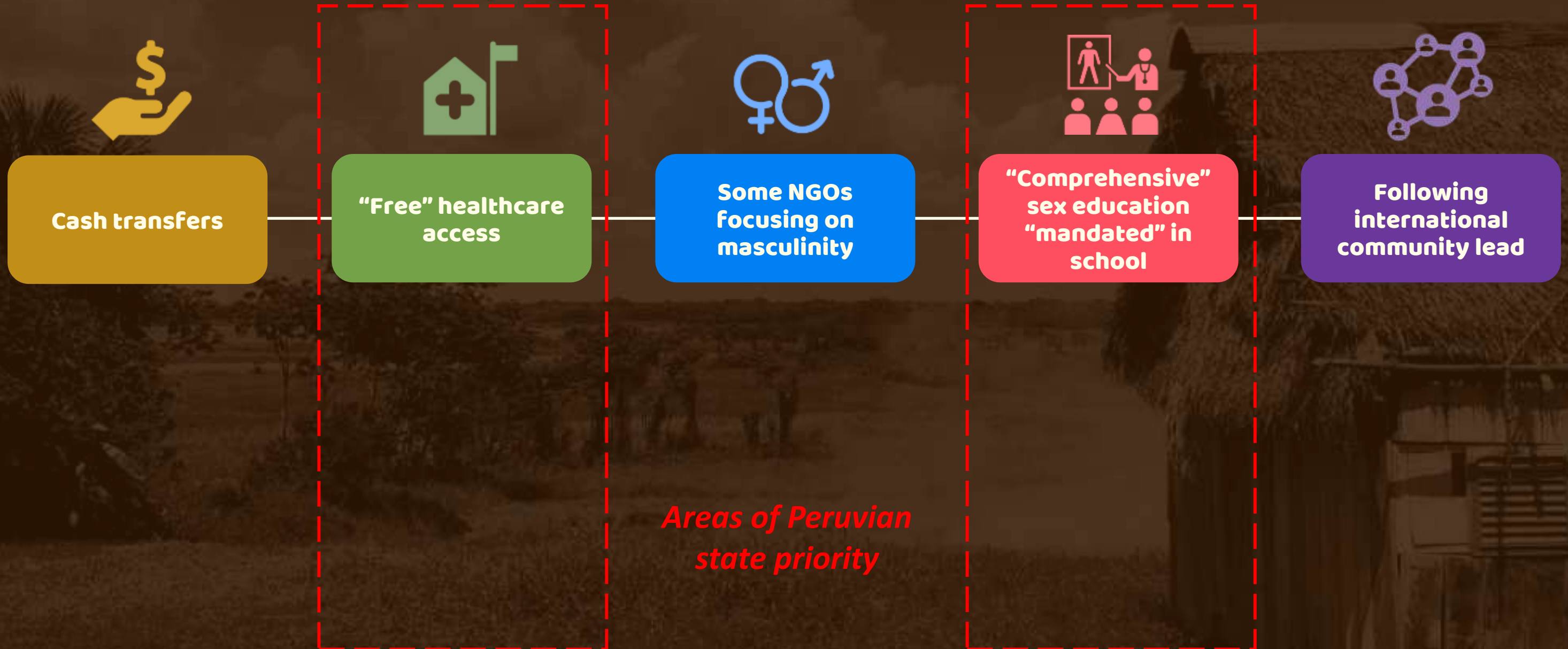


KEY

- Sex education
- Health access
- Political will
- Cultural norms
- Socioeconomic initiatives

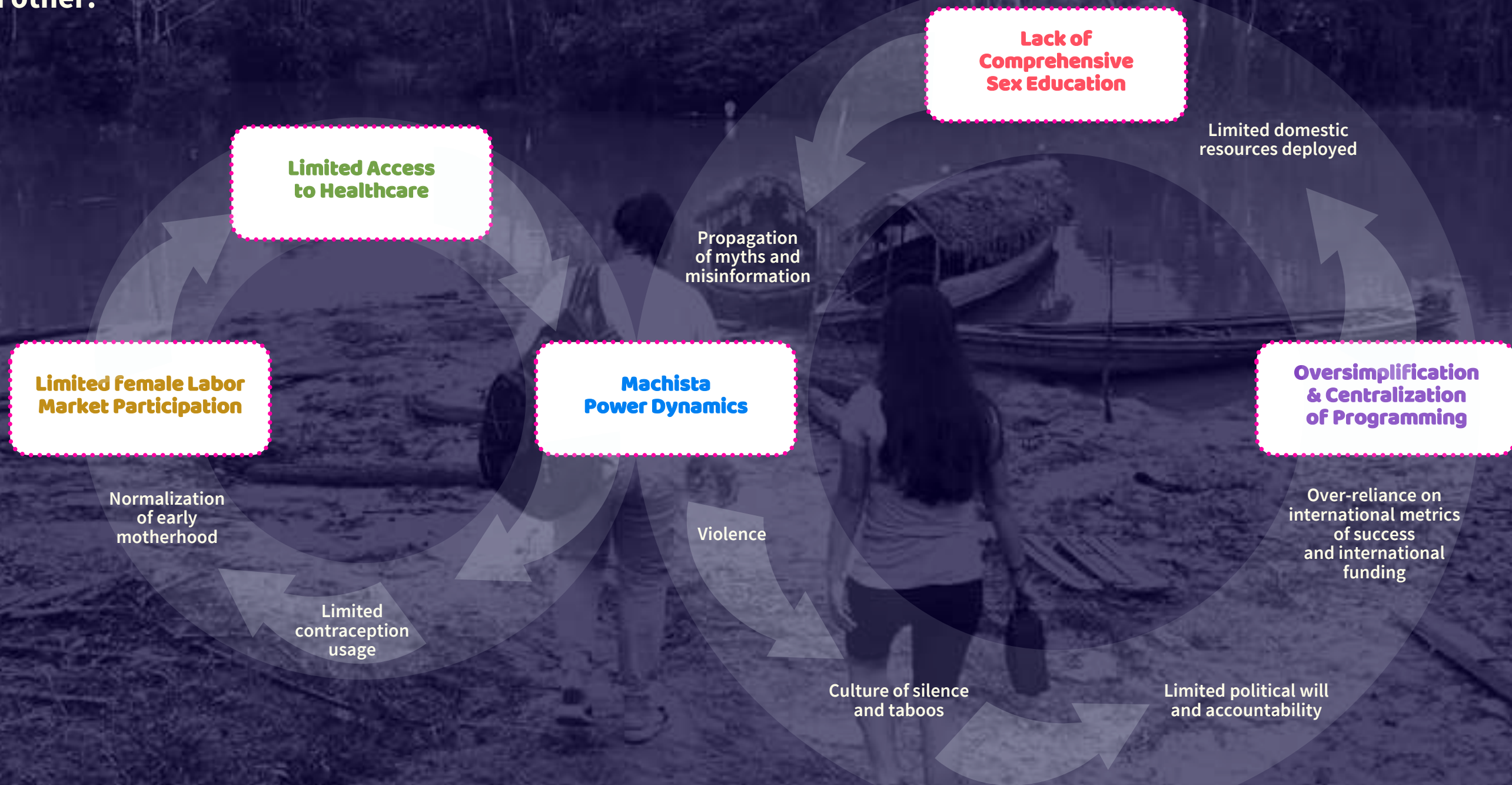


# EXISTING SOLUTIONS





The inefficiencies in the current system reinforce each other.



gaps



## EXISTING SOLUTIONS

## GAPS

## LEVERS OF CHANGE



Following international community lead

**Oversimplification  
& Centralization  
of Programming**

Reallocation of resources to regional governments.  
Improved collaboration



Some NGOs focusing on masculinity

**Machista  
Power Dynamics**

Redefine masculinity and femininity  
through empowerment methodology.



“Free” healthcare access

**Limited  
Access to Healthcare**

Community health workers  
Vending machines



“Comprehensive” sex education “mandated”  
in school

**Lack of  
Comprehensive  
Sex Education**

Partnerships  
Regionalized resources & metrics of success



Cash transfers

**Limited  
Female Labor Market  
Participation**

Specific targeting of programs  
Improve education options



**Maria**, 16 years old

**CHILD IS MORE LIKELY  
TO BE A YOUNG MOTHER**



**Flora**, 4 years old

# ENDING THE CYCLE OF TEEN PREGNANCY

Redefining gender roles through empowerment methodology

Education opportunities & specific transfers

Partnership & regionalized CSE

Community Health Workers & Vending Machines

Reallocation of resources