ABSTRACT

This report summarizes a preliminary study to assess the perceptions and values related to family formation and reproduction among students enrolled at the Colegio Técnica Yachana in Mondaña, Ecuador conducted in January 2010. A team of eight undergraduate and graduate students under the direction of Assistant Research Professor Jean Scandlyn comprised the “health team” for the 2009-2010 season of the Field School in Sustainable Development and Health of the University of Colorado Denver. The majority of students and faculty expressed a need for and interest in education on sexual health and intimate relationships at the colegio. Students’ comfort discussing these topics varied with gender, age, and years at the colegio, and they also reported difficulty talking with their parents about these issues. Male and female students stated that education of women was important and should be completed prior to marriage and parenthood. As a next step, we suggest meeting with students, faculty, staff, and parents to plan and implement a comprehensive program in sexual and reproductive health at the colegio in cooperation with the Ministry of Health’s clinic in Mondaña.

INTRODUCTION

This report summarizes one segment of a larger study to understand how the health transition manifests itself in a rural lowland community in Ecuador. The health transition (Omran 1971; Caldwell 1990; Frenk et al. 1992) refers to changes in the major causes and patterns of death and disease accompanied or followed by changes in birth rate and family size. These changes are responses to national and global changes in political, economic, and social organization. For example, the demand for laborers in urban industries and individuals’ and households’ need for cash to pay taxes and purchase goods pushes and pulls people from rural communities to cities where the cost of living is higher, children are less able to contribute to household income, and, to be competitive in the labor market, need more formal education. All of these factors,
combined with greater access to clean water and sewage, preventive health care, and education (especially for women) in urban settings, contribute to lower infant mortality and birth rates. Scholars based the theoretical model of the health transition on data from wealthy, industrialized nations, but have recently explored its presence other world regions where its manifestations vary greatly both within and among countries. For example, in rural areas of Africa and some parts of Latin America, high rates of chronic illness, a post-transition feature, occur alongside dropping but still relatively high rates of maternal and infant mortality, pre-transition features.

Our focus on the health transition arose from four years of field-based ethnographic research in Mondaña as part of the Field Experience in Sustainable Development and Health in Ecuador of the University of Colorado Denver. During our four field seasons in Mondaña, we listened to colegio students and teachers, health professionals, and community residents and leaders comment on changing norms for family size and patterns of death and disease in this rural area of Ecuador. For the 2009 – 2010 field season we decided to focus more directly on the health transition in Mondaña including data obtained in past field seasons.

This part of our work examines the perceptions and values related to family formation and reproduction among students enrolled at the Colegio Técnica Yachana based on group and individual interviews with students and teachers conducted in January, 2010. A team of eight undergraduate and graduate students under the direction of Assistant Research Professor Jean Scandlyn comprised the health team.

Mondaña provides an interesting and illuminating case study of the health transition in rural Latin America. Mondaña sits on the banks of the Rio Napo in a region whose population is overwhelmingly rural. Despite encroaching development and exploration by oil and gas companies in the region, the closest road to Mondaña is several kilometers from the river. There are no cars in Mondaña; a diesel-powered generator supplies electricity to the central plaza, the public school, and several houses for several hours each evening, and only a few houses and buildings, e.g., the public elementary school, have piped water and flush toilets. The piped water system is not consistently maintained and many families still use local streams and the river as principal sources of water. Although most women visit the clinic regularly for prenatal care and to obtain nutritional supplements for themselves and their infants, many women in the area still prefer to give birth at home.

Another factor that makes Mondaña an interesting case study of the health transition is the presence of the Yachana Foundation. Mondaña is home to the Yachana Lodge, an internationally recognized and award-winning ecotourism lodge. Income from the lodge and from the foundation fund the Colegio Técnico Yachana, described below. The Yachana Foundation also built the health clinic to provide emergency and primary health care for tourists at the lodge and for residents of Mondaña and 46 surrounding communities. In 2005,  

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1 For more detailed information on the field school, please refer to our initial reports and updates, available online at http://clas.ucdenver.edu/anthropology/workingPapers.html.
the foundation turned the clinic over to the Ministry of Health, though Yachana continues to pay the salary of a local resident who is a health promoter with advanced training. The Lodge brings tourists from all over the world to appreciate the natural beauty of the Amazon basin, and the colegio draws students from throughout the region to teach them skills that will, they hope, enable them to remain in the region. Thus Mondaña’s residents and colegio students are subject to the social, political, and economic changes that create the health transition in this part of rural Ecuador.

