



Adolescent pregnancies: young people at risk

I don't particularly like the word 'adolescence.' To me it sounds as if young people are another species, to be treated as aliens. All of us have been young, and most likely, those of us who grow up to be researchers, have played our cards nicely and behaved like our grandmother would endorse. We may not really understand what it takes to grow up in a setting that doesn't support ambitions, education, and self-esteem. There are more young people in the world today than ever before. Many of those enter their sexual and reproductive age span with high risk for adverse outcomes, simply because societies ignore the risk, and don't address the issues at stake. Sexuality and reproduction are still themes of great taboo in public discourses.

Indigenous people living in relative poverty in the Amazon Basin of Ecuador (1) face several health and financial problems. The girls have few choices in their lives, and becoming a mother at an early age seems one way out of childhood. They are many. They have few rights and do not know about those they actually do have. 'Rights' and 'Gender' are often buzz words in the field of young people's reproductive and sexual health (2). The main challenge is to concretely materialize and operationalize what these concepts mean. The goal is pretty obvious: to go through the teen years and early adulthoods without any adverse effects like too early and single motherhood, not to resort to illegal and unsafe abortion, and to avoid getting infected with a sexually transmitted disease. The tools are to have access to information about sexuality, one's body, get educated, and have access to services in health: for example, contraception, abortion, and non-judgmental counseling.

The paper from the Orellana Province (3) is based on extensive and multifaceted field work over years. The main finding is that though the response to the demand for information and services comes from the health sector, the main framework for the interpretation of why and how these young girls are caught in the gender trap comes from society itself. Poverty, gender norms, lack of access to schools and jobs, lack of parent-child communication, and a large degree of single parenthood and absence of fathers are common features. Agency and

freedom, as associated with rights and empowerment, were challenged by early pregnancy – due to a rather fatalistic life approach and lack of access to adequate services. The girls are often married, so the moral issue is not challenged, but the view that it is all right for a young girl to enter adulthood and parenthood early, is not really challenged. The author of the paper raises one important point: that the rights approach is action-oriented and demands access to information and services, while the gender approach is more subtle and theoretical. Rights and gender can only be achieved if both the rights-holder (these young girls) and the duty-bearer (service providers and ultimately the nation-state) are concurrently aware of the issues at stake. These are universal dilemmas (4) not only playing the scene in Ecuador, but also in the African, Asian, and European subcontinent. Thus, this paper takes us away from the most common approach to the era of adolescence: the 'risk' age group; and endorses a more integrated and holistic view on young people's lives. These conceptual differences are important in modern public health.

References

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