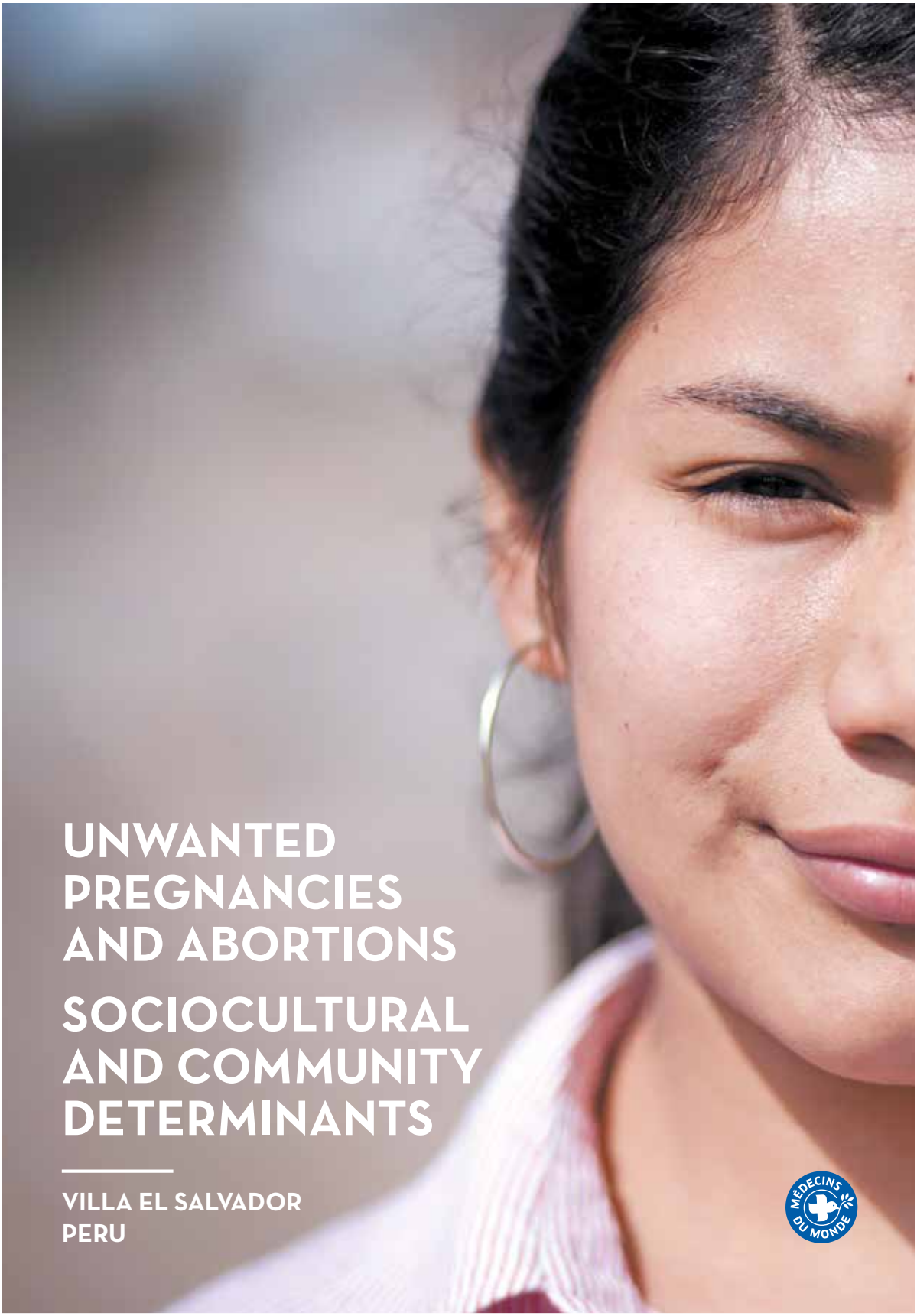

UNWANTED PREGNANCIES AND ABORTIONS

SOCIOCULTURAL AND COMMUNITY DETERMINANTS

VILLA EL SALVADOR
PERU

MÉDECINS DU MONDE

EXECUTIVE SUMMARY

In Villa El Salvador, a district located in the southern outskirts of Peru's capital Lima, unwanted pregnancies and unsafe abortions concerns mostly teenager girls and adult women in union living in situations of socio-economic vulnerability. This qualitative study surveyed 21 health workers, 6 social assistants and educators, 8 actors from civil society working on women's rights and health, and 3 women who had experienced an unwanted pregnancy and/or abortion. Four focus groups were carried out with 8 female community health workers, 6 women from local civil society and 10 teenagers acting as peer community health workers, boys and girls between 13-18 years old. The aim of this study was to document and analyse the sociocultural determinants to unwanted pregnancies and unsafe abortions.

The local family planning (FP) strategy offers a variety of modern contraceptives methods (hormonal, IUD, barrier and chirurgical) free of charge after counselling with a midwife. However, the prevention of unwanted pregnancies and unsafe abortions finds itself limited due to sanitary structures and sociocultural factors. Firstly, the primary healthcare facilities endure supply problems regarding contraceptives' methods. The recommendations for FP also restrict teenagers' access to contraceptives. Although the national PF Norms do not mention specific restrictions for teenagers, we found that health care providers do not always know those Norms. The healthcare facilities limited opening hours and the lack of special consultation hours for teenagers also hinders their access to FP, as they fear being recognized and judged when attending those services with the general public. Access barriers may contribute to contraceptive misuse, less adherence and self-medication for those who can buy contraceptives in pharmacies. These factors foster myths and negative representations on contraceptives' methods among women of all ages, thus creating another barrier for their use.

Secondly, we found among the sociocultural barriers that the persistent taboo and denying of teenagers' sexuality hinders their empowerment and their access to information and FP methods. Although there are sexuality and health talks carried out in secondary schools, teachers do not handle good quality information and share parents' prejudices on teenagers' sexuality, according to the informants. The rooted machismo - unequal gender relations - and religious beliefs not only makes it very hard to accept adolescents' rights to a protected sexual life, but also hinders women's right to deciding on their bodies. However, when women decide to have an abortion, men seldom participate in the decision, leaving the responsibility, costs and consequences on the women. Machismo also favours violence against women which has a negative impact on their self-esteem and on their autonomy and capacity to care for their health. Hence this social configuration of machismo and women's vulnerability explains the high levels of sexual violence. Those occur mostly within families making it more difficult for the women to denounce and search for medical care to prevent unwanted pregnancies. In this context there is a strong demand from health care workers and civil society organizations for the emergency oral contraceptive to be allowed for distribution free of charge in public health

facilities. Moreover, they advocate for the decriminalization of abortion when the pregnancy resulted from rape.

Thirdly, health care workers surveyed expressed they were favourable to increasing teenagers' access to contraceptive methods. However, some have misrepresentations on prescribing some methods to this public. Health care workers have ambiguous opinions regarding abortion in general, but most agreed on the risks of unsafe abortion and on the need to legalize abortion in cases of rape. Among the health care workers surveyed, some adopt a pragmatic approach regarding the risks of unsafe abortion and take action, indicating safe methods or colleagues for safe procedures to women who ask them. Others do not give any information while some health care workers actively try to dissuade women who declared they wanted to have an abortion. We did not found resistance from health care workers regarding therapeutic abortion or positions against providing post abortion care to women who had had an abortion; on the contrary, some physicians were against the legal obligation to denounce them.

We hope that the findings presented here allow to encourage transformations in the practices and discourses, helping to reduce all kinds of barriers, to better attain key populations and to strengthen the capacity of women and men to enjoy their sexual and reproductive rights. In order to achieve this, we strongly recommend the strengthening of health workers and teachers' training focused on sexual and reproductive rights and gender equality; to involve teenagers into creating materials for campaigns to prevent unwanted pregnancies; to involve the broader community, especially fathers and mothers, in activities that promote sexual rights, gender equality and prevention of domestic violence.

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