**RESEARCH QUESTION**

The primary research question for this part of our work is: “How are political, social, and economic changes at the regional, national, and global levels affecting perceptions of and values toward family size and composition, education, gender roles, and sexual norms among students at the Colegio Técnica Yachana?”

To answer this question we conducted individual and group interviews with students and teachers at the Colegio Técnica Yachana, with health professionals at the clinic and with Douglas McMeekin, head of the Yachana Foundation who was serving as the interim director of the colegio. Several students had become pregnant while enrolled at the colegio over the past two years (though conception did not necessarily occur at the colegio, bringing this issue to attention. Teachers, foundation members, and health care personnel all identified the need to assess students’ perceptions and values and need for education about reproduction and sexual health.

**RESEARCH DESIGN**

Setting. This phase of the research took place at the Colegio Técnica Yachana. The Colegio was founded in 2005 and is a privately funded boarding school accredited by Ecuador’s Ministry of Education to offer a technical high school diploma. The three-year curriculum (Cursos 4-6) comprises four areas of study: ecotourism, microenterprise development, sustainable agriculture and animal husbandry. Environmental conservation is a theme that runs throughout the curriculum. This year there are 103 students enrolled in the colegio, divided into two sections, or *hornadas*. Female students comprise 24% of students at the colegio (24), which is an increase over previous years. In 2007 and 2008, recruiting and retaining female students became difficult than for male students because families feared sending their daughters to a co-educational boarding school fearing that despite the school’s clearly stated policy against students engaging in sexual activity, their daughters would become pregnant. One female student said that while her parents had wanted her, as the eldest child and only daughter, to stay at home and help with domestic duties, they realized how much she wanted to go to the colegio and were glad that she was at Yachana. Recent efforts to employ more female teachers, based on discussions with parents who have sons enrolled in the colegio but who did not enroll their daughters, led to increased enrollment of female students in the current year.

Interviews. We conducted semi-structured group and individual interviews with male and female students at the colegio using a list of questions that UCD students developed in collaboration with Mauricio Andi and Fabio Legarda, former colegio students who were
assigned to work with us on our project. The questions were then translated into Spanish. We interviewed five female and four male students individually and conducted three group interviews, two with male students (five students each) and one with five female students (Table 1). The sample was selected purposively to represent both sexes and to interview students from each of the three cursos, but was limited by colegio student’s willingness to participate and their availability based on their academic schedule. Consequently, Curso 5 is overrepresented. Interviews lasted approximately twenty minutes, and, since many students felt uncomfortable having interviews recorded, the majority were recorded in written transcripts and notes.

Simultaneously, we interviewed six teachers, three male and three female, at the colegio and the physician and health promoter at the clinic. The analysis of those interviews is also included in this report.

Table 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Curso</th>
<th>Age</th>
<th>Gender</th>
<th>Family Size+</th>
<th>Urban/Rural*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Interviews</td>
<td>N = 9</td>
<td>4th = 4 5th = 3 6th = 2</td>
<td>15 = 2 16 = 4 18 = 1 20 = 2</td>
<td>Females = 5 Males = 4</td>
<td>0-2 = 2 3-5 = 3 6+ = 4</td>
</tr>
<tr>
<td>Group 1 Boys</td>
<td>N = 5</td>
<td>All Curso 5</td>
<td>16 = 1 17 = 4</td>
<td>All Males</td>
<td>0-2 = 2 3-5 = 3 6+ = 0</td>
</tr>
<tr>
<td>Group 2 Boys</td>
<td>N = 5</td>
<td>All Curso 5</td>
<td>15 = 2 16 = 1 18 = 2</td>
<td>All Males</td>
<td>0-2 = 0 3-5 = 2 6+ = 3</td>
</tr>
<tr>
<td>Group Girls</td>
<td>N = 5</td>
<td>4th = 1 5th = 4</td>
<td>15 = 2 16 = 1 17 = 1 20 = 1</td>
<td>All Females</td>
<td>0-2 = 0 3-5 = 1 6+ = 3 NR = 1</td>
</tr>
</tbody>
</table>

*Two students were from major cities (Guayaquil and Quito). The other students classified as “urban” came from communities like Tena and Coca. Anyone from a smaller town was classified as “rural.”
+ Family size was measured by the number of siblings a student had, not including him or herself.

