

***Exploring teen pregnancy and sexual education with adolescents, and mothers of adolescents, in Guadalupe, Costa Rica: A rapid health assessment using qualitative methods***

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**Introduction**

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In the Purrál region of Guadalupe, in the outskirts of San José, Costa Rica, the Clínica Los Cuadros serves a population of roughly 15,000 people, mostly poor, many of whom have immigrated from Nicaragua or from rural regions of Costa Rica. Anecdotal evidence reveals a population suffering from numerous social problems – teen pregnancy, abuse, and drug and alcohol use, among others. I sought to explore some of these issues, with an emphasis on teen pregnancy and sexual education, from the perspective of adolescents living in the region served by Los Cuadros. I held a series of focus groups with adolescent girls, and with mothers of adolescents, in order to find out what they knew – and what they thought – about sexual education, birth control, abortion, teen pregnancy, and the related issues their community faces. The study's goal was to use this information to help design appropriate interventions that will address these problems.

**Materials and methods**

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Over the course of two weeks in November, 2004, I held two two-hour focus groups with five adolescent girls, aged 16 to 21, all of whom have children of their own. I also held one two-hour group with seven mothers, aged 34 to 65, who are raising adolescent girls and boys. To recruit adolescents, I asked for volunteers from a group of teenage mothers who come to the clinic weekly to participate in arts and crafts activities with their children. To recruit mothers of adolescents, I asked for volunteers among patients in the clinic's waiting room. The focus groups took place at the Los Cuadros clinic and were conducted entirely in Spanish. The participants consented to being tape-recorded. Snacks were provided. All participants filled out a short, anonymous survey. Please see the appendix for the discussion guides used in the focus groups, the surveys, and the survey results, all of which have been translated into English.

The adolescent focus groups took place in a semi-private room in which children were playing. All five girls participated, though one was clearly more outgoing than the others and sometimes dominated the discussion. At the first meeting, three moderators were present: myself, Dr. Mario Tristán, and Andrés Brenes Mora, a Costa Rican medical student. At the second meeting, myself, Brenes, and Yuri Baidal, of the International Health Central American Institute (IHCAI), were present. The group with mothers of adolescents took place in a private, quiet room, and I was the only moderator present. Seven mothers sat in on the discussion, but only five spoke, with two dominating the conversation.

With the help of Brenes and Marcelo Abarca, of IHCAI, I transcribed the content of the discussion groups and translated them into English. I then analyzed this content using an approach based on Max Van Manen's (1990) hermeneutical analysis. I organized the information by theme, with themes representing encapsulations of participants' ideas and opinions. These themes are listed in the results section, with supporting quotes below each theme. In some cases, questions asked to participants were designed to evaluate their knowledge rather than elicit opinions; in these cases, I summarized participants' answers under the heading "knowledge assessment."

## **Results**

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### *I. Surveys*

See the appendix for all of the survey data. The five adolescents were between the ages of 16 and 21. All were born in Costa Rica. None had completed middle school and only one was still studying. None was working. Four had one child, and one had three – a set of twins and a 4-year-old. All could name at least two methods of birth control, and all were aware of birth control pills. All could name at least three STDs, including HIV/AIDS. All cited health care professionals as a source of information about sex, with two adding friends, parents, or teachers as other sources.

The seven mothers were between the ages of 34 and 65. All were born in Costa Rica. All had some primary school education, with one having graduated from high school. Two worked outside the home – one cleaned and cooked for another family and one worked in an office. All were married or living with a partner. All had raised or were raising adolescents. Numbers of children ranged from one to 11.

### *II. Focus groups with adolescents*

Content of the focus groups with adolescents is summarized below. Within each subject area, participants' ideas and opinions are categorized by theme. Answers to factual questions are summarized under the heading "knowledge assessment."

#### **Part 1: Teen pregnancy**

##### *Themes*

- 1) When the girls had children they were not physically ready.
  - My son wanted to come early because my organs weren't ready. Even though I'd already started to menstruate, my organs weren't ready. My organs weren't well developed and that caused me a lot of problems. I spent a lot of time in the hospital. I wasn't ready to have a baby.
  - I had placenta previa because my organs were really small. My hips were really small, my baby couldn't fit through. They had to admit me to do a C-section.
  
- 2) There are a lot of pregnant adolescents in the community.
  - Of 10 (friends of mine), only one doesn't have kids.
  - Little girls, 13 years old (have kids).

## **Part 2: *Child raising***

### *Themes*

- 1) Being a mother takes a lot of responsibility.
  - A child...it changes your life, it takes away your freedom.
  - It takes a lot of responsibility; a child makes you mature.
  - When you're a teenager your mind is in other things, like playing. And then suddenly everything changes.
  - It's a responsibility for your whole life. It's a huge responsibility.
- 2) It is important for children to know their fathers.
  - The dad is with my daughter, but if he left, I'd still make him help me. If the dad didn't want to be with me anymore, I'd accept that, but he'd still have to see my daughter.
  - The baby has to know her father. If one day I had a different partner he'd be a friend of my daughter's, not the father.
- 3) They are worried about their kids growing up in their community.
  - There's always fear, because of the peer pressure (they may encounter).
  - You can't give them too much freedom, even if you've taught them to stay away from bad influences.
- 4) They plan to talk to their children about drugs and to set good examples.
  - I tell my daughter not to do that (drugs).
  - Also an example is important. To not do things in front of your kids.
- 5) They plan to talk to their children about sex so their kids don't make the same mistakes they did.
  - Me, yes (I'm going to talk to them). So that what happened to me doesn't happen to them. So that they don't suffer what I've suffered.
  - The more you care for them, the faster they leave you. That's why I'd rather talk to them from the time they're little.
- 6) They plan to talk to their children about sex to protect them.
  - I tell her (my daughter) that she shouldn't let anyone touch her.
  - From the time they're little they need to learn that there are people who'll hurt them.

## **Part 3: *Contraception***

### *Knowledge assessment*

- 1) The girls are aware of numerous forms of contraception (condoms, pills, injections, the IUD, the morning-after pill, surgery, and the female condom).

### *Themes*

- 1) All use the pill except one who uses hormone injections and one who had a surgical sterilization.

- 2) The IUD is dangerous.
  - The IUD scares me.
  - Babies can be born with the IUD in their forehead.
  - The baby can be born with it stuck somewhere.
  - Sometimes it gets stuck in the baby's forehead or it can disappear.
  - My friend got pregnant on the IUD and she miscarried.
  - It gave my sister a lot of infections.
  
- 3) No one in the community likes or uses condoms.
  - I don't like condoms.
  - It doesn't feel the same.
  - It's uncomfortable.
  - I've never liked it.
  - I used it once, and never again.
  - Here no one uses condoms.
  
- 4) Contraception is easy to obtain.
  - The Seguro (national health insurance) gives it to us.
  - Everywhere – in the grocery store, in the pharmacy (you can buy condoms).
  
- 5) Some forms of contraception don't work.
  - Sometimes the IUD doesn't work.
  - The only sure thing is to get operated on, and even then.... I know a woman who got her tubes tied two times and two times she got pregnant.
  - I know a woman who got her tubes tied *three* times and *three* times she got pregnant.
  - If God wants you to get pregnant, that's how it is.
  - The doctors tell you that contraception isn't a sure thing.
  
- 6) Only one girl blames her pregnancy on her contraception not working.
  - I got pregnant the second time because my mother-in-law hid my pills, and then my doctor gave me the injection but it didn't work.
  
- 7) Most of the girls are happy with their chosen form of contraception.
  - I don't complain about the injection; it's my life.
  - I got the injection and then later the pill and up until now they've worked.
  
- 8) Many types of contraception have side effects, some of which the girls believe they have experienced.
  - The pill made me fat.
  - The injection made me fat and now with the pill I'm losing weight.
  - The pill gives you varicose veins.
  - (The pill gives you) headaches.
  - (The pill gives you) nausea.
  - With the injection, my period lasts a long time, up to a month.
  - With the injection, for a year and three months I didn't get my period.
  - With the injection, some girls get fat and some get skinny.
  - The injection makes you old inside.

