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Attitudes to adolescent pregnancy among families in the Dominican Republic and El Salvador: insights from a longitudinal study

Jasmine Gideon[a]*, Olivia Engle[a]

Department of Geography; School of Social Science, History and Philosophy; Birkbeck University of London, London, UK[a]

*Corresponding Author: Jasmine Gideon Email: j.gideon@bbk.ac.uk

Abstract

Over the past few decades growing attention has focused on the perceived challenge of adolescent pregnancy and the need for girls to make 'smart choices'. This has generated considerable debate particularly because of the failure of many programmes and interventions to consider the structural constraints faced by young women in accessing sexual and reproductive health and rights. Yet limited attention has been given to the views and experiences of girls' parents and caregivers, many of whom were often adolescent parents themselves. We use data from the Real Choices, Real Lives longitudinal study conducted by Plan International to consider how the experiences of girls' families shape their attitudes to teenage pregnancy in the Dominican Republic and El Salvador. Many families believe girls need to practise abstinence and avoid men and boys but given the lack of provision for SRHR faced by young women this response is not unexpected.

Keywords: teenage pregnancy, Latin America, gender, young parents, attitudes

Introduction

Across Latin America and the Caribbean (LAC), countries have expressed commitment to reducing adolescent pregnancy. The 2013 Montevideo Consensus on Population and Development voiced concern 'at the high and unequal levels of adolescent pregnancy in the region', which they argue is 'usually associated with forced marriage, abuse or sexual violence' for girls under the age of 15. The Consensus stated that the 'prevention of pregnancy among adolescents' should be prioritised through measures including sexual and reproductive health education, services and counselling (ECLAC 2013). Where adolescent pregnancies do occur, the parties agreed to prevent both school dropouts and subsequent pregnancies. Yet in 2019 the first regional follow-up report on the Consensus observed that adolescent pregnancy remained high despite overall declining rates of fertility in the region. LAC is the only region where adolescent pregnancy rates are not decreasing (Gianella, Machado and Defago 2017). In 2019, the estimated number of unintended pregnancies in girls aged 15–19 years in the region was 2,115,000 while the estimated number of unsafe abortions in girls aged 15-19 years was 876,000 (PAHO and UNFPA 2020).

Within the wider literature, considerable attention has been given to the medical risks and the socio-economic dimensions of adolescent pregnancy. While health risks to both mother and infant cannot be underestimated, it is important to acknowledge the gendered nature of health systems and practices whereby women's health needs are often not met (Gideon 2014). Indeed, these risks may be exacerbated by low political priority of women's health care needs or the lack of access to services resulting from a range of socio-economic and cultural factors (Cook, Dickens and Syed 2004). Furthermore, adolescent girls are frequently presented as unsuitable mothers with little attention given to aspects of adolescent pregnancy that reflect individual, familial and structural forces (Breheny and Stephens, 2010; Heilborn, Brandão and Cabral 2007). Moreover, discussion around

adolescent pregnancy tends to solely focus on girls while adolescent boys and men remain notably absent from discussion and debate (Bamishigbin et al. 2019), although there is a growing recognition within the region of the pressures boys face to conform to hegemonic masculinities (PAHO 2019).

Nevertheless, while the causes and consequences of adolescent pregnancy remain widely contested, the voices of families are often missing from this discussion. The LAC context is one in which sexual and reproductive health and rights (SRHR) remain highly constrained; in recent years much of the region has experienced a 'backlash' against discussion of gender issues and restrictive policies concerning reproductive rights remaining firmly in place (Blofield, Ewig and Piscopo 2017). There is a lack of empirical data, particularly from so called 'under-researched' parts of Latin America, that sheds light on how families navigate these tensions and seek to support their growing children. We address this gap by exploring families' perceptions of adolescent pregnancy and their strategies for prevention in the Dominican Republic and El Salvador, drawing on data from *Real Choices, Real Lives* (RCRL) longitudinal research study undertaken by Plan International.

The Dominican Republic and El Salvador are countries which arguably have shared characteristics particularly in relation to approaches to SRHR. Both countries have highly restrictive sexual and reproductive rights regimes with laws banning abortion actively enforced (Rodríguez Alarcón and Perico 2020; Zureick et al. 2018; HRW 2021). They also experience extremely high levels of violence against women and girls (VAWG). In 2021, the Dominican Republic and El Salvador registered the second and third highest rates of femicide in Latin America at 2.4 per 100, 000 women and 2.1 per 100 000 women respectively (ECLAC 2021). Moreover, both countries can be broadly characterised as sharing comparable gendered roles and norms which have remained relatively fixed over the past few decades despite significant changes in the realities and practices of family life across the LAC region (UN Women 2019). Attitudes to women's move away from traditional gender roles tend to be negative and women and girls remain at the centre of the ideal traditional nuclear family (Ramm 2020). The colonial history of the region has also influenced the ways in which motherhood has remained central to women's identity across the region, regardless of race and class and continues to shape women's – and men's – roles within society (Ramm 2020). Adolescents in particular are often the target of contradictory and conflicting gender norms around sexuality and adolescent pregnancy (Casas and Ahumada 2009; Delva, Horner and Sanchez 2014; Gonçalves et al. 2011).

Drawing on data from the aforementioned study, the paper asks how families of adolescent girls in the Dominican Republic and El Salvador perceive and attempt to prevent adolescent pregnancy. The paper starts with a description of the aims and methods of the RCRL study and an outline of the three study sites in the Dominican Republic and El Salvador. The second part of the paper considers results from four years of family interview data (2018-2021) and locates the data within a wider discussion of the challenging state of SRHR in the two countries. Perhaps unsurprisingly our analysis shows that girls' families primarily understand adolescent pregnancy as a matter of girls' responsibility in response to the context of gendered social and cultural norms and the threat of male sexual violence. We contend that although RCRL was not a development intervention per se, the study offers unique insights into girls and their caregivers' attitudes to gendered norms and provides a unique data set with which to explore attitudes to adolescent pregnancy in-depth (Loveday, Rivett and Walters 2021). As we argue here, without addressing the structural constraints

that keep women living in poverty and deny them access to sexual and reproductive health and rights, tackling adolescent pregnancy will remain an on-going challenge.

Real Choices, Real Lives (RCRL)

RCRL is a longitudinal research study conducted by Plan International[1]. The study was initiated in 2007 and follows 142 girls living in poverty across nine countries from 0-18 years old.[2] All the RCRL families were living in areas where Plan country offices were working at the time of recruitment but not all families were necessarily associated with Plan International. All of the girls participating in the study were born in 2006 and Plan also selected girls according to their household context, with girls being selected from among the lowest income households in each country context. Data on the ethnicity of the girls or their families were not captured in the study. Through annual interviews and additional participatory methods, the RCRL study sought to understand the factors that supported or inhibited girls' empowerment in various areas. Between 2007 and 2021, annual interviews were conducted with the girls' caregivers and, as the girls matured, with the girls themselves. Parents or caregivers were asked about topics including girls' education, girls' behaviour and gender roles in their communities, as well any changes in the composition, income, employment, health and overall welfare of the household (Loveday, Rivett and Walters 2021). Findings from the study were intended to inform Plan's work as well as providing a longitudinal data source. Families received no payment for their participation but in the Dominican Republic and El Salvador, they received compensatory gifts.

RCRL study sites: Azua and San Juan, Dominican Republic and La Libertad, El Salvador

The RCRL families in the Dominican Republic and El Salvador were located in rural areas and families predominantly worked in agriculture. The Dominican families were located in two provinces, Azua and San Juan, in the Valle Region. Azua has a basic health clinic and electricity but access to water is limited and while all families have access to basic education, not all have access to secondary education and must travel several kilometres to get there. Internet access is limited due to low connectivity levels. During the pandemic, schooling levels decreased in these areas and school dropouts were common due to lack of online connectivity and poor access. San Juan is slightly better resourced, and local communities there have access to rural clinics, drinking water, electricity, basic and secondary education, internet access via mobile phones and police stations.

In El Salvador, RCRL families lived in the southwestern department of La Libertad. Some lived in remote rural communities that were difficult to access during the rainy season while others lived in semi-rural areas. Due to the geographical location of the communities, there are risks of flooding and landslides due to heavy rains during the annual season. Families have limited access to sanitation and drinking water, and Internet and mobile phone access is also limited. Families participating in the study talked about gangs being present in the areas although they did not reference particular details, stating that they lived in constant fear for their personal safety (Plan International 2022).

[1] Between 2007-2021, the study was managed and coordinated by Plan International UK. In 2021, responsibility for the RCRL study was passed to Plan International Global.

[2] Benin, Brazil, Cambodia, Dominican Republic, El Salvador, the Philippines, Togo, Uganda, and Vietnam.

Data collection, coding and analysis

Data collection in the Dominican Republic and El Salvador was conducted by external consultants, with oversight and coordination from the Plan Country Offices. Ongoing ethical approval for the cohort study was given by Plan International Global Hub's Ethics Review Board. Interviews with families and girls and household observations and inventories were transcribed by Plan country staff and subsequently professionally translated into English. Interview data were then anonymised and coded by Plan International staff and coding consultants. Coding was deductive using the same set of over 100 thematic codes across all nine countries of the RCRL study. The second author coded data for both countries in 2018-2019 and for the Dominican Republic only in 2019-2020. The 2017-2018 and 2020-2021 El Salvador and Dominican Republic data and the 2019-2020 El Salvador data was coded by coding consultants. This paper draws on interviews with the family members of 12 girls in the Dominican Republic and 13 girls in El Salvador from four annual rounds of data collection: 2017-2018, 2018-2019, 2019-2020, 2020-2021 (henceforth referred to by the final year: 2018, 2019, 2020, 2021). The girls were approximately 14 years old in the last round of data collection.

Below, we consider insights from these four years of data collection (2018-2021) with respect to the perception and prevention of adolescent pregnancy by Dominican and Salvadoran families participating in the RCRL study.

Perceptions of adolescent pregnancy

The RCRL data revealed that caregivers were aware of the consequences of adolescent pregnancy, at least in part because they themselves had lived them. In the Dominican Republic, eight of the cohort girls' mothers gave birth to their first child at 18 years-old or younger. In El Salvador, all 13 cohort girls' mothers were 18 years-old or younger, with the youngest giving birth for the first time at 13 years-old. In the interviews most families emphasised that they did not want their daughters to go through the same thing. Valeria's mother said, 'I don't want what happened to me to happen to her, at an early age, I want her to look after herself' (ES 2019). Similarly, Gladys' mother expressed, 'I don't want her to have children at a young age, because that was what happened to us, we had children at the age of 16' (ES 2019). Susana's uncle went further, characterising teenage pregnancy as 'a mistake' and explaining why SRHRR education would benefit the girl: '[so] that they don't make the same mistake their mum made, maybe, because it could help them a lot' (ES 2019). Indeed, Susana's mother had begun taking Susana to the sexual health clinic to prevent pregnancy: 'Then I tell her what happened, I say "I got together with your dad when I was 15 and I got pregnant when I was 17, can you believe that I was 17 when I had you, I don't want you to have a life like that" and she says, "Yes, mummy – you're right"' (ES 2020). Families were clear that they did not want their girls to become 'teenage mothers' and were also aware of the multiple risks that girls faced in their communities.

Threat of older men

The age of mothers at their first pregnancy is often characterised as problematic, but there is an additional issue of coercion and abuse when considering age differences between the parents. Within LAC around one in four young women are in a marriage or union before their

18th birthday and these rates have remained relatively stagnant for the past 25 years (UNICEF 2019). In El Salvador reforms preventing marriage for anyone under the age of 18 were introduced in 2017 (UNICEF 2017) and in 2021 in the Dominican Republic (Plan International 2021). Before 2017, in El Salvador, article 14 of the Family Code provided that girls, regardless of their age, could marry if they were pregnant or had a child. In practice, this favoured the perpetrators of sexual abuse, giving them the opportunity to evade the penal system by marrying their victims and perpetuate the cycle of impunity. El Salvador is one of the countries with the highest prevalence of child marriage and early unions in the region. The 2014 National Health Survey showed that 29 per cent of women between 20 and 49 years old had married before turning 18 (UNICEF 2017). While legislation is clearly an important step to ending child marriage, it is hard to regulate the informal unions that also commonly occur (Greene u.d.). At the same time, there is a strong correlation between poverty and child marriage with data from the Dominican Republic demonstrating that rural women in the poorest quintile who had no more than a primary education were more than four times as likely to be child brides as urban women from the richest quintile with a secondary education or higher (UNICEF 2019, 9).

Within the RCRL study, when Griselda's mother gave birth at 14, Griselda's father was 38 and married to another woman. He said, 'she was a little kid and she was going to live in the capital because her grandmother took her away from her mother because she wasn't capable of looking after her and [Griselda's stepmother] took her' (DR 2018). Although Griselda's father noted that the mother was a 'little kid', he said that she was 'no longer a virgin' who had 'already had another man'. For Leyla's mother, who married and had her first child at 14 with a man 30 years her senior, the age difference and relationship was a source of regret: 'I can't stop asking myself why on earth I fell in love with that man. How could I have gone off with him?' (DR 2018). It is important therefore to acknowledge social norms across the region that frame adult men as providers (interlocking with perceptions of young men as reckless) and men's preferences of younger girls as malleable and sexually desirable (Neal et al. 2018, S48). Adolescent women may also 'choose' early marriage as a way of countering restrictions on their sexuality and mobility (Neal et al. 2018), although as the above quotations suggest, they may subsequently regret their decisions.

Threat of violence

The prevalence of violence was a central concern for families and perhaps unsurprisingly generated a distrust of men among the respondents. High levels of violence against women and girls are of widespread concern in both the Dominican Republic and El Salvador (Caridad Bueno and Henderson 2017; Navarro-Mantas, de Lemus and Megías 2021). The persistent gendered gap in economic participation means that women are more likely to experience economic precarity than men, which can limit their exit options from violent partners (Caridad Bueno and Henderson 2017). At the same time rigid *machisto* gender roles and norms continue to normalise domestic violence (Caplan et al. 2018; Caridad Bueno and Henderson 2017). Navarro-Mantas, de Lemus and Megías (2021) have argued that it is necessary to consider different types of violence – sexual and physical as well as psychological – and consider the mental health impacts on victims. Analysis in El Salvador found that the most widespread form of intimate partner violence endured by women is control-based psychological violence (Navarro-Mantas, de Lemus and Megías 2021). Within El Salvador, laws to address VAWG have been poorly implemented alongside a culture that

frequently blames women for the violence they experience (Hulme and Wilding 2020; Walsh and Menjívar 2016).

In many of the interviews, men were portrayed at times as 'sex-driven' and even as sexual predators. Gabriela's father, for example, said that 'the girl should always be on the lookout because I don't trust the teachers […] [l]et alone her uncles, I mean, I don't trust anyone because I want the best for her' (DR 2020). Families in both countries reported examples of teachers who had behaved inappropriately (Leyla and DR 2020; Hillary and ES 2020). Likewise, Susan's uncle observed, 'you never know, it could even be a neighbour' (ES 2018). Female caregivers were similarly sceptical of men; Nicol's mother explained, for example, that men who are supposedly respectful to underage girls do so because 'they know they can be sent to jail' (DR 2021). The girls were repeatedly told that 'not all men are good, some are bad' (Doris's grandmother, ES 2019). They knew that if they went out unaccompanied that there is a chance of rape or other violent crimes (Bessy's grandmother, Mariel's mother, ES, 2019; Saidy, DR 2021), and that they must be careful because of potential stranger danger (Nicol, Sharina, DR 2021). This overriding fear of male sexual violence made Karen's mother reconsider crossing into the USA: 'if men are looking at her you never know what might happen on the way […] I wouldn't want anything to happen to her, then it would be on my conscience, because it's my fault, although I was seeking a better future for them' (ES 2020). There was also an awareness of pregnancies in the community that were the result of rape (Madelin's mother, DR 2019), though these cases do not warrant the right to an abortion in either country.

Girls 'behaving badly'

As wider research suggests (Bamishigbin et al. 2019), adolescent pregnancy is frequently blamed on girls themselves with little acknowledgement of the wider context. This was evident in the family interviews where adolescent pregnancy was still blamed on bad behaviour by the girls and bad parenting by their families. Contextually, families discussed the 'times we're living [in]' (Susana's uncle, ES 2019) and these 'very difficult times' (Dariana's mother, DR 2019) to contextualise adolescent pregnancy. Some families specifically referred to the wider context of sexual violence (Madelin's mother, DR 2019; Stephany, ES 2018). At the same time, families observed that many girls in the community were behaving badly and were in part to blame for any resulting pregnancy. After observing one girl of 13 at a clinic, Dariana's mother expressed shock and fear that her daughter could end up like that girl, 'Oh my god, I have a young lady who is almost 13, lord have mercy and don't let her become perverted' (DR 2019). These thoughts were echoed by Andrea's grandmother, 'I tell her don't follow those examples and learn from everything, but because girls don't want to do anything, they spend all their time on the phone, watching soaps, and that's how they end up getting pregnant' (ES 2019). Not only did families fear the effect of bad influences such as other adolescent girls, but they also worried about girls encountering trouble in the community or online (Dariana, Katerin, Raisa, DR 2019). Even where adolescent girls demonstrated 'precocious' behaviour (Saidy, DR 2021), families underscored the responsibility of parents to control their daughters. These misbehaving girls were seen as being 'given too much freedom' (Gabriela, DR 2021) and were allowed to go wherever, whenever (Madelin, DR 2021; Saidy, DR 2021). Adolescent pregnancy was perceived as a result of girls' 'deviant' behaviour and their failure to meet gendered expectations of behaviour. Yet gendered norms often mean that women and girls were expected to take

responsibility for contraceptive use (Castro and Savage 2019; Gurman et al. 2020). This is reflected in regional data: the most widely used form of contraception for all women and men aged 15-49 across Latin America is female sterilisation (25%), followed by the use of intrauterine devices (15%), while male contraceptive use accounts for only 11% (condom use: 9%; vasectomy: 2%) (PAHO 2019, 39).

Potential consequences of adolescent pregnancy

Many respondents believed that adolescent pregnancy could wreck a girl's life trajectory. Teenage pregnancy 'paralyses everything' (Raisa's mother, DR 2019), 'it won't be the same anymore' (Stephany's mother, ES 2019). Others suggested that the girl would be 'ruined for life' (Rebeca's aunt, ES 2019). Having a child would prevent a girl from pursuing an education as Saidy's grandmother explained about her daughter (Saidy's mother), who 'should have been a professional a long time ago, but she got married at nineteen while she was studying. If she'd finished her studies before getting married, she would have been a professional a long time ago…[but]… when she gave birth, she dropped out…she didn't go to university, because she didn't have anyone to look after her daughter' (DR 2021). Without family support to take care of the child, girls were viewed as unlikely to have the resources to study (Dariana, DR 2019; Madelin, DR 2020; Raisa, DR 2021). This was clear in Hillary's case. Hillary was pregnant during the 2021 interview and her mother recounted that she was '[a] bit happy and sad at the same time, because she's not going to finish growing up, or her education, to develop better, I say' (DR 2021). Within a context of poverty, a dearth of state resources, and limited reproductive rights, adolescent pregnancy is potentially devastating for families.

Prevention of adolescent pregnancy

The RCRL data shows that families actively seek to prevent adolescent pregnancy for their girls. This echoes research demonstrating that the region has experienced a sharp decline in the proportion of adolescents who report they wanted their pregnancy (Neal et al. 2018). Unwanted pregnancy is a problem in both El Salvador and the Dominican Republic due to a lack of service provision as well as seriously limited reproductive rights (Rodríguez Alarcón and Perico 2020; Zureick et al. 2018) and high maternal mortality rates (Faúndes and Padilla de Gil 2019; HRW 2021), despite high numbers of hospital births (Castro and Savage 2019). In El Salvador, the government has made efforts to address women's access to prenatal and obstetric health care in poor and rural areas as a component of universal health care reforms (Clark 2015), but at the same time women continue to be prosecuted for seeking abortions, often as a result of being reported to the authorities by the health care professionals treating them when they seek care (Zureick et al. 2018).

Parental roles

Families consider their role in preventing pregnancy should focus on setting boundaries and providing information. Given the perceived risks of mobility, families monitor and restrict girls' activities. When girls are allowed outside of the house, they are generally accompanied: '[they] should always go out with their parents […] they should be accompanied by an adult; they should always be under their supervision' (Mariel's aunt, ES 2020). Even when the

neighbourhood is relatively safe, Chantal's mother explained that 'you're not going to let your daughter go out just because it's a decent place, you're not going to let her go and walk around the whole day, or the whole night' (DR 2021). Families did acknowledge that girls may have boyfriends but felt that romantic relationships should be supervised or delayed till the girls are older. Most of the families insisted that their daughters or grand-daughters were too young to be having a boyfriend (Doris's mother, Mariel's aunt, Susan's mother, ES 2020; Rebeca's aunt, Saidy's grandmother, DR, 2020; Dariana's mother, DR 2021). For some, the prevailing concern was with the potential consequences of sexually transmitted infections and unwanted pregnancies (Madelin, Raisa, DR 2021). During the 2021 interviews, some girls did have boyfriends (Katerin, Nicol, Raisa, DR), one was married to the father of her child (Griselda, DR), and another was having a baby (Hillary, ES).

Most cohort families emphasised the need to inform girls about sex and sexuality as early as possible. Chantal's mother suggested that 'you have to talk to girls as soon as they start growing up and open their eyes so that they can grow up with good advice' (DR 2021). Growing up was generally understood to mean menarche as it signifies the start of puberty and the physical possibility of pregnancy (Sharina, DR, 2020). Given the wider context, families saw SRHR education as a necessity: '[w]e have to open her eyes, because the way things are now' (Leyla, DR 2020). Indeed, there's 'there's no such thing as too much advice' (Leyla, DR 2021). At the same time, a few families expressed concern that discussing SRHR with girls at a young age might actually encourage them to have sex (Raisa, DR 2021). Others admitted they have not spoken to girls about SRHR because they did not feel comfortable or well-informed enough to do so (Bessy, ES 2021; Valerie, DR 2020; Raisa, DR 2021)—or they were a male caregiver who would not normally be expected to do so (Gabriela, DR). Karen's mother said, 'I'd like someone who knows about that to come to explain to us what it is so we know what to tell our daughters, what we shouldn't do, I'd like to have more knowledge about this issue' (ES 2021).

Girls' responsibilities

While families sought to 'protect' girls, the ultimate responsibility for preventing pregnancy fell on the girls themselves. The girls were warned to avoid predatory men and boys. Nicol's guardian said, 'you know what men are like […] men will try it on with anyone' (DR 2021). SRHR information was shared with girls to ensure that they are not 'that silly girl who let's herself be taken in by someone else' (Hillary's mother, ES 2019). Education might come from the family. As Stephany's grandmother said: '…be careful with anyone, she gets this advice, she gets it at home, she gets it from her mother, she has to behave well' (ES 2020). Education sometimes might also come from school: 'they teach them what is good and what is bad so that they don't fall into the clutches of a boy who might tell them things and they believe them and then they teach them a lot about that' (Hillary's mother, DR 2020). However, there were perceived limits to sexuality education offered at school, as discussed below.

Girls in the study were repeatedly told by their families to look after themselves (Nicol, DR 2018; Hillary, ES 2020; Madelin, Sharina, DR 2020). Sharina's mother said, 'I tell her that after a girl starts her periods and has a relationship with someone, with a boy, she will get pregnant, so it's a risk for her' (DR 2019). Families recognised that girls are vulnerable: 'just because young girls look pretty, they don't know that things are going to go very badly for them' (Stephany's grandmother, ES 2020). As such, families encouraged daughters and grand-daughters not to 'provoke' people by dressing inappropriately

(Gabriela's father, Raquel's grandmother, ES 2020) or being flirtatious so that boys and men 'take it the wrong way' (Rebeca's aunt, DR 2020).

Role of the state

The Dominican Republic and El Salvador have both publicly committed to reducing adolescent pregnancy and have produced national plans to do so. The Dominican Republic has published a National Plan for the Prevention of Adolescent Pregnancies, 2017-2020 together with a public statement that contraception would be made freely available to adolescents at public clinics. In 2017, El Salvador published a ten-year plan - the Inter-Agency National Strategy for the Prevention of Child and Adolescent Pregnancies. School education is seen as playing a central role in both countries' strategies.

Families in the study acknowledged the provision of SRHRR information through schools (Griselda, Leyla, Nicol, Rebeca, DR 2020; Bessy, Stephany, ES 2020). For parents who felt discomfort discussing SRHR issues with girls, there was reliance on schools to fill the gap (Rebeca, DR 2020; Griselda, DR 2021; Doris, ES 2021). Generally, families consider SRHRR education in schools to be complementary to their own guidance (Valeria's mother, ES 2021; Stephany's grandmother, ES 2020), as Leyla's mother put it, 'we also have to try and help the teachers, because the teachers give them a little push, but we have to try and help them too, because we can't leave it all to them' (DR 2020).

Research however highlights the continued lack of access to good quality comprehensive sexuality education in both countries (Cortez, Revuelta and Guirola 2015; HRW 2019) and existing provision has been further disrupted by the impact of COVID-19 which has kept young people out of school (ECLAC 2021). Schools in both countries experienced prolonged closures during 2021 and this was reflected in the interviews with some girls not attending school for nearly a year. Yet even though school attendance was disrupted as a result of COVID-19, a couple of families raised safeguarding issues in schools that can limit girls' education (Leyla, DR, 2020; Hillary, ES, 2020). More widely, education access, at least in El Salvador, has been shown to be shaped by gender inequalities and overall poverty levels (Rodríguez Alarcón and Perico 2020). In some contexts, adolescent girls may have better access to maternal health services than contraceptive services. Goicolea (2010) refers to this as the 'motherisation' of adolescents' services and argues that it serves to reinforce contradictory cultural norms about womanhood that simultaneously promote sexual abstinence alongside motherhood.

Across both countries and the four years of interviews, there was a noticeable absence of discussion of state programmes and interventions with respect to adolescent SRHR and pregnancy. Beyond schools, SRHR programmes were mostly unavailable or no longer provided (Rebeca, DR 2021; Gladys, Valeria, ES 2021) although there was some mention of NGO support. Instead, families gave the impression of self-reliance in providing SRHR education with external support to supplement that education not being unwelcome.

Final reflections and conclusions

Insights from the RCRL study demonstrate how parents and caregivers were very much aware of the risks and challenges their children faced in their daily lives and how adolescent pregnancy can negatively impact on girls' futures. While on the one hand respondents adopted an 'individualised risk' approach to adolescent pregnancy, for example stressing that their daughters needed to keep themselves safe and stay away from men and boys, on the other hand the lived experiences of many of the women as adolescent mothers themselves means that they are fully aware of that fact that an early pregnancy is likely to result in women living in relative poverty. At the same time, given the lack of access to sexual and reproductive health and rights faced by large sectors of the population in El Salvador and the Dominican Republic, young women had limited options as to how to navigate adolescence and the potentially oppressive gender norms that shape their lives and futures. There is a clear need for policy interventions to be framed in ways that are better able to respond to the specificities of the contexts in which they are to work and to take the structural causes of gender inequality into account, especially in relation to SRHRR.

Our findings contribute to growing discussion of the importance of the role of gender norms in shaping health outcomes (Connell and Pearse 2015; Cislaghi and Heise 2020) as well as the impact of gender norms on adolescent health (Barrett et al. 2021, 241). Successfully supporting pregnant teenage girls requires locating interventions within a context that promotes gender equality and acknowledges the unequal gender distribution of childcare across societies (Bhana et al. 2010). Thus, the formative years of early adolescence offer a critical moment to address gender attitudes before they become more entrenched (Kågesten et al. 2016). Parents and caregivers have a central role to play in shaping the gender attitudes of young adolescents and this continues to be the case as young people develop (Barrett et al. 2021; Harper et al. 2020; Kågesten et al. 2016). Yet mainstream policy interventions tend to remain focused on the medical dimensions of teenage pregnancy, particularly access to long-acting reversible contraception alongside SRHR education and counselling (Ponce de Leon et al. 2019).

Where scholarship does address the role of families in preventing adolescent pregnancy it has failed to consider the importance of gender norms acquisition within families. A few studies have emphasised the role of family members in health education messaging, including in a Latin American context (Ruiz-Canela et al. 2012). However, the literature mainly focuses on behaviour modelling by caregivers and family history of teenage pregnancy (Sámano et al. 2017; Wall-Wieler, Roos and Nickel 2018). There is a need for a clearer focus on norms regarding gender and sexuality and expectations regarding marriage and fertility (Coll et al. 2019), something which to date has been largely excluded from discussion about adolescent pregnancy. While increased attention on gender norms is to be welcomed, shifting deeply embedded gender norms is a slow process and simplistic technical interventions are insufficient to bring about long-term changes (Doss 2021). Successfully addressing the challenge of adolescent pregnancy requires policy and intervention development to move beyond individual risk to more seriously engage with structural constraints and the role of gender norms in learning within families and communities.

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