In keeping with our theoretical focus on the heath transition, we began our interviews by asking students about their families of origin – the number of siblings each of their parents had and the size of their own family. We then asked about their perceptions of the ideal family and their own plans for marriage and family, work and education. We also asked several questions related to changing gender roles. We followed these with questions that specifically asked them about attitudes toward sexual education, contraceptives, and sexual norms. The interview schedules for group and individual are included at the end of the report (see Appendices A and B).

Human Subjects. The Colorado Multiple Institutional Review Board approved research undertaken as part of the field school (COMIRB #04-0409). Because the purpose of this work was to provide
information for teachers and staff at the colegio and not for generalization to other populations or publication in academic journals, it is not covered under US federal guidelines as research. Nonetheless, we reviewed our interview schedules and procedures with teachers at the colegio and with Douglas McMeekin of the Yachana Foundation (in lieu of a headmaster) for permission to interview students. We explained the purpose of the study, its risks and benefits, and procedures to protect confidentiality to each student who participated in a group or individual interview. Participation in interviews was voluntary and students could refuse to answer any question or stop participating at any point. We obtained verbal consent for participation in the project, and we used only pseudonyms to identify participants in all written materials.

Analysis. UCD students transcribed their handwritten notes or recordings from each interview into MS Word documents. The interviews were then entered into new documents that linked questions and answers into a table so that answers could be compared both within and across interviews. The research team developed a list of codes based on past years’ research, initial readings of the transcripts, and the theory of the health transition. Two students coded each interview separately and then met to develop consensus on coding. The coded interviews were then analyzed for patterns and themes.

RESULTS

Interviews with Students

Sexual activity and knowledge: The colegio students expressed interested and curiosity about their sexuality, although there was some lack of information of various methods of contraception and how to access them. For example, when one student was asked about birth control she reported that her boyfriend “takes care of me.” It was not clear whether this referred to using condoms or withdrawal. Several other students mentioned the rhythm method that they described as “based on a woman’s cycle,” but we did not assess their understanding of the cycle and how to determine the period of ovulation. One male student described his use of condoms, as “I don’t really like them I use a condom when I feel like I am about to cum. It is then when I put it on.” Although we did not specifically ask the students if they were sexually active, some volunteered that they were or indicated indirectly that they were. Several female students indicated that they were not sexually active and did not want to be.

Sexual norms: Male and female students overwhelmingly stated that both partners are responsible for contraception. Generally they see both partners as facing consequences and responsibility if there is a pregnancy, but that more serious consequences fall on the woman. Few students commented directly on the colegio’s “no tolerance” policy for sexual activity, though the few who did commented that if the girl had to leave the school so should the boy. A few students stated that you should wait until after marriage to be sexually active, but the majority believed that sex before marriage was acceptable as long as the couple took precautions against unwanted pregnancy and STIs.

Contraception: Almost all the students we interviewed were aware of condoms. The other forms of contraception listed most frequently were pills, injections and the rhythm method. The girls where more reluctant to list methods of contraception, and it is was unclear whether they did not want to appear as being too knowledgeable or lacked knowledge of other forms of
contraception or were embarrassed to discuss this topic. Several boys expressed their dislike for condoms, but also stated that they use them and that they are effective against STIs as well as pregnancy. A few boys also discussed using the rhythm method, but we did not fully assess their knowledge about this.

Access to contraception: There is a strong perception among the boys that at the clinic they will be asked to provide personal information and be forced to discuss their sexual activity with the providers. As one of the young men stated, and others agreed, “You can get them at the clinic, but my guy friends have told me that they ask for all kinds of information and make kind of a big deal about it.” Not only will this take a lot of time, but also they are reluctant to discuss these things with clinic staff in part because sexual activity is prohibited at the colegio and in part because they know they may be judged negatively.

The cost of condoms is less important than that they can be obtained with few questions and from a reliable source. For example, many of the boys stated that they would prefer to buy condoms from a pharmacy in town that obtain them free from the clinic. Most students though that providing condoms at low cost in the bathrooms would be a good idea as long as they were not observed purchasing them.

Education and gender roles: Male and female students agreed that machismo still exists, but that this it is diminishing in general. They agreed that this was more of a problem outside the colegio and that at the colegio things are generally equal between male and female students at the colegio. Male and female students also stated their belief that education is important for both men and women to prepare themselves for work and to support their families and that early pregnancy can interfere with this achievement especially for women. As one male student said, “It is really important to go to school but they don’t finish because they get pregnant and that is what is expected anyway.” One of the female students expressed the relationship between changing gender roles for women and education thus, “Everyone needs education and everyone has right to education. Women need their own work and their own experiences and have a chance to know and meet other people. You need experiences before you can have a family.”

Sex Education: Many students said that sexual education should be part of their curriculum and that it benefits both men and women but especially women so that they can have work outside the home. From one of the male students: “It is good for girls to go to school because here they can learn about sexual education, otherwise they don’t have a chance to learn about sexual education. One of the girls stated the need for sex education and the ambivalence and complex feelings that many of the girls have about discussing the topic, “They [the colegio] don’t have one [sex education program], but they need one. Females don’t know about their body. They are kind of embarrassed and shy [student made a reference to poor body image]. People rebel with their bodies so they need to know how to protect themselves.” The student who made this comment was from a major city and so his views may not be typical. Male students also admit to some discomfort in discussing sexuality, though they often express their discomfort through joking whereas female students express it through silence or evasive answers. When asked if they ever looked at or read the books on sexual education in the
colegio’s library, several of the male students joked that they like to look at the pictures. This may indicate discomfort with the topic rather than what they learned from the books.

Talking about sex: In the interviews, the most diversity of responses occurred surrounding the issue of talking about sexuality, for example with whom will they discuss sexuality and in what context. When girls were asked in a group interview if they would discuss contraception with their boyfriends, they replied, almost in unison, “No,” with one student saying, “Maybe, if I had enough time.” In individual interviews with female students, however, four said they would want to discuss sexuality with their partners, with one young woman saying, “Claro”, we have to communicate. I talk to him about questions and doubts I have and him with me. If I have questions about guys I ask him and he asks me about girls. It is necessary to be comfortable with your partner.” We did not ask this question of the male students.

Most of the students would like to have comprehensive sex education at the colegio and yet many nonetheless expressed ambivalence about discussing these issues with health care providers, especially the male students who linked obtaining condoms at the clinic with having to answer a lot of personal questions. In response to the interviewer’s question, “Why not go to the clinic if they are free there?” the interview noted the unanimous response: “Need to spend time there, sit down with the doctor who takes lots of notes, need to give all kinds of information to the doctor, it’s too much hassle, and it’s easier to go to the pharmacy where you can just go in, get them, and leave without a hassle.” A few students reported that they can discuss these issues with same sex friends, siblings, or their mothers, but an equal number said they could not discuss these issues with their parents. Almost every student said that they were aware of the books on sexuality in the colegio’s library, but noted that the books are in English, so they do not consult them very much. Not all of the books were in English; many were actually in Spanish so this may reveal discomfort in reporting curiosity about sexual matters more than the quality of the books themselves. One of the female students observed, “It is one thing to get information from a book, but it would be much better if there was a teacher to explain it to them and of whom they could ask questions.”

Interviews with Health Care Providers

Both the clinic physician and health auxiliary stated that a variety of contraceptive methods were offered free at the clinic including condoms, oral contraceptives, injections, and IUDs. Among adult women in Mondaña, the doctor stated that “Here, in Mondaña, women come in alone. Birth control is the problem of the women here, and they use pills, injection, and tubal ligation.” The auxiliary stated that although he agrees with the policy of the Ministry of Health that contraception should be the responsibility of both partners, he also though women had the right to obtain contraceptives without the knowledge or permission of their partners. Both health care professionals noted that although attitudes of machismo, domestic violence and the desire for large families persisted in adults in the community, these ideas and patterns were changing in the younger generation, though slowly.

The auxiliary also stated that although there was no real stigma to unplanned pregnancies, women did often abort or try to abort unwanted pregnancies. He said that this often created
problems, as abortion is illegal in Ecuador and opposed by the church, so the implication was that abortions were generally done outside the formal health care system. Moreover, among adults in the community there is “A belief tied to Quechua culture and the pride revolving around the fertility of females is that girls who use birth control will run away with other men.”

The physician stated that there was no age restriction on distributing condoms and, contrary to male colegio students’ perceptions; all they needed to provide was their name so that the clinic could give them a receipt. He said that male students did come to the clinic for condoms quite often, “They arrive at the clinic at night to obtain condoms as it is an ‘emergency.’”

**Interviews with Teachers**

All six teachers we interviewed agreed that having a sexual education program at the colegio would be a great benefit to students. They also all noted a sense of gender equality among male and female students at the colegio and agreed with the statement we shared with them from one of the students that Yachana was “like a family.” They all also agreed with the school’s “no tolerance” policy for sexual activity at the colegio citing both parents’ concerns that their daughters might become pregnant if they attend a coeducation boarding school and the school’s responsibility for students’ welfare. When asked why one of the students who became pregnant is being allowed to return to the school the teacher stated that the assumption was that sexual relations occurred while the student was off campus.

Although three of the teachers said that students sometimes asked their advice or talked to them about relationships, these teachers also said that they rarely asked them about sexuality. Few of the teachers elaborated on this theme or on the theme of introducing a sexual education program and one of the teachers said that he didn’t think there were any teachers who would want to teach it.

Teachers were divided on the question of providing condoms at the colegio. Two teachers (one male, one female) did not answer this question. Of the four others, the two male teachers said that condoms should definitely not be offered at the colegio because “This is only a high school so it would not be appropriate, especially without a sex education program in place. It would be encouraging students to have sex.” One of the female teachers was ambivalent stating that although she thought it would be helpful, it might also encourage sexual activity. The other female teacher thought it would helpful because it is inevitable that some students this age living in close proximity would have sexual relations.

**Sexual Attitudes and Behavior at the Colegio**

Interviews with students and health care providers clearly show that at least some of the students at the colegio are sexually active and seeking contraceptives to protect themselves and their partners from unwanted pregnancy and sexually transmitted infections. At the same time, students at the school are growing up in a context of changing gender norms and roles influenced by decreased isolation of rural communities, increased educational and to some
extent economic opportunities for women and decreased participation in subsistence agriculture in the region. Both male and female students emphasize the importance of education for both genders to gain the skills and knowledge they will need to secure good jobs in adulthood. Female students’ and their families’ commitment to education for women is evidenced in their willingness to enroll their daughters in a coeducational boarding school and their fears that their daughters might become pregnant. Whether this concern is how a pregnancy would affect her education or that she might consequently enter a long-term relationship with a partner her parents do not know was beyond the scope of this preliminary study. Because unplanned pregnancies are often part of the expected life course for women at this age (and some of the colegio’s students are well past adolescence) and therefore not strongly stigmatized, this can produce a situation of ambiguity that is hard for adolescents to negotiate without a forum in which they can discuss these issues. Students agreed that they would like to have a program or course on sexual education and that they few talks from health care providers or in their biology classes are insufficient.

The colegio has a clear policy, understood and accepted by teachers and students of “no tolerance” for sexual activity on campus. This policy is essential for the welfare of all students at the school regardless of sexual orientation or sexual activity; however, encouraging or mandating abstinence without adequate education can be ineffective, as shown by evaluations of abstinence only education programs and “virginity pacts” in the US (Santelli et al. 2006). Another strong theme in these interviews is the need to provide students with multiple ways to access information about and discuss sexuality and relationships. Not all students feel comfortable discussing sexuality in a group setting or with teachers or with health care providers. Finding ways to assure students that there are adults in various roles with whom they can talk or to whom they can write about their concerns and questions is key. For some students, having books and other written materials that they can access in private will be important. Making sure that there are several female teachers on staff at the colegio is critical not only in recruiting female students and reassuring their parents, but in retaining them and providing them with a positive educational experience.

**Adolescent Sexuality and Reproductive Health in the Context of Rapid Social Change**

Cross-cultural research shows that in settings of rapid cultural change, i.e., societies that are undergoing rapid urbanization and movement from agriculture to wage labor as the primary source of income, adolescence is increasingly defined as a distinct life stage. This life stage brings decreased parental supervision, greater influence from peers and non-familial adults, more years in formal education, greater acceptance of male-female friendships, and desire to delay marriage and childbearing. All of this may contribute to extramarital sexual activity (Caldwell et al. 1998). In Latin American countries, some studies show that although young people are initiating sexual activity and marrying later, the percentage of young people who have intercourse before age 18 is increasing (Blanc and Way 1998; Eggleston 1998). These studies are over a decade old; it is highly likely that these patterns have persisted and solidified as Ecuador continues to “modernize.” One factor that slows the increase in the age at first birth is premarital pregnancy (Caldwell et al. 1998).
One consequence of this rapid social change is that adolescents have fewer resources to help them negotiate this “new” life stage. Parents are often reluctant to discuss sexual and reproductive health with their children (Gage 1998; Hughes and McCauley 1998) and that adolescents in Guayaquil are more likely to seek information from peers and media (Park et al. 2002), often leading to misinformation. As our interviews with students at the colegio show, although many students though that decision about contraceptive use should be the responsibility of both partners (more females than males reported this), the idea that the male partner is the dominant partner in sexual matters and the one who is likely to determine whether or not contraceptives are used persists. Again, research in Ecuador and throughout Latin America indicates that males are more likely to use condoms than females overall (Eggleston 1998). Throughout Latin America, young women report social disapproval and fear of social disapproval for seeking services related to reproductive and sexual health (Gage 1998), an attitude that persists among female students at Colegio Técnico Yachana a decade later.

Best practices suggest that encouraging abstinence should be presented in the context of comprehensive sexual education that includes discussions of the anatomy and physiology of human sexual reproduction, and also contraception, intimate relationships, sexuality, respect for human rights, and decision-making (Santelli et al. 2006). A variety of health care organizations provide excellent comprehensive sexual education curricula. Save the Children’s program on Adolescent Reproductive and Sexual Health (Save the Children 2004) was designed for similar populations in urban and rural Bolivia and is available in Spanish and Quechua. Providing education about reproductive health in schools and through community clinics is also a goal of Ecuador’s Ministry of Health.

School-based Condoms Distribution

School-based programs that distribute condoms at low or no cost to students remain highly controversial in the United States and other countries. Evaluations of these programs generally show that they do not increase sexual activity or decrease the age of initiating sexual activity among students (Wolk and Rosenbaum 1995; Guttmacher et al. 1997; Kirby 2002) and may even decrease sexual activity (Blake et al. 2003; Schuster et al. 1998). Although some studies report no change in condom use where school-based programs exist (Kirby 2002), others show increase in condom use (Guttmacher 1997; Blake et al. 2003), and that the greatest changes occur among males (Schuster 1998; Agha 1998) and use at first intercourse (Schuster 1998). All of the school-based programs that were evaluated were in the United States; there remains a need for a more extensive review of the literature in Spanish with specific reference to Latin America and Ecuador.

Conclusions

Given the rapid social changes occurring in Napo province and surrounding rural areas of Ecuador and colegio students’ enrollment in higher education away from their homes, we suggest that a comprehensive program of sexual education would benefit students, staff, faculty and parents. Although the risk of increasing sexual activity through the distribution of condoms at the colegio seems small, given the school’s no tolerance policy for sexual activity on
campus, social norms in the surrounding communities, and the small size and residential nature of Colegio Técnico Yachana, it seems prudent to proceed slowly, working with students, faculty and staff at the colegio, parents, and medical staff at the clinic in Mondaña to design and implement an educational program that may or may include condom distribution. Below are specific suggestions based on our findings and research in similar settings in Latin America. A comprehensive program should:

- Focus on sexual and reproductive health (anatomy and physiology of reproduction, sexual health, contraception and family planning) in the context of general physical health and well-being, building healthy relationships and communication, alcohol and substance use and sexual risk, and decision-making and life planning
- Include faculty, staff, students, clinic staff, and parents in planning and implementation
- Offer multiple ways to deliver information and discuss issues and questions: one on one education and counseling, separate groups for males and females but also some groups of mixed gender (depending on content), groups adjusted for age and stage in schooling, meetings and discussions with parents as desired and explore multiple ways of conveying information (printed materials, internet based, etc.)
- Recruit male and female staff members (the colegio already has many faculty who can fulfill these roles) who are comfortable working with adolescents around issues of sexuality.
- Utilize resources and materials developed by Ecuador’s Ministry of Health as part of their program in sexual and reproductive health. The ADQ program developed in Bolivia is also an excellent resource.
- Include evaluation of the program and its effectiveness.

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