#### **Part 4: Medical care**

##### *Themes*

- 1) The girls got their prenatal care by GPs in the clinic but have more trust in obstetricians.
  - For pregnancy it should be an obstetrician.
  - A GP should be for general things; pregnancy should be with an obstetrician.
  - *One disagrees:* It doesn't make a difference to me.
- 2) They don't trust GPs for pediatric care.
  - Children should be seen by a pediatrician.
  - One time, my twins were throwing up...the doctor (in the clinic) gave them fluids and sent them home. Two days later, I took them to the hospital and they had to admit them because they were dehydrated.
  - There's no one like a specialist.
- 3) Ultrasounds are important even if nothing can be done about an abnormality that's discovered.
  - Imagine if you go to the clinic once a month and they always tell you that everything's fine, and then in the end the baby is born without an arm or with a syndrome.
  - At least (with an ultrasound) you know.
  - They took my sister out with forceps, and because of that she's got problems. With an ultrasound things could have been different.
  - You have to accept the child even if it has a syndrome, but it's good to do an ultrasound if possible.
  - Now that there's the technology, shouldn't they offer it everywhere?
  - You can think that everything's OK with the baby, and then after nine months there's a surprise.

#### **Part 5: Sexually transmitted diseases**

##### *Knowledge assessment*

- 1) The girls can name several sexually transmitted diseases (syphilis, gonorrhea, AIDS, and HPV).
- 2) They are unaware of hepatitis B and chlamydia.
- 3) They accurately state that to avoid STDs one has to use condoms or abstain from sex.
- 4) They are unsure of the symptoms of most STDs but are aware that some may not have symptoms.
- 5) They are aware that AIDS is not curable but are unsure if other STDs can be cured.
- 6) Most of the information they know, they learned in the clinic.

##### *Themes*

- 1) Men avoid talking about STDs and avoid going to the doctor to be tested because of machismo.
  - Women are more open to talking about (STDs). Men aren't.
  - Men are more two-faced.

- Because of manliness they don't come (to the clinic).
- They talk amongst themselves but don't say anything to other people.
- There are guys who don't want women to realize they have an STD.
- There are lots of macho guys.

## **Part 6: *Abortion***

### *Themes*

- 1) It is possible to get an abortion in Costa Rica despite its being against the law.
- 2) Illegal abortions are dangerous.
  - It's always dangerous, because you don't have medical attention.
  - (In a clinic) it's safer, but still there are risks.
- 3) The girls name several homeopathic methods of abortion that they believe are safer than surgical abortion.
  - A woman near my house took cypress in a pipe with chamomile to abort.
  - You can drink a Coke with five Mejorales (an NSAID).
  - With papaya seeds.
- 4) The girls would not be friends with anyone who wanted or had an abortion.
  - I would tell (a friend) not to do it; to me she wouldn't be a friend anymore.
  - I told my sister-in-law that if she did it not to talk to me again.
- 5) They themselves did not consider having an abortion.
  - When I got pregnant I never thought about it.
- 6) Members of their community might consider having an abortion.
  - Some might think differently (from me), that for lack of money they don't want to have lots of kids. Also because of drugs a lot of people would do it.
  - There's a lot of people who get pregnant and think about getting an abortion but in the end they don't do it.

## **Part 7: *Sexual education***

### *Themes*

- 1) All agree that they received their sexual education in school and in the clinic and never talked about sex with their parents. They first came to the clinic at the age of 12 to 14 and first had classes in school in third grade.
- 2) People in their community believe in a lot of myths about pregnancy.
  - Anything can get you pregnant, like if you just put on panties that have semen in them you can get pregnant.
  - That if you urinate after having sex, you won't get pregnant.
  - That if you put on a girdle, you won't get pregnant. So they say.
  - Having sex during your period to get pregnant, because during your period you're ovulating.
  - That if you sit in a public bath you can get pregnant.

- 3) Sexual education should come from multiple sources.
  - It should come from all of those (parents, schools, clinics) because sometimes one doesn't have much information.
  - *One disagrees:* It's better that it come from parents because you trust them more.
- 4) Education doesn't always work to prevent teen pregnancy.
  - It's not because of a lack of information that adolescents get pregnant; it's because of irresponsibility.

## **Part 8: Alcohol and drugs**

### *Knowledge assessment*

- 1) The girls are aware that alcohol can cause health problems (they mention vomiting blood) but they can't name any specific alcohol-related diseases.
- 2) They know that alcohol and drugs can harm a fetus but aren't sure exactly how.
  - If one smokes while pregnant, the baby is born burned.
  - It can give them syndromes.
  - They come out red, with red eyes; they're missing something.
  - I have a friend who used drugs when she was pregnant, and they say her baby was born with three eyes. The baby was born dead.

### *Themes*

- 1) There is a lot of drug and alcohol use in the community.
  - There's a lot of drugs here.
  - Fifty meters from my house in any direction you can buy drugs.
  - From kids to adolescents to the elderly (use drugs and alcohol).
  - Most people use drugs. Because of problems at home, because they have nothing to eat, because their father hits them.
  - (People use) cocaine, crack, marijuana, cajeta (a type of marijuana).
- 2) There is pressure on adolescents and children to use drugs.
  - There are people who induce them to use drugs. They see a little kid and tell him to drink.
- 3) Drugs and alcohol can lead to sexual abuse and violence.
  - An old drunk guy and maybe drug addict looks at a girl and might do something to her.
  - There are lots of street problems and violence (because of drugs and alcohol).
  - Friends assault people, sometimes because they're drug addicts.
- 4) Drinking alcohol can lead to poor decision-making.
  - With alcohol, you don't have your five senses.
  - You don't realize what you're doing.
  - You think about bad things.

## **Part 9: Religion**

### *Themes*

- 1) The church and religion have not affected their beliefs except to make them disagree with abortion.
  - Catholics are against abortion.
  - I'm Catholic and at least I don't believe in abortion.
- 2) Religion can sometimes be helpful.
  - Yes (it's helpful).
  - Sort of. Maybe it can help someone by stopping them from doing something (bad).
  - Maybe when you're depressed.

## **Part 10: Community problems – sources and solutions**

### *Themes*

- 1) There is a lack of communication between children and their parents, and this is the source of many social problems.
  - There's a big lack of communication with parents.
  - That's why there's so much drug addiction and bad things, because of the lack of communication with mothers and fathers.
- 2) There are negligent parents in the community, and this is a source of problems.
  - Parents (here) don't care for their kids.
  - Here there are kids that from the time they're little they do whatever they want. Leave the house at 8 in the morning and come back at 3 in the morning, and nobody notices if the kid ate or is in the house.
- 3) Their community is ignored.
  - No one dares come here because they're afraid.
- 4) No one within the community dares address its problems out of fear.
  - Here people see what's happening but they stay quiet out of fear.
- 5) The police doesn't help the community with its drug problems.
  - Some police officers get bribed so they leave (the dealers) alone.
  - Some officers take the drugs away and use them themselves.
  - Some arrest drug addicts and then let them go in exchange for sex.
- 6) The girls want to empower themselves to help the community.
  - If people are afraid to come here, why don't they teach us, train us so we can teach others.
  - I'm not afraid.
  - If it's for the good of my child, I'll do anything.

- If people are afraid of talking to kids here, they should tell us what to say and we'll educate them. They should give us the training, show us how to teach others.

### *III. Focus group with mothers of adolescents*

Content of the focus groups with mothers of adolescents is summarized below. Within each subject area, participants' ideas and opinions are categorized by theme.

#### **Part 1: Sexual education**

##### *Themes*

- 1) The mothers' children received their sexual education in school, both in class and from friends.
  - In school they teach them.
  - Starting in third, fourth grade.
  - Generally it's more in school that kids get together, that's where they ask their questions. For my daughter, her worries, it's in school (that she addresses them).
- 2) Kids learn misinformation from their peers.
  - The expression is that a spoiled orange spoils all the rest.
  - They usually don't learn good things. The truth is, in the street they aren't going to learn anything correct.
- 3) Their own parents did not talk to them about sex, and for that reason they don't talk to their children about sex.
  - In our time, no one told us what that was (sex). Maybe that's why now, many parents don't know how to talk to our children about sexuality.
  - At least for me, my mother never talked to me (about sex). So I have a daughter who's 19 and I've never told her anything. She learned in school, her teachers talked to her. But me no, because my mother never told me anything about anything.
  - *One disagrees:* In my house, I teach them from a young age. ... When I got my period, my mother didn't pay attention. But me with my children, yes, I've told them. ... So now, none of us is embarrassed to talk about that and we trust each other. At least that's how I feel. When it comes to those things I'm very open.
- 4) They don't talk to their children about sex out of embarrassment.
  - I've never talked to my daughter about anything. Because you just don't know how to sit down and talk about that.
  - A lot of mothers and fathers are embarrassed, because we were raised differently. ... So the error we commit a lot of times is to not have the confidence to talk to them. It makes us embarrassed and that embarrassment shouldn't exist between parents and children.
- 5) Parents shouldn't be embarrassed to talk to their children.

- It's good to let go of that embarrassment. Once there was a program where they said, "You shouldn't be embarrassed to talk about what God wasn't embarrassed to create." So why should we be embarrassed to talk to our children? We should talk to them about the reality of things to help avoid problems for them and suffering for ourselves.
- 6) Kids should learn about sex and drugs from their parents rather than their friends.
- The best friendship you can have is your mother, children, parents.
  - I think that as mothers, we have the obligation to teach everything to our kids about STDs. Everything. From beginning to end. It would be terrible if you told me your child has AIDS. Why? Because you didn't talk to him.

## **Part 2: Problems in the community**

### *Themes*

- 1) The community has many social problems.
  - We live in a corrupt place; there are a lot of drugs, a lot of vagrancy.
  - These days, drugs are around every corner. Girls who are 12 or 13 are prostituting themselves.
  
- 2) Teenagers get into trouble with drugs, pregnancy, etc., because their parents haven't educated them.
  - The mistakes they make often aren't their fault, but rather *our* fault because we're embarrassed. We're guilty because we were embarrassed to talk to them and to tell them how things are.
  - There are things that (teenagers) do out of ignorance.
  - *One disagrees:* I have a teenager with a two-month-old baby, and she can't say that she didn't know how pregnancy happens and that she didn't know about sexual education, because I explained it to her. If she got pregnant it was because she wanted to, not because she didn't know.
  
- 3) Parents need to teach adolescents how to deal with peer pressure.
  - Somebody may come up to them and say, "Want to try this?" They're going to tempt them to want to do what another person tells them. That's why we need to teach them to make their own decisions.
  
- 4) Children will follow the example of their parents, good or bad, so homes need to be stable for children to turn out well.
  - Everything starts at home – we're a home, we're a chain, and my children will do what I do. ... Children are a reflection of the home. If you mistreat your child, then your child has that seed of mistreatment and rancor. We need to counsel homes in order to help children.
  - Homes are falling apart. The father beats his wife, and the kids are watching and follow the theme. Look at the father who's abusing his own daughter, and why? Because he was abused and was taught that way. But if there's a good foundation, the children don't fail.
  
- 5) Often parents in the community kick out their troubled children rather than helping them.

- We don't try to help them get out of trouble; we just close the doors on them. In our community you see that a lot. And so instead of helping them, we close the doors on them. I've had friends who've said (to their kids), "Here are your clothes, now get out because here you're not loved."

6) Parents should be responsible for getting their kids out of trouble, but often they ignore problems instead of addressing them.

- We, in our role as parents, it's our responsibility to get (our children) out of trouble. But sometimes we feel incompetent, incapable. But we're so cowardly that when we see our kids with a problem, we don't want to confront it. I know it's hard and really difficult, but if we don't confront them when we see them first getting into trouble, we'll never get them out.
- The point is that when we see a problem – for example drugs – we know it's there, and we leave it alone without confronting it or finding a solution. Because we don't have the courage to cut it off. We don't have the guts to confront it and say, "It's my kid, I brought him to the world, and I'm going to help him. I'm going to get him out of trouble, cost what it may cost."

### **Part 3: Educating parents**

#### *Themes*

- 1) Parents in the community lack sufficient information to educate their children.
  - What parents lack is more information on how to help their kids.
  - No one is born learned. There's information that one doesn't have, things that one doesn't know. If a home is well informed, obviously it won't fall.
  - *One disagrees:* A lot of times it's not a lack of information, but rather that we don't want to seek out that information. If I invite you to come to a talk, and I invite her and her, I could invite 50 people, and only 10 will come. So it's not a lack of information. It's a lack of us wanting to inform ourselves.

### **Discussion and conclusions**

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The community served by the Clínica Los Cuadros – in which all 12 of this study's participants live – faces numerous social problems, as evidenced by participants' accounts of widespread alcohol and drug use, prostitution, parental negligence, and teen pregnancy. The participants feel that theirs is an ignored community, where no one – from outside or from within – seeks to solve these problems or even admit to their presence. Both the adolescents and the older mothers involved in this study expressed fear about raising their children in such an environment.

The goal of the study was not simply to identify these issues but also to design interventions that will begin to address the community's problems – specifically teen pregnancy but also including drugs, alcohol, and violence. To that end, it is important to identify the sources of these problems; these include a lack of knowledge among teens and their parents and a lack of communication between these two groups.

### *The knowledge gap*

The adolescents who participated in this study knew a fair amount about contraception, STDs, pregnancy, and related subjects. Most of this knowledge they said they obtained in school or at the clinic; this is consistent with the older mothers' assertion that teenagers in the community get their sexual education outside of the home.

However, the adolescents' knowledge also included a great deal of misinformation. They believed in many myths about contraception – that the IUD is dangerous, for example, because it can wind up in a baby's forehead; about abortion – that papaya seeds are a safe method of homeopathic abortion; and about pregnancy – that one can prevent it by wearing a girdle. They were able to identify some of these beliefs as myths but in general had trouble separating fact from fiction. This is consistent with the older mothers' belief that much misinformation is spread on the streets, and it certainly contributes to poor decision-making among teenagers in the community. For example, one pervasive myth – described to me in casual conversation outside of the focus groups – was that condoms are dangerous because they may fall off during sex and wrap themselves around one's intestines. Many teens in the community, I was told, would rather take the risk of unprotected sex than risk being harmed by an errant condom.

Furthermore, the adolescents in this community have difficulty applying their knowledge, even when what they know is correct. The girls I spoke to recognize, for example, that hormonal birth control can not prevent STDs and that some STDs are incurable, and yet none of them uses a barrier method of birth control.

To address these issues, the community would benefit from classes or discussion groups offered in the clinic that would serve not simply to impart information but to discuss its application. The adolescents I spoke to had learned and retained factual information provided to them in lectures at school and at the clinic, but they would be better served by interactive sessions that would allow them to clarify misinformation and that would challenge them to responsibly apply the information they have learned.

### *The communication gap*

Both the young mothers and the mothers of adolescents who participated in this study confirmed that a lack of communication exists between parents and children in their community. They identified this as a cause of teenagers' lack of reliable information as well as a reason that teenagers may get into trouble with sex and drugs.

The older mothers cited embarrassment, a lack of knowledge, and never having communicated well with their own parents as reasons they don't discuss sex with their children. These issues could be addressed at the clinic in the form of parenting classes – though the mothers themselves admit that many of their peers would never come to such classes.

Perhaps more importantly, these issues could be addressed by challenging the cultural norms that lead parents to avoid discussing sex with their children – thus younger generations could help to break the cycle. It is promising that the adolescents in this

study all report that they plan to talk openly with their own children. The adolescent-focused classes and discussion sessions mentioned above should assist other teenagers in being less afraid to discuss taboo topics – thus they too would be open to talking to their own children in the future.

Of course, there will always be parents who remain opposed to discussing sex, drugs, and related subjects with their children. For that reason the community would benefit from having other outlets for adolescents to safely and confidentially ask questions. This could include teenagers themselves who are trained by the clinic as peer counselors.

### *Future projects*

The adolescents involved in this study expressed an interest in becoming educated in order to help their community – in becoming trained to teach others. Given their enthusiasm, this project should be continued by involving these adolescents in a training program, allowing them to participate in the development of clinic-based classes or discussion groups or in becoming peer counselors.

## **Acknowledgments**

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## **Appendix**

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### *I. Survey distributed to adolescents*

1. How old are you?
2. In what country were you born?
3. Do you go to school? If so, what grade are you in? If not, what grade did you reach?
4. Do you work? If so, what job do you have?
5. Have you ever had sex? If so, starting at what age?
6. Do you have children? How many? What ages?
7. What are all the methods of birth control that you know of? Make a list.
8. What are all the sexually transmitted diseases that you know of? Make a list.
9. Where do you get your information about sex, family planning, etc? (From friends, teachers, health professionals?)

### *II. Results of survey of adolescents*

	<b>Participants:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Age</b>		20	17	20	16	21
<b>Birth country</b>		Costa Rica	Costa Rica	Costa Rica	Costa Rica	Costa Rica
<b>In school? Grade attained?</b>		Yes, 7th grade	No, 5th grade	No, 8th grade	No, 5th grade	No, 6th grade
<b>Working?</b>		No	No	No	No	No
<b>Age at first sexual intercourse</b>		16	14	15	14	18
<b>Children's ages</b>		2y11m	2y	4y,1y,1y	1y6m	1y8m

**Birth control methods you know**

Pills	X	X	X	X	X
Injection	X			X	X
Condoms	X	X	X		
IUD	X		X		X
Rhythm	X		X		
Morning-after pill			X		
Female condom			X		
Patch			X		
Surgery			X		

**STDs you know**

AIDS	X	X	X	X	X
HPV	X	X	X	X	X
Gonorrhea	X	X	X	X	
Syphilis	X	X	X	X	X

**Sources of information about sex**

Friends	X				
Parents		X			
Health professionals	X	X	X	X	X
Teachers	X				

*III. Survey distributed to mothers of adolescents*

1. How old are you?
2. What is your civil status (married, divorced, separated, etc.)?
3. How many children do you have? What are their ages, and are they sons or daughters?
4. In what country were you born?
5. How far did you get in school (elementary school, high school, university)?
6. Do you work outside the home? What is your job?

*IV. Results of survey of mothers of adolescents*

<b>Participants:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Age</b>	41	34	34	45
<b>Birth country</b>	Costa Rica	Costa Rica	Costa Rica	Costa Rica
<b>Education</b>	Elementary school	High school	Elementary school	Elementary school
<b>Job</b>	Housewife	Housewife	Housewife	Domestic servant
<b>Civil status</b>	Married	Married	Married	Living w/ partner
<b>Children's ages</b>	17y,16y	Six children	16y,14y,10y,2y	19y,17y,11y

<b>Participants:</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Age</b>	65	43	42
<b>Birth country</b>	Costa Rica	Costa Rica	Costa Rica
<b>Education</b>	Elementary school	6th grade	6th grade
<b>Job</b>	Housewife	Office worker	Housewife
<b>Civil status</b>	Married	Living w/ partner	Married
<b>Children's ages</b>	25y	29y,28y,27y, 25y,22y,21y,18y, 16y,13y,9y,8y	22y,19y,17y,7y

## *V. Discussion guide for the focus groups with adolescents*

### **Pregnancy**

1. How does a woman get pregnant? Who taught this to you?
2. After what age can a woman get pregnant?
3. Do you think that it's dangerous to get pregnant as a teenager? Why?
4. Do you think that teenage pregnancy is a problem in your community? Why?
5. Are there a lot of pregnant teenagers in your community?
6. What can the community do to prevent teenage pregnancy?
7. Who would you prefer to be in charge of your prenatal care (a GP, a nurse, an obstetrician)? Why?

### **Contraception**

1. What are all the contraceptive methods that you know of?
2. Where can you get birth control?
3. Where can you buy condoms?
4. Are there methods of contraception that are better than others?
5. What are the possible side effects of the contraceptive methods that you know of?

### **STDs**

1. What is a sexually transmitted disease?
2. What are the STDs that you know of?
3. How can one prevent STDs? What are the methods of contraception that prevent STDs?
4. What are the symptoms of the STDs that you know? Are there any STDs without symptoms?
5. How can you find out if you have an STD?
6. Are there cures for all STDs?
7. If a person is getting treated for an STD, who else might need treatment?

### **Abortion**

1. Is it possible to get an abortion in Costa Rica even though it's against the law?
2. Is it difficult to get an abortion?
3. Is illegal abortion dangerous? Is it more dangerous when it's done by a health professional or someone else?
4. What does your community think about abortion? Does it consider abortion to be a birth control method?
5. In your opinion, are there a lot of people in your community who have gotten abortions?

### **Alcohol and drugs**

1. Do adolescents in your community drink a lot of alcohol? Do they use drugs? Which drugs?
2. What problems does alcohol cause (health problems, social problems)? Drugs?

3. Is there a connection between alcohol and sex? Do you think that people who are drinking are more likely to have sex? Are they more likely to forget to use condoms?
4. Is it dangerous to drink when you're pregnant? To use drugs? Why?

### **Sexual education**

1. Where do you get your information about sexuality, contraception, etc.? From friends, parents, classes in school?
2. Have you had sex education classes in school? In which grades? Do you think that sex education should be taught in school? In which grades?
3. Are there other subjects that you haven't gotten much information about?
4. In your community, are there common myths regarding sexuality?
5. Do you think that religion affects your decisions about sex, contraception, alcohol, and drugs?

### *VI. Discussion guide for the focus group with mothers of adolescents*

1. Where do you think your children get their information about sex, contraception, and drugs?
2. Where did you get your information about these subjects?
3. Do you talk to your kids about these subjects? Do your kids' fathers talk to them? If so, how often? Starting at what age? If not, why not?
4. Would you talk to your kids more about these subjects if you had more information yourselves? What type of information do you need?
5. When it comes to your children, what are you most worried about (drugs, pregnancy, AIDS, etc.)?
6. Do you think that adolescents in your community have incorrect information, or believe in any myths, about sexuality?

### **References**

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