



저작자표시-변경금지 2.0 대한민국

이용자는 아래의 조건을 따르는 경우에 한하여 자유롭게

- 이 저작물을 복제, 배포, 전송, 전시, 공연 및 방송할 수 있습니다.
- 이 저작물을 영리 목적으로 이용할 수 있습니다.

다음과 같은 조건을 따라야 합니다:



저작자표시. 귀하는 원저작자를 표시하여야 합니다.



변경금지. 귀하는 이 저작물을 개작, 변형 또는 가공할 수 없습니다.

- 귀하는, 이 저작물의 재이용이나 배포의 경우, 이 저작물에 적용된 이용허락조건을 명확하게 나타내어야 합니다.
- 저작권자로부터 별도의 허가를 받으면 이러한 조건들은 적용되지 않습니다.

저작권법에 따른 이용자의 권리는 위의 내용에 의하여 영향을 받지 않습니다.

이것은 [이용허락규약\(Legal Code\)](#)을 이해하기 쉽게 요약한 것입니다.

[Disclaimer](#)

Master's Thesis of Arts

**Exploring Factors for Developing a
Health Education Program for
Prevention of Adolescent Pregnancy**

**- Based on Qualitative Data from a Secondary School in
Honduras-**

청소년 임신 예방 목적 보건 교육 프로그램 개발을
위한 요인 탐색
- 온두라스 중등학교 사례 기반 질적 연구 -

August 2020

**Global Education Cooperation Major
Graduate School
Seoul National University**

Sol KIM

Exploring Factors for Developing a Health Education Program for Prevention of Adolescent Pregnancy

- Based on Qualitative Data from a Secondary School in Honduras-

Thesis Adviser Sun-Young KIM

Submitting a Master's Thesis of Arts

August 2020

**Global Education Cooperation Major
Graduate School
Seoul National University**

Sol KIM

Confirming the Master's thesis written by

Sol KIM

August 2020

Chair	<u>Sun-Young KIM</u>	(seal)
Vice Chair	<u>Cheol-Il LIM</u>	(seal)
Examiner	<u>Sung-Sang YOO</u>	(seal)

² it will burst into bloom; it will rejoice greatly and shout for joy. The glory of Lebanon will be given to it, the splendor of Carmel and Sharon; **they will see the glory of the LORD, the splendor of our God.**³ Strengthen the feeble hands, steady the knees that give way; ⁴ say to those with fearful hearts, “Be strong, do not fear; your God will come, he will come with vengeance; with divine retribution he will come to save you.”

Isaiah 35:2-4 (NIV)

²⁷ **So God created mankind in his own image, in the image of God He created them; male and female He created them.** ²⁸ God blessed them and said to them, “Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground.”

Genesis 1:27-28

I pray that through this research, many people would discover the beauty and joy of the sex which was originally created by God. I will pray with humility every day for those suffering from the corruption of sexual ethics not only in Latin America but also everywhere.

© 2020

Sol Kim

ALL RIGHTS RESERVED

ABSTRACT

Exploring Factors for Developing a Health Education Program for Prevention of Adolescent Pregnancy - Based on Qualitative Data from a Secondary School in Honduras -

Sol Kim

Global Education Cooperation Major

Graduate School of Education

Seoul National University

Honduras has the second-highest rate of adolescent pregnancy (28%) in Latin America (WHO, UNFPA, UN, 2019) which has a lasting impact on not only physical and mental health risks on adolescent, but also on individual and family issues such as school dropouts, poverty, and stigma beyond community problems such as economic recession and gender discrimination (Hodgkinson, Colantuoni, Roberts, Berg-Cross, & Belcher, 2010; Morris & Rushwan, 2015; WHO, 2014). The aims of this thesis are three-fold. This first aim is to explore the social determinants of health for adolescent pregnancy by analyzing the qualitative data. Based on that, the second is to identify plausible educational efforts to decrease adolescent pregnancy as well as

promote adolescent sexual and reproductive health. Specifically, the third is to identify what improvements and complements or new aspects to existing education programs should be introduced for developing an effective health education program for the prevention of adolescent pregnancy. It also highlights the necessity of the development of social services and intervention policy for the prevention of adolescent pregnancy.

Based on the Analytical Dualism in Archer's Morphogenetic Approach, the theoretical framework was formed. In other words, the theoretical background is that social change is driven by social action caused by the reflexivity between social conditions and the agency given on the issue of adolescent pregnancy. This thesis adopts a qualitative methodology. The data utilized in this study is collected from the interviews, Focus Group interviews (FGI), and field documents (Textbooks). The thesis collected from 14 participants: two principals, four teachers, three parents, three students, and two community women who have experienced adolescent pregnancy.

The main results are as follows: The social determinants of health of adolescent pregnancy which pre-exist in Honduras; 1) unstable economic situation, 2) social norm; reluctance toward sex, Machismo 3) broken family, 4) Insufficient support from government and 5) the lack of SRHR education. Unfortunately, the rate of adolescent pregnancy continues to increase. However, despite the poor social conditions, social changes to prevent adolescent pregnancy have been discovered in an agency who has their own

learning experience and personal concerns; 1) critical opinions toward Honduras to improve social change 2) care for others (service) 3) continuous efforts for social action, 4) constructive attitude toward their life and Honduras and 5) clear sexual values (sex ethics). Furthermore, the educational contents that need be included in sexual and reproductive and health rights education based on the context of Honduras are 1) The consequence of adolescent pregnancy 2) the meaning of relationships, love, and family-based on the value of sex (sex ethics), and 3) counseling approach. In addition, policy support is essential to expand the reform of sexual and reproductive health rights education based on the concerns of these agencies to include non-formal and informal education. In addition, the community participation and policy support are essential to expanding the reformed SRHR education based on the personal concern of agency who has positive impacts on and the contents required in the context of Honduras to informal education and non-formal education.

This study focuses on the role of sexual and reproductive and health rights education, which can be demonstrated as an indicator of education, health, and gender equality among sustainable development goals. It also contributes to suggest the implementation of improved health education considering local, social culture and political context in Honduras to solve the adolescent pregnancy

Keyword: Public-Health Education, Adolescent pregnancy, Sexual and Reproductive Health, Sex Education, Latin America

Student Number: 2017-28628

TABLE OF CONTENTS

ABSTRACT	I
TABLE OF CONTENTS	V
LIST OF TABLES	IX
LIST OF FIGURES	X
LIST OF ACRONYMS	XII
CHAPTER I. INTRODUCTION	1
1.1 Study Background	1
1.2 Statement of the Problem	5
1.2.1 The risk of Adolescent Pregnancy	5
1.2.2 The need for SRHR education that adopted the context of Honduras	8
1.3 Significance of the Study.....	9
1.4 Purpose of the Study and Research Questions	1 1
CHAPTER II. LITERATURE REVIEW.....	1 3
2.1 Education for Social change	1 4
2.1.1 Three approaches of educational sociology: functionalism, Marxist theory, and hermeneutic approach	1 4
2.1.2 The necessity of a hermeneutic approach in Global Education Development Cooperation.....	2 0
2.1.3 Morphogenetic Approach	2 3
2.2 Social Determinants of Global Health.....	2 9

2.3	Program Theory	3 4
2.4	Health Education	3 8
2.4.1	The definition of Health Education.....	3 8
2.4.2	Health literacy	4 0
2.5	Sexual and Reproductive Health and Rights Education.....	4 4
2.5.1	The attention of SRHR education for adolescents in the field of global health education.....	4 4
2.5.2	SRHR education	4 7
2.5.3	SRHR education in Latin America	5 6
CHAPTER III. RESEARCH METHOD.....		5 9
3.1	Research Methods	5 9
3.1.1	Methodological consideration: Qualitative Research	5 9
3.1.2	Study setting	6 0
3.1.3	Research Process; Field Research.....	6 1
3.2	Data collection & Participants.....	6 4
3.3	Data Analysis & Analytical Framework.....	7 0
3.4	Ethical Consideration	7 4
CHAPTER IV. FINDINGS.....		7 6
4.1	Structural Conditioning.....	7 6
4.1.1	Ongoing high level of Adolescents' Pregnancy in Honduras ..	7 6
4.1.2	Social determinants of health for Adolescent Pregnancy in Honduras	8 1
4.1.3	Analysis of structural conditioning of Adolescent Pregnancy in Honduras	1 0 4

4.2	Social Interaction.....	1 0 6
4.2.1	Personal concern; What we care about Sexual and Reproductive Health and Rights	1 0 6
4.2.2	Structural intervention; Quality Sexual and Reproductive Health and Rights Educational strategies	1 0 9
4.2.3	Analysis of Social Interaction of Adolescent Pregnancy in Honduras	1 1 7
4.3	Structural Elaboration.....	1 2 0
4.3.1	Changing Society through education.....	1 2 1
4.3.2	Analysis of Social Elaboration of Adolescent Pregnancy in Honduras	1 3 0
4.4	Analysis of Adolescent Pregnancy in Honduras using the Framework.....	1 3 2
CHAPTER V. DISCUSSION		1 3 6
5.1	The preexistence of great gulf fixed in structural conditioning.....	1 3 6
5.2	The importance of the agency to change society.....	1 3 8
5.3	The effective SRHR education as a positive intervention.....	1 4 3
5.4	The change of the agency through education for social change.....	1 4 8
5.5	Limitation	1 5 2
CHAPTER VI. CONCLUSION		1 5 4
REFERENCES		1 5 7
APPENDIXS		1 6 7

Appendix 1. Textbooks in Honduras.....	1 6 7
Appendix 2. List of Example Questions used in the Interview.....	1 7 7
Appendix 3. IRB Documents	1 7 9
Appendix 4. Field Research Photos.....	1 8 4
Appendix 5. Spanish Abstract	1 8 6
국문 초록	1 9 0

LIST OF TABLES

Table 1. The risk of adolescent pregnancy	7
Table 2. Key issues of each SDH by Healthy People 2020	3 4
Table 3. Levels of health literacy (Nutbeam, 2000)	4 3
Table 4. SRHR and legal frameworks (Liliane, 2019)	5 1
Table 5. List of Research Participants	6 9
Table 6. Checklist for Textbook contents in Honduras by International Technical guidance on sexuality education: an evidence-informed approach (UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018).....	9 7
Table 7. Social determinants of adolescent pregnancy in Honduras	1 0 5
Table 8. The content that should be addressed in sex education	1 0 7
Table 9. The content that should be addressed in SRHR education according to the reflexivity	1 1 8
Table 10. The analysis of Agency in Honduras	1 3 1
Table 11. Ideal types of social action (Oh, 2010)	1 4 1
Table 12. Typology of Reflexivity.....	1 5 0

LIST OF FIGURES

Figure 1. The adolescent birth rate per 1,000 women aged 15-19, 2016	2
Figure 2. The adolescent birth rate in women aged 10-19 years as of 2016 2	
Figure 3. Analytical Dualism (MA).....	2 6
Figure 4. The role of reflexive deliberation and social interaction in mediating the influence of both social and cultural structures and personal powers on the progressive specification of courses of (educational) action (Kahn, Qualter, & Young, 2012).	2 8
Figure 5. Social Determinant of Health.....	3 2
Figure 6. Healthy People 2020 Approach to Social Determinants of Health	3 3
Figure 7. Conceptual Model of Program Theory	3 5
Figure 8. Conceptual Model of Effect Theory.....	3 6
Figure 9. A comprehensive definition of sexual and reproductive health and rights (UNFPA, 2019).....	5 0
Figure 10. Logo of ICSU	6 0
Figure 11. Panorama of ICSU	6 0
Figure 12. Data Analysis in Qualitative Research.....	7 1
Figure 13. Conceptual Framework adapted from the Analytical dualism	7 4
Figure 14. The Rate of Teenage Pregnancy in Honduras	7 7
Figure 15. Adolescent pregnancy in each Department of Honduras from Honduras DHS 2011-2012. (Shakya et al., 2019)	7 8
Figure 16. The picture of child in broken family	9 4
Figure 17. Analysis of Adolescent Pregnancy in Honduras using the framework of Effect Theory	1 3 4
Figure 18. Analysis of Adolescent Pregnancy in Honduras as a social problem	

based on the Analytical Framework	1 3 5
Figure 19. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Mediating Factor	1 4 0
Figure 20. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Moderating factor.....	1 4 4
Figure 21. The change of the agency through education for social change....	1 5 1

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOE	Abstinence-Only Education
ASRH	Adolescents Sexual and Reproductive Health
CSE	Comprehensive Sexuality Education
DHS	Demographic and Health Survey
FGI	Focused Group Interviews
GDC	Global Development Cooperation
GEDC	Global Educational Development Cooperation
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICSU	International Christian School Urraco
LAC	Latin America and the Caribbean
MA	morphogenetic approach
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (Centers for Disease Control)
NEJM	New England Journal of Medicine
PoA	Programme of Action
SDGs	Sustainable Developmental Goals
SDH	Social determinants of health
SRE	Sexual and reproductive health education
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and rights
STIs	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER I. INTRODUCTION

1.1 Study Background

Attention paid to education in the field of Global Development Cooperation

There may be no dispute that education plays an indispensable role in every aspect of Global Development Cooperation. Examining Sustainable Developmental Goals (hereafter SDGs) declared by the United Nations (UN), one can definitely realize that educational cooperation is imperative for achieving each agenda. On disparate facets of Sustainable Development Goals (SDGs) – including healthcare, environment, and gender equality – education has functioned as a crucial means of dealing with complex and multifarious predicaments.

Global Development Cooperation through education can play an essential role in the urgency of adolescent pregnancy in developing countries. Governments and civil organizations seek to address the issue of adolescent pregnancy, presenting the urgency of its nature. They have pursued to discover sustainable development. Adolescent pregnancy is a significant challenge to Sexual and Reproductive Health and Rights (hereafter SRHR) for adolescents and young people. While the adolescent birth rate has declined globally, the developing country is still suffering from social problems of adolescent pregnancy. An estimated 21 million girls aged 15-19 years in

developing regions¹ get pregnant and approximately 12 million of them give birth every year (Darroch, Woog, Bankole, Ashford, & Points, 2016; UNFPA 2015). At least 777,000 births occur to adolescent girls younger than 15 years old in developing countries² (Blum & Gates, 2015).

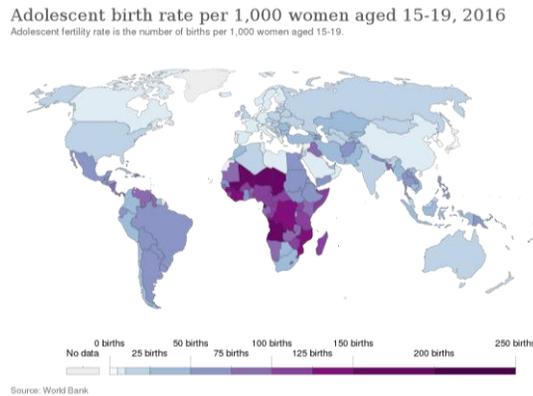


Figure 1. The adolescent birth rate per 1,000 women aged 15-19, 2016

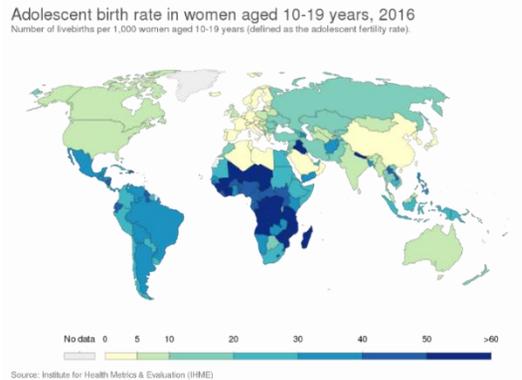


Figure 2. The adolescent birth rate in women aged 10-19 years as of 2016

In Southeast Asia, the rate of adolescent pregnancy remained stagnant or

¹ Refer to this website, you can check the list of developing regions.
<http://hdr.undp.org/en/content/developing-regions>

² Refer to this website, you can check the list of developing country.
<https://isge2018.isgesociety.com/registration/list-of-developing-countries/>

continually increased with the wide-ranging variation across the countries. The average adolescent birth rate in Southeast Asia is 47 births per 1000 females aged 15-19, close to the global average of 44. The following countries have the highest adolescent birth rates at the country levels; Lao PDR(94), Cambodia (57), Thailand (50), Indonesia(48), and Philippines (47) (WHO, 2018). In West and Central Africa, the rate of adolescent birth stood at 115 births per 1000 adolescents aged 15-19, and it is the highest regional rate in the world. Central African Republic, Niger, Chad, Angola, and Mali are the list of countries with the highest rate, above 178 (Azzopardi et al., 2019; WHO, 2016). The rate of adolescent birth in Latin America and the Caribbean is estimated at 66.5 births per 1000 girls aged 15-19 years, which the second-highest following Sub-Saharan Africa in the world (panaméricaine de la Santé, 2016). The countries with the highest estimated adolescent birth rates per 1000 adolescents aged 15-19 in Latin America and the Caribbean (LAC) are Dominican Republic (100.6), Guatemala (92.8), Nicaragua (92.8), Guyana (90.1), Venezuela (80.9), Panama (78.5), and Bolivia (72.6) during 2010-2015.

The 1994 International Conference on Population and Development's (ICPD) Program of Action highlighted the importance of SRHR education. It has affected the implementation of SRHR education at the community level, beyond the school level, at the appropriate age, as soon as possible. Successful SRHR education helps adolescents to make more mature decisions. This Agenda is considered worldwide as the basis for a policy to promote

SRHR for the next 20 years (Ponzetti, 2015). While the efforts to institutionalize SRHR education into the formal school curriculum have been going on for more than a century (Otero, Darré, 2010), it was only the last decade that it had been possible to achieve the level of institutionalization of SRHR education with enough attention and support on this subject (Esteves & Santos, 2013).

Since the 1990s, many Latin American countries have attempted to institutionalize SRHR education in schools. However, these attempts had faced many arguments and obstacles. Despite the sudden increase of plans, projects, and movements to address sexual and reproductive health (hereafter SRH), plentiful pieces of evidence point out the urgent need for long-term national policy implementation in this Adolescent Sexual and Reproductive Health (hereafter ASRH) in Latin America. The pieces of evidence are SRH indicators such as unwanted pregnancies, teenage pregnancies, sexually transmitted infections (hereafter STIs), sexual assault, sexual violence, unsafe abortions, and limited sex education programs (Hunt, Castagnaro, & Monterrosas Catrejón, 2014). In particular, young people in Latin America are at a higher risk of unwanted or unplanned pregnancies, which often lead to unsafe abortion or adverse maternal health outcomes. According to the latest “State of the World Population” report published by UNFPA, adolescent pregnancy faces a concerning proportion of challenges that require a clear response from all levels of society. The births of girls under the age of 15

years are increasing and are expected to continue to rise through 2030 in Latin America (UNFPA & UN-HABITAT, 2013). The adolescents aged 10-19 years begin to engage in sexual activity at an increasingly earlier age, and only a few take the precautions to prevent STIs or pregnancy (Ali & Cleland, 2005). Thus, effective interventions to improve SRHR for adolescents in Latin American are urgently needed. Adolescent's early and unplanned pregnancies give rise to school dropout, health risk, poverty rate, and societal disapproval and condemnation, which are increasing among unmarried couples. The abortion rate also continues to be increasing.

Honduras has the highest adolescent pregnancy rate in Latin America after Bolivia. 28% of pregnant women are adolescent mothers in this small Central American country. Analyzing the current issues of adolescent pregnancy in Honduras would contribute to improve SRHR education and reduce the rate of adolescent pregnancy. It is necessary to research what needs to be changed in terms of social structure and individual in that society, contributing to the level of micro and macro.

1.2 Statement of the Problem

1.2.1 The risk of Adolescent Pregnancy

To better ASRH, it is necessary to have an awareness of the risk of sexual activity and pregnancy for adolescents. Adolescent sexual activity that does not presuppose a marriage causes adverse reproductive health outcomes (Dixon-Mueller, 2008). Young women are exposed to unprotected sexual

activity, which causes the risks of unintended pregnancy, unwanted childbearing as well as HIV/AIDS and STIs. Along with the explicitly human rights issue, sexual coercion, exploitation, and violence forced or unwanted sexual activity are associated with these adverse reproductive health outcomes (Koenig et al., 2004; Maharaj & Munthre, 2007; Polis et al., 2009.; Williams, McCloskey, & Larsen, 2008; Zablotska et al., 2009). Adolescent pregnancy has been a significant cause of maternal and child mortality, adding to the vicious cycle of disease and poverty. In Latin America, the risk of maternal death is four times higher in adolescents under 16 years old than women in their twenties (WHO, 2014). Girls have suffered from side effects due to a painful and damaging transition to adulthood during lifelong. The complications of adolescent pregnancy include anemia, malaria, postpartum hemorrhage, and mental illnesses such as depression (Hodgkinson et al., 2010). Becoming a mother due to early pregnancy can be physically dangerous. For example, pregnancy and delivery for girls, when physical growth is not yet complete, may lead to a problem during childbirth that adult women generally do not have; 9-86% of women have an obstetric fistula in adolescence, and trauma is accompanied, often lasts whole life (Tebeu et al., 2012).

Furthermore, it impairs adolescent girls' educational achievement and economic potential. Most pregnant female adolescent's dropout the school or do not concentrate on their studies. More seriously, adolescent pregnancy is

associated with low socioeconomic status, substance abuse, the probability of weak and inadequate prenatal care, and the adverse outcomes of adolescent mother’s children are noted, including higher rates of preterm birth, low birth weight, asphyxia, perinatal, and neonatal mortality (Chen et al., 2007; Lopez, Grey, Hiller, & Chen, 2015 & Chen, 2015; WHO, 2014). All of these have detrimental impacts on not only an individual’s physical and mental health, which lasts for a long time in themselves, their families, and their communities (Hodgkinson et al., 2010; McQueston, Silverman, & Glassman, 2012; Morris & Rushwan, 2015; WHO, 2014), but also impacts on the economic level on national development (Burstein, Griggs, Prestrud, & Temin, 2010).

Table 1. The risk of adolescent pregnancy

Physical & Mental Health	Human Right Issue	Socioeconomic Status
<ul style="list-style-type: none"> • anemia, malaria, postpartum hemorrhage, HIV, STIs • mental illnesses; depression • obstetric fistula • preterm birth, low birth weight, asphyxia, perinatal and neonatal mortality 	<ul style="list-style-type: none"> • sexual coercion, exploitation, and violence forced or unwanted sexual activity • abortion 	<ul style="list-style-type: none"> • the vicious cycle of disease and poverty • low socioeconomic status, substance abuse, and the probability of low and/or inadequate prenatal care, and the adverse outcomes of adolescent mother’s children • Impairment of educational achievement and economic potential; drop-out school • Societal disapproval and condemnation (Stigma)

1.2.2 The need for SRHR education that adopted the context of Honduras

The lack of adequate and effective SRHR education is the biggest obstacle for students to make wise choices about their health (Romero, 2015). SRHR is recently representative of the indicator of human well-being and human rights. It plays a role in shaping well-being life, gender equality and future economic development and sustainability of the environment, which leads to a great impact on sustainable health development (Ghebreyesus and Kanem 2018; Starrs et al. 2018). Most importantly, education and policies tailored to the local situation are essential. The educational programs and policy tailored to developed countries, which had been introduced without considering the local situation, did not have much effect in the local situation. After analyzing the context and causes of adolescent pregnancy problems in Honduras, people experienced and knew the solutions themselves. Unfortunately, Machismo culture, where male supremacy dominates, leads to gender discrimination in Latin America. Misunderstanding of SRHR from heterodox beliefs created by the fusion of folk religion and Catholicism or Christianity is also an obstacle to the realization of SRHR. It is necessary to provide correct SRH knowledge and a healthy view of sex. Also, it encourages adolescents to take responsibility to prepare for the future so that young people should open their way to choices ways other than premature pregnancy and marriage. ASRH strongly connects to the particular social, cultural, and economic environment (Pozo, 2014). Therefore, for the

fundamental prevention of adolescent pregnancy, not only students but also teachers, parents, and adult family members of adolescents and health workers should be educated in the proper awareness of ASRH. Individual choice to contribute to a particular behavior is also shaped in social, economic, and cultural perspectives (Kathya Córdova Pozo^{1*} et al., 2015). Therefore, education for the prevention of adolescent pregnancy needs to be considered not only education at schools, but also the improvement of health-education policy considering the situation of non-formal and informal education outside the school site, in case of Honduras (Moll, 2014; Ali, 2005; Caffè, 2017; Dongarwar, 2019; Gage, 2013; Goicolea, 2009; Casas, 2014; Cordova-Pozo, 2018; Neal, 2018; Peter Decat^{1*}, 2013). Therefore, education should be more specific and comprehensive to make adolescent's lives more enriching, considering the local context.

1.3 Significance of the Study

This study will contribute to several ways as it explores the status quo of health education (education on SRHR), which is revealed as an increasing rate of adolescent pregnancy.

First, the quality of SRHR education is one of the important indicators to estimate the progress in achieving the SDGs; it is directly related to SDG3, SDG4, and SDG5³. In addition to the quantitative growth of education

³ The 2030 Agenda for Sustainable Development reflects the interdependence and complexity of a changing world and the imperative for global collective action. SDG4 is that Quality Education; Ensure inclusive and equitable quality education and promote lifelong

achieved through MDG, the health professionals put their efforts to provide a more comprehensive quality education through the establishment of SDGs. The officials should provide SRHR education to anyone in society to ensure quality education, and in no case should there be discrimination in learning. The demand for SRHR education calls more holistic growth in several SDGs, not only a matter of education; SDG 3.7 and SDG 5.6 reveal the need for SRHR education. In particular, adolescent pregnancy can be a crucial indicator of the achievement index of these three goals.

Second, the current study discusses health education that is a disciplinary convergence of education and health from the perspective of education. Until now, health education has been considered as a branch of health science. Understanding health education not only from a health science perspective but also from the perspective of education and engaging in the discussion of the critical factors are necessary steps for achieving beneficial health education. It is analyzed through Archer's morphogenetic approach based on the Hermeneutic approach of educational sociology. It contributes to analyzing health problems from an educational perspective (Keogh et al., 2020). It needs an assessment of SRHR education in developing countries.

learning. Other SDG with direct reference to education. SDG3 is Good Health and Well-being, targeting 3.7 is that by 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. SDG 5 is Gender Equality, targeting 5.6 is that number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education.

Still, the researcher finds it difficult due to the lack of research data. Honduras DHS presented in 2012 is the latest data. The DHS data identify the perception and status of sex as a whole in Honduras. Still, it is challenging to grasp the exact and detailed condition of sex education in schools. Also, sex and adolescent pregnancy can be a rather sensitive topic for research; these topics require a more careful investigation. In this regard, the current research has a significance to explore the realities of adolescent pregnancy and its SRHR education through the voices of field participants in Honduras. This study sought to listen to everyday Latin Americans' voices in order to further investigate the current state of adolescent pregnancy in Latin America, its causes, and solutions.

1.4 Purpose of the Study and Research Questions

The purpose of this qualitative study is to understand the unplanned and unintended pregnancy for adolescents and young people in Honduras considering social, cultural, political contexts. At this stage in the research, adolescent pregnancy is generally defined as a health problem to be closely related to education, health, and gender inequity. In particular, education is regarded as one of the significant interventions to resolve health problems (McKenzie, Neiger, & Thackeray, 2009). In the pursuit of social change through education, a positive social change refers to the actualization of a society in which adolescent pregnancy health problems have been successfully removed. Furthermore, this current research leads to identifying

what improvements, complements or new aspects to existing education programs should be introduced for developing an effective health education program for the prevention of adolescent pregnancy and healthy SRHR for adolescents. Specifically, it also highlights the necessity of the development of social services and intervention policy for the prevention of adolescent pregnancy. It is ultimately expected to achieve the improvement in Honduras through qualitative and comprehensive SRHR education for all.

Research Question

- What are the social determinants of health for adolescent pregnancy in Honduras?
- What is the current method or approach of teaching provided for the prevention of adolescent pregnancy in Honduras?
- What educational efforts will be required to decrease adolescent pregnancy as well as to promote adolescent sexual and reproductive health in Honduras?

CHAPTER II. LITERATURE REVIEW

This chapter describes the Morphogenetic approach that is based on the hermeneutic approach of the sociology of education. In addition, it defines the social determinants of health and the effect theory that are included in program theory.

Through the concept of sociology of education, it reviews the theoretical background required to understand what educational efforts are needed for accurate Global Educational Development Cooperation (GEDC). In this regard, it pays attention to the Hermeneutic approach and adopts the Morphogenetic Approach. It is an advanced theory of the former for an analytical framework to analyze the education that leads to social change. In addition, it is required to analyze and interpret the health problem of adolescent pregnancy in the context of social, cultural, and political issues. This analysis will further expand the concept of health diseases and treatments. It leads to taking into account the social determinants of health. Furthermore, the effect theory, which is a part of the Program Theory and the theory analyzes the causal factors and their relations, is used as the framework for interpreting and analyzing the field data about adolescent pregnancy issues.

It also explains the definition of health education and the importance of health literacy for health promotion. The importance of SRHE in Latin America are precisely described, and the need for education to prevent

adolescent pregnancy is demonstrated.

2.1 Education for Social change

Education has been the most prominent area of attention on the scene of Global Development Cooperation (hereafter GDC) because of its potential for social changes. The common aims of divergent activities conducted on the field can be summarized as developing societies into better conditions, which requires social renovation. Education is one of the most powerful methods to develop and transform society.

2.1.1 Three approaches of educational sociology: functionalism, Marxist theory, and hermeneutic approach

In this context, it could be perceived as a natural phenomenon that GEDC focuses on the social characteristics and capacities of education. Nevertheless, most of the projects of GEDC have been carried out based on ill-equipped theories which are not compatible with local situations, consequently diminishing the effects of education rather than realizing its genuine intentions through an in-depth study on education. Given this into consideration, it is not surprising that true meanings of education have regressed, and the development of society has entangled in the field. From now on, GEDC should endeavor for understanding, describing, and explaining meanings of education as social phenomena so as to shift emphasis from education for GDC to GDC through education. Education as a social phenomenon encompasses not only educational acts of individuals but those

of groups that are interpersonal, community, society, and governance. Based on the fact that it also deals with international relationships associated with education, education could more firmly establish its position in the arena of GDC (Oh, 2010)

There are three preeminent theories used for analyzing issues in educational sociology. The functionalist theory proposed by Emile Durkheim underscores a function of education that enables individuals to be assigned to crucial roles for maintaining the daily operation of society (Durkheim, Catlin, Mueller, & Solovay, 1938). On the contrary, Marx criticizes in his theory that the role of education is to maintain existing capitalistic social orders and that education must deviate from this role and serve as a mechanism for attaining social revolution led by the ruled class against the ruling class. The hermeneutic approach of Weber adopts methodological individualism, which focuses on an agent in an attempt to describe changes of social actions, through which one can consequently understand wholistic social reformations. After all, through education, it helps learners to act subjectively, which helps them to pursue not only personal change but also relationship, community, and social and political change. This respects the intrinsic value of the individual and can extend the range of social change from an individual to a relationship, community, and socio-political. This is because each individual constitutes it at the center of each field.

In his functionalist theory, Durkheim regarded education as playing an

essential role in developing an individual into a social being as well as preserving and strengthening homogeneity of society by instructing fundamental social relationships and duties that society requests to each individual. Therefore, both the educational system and curriculum exist for ideologies that society is founded on and constantly pursues (Kim, 2015) Durkheim considered education as an indispensable part of cultivating a society as it possesses a characteristic of an extensively crucial ideology. Marx devoted himself to condemning school education in a capitalist society for injecting concepts of inequality and class stratification under a capitalistic social system. The ultimate purpose of his theoretical paradigm is to revert society by criticizing its systems and establish a socialist and communist society where education aims for the formation of a socialistic man. At the same time, education must not be separated from labor, but “the labor itself consists a part of education,” and it must be combined with the production of materials.

These two theories confront each other, as functionalism regards education as a safe measure of preserving society and stress on conserving a current social system. In contrast, Marxist theory reprimands schooling under a capitalistic social order and expresses an educational ideology required for the transformation of the social system from a capitalistic to a socialistic state. Durkheim and Marx stand on the opponent's position of each other, yet there are common limitations for both of their theories. Both theories set an ideal

type of society in advance, predicts the development of these societies with a positive viewpoint, and in these senses, they emphasized the social function of education. Indeed, they are so concerned with the wholistic approach utilizing social structure as a main analytic framework that they neglected individuals, the most basic units of society, ignoring the competences of individuals and reflections of the real world. Humans are ultimately viewed as socially 'made' beings, with no will or freedom of their own, and like dolls 'moved' by society.

Studies utilizing micro-level and concentrating on each individual were conducted to rebuke functionalism and Marxism theory (Alexander, 1987; Schutz, 1972). Schutz and Alexander prioritized intentions, creativity, and patterns of behavior than structural conditions. However, it was their pitfall to accentuate individuals so much to downplay influences of social structure. In order to overcome the limitations of both methodologically wholistic and individualistic approaches, there emerged a new stream of studies to integrate individual-centered and group-centered ones as well as social actions and structures (Alexander, 1987). In particular, applying the sociological theories of Max Weber in the field of education, academics and practitioners are able to go beyond the confinements of both individualistic and wholistic approaches and to attempt a consolidating methodology (Saha & Zubrzycki, 1997). Although he did not deny the existence of a direction for a community and struggling conflicts aroused between classes in modern society, he

consistently maintained that this is only one aspect of the multifaceted society. A modern society can be mainly conceived as a plural society as Weber depicted, forming disparate categories of groups composed of individuals seeking to maximize their own interests by mobilizing accessible capitals such as classes, pressure, and power. Since he does not set up an ideal society which means ignoring the subjectivity, he seeks the unprejudiced interpretation and the subjectivity of the society, his paradigm is more suitable for analyzing modern societies where social groups organized by multiple properties including classes, gender, race/ethnicity, religion, region, languages, and culture compete, confront, and conflict with each other at times while compromising, negotiating, conniving, and avoiding at other times. It should be possible to explain in light of the social context why they think and act as a member of society, rather than interpreting it only.

Ronald King (1980) argues that an effective way to overcome limitations of functionalism, as well as Marxism, lies in the Weberian approaches. He asserted that through his review, the conclusion that both macroscopic and microscopic approaches are required for pursuing reformation of education and understanding education. However, as Durkheimians and Marxists are sided with the perspective of the former while phenomenology and symbolic interaction theory grant too much significance on the latter, these paradigms and theories have their own restraints when devising a comprehensive approach for education. In this context, the Weberian paradigm can serve as

a proper alternative. As King puts, “the concepts of Weber are applicable to all levels of scope and complexities.”, studies exploiting Weberian methodologies can combine voluntarism, which is of great importance in phenomenology, and subjective meanings of social actions with structural constraints on social actions which functionalists and most of the Marxists accentuate. In <The Methodologies of Social Science>, Weber (1947) defined sociology as “*a science concerning itself with the interpretative understanding of social action and thereby with a causal explanation of its course and consequences.*” In addition, he refers to actions as all categories of human behaviors that an individual acting at the time imposes some meaning to the action itself, reiterating the imperativeness of subjective nature of social action and its understanding (*verstehen.*) Weber’s concept of social action is distinct from the concept of role behavior suggested by Durkheim. Durkheim acknowledged personal differences in role behaviors merely as divergences of personalities, not involving subjective intentions of an actor in-role behaviors. Indeed, he restricted individualistic autonomy since he considered that behaviors induced by personalities could not contribute to retaining the social status of an individual, subsequently causing obstacles against maintaining a society. On the contrary, as the concept of social action is a combination of expressions of both social perceptions and subjective intentions of an agent, it presents itself in discrete forms according to the social situations and subjective perceptions of them of each individual.

In this sense, social action is distinguished from role behaviors triggered by disparities in personalities regarding the assigned role in the functionalistic viewpoint. (Oh, 2010) In other words, voluntary agents broaden the scope of problem consciousness not only to themselves, but also to relationships, communities, societies, and politics that are outside their scope. When social problems are discovered, they respond subjectively and cope with social actions in each area, from individuals to social politics, which leads to change the society.

2.1.2 The necessity of a hermeneutic approach in Global Education Development Cooperation

As seen above, the study of education must diverge itself from a wholistic stance that social structures determine every aspect of education and society as well as an individualistic one which contends that individuals can shape society as they want it to be regardless of social constraints and structures. Rather, it is advisable to adopt an integrative and comprehensive attitude when studying education (Kim, 2015). In particular, in the field of GEDC, there inherently exist unpredictable variables that one cannot even imagine. Especially under the situation of “cooperation,” it is essential to take into consideration that conditions of the partner country are not the same as what we have learned in academic settings. For instance, one cannot safely assume that the best type of education for an author of a Korean textbook would be accepted as the best one in a partner country; rather, it often exercises

detrimental effects on the recipients living there. In this sense, a clear and precise understanding of situations of the partner country is the first and foremost issue to be settled out. Indeed, education in the recipient country is often affected by their living itself. A lack of classrooms, desks, teachers, severe economic and political conditions that makes it impossible to receive an education are the social variables that we must take into account. From this point of view, it is worth paying attention to the Weberian hermeneutic approaches. On the other hand, a Marxist theory exposes its critical standpoint on contradictions in school society, justification of reproduction of inequality, cultural domination and class structures. In an attempt to rebuke theoretical foundations between the 1950s and the 1960s, which are founded on human capital theory and modernization theory and their functionalistic elements, dominant streams of educational cooperation from the 1970s to the 1980s were based on dependency theory and critical theory. Nonetheless, the two theories have not proposed specific and feasible developmental strategies until now (Fägerlind & Saha, 2016), which is the fatal constraint of GEDC. The most probable reason might be that considerations in this field are the practice of education grounded on concise analyses on realities. Since the focus of education in GEDC is on the practice, in order to determine and apprehend the meanings of education, the process of comprehending complex phenomena must be preceded. An aim of development of global society must surpass an intangible concept of a nation and instrumentalized and

materialistic interests and search for ways to enhance the quality of life and change the attitudes toward life in a positive way for each individual, which indicates that large-scale policies ought to thoroughly investigate value systems and interests at individualistic, socialistic, and nationalistic levels. (Yoo et al., 2017). In other words, education policies must be determined in a temporal and spatial context, and for this policy to succeed, a deep understanding of the times and society in which it will be implemented and affected must precede. There can be no universal policy for any era or social situation. To conduct these educational duties effectively, a scholar must comprehend realities by adopting both individualistic and holistic approaches; the former investigates consciousness, intentions, symbols, and actions of individuals and the latter pursue social renovations (Oh, 2010). That is why the scope of change through education should not be limited to individual changes, but beyond it, to the extent of relationships, communities, social institutions, and politics. It is important for agents to help through education in the view of achieving SDG in the Global development field. In the meantime, social change by global development led by developed countries has caused many limitations. Changes without an individual's subjectivity are likely to produce unexpected results such as inequality or policies that do not fit the society. Therefore, it is necessary for those at the center of the social issue to establish a subjective identity and broaden the problem consciousness to social politics. In the end, there will remain agents who do social action

that leads the social development, and they can continue to develop without a donor country. Weber contends that individuals composing a society are inherently human agencies who possess capacities to apply changes in society and those modifications have been being conducted in numerous parts of societies. This argument is supported by the fact that Weber simply defines social structure as a type of repetitive social action rather than a massive social component. (Abercromby, Hill, & Turner, 2006) For these reasons, in order to develop society through education, it should concentrate on enabling individuals who are the members of the society to perceive the real world concisely and on equipping them with bountiful knowledge and imagination for devising a society in the future. Moreover, education should encourage them to acquire creativity, willpower, and confidence to execute and proceed with their plans for the future. By making each individual aware of autonomy and becoming intellectual acting as a subject of social change, a humanistic society can be built. From the discussions above, one can conclude that an integrative educational approach that combines individualistic and wholistic methods are definite prerequisites for achieving such goals.

2.1.3 Morphogenetic Approach

As an extension of hermeneutic approach of Weber, Archer (1984) stated that in an educational system, the body of structural conditions of society affects the relationships between and among members of society, and, in turn, their actions transform the social structures to form a set of new structural

conditions over time. Archer stressed the critical assumptions of critical realism, suggested a more practical framework of social change through individual actions. In her hermeneutical point of view, she emphasized the analytical dualism and reflexivity in the “morphogenetic approach (hereafter MA).” MA theory is a meta-theory, yielding multiple general implicational studies of its study on realism, that analyzes the overall 'social' phenomenon based on ontology and relative epistemology in the realm of critical realism (Lee, 2015). MA, based on critical realism, considers the balance of both “structure” and “action,” in contrast to the ‘reification’ that emphasized the only structure and the ‘reductionism’ that do the only action. Archer defines morphology as follows; Morpho (form, development) and genesis (origin, genesis) mean that society is not a closed-form, but an open system that is continuously formed and changed. The outcomes of social change are categorized into two types. Morphogenesis is a ‘process that tends to elaborate or change a given structure, system or country,’ on the other hand, Morpho-stasis is ‘process is in a complex system that tends to preserve and unchanged” (Archer, 1995). The rules and resources that are imposed on the agents in a given structure may enable or constrain them to engage in certain acts. This given condition demonstrates “differential malleability”, imposing constraining power and difficulties on agents in changing behavior than others (Archer, 1982). Therefore, the social actions of an agent produce unexpected results.

- Analytical Dualism

Analytical Dualism allows for the analysis of structure and agency separately over chronological time, not emphasizing only the structure or the agency, but the interplay and interconnection that account for the transformation of the social order. That is, it is not mean that each is free and autonomous, or agent is determined by structure (Archer, 2002) It also is based on the following two assumptions; 1) structure necessarily antedates the action(s) that produce the change or elaboration; 2) structural elaboration necessarily follows behind the action which generates it (Archer, 1995). This assumption shows that the morphogenetic approach consists of three stages for T1-T4: 'structural conditioning-social interaction-structural elaboration.' (Figure 3). The time needs to be included to understand the relationship between structure and behaviors, considering the interaction of structure and behaviors over time (Archer, 1995). Structural conditioning means pre-existing social structure and cultural conditions. Structural Elaboration emergent the maintenance or restructuring of society occurs, which can lead to new structural conditioning.

according to the logic of the situation but also explain that human subjectivity can be dynamic according to the social context. The reflexivity implies sociological work as an internal conversation in which people consider the social context related to themselves. In other words, the subject who can do reflexivity is the individual, not the structure or institution (Archer, 2007). The order of internal conversation conceptualized by Archer, ‘concerns-projects-practice-modus Vivendi or way of living’ (Archer, 2012). It explained in detailed each step; 1) Defined and adjust the concerns (dovetailing), 2) develop specific social action from the projects by reference to their social circumstance, 3) establish a satisfactory and sustainable practice. Finally, each individual realizes his or her concerns, which results in build each modus vivendi. Through this reflexivity, agent builds up their identity, contributing to the transformation of society. Figure 3 indicates how, in driving the progressive specification of concrete courses of action, reflexive deliberation and social interaction mediate the influence of the various structures and power.

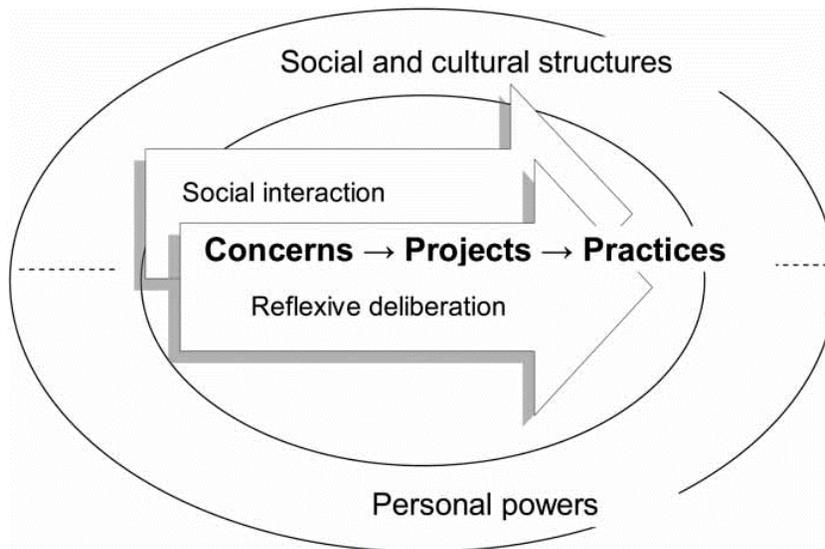


Figure 4. The role of reflexive deliberation and social interaction in mediating the influence of both social and cultural structures and personal powers on the progressive specification of courses of (educational) action (Kahn, Qualter, & Young, 2012).

In this context, Archer argues that reflexivity is “the (human) tendency to the conditions of the modernity that further foster reflection of individuals and social groups” (Dyke, Johnston, & Fuller, 2012). Archer also emphasized the role of an active agency who can rule their lives with the mental ability to contemplate their social context and interests actively. (Archer, 2007) Nevertheless, her ideas do not overlook the role of structure in reflexivity. As already mentioned, Archer is mainly interested in the process of reflexivity that mediates between social structure constraints and autonomous human will. Since social norms or socialization processes that maintain a stable and consistent life have lost their effects as, in modern society, rapid growth and diverse interests coexist, instead, she emphasized personal identity, which is

a matter of ‘‘what we care about in the world’’, our fundamental concerns (Archer, 2002). Emotions also generate the power to modify cognitive goals. They give birth to the motivation to carry out, to maintain the environment around the agents, or to constrain that relationship. Therefore, Archer (Archer, 2012) argues that both an agency and structures remained in their independence yet interacted with each other. She further explained that any type of various reflexivity could be explained by the formula ‘‘social context + personal concerns.’’

2.2 Social Determinants of Global Health

Health is closely related to our lives. Health is an essential consideration in individuals, families, friends, schools, workplaces, communities, and countries. It has been taken for granted that the spread of epidemics within and between countries has changed society. Health goes beyond treating incurable diseases with medicine and therapy and has been shown as a variety of well-being lifestyles such as eating healthy, hygiene, immunization, quitting drink, and smoke. The health that comes close to our lives depends on social-economic opportunities. In other words, health is determined through health support for individuals and society, education level, the safety of housing and workplace, supply for clean water and food, air, and the natural environment. They are called Social Determinants of Health (hereafter SDH) defined how circumstances in which people are born, grow, live, work, and age influences their health (Braveman & Gottlieb, 2014). Its condition can be

based on the distribution of money, power, and resources at global, national, and local levels. That is, health is applied very diversely, from individuals to population, and also influenced by network, socioeconomics, cultural, environmental, and health systems.

WHO emphasized SDH by the report “closing the gap in a generation: Health equity through action on the social determinant of health” was issued by the WHO Commission on Social Determinants of Health in 2008 (Marmot et al., 2008). The purpose of this report is to understand how health inequality can be resolved from a social justice point of view and what health action eliminates the factors that lead to injustice. Health inequities are quite related in SDH, the unfair and avoidable differences in health.

"This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements [where the already well-off and healthy become even richer and the poor who are already more likely to be ill become even poorer], and corrupt politics."

WHO, 2008

In 2012, the Rio Political Declaration on Social Determinants of Health was issued in the World Conference on Social Determinants of Health. This declaration is aimed to understand that the social conditions in which an individual exists are a key to figure out the health inequity that individuals are experiencing and express to the need for new policies and strategies for

countries to eliminate health inequality, promoting global cooperation between countries. There are two areas about SDH that need to be issued 1) Intermediary Determinants 2) Structural Determinants. The former area consists of structural changes that are more relevant to the individual level; healthy physical environments, access to health care, fair employment, and decent work. The latter includes economy and policy-related approach to dealing with society as a whole; equity in health service, public financing support on the SDH, healthy working conditions, gender equity, political empowerment, the constitution of reserves and a balance of power and prosperity of nations (Marmot et al., 2008).

The following diagram (Figure 5) of social determinant of health (genetics, medical care, social circumstances, environment, and individual behavior) summarizes through data on a health-related organization; NCHHSTP, WHO, Healthy People, Kaiser Family Foundation, NEJM, Health Affairs, Institute of Medicine, New South Wales Department of Health.

2019). By identifying what SDH is involved in the problem of adolescent pregnancy under the conditions of Latin America and what is the action strategy to solve it, the health inequality of adolescent pregnancy can be eradicated. In this regard, considering SDH will be used as a core concept in this study.

In this study, the “SDH framework of healthy people 2020” (Figure 6) is adopted to analyze the social and structural conditions of Honduras. (Health, Human Services, & People, 2000).



Figure 6. Healthy People 2020 Approach to Social Determinants of Health

The five areas reflect the various critical issues that each SDH comprises (Table 2).

Table 2. Key issues of each SDH by Healthy People 2020

Economic Stability	Education	Social and Community Context	Health and Health Care	Neighborhood and built environment
<ul style="list-style-type: none"> ▶ Employment ▶ Food Insecurity ▶ Housing Instability ▶ Poverty 	<ul style="list-style-type: none"> ▶ Early Childhood Edu- and Development ▶ Enrollment in Higher Edu ▶ High School Graduation ▶ Language and Literacy 	<ul style="list-style-type: none"> ▶ Civic Participation ▶ Discrimination ▶ Incarceration ▶ Social Cohesion 	<ul style="list-style-type: none"> ▶ Health Literacy ▶ Access to Health Care ▶ Access to Primary Care 	<ul style="list-style-type: none"> ▶ Access to Foods that Support Healthy Eating Patterns ▶ Crime and violence ▶ Environmental Conditions ▶ Quality of Housing

The next chapters deal discusses the effect theory on how SDH affects health problems and organizes the interventions.

2.3 Program Theory

Health problems can be described in a variety of ways. What matters is that they need an analysis of what causes the problems. The analysis allows the facilitators to choose an effective intervention. To clarify the cause and potential intervention, it needs to articulate issues related to health visually and verbally. Through this process, it facilitates the analysis to elaborate on

what causes a health problem and *how* those causes lead to the problem. The representative theory in the above description is the program theory. Through the Program theory, it is beneficial for developing a more effective and more reliable program, also enabling more convincing arguments of the significance of the program by providing guidelines for creating a successful program. Program theory has two parts; Effect theory and Process theory (Figure 7). The former theory explains how programmatic interventions will affect the causal, moderating, and mediating factors of health problems. The latter also consists of an organizational plan (input), service utilization plan (activities), and by-products of the organizational and service utilization plans (outputs). It is an iterative process that is continually affected by effect theory revised. Process theory also takes time to make adjustments and revisions.

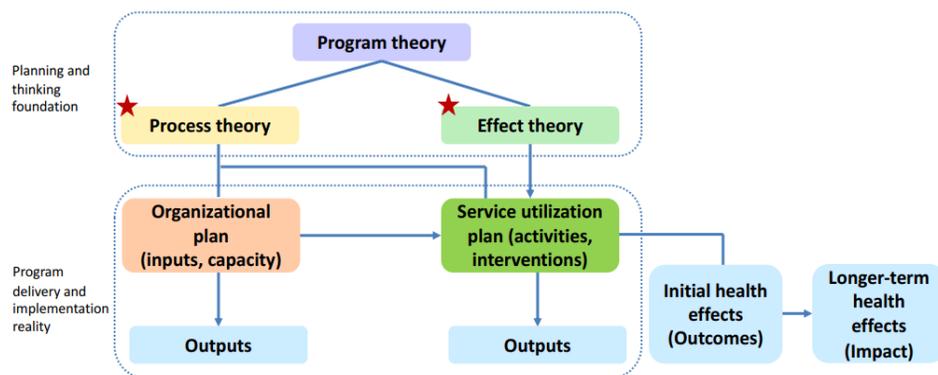


Figure 7. Conceptual Model of Program Theory

In this current research, to navigate the most effective intervention to prevent adolescent pregnancy, it is necessary to analyze the social determinants surrounding the situation of each agency. Effect theory is

adopted to understand the systematic and multifaceted analysis of the causes of adolescent pregnancy and interventions focused on it. The conceptual model based on effect theory explains the relationship between the factors related to the health problem and its intervention. It is a useful model to figure out which problem needs to be addressed, planning the most effective intervention, which strengthens the program and gains confidence, which formed by communication and scientific evidence. It contains three parts; 1) Causal Theory, 2) Intervention Theory and 3) Impact Theory (Figure 8).

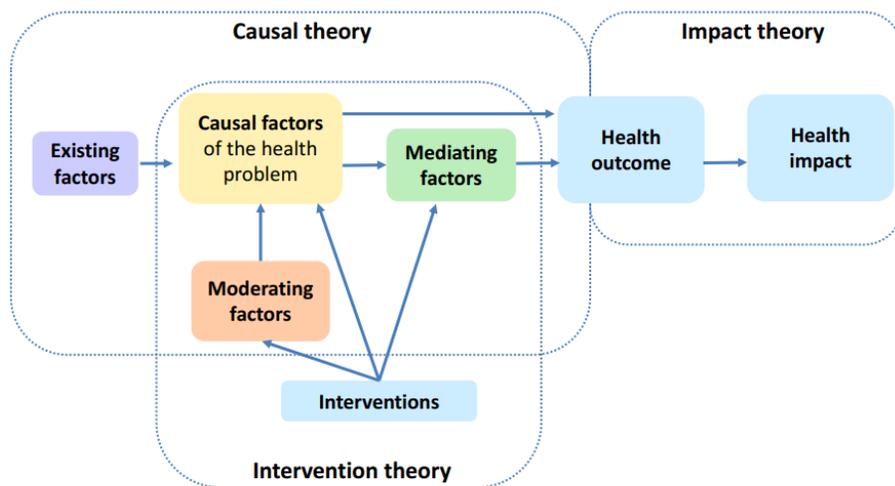


Figure 8. Conceptual Model of Effect Theory

The causal theory consists of existing, moderating, mediating and causal factors. It explains the health problem with statements or hypotheses that describe which causal factors are mainly responsible for the health problem. The theory includes factors identified in the needs of assessment and scientific literature to justify the causal theory. The existing factor is a

prerequisite for health problems to occur, e.g., current conditions, legal or policy conditions. Causal factors affect health problems in the preceding conditions, e.g., health knowledge, the existence of healthy food choices. A moderating factor can either exaggerate or lessen the impact of causal factors. Mediating factors intercede its effects between causes and problems. These factors and their relationships show 1) the scope of the problem, 2) perception of the problem, 3) beneficiaries and 4) existing health program. Therefore, it states or hypothesizes what causal factors directly influence the emergence of health problems.

Intervention theory explains how interventions affect which of the causal(Marmot et al., 2008) factors or possibly moderating or mediating factors. The relationship between interactions and effects on health problems can be identified, thereby improving the quality of interventions. Impact theory also explains how the health outcomes lead to impacts. It has benefit to clarify the number, types and quality of interventions as part of the health program. Effect theory identifies the factors that directly affect health problems, which identified by scientific literature and needs assessment. Impact theory explains the impact of health outcomes.

Since the social action of each individual is not only caused in the individuals, but also in social environment determinants. Therefore, an individual's cognitive, affective, and social environments should be understood in terms of health behaviors. (Green, 1996; Paasche-Orlow, Parker,

Gazmararian, Nielsen-Bohlman, & Rudd; Raphael-Leff).

2.4 Health Education

Health education is an area where education and health strengthen each other to be cross-disciplinary, maintaining their attributes. In global health, prevention can improve health more effectively than after treatment due to the lack of infrastructure. A study proposed that an effective way to prevent disease and deterioration of health is education (McKenzie, Neiger, & Thackeray, 2009). Therefore, health education is being conducted to deliver health knowledge to inspire the empowerment for social change. To raise awareness for health promotion, the concept of health literacy gains attention in academics.

Furthermore, Health education in adolescence is particularly essential to find their identity and vision of their life (Goldman & Bradley, 2001, 2004; Singh, Bankole, & Woog, 2005; Stassen Berger, 2005). Adolescents begin to develop their secondary sexual characteristics during puberty, where educating them about SRH is more critical than any other stage in their lives. Depending on how they learned their changes in SRH, it is time to form the values of their body and life.

2.4.1 The definition of Health Education

Health education is about teaching people comprehensive aspects of health (McKenzie, 2009; Glanz, 2008). Some may consider that health education is limited to physical health. However, the scope is broader than the expectation;

beyond physical education, the spectrum has expanded to environmental, social, emotional, intellectual, spiritual, and sexual and reproductive health education (Donatelle, 2009; Varga-Tóth, 2019). Health education is to learn what changes in behavior are helpful for individuals and groups to improve, maintain, or recover health by increasing their knowledge or motivating their attitudes. Health officials have suggested various definitions of health education, along with multiple fields.

Since the 1950s, various health education concepts have been defined. Griffiths (1972) provided a learning experience focused on an individual's health to create a voluntary change of their own.

The Ottawa Charter for Health Promotion (1986) that issued by WHO leads to shifting the paradigm of health education. The former education that focused on the choice of lifestyle and health risk in individual-level changed by the more attention given to policy and environmental interventions. Subsequently, health education is more involved in the community to achieve a wider range of purposes. Health education empowers people and communities to build public support for changes in public policy. It also needs various contents and ways to face new challenges in health education. Robertson and Minkler (1994), Schwartz, et al. (1995), and Downie, et al. (1996) provided a wider range of health education contexts for health promotion and the changes in the underlying policies, systems and environmental elements of philosophical practices related to health issues

(Robertson & Minkler, 1994; Schwartz et al., 1995). The following describes the definition of health education that has been recently defined.

The World Health Organization defined Health Education as *"comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health."* (Nutbeam, 1998).

Report of the 2000 Joint Committee on Health Education and Promotion Terminology (Gold & Miner, 2002) defined Health Education as *"any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions."*

Among the definitions of more specific and comprehensive health education, the concept of health literacy emerged to the purpose that we must achieve through health education. The concept of health literacy and its significance are examined in the next chapters.

2.4.2 Health literacy

In health education, social context has been important since health behaviors are caused by a combination of an individual's life choices, opportunities, and situations (Wharf Higgins, Begoray, & Macdonald, 2009). Health knowledge and other variables influence intentions, decisions, behaviors, and outcomes (Paasche-Orlow et al., 2005). Therefore, Health literacy has been rising as an

essential public health education ever since it was introduced in the 1970s (Manganello, 2007; Nutbeam, 2000; Simonds, 1974; Sørensen, Karuranga, Denysiuk, & McLernon, 2018). It is crucial not only to acquire health knowledge but also to use the knowledge correctly. According to a study that summarizes the definition of health literacy explored so far, the comprehensive definition of health literacy is as follows: (Sørensen et al., 2012)

“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”

Institute of Medicine reported that people with low health literacy are in poor health, even if they are adults or live in a developed country (Satel & Klick, 2005). Education attainment is related to health literacy (Manganello, 2007). It is further related to overall literacy that represents fundamental, communicative literacy and critical literacy. (Zarcadoolas, Pleasant, & Greer, 2003; 2005; 2009). Health literacy leads to improve the empowerment within domains of healthcare, disease prevention and health promotion (Sørensen et al., 2012). The time of education is also considered. The early interventions such as health promotion and disease prevention may improve health literacy (Kickbusch, 2008). The better health-literate, the healthier results were shown

(Manganello, 2007). The attention of health literacy related to health care of adolescents is being focused, as an adolescent is becoming more involved their health care (Gray, Klein, Noyce, Sesselberg, & Cantrill, 2005). Adolescent is particularly a transitional stage in the physical, mental, and social aspects, which is the most crucial period in life (Sprinthall & Collins, 1984; Feldman, 1990). Adolescents develop their intellectual skills by developing information processing and logical reasoning skills (Steinberg, 2005; Feldman, 1990). They also promote independence and autonomy (Steinberg, 2005). These changes in adolescence drive them to be in an excellent time to learn about health, considering health literacy. Improving health literacy at an early age precisely affects health literacy as teenagers acquire knowledge and establish behavioral patterns with them (Modell & Goodman, 1990). Improving health literacy at an early age affects the attitude and behavior of post-adolescent health (Feldman & Elliott, 1990). Through health education, adolescents not only achieve the health knowledge but also cope with other outcomes that voluntarily make a decision, modify behaviors and change social conditions critically to promote behaviors that improve health (Brey, Clark, & Wantz, 2007; Gold & Miner, 2002), and essential health skills (Kickbusch, 2008).

In developing countries, health literacy education is needed to address and utilize local health knowledge and its related factors. This table summarizes some of the implications for health promotion actions (Nutbeam, 2000).

Table 3. Levels of health literacy (Nutbeam, 2000)

Health literacy level and educational goal	Content	outcome		Examples of educational activity
		Individual benefit	Community/Social	
Functional health literacy: communication of information	Transfer of factual information on health risks and health services utilization	Improved knowledge of risks and health services, compliance with prescribed actions	Increased participation in population health programs (screening immunization)	Transmit information through existing channels, opportunistic inter-personal contact, and available media
Interactive health literacy: development of personal skills	As above and opportunities to develop skills in a supportive environment	Improved capacity to act independently on knowledge, improved motivation and self-confidence	Improved capacity to influence social norms, interact with social groups	Tailor health communication to specific need: facilitation of community self-help and social support groups: combine different channels for
Critical health literacy: personal and community empowerment	As above and provision of information on social and economic determinants of health, and opportunities to achieve policy and/or organizational change	Improved individual resilience to social and economic adversity	Improved capacity to act on social and economic determinants of health, improved community empowerment	Provision of technical advice to support community action, advocacy communication to community leaders and politicians facilitate

2.5 Sexual and Reproductive Health and Rights Education

2.5.1 The attention of SRHR education for adolescents in the field of global health education.

The global HIV epidemic motivated to create dramatic changes in understanding and policy development about sexuality and sexual behavior (Sandfort & Ehