## ADOLESCENT PREGNANCY IN PERU A systems analysis of the educational, health-based,

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cultural, socioeconomic and political barriers to the reduction of teenage motherhood across Peru

June 15-17, 2020

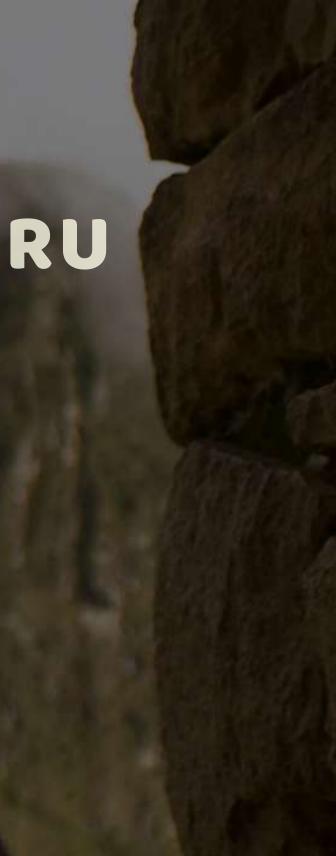
Annie Kuster & Sara Surani



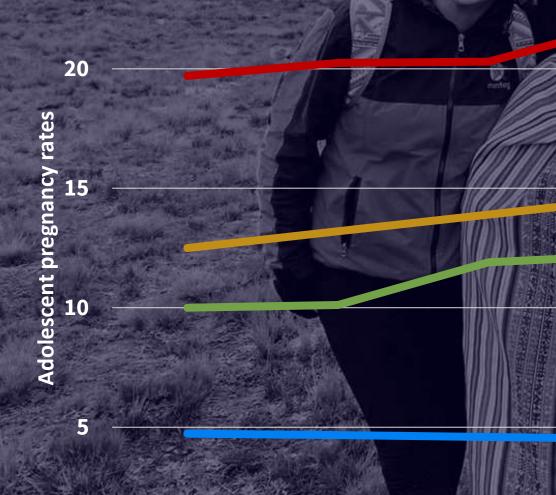
# GIRLS BORN IN RURAL PERU

MORE LIKELY THAN GLOBAL AVERAGES TO GET PREGNANT AS A TEEN

Source: World Bank, ENDES



### Adolescent Pregnancy Rates Over Time



**Rural** Peru

**Overall Peru** 

Urban Peru

Global



25



## FASTER GROWTH

## 34%

Are pregnant as a result of gender-based violence



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**<sup>%</sup>

Higher odds of having babies with low birth weight

Source: OECD, UNFPA, PNAIA, Dennis et. al (2013(, Interviewees **KEY OUTCOMES** OF TEENAGE MOTHERHOOD

## Maria, 16 years old

EXPERTISE

**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

Adolescents (54 girls, 30 boys) SECONDARY

**5** Quantitative data sources

**27** Key stakeholders

27

Community health workers

**44** Reports



"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."

50CIOFACTORS

POLITICAL WILL

EDUCATION

community | Regional

HEALTHCARE ACCESS

CULTURAL

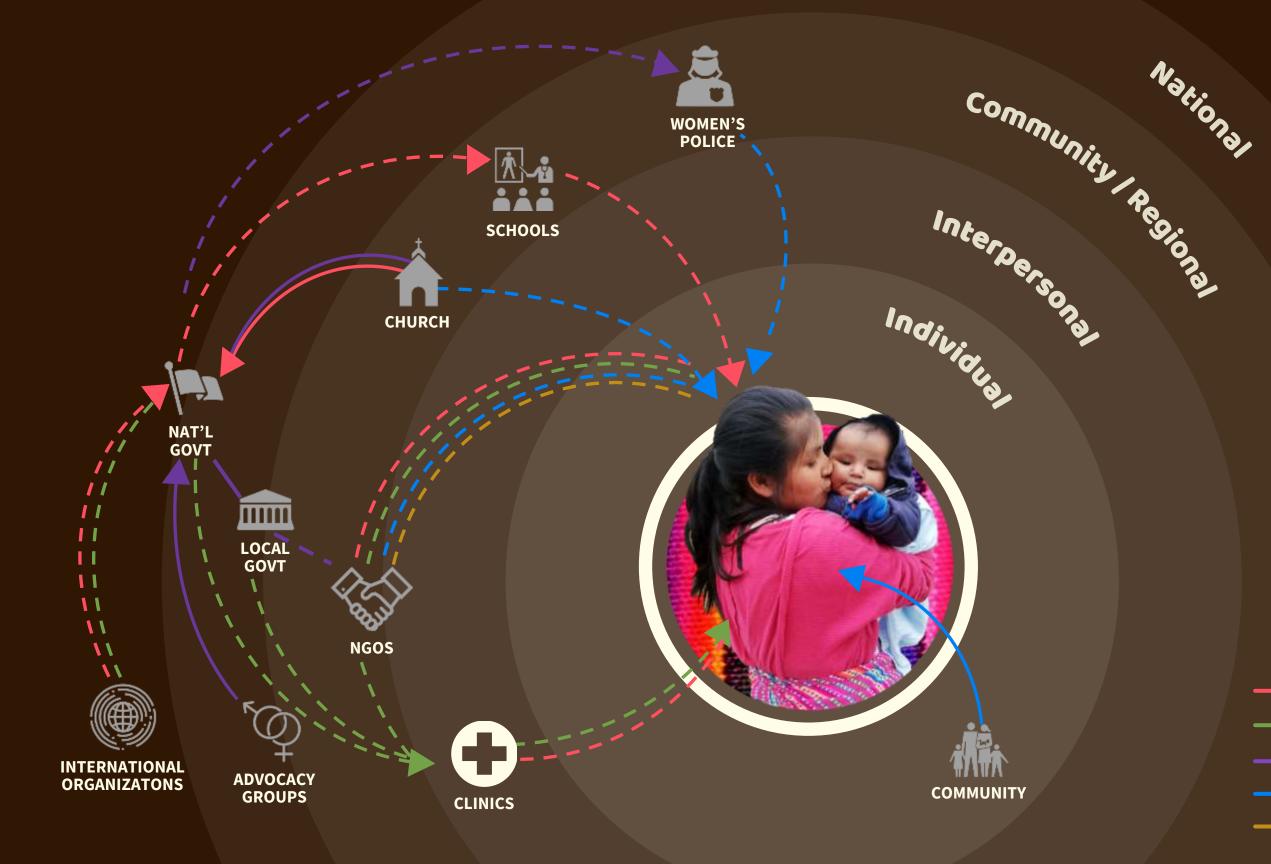
Interpersonal Interpersonal Individual

"Women only ask you to wear condoms if they're cheating on you."

PROBLEM LANDSCAPE







STAKEHOLDERS INFLUENCING RESOURCES

#### KEY

Sex education
Health access
Political will
Cultural norms
Socioeconomic initiatives

# **EXISTING SOLUTIONS**

**Cash transfers** 

"Free" healthcare access

4

Some NGOs focusing on masculinity

3



"Comprehensive" sex education "mandated" in school

Areas of Peruvian state priority

#### C U R R E N T S O L U T I O N S



The inefficiencies in the current system reinforce each other.

> **Limited Access** to Healthcare

> > Propagation of myths and misinformation

Limited female Labor **Market Participation** 

gaps

. . . . . . . . . . . . . . . .

Normalization ofearly motherhood

> Limited contraception usage

Machista **Power Dynamics** 

Violence

Culture of silence and taboos

Limited political will and accountability

Lack of Comprehensive Sex Education

> Limited domestic resources deployed

FEEDBACK LOOPS

Oversimplification & Centralization of Programming

Over-reliance on international metrics of success and international funding

<b>EXISTING SOLUTIONS</b>		GAPS	LEVERS C
	Following international community lead	Oversimplification & Centralization of Programming	<b>Reallocation of resources</b> t Improved <b>collaboration</b>
	Some NGOs focusing on masculinity	Machista Power Dynamics	<b>Redefine masculinity</b> and for through empowerment met
ÇJ.	"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 & n
Ś	Cash transfers	Limited Female Labor Market Participation	Specific <b>targeting</b> of program

## OF CHANGE

to regional governments.

l femininity ethodology.

ers

metrics of success

ams

## CHILD IS MORE LIKELY TO BE A YOUNG MOTHER

KEY OUTCOMES OF TEENAGE MOTHERHOOD

## Maria, 16 years old



**Redefining gende** roles through empowerment methodology

Education opportunities & specific transfers

Partnership & regionalized CSE

**Community Health** Workers & Vending Machines

**Reallocation of** resources

## Flora, 4 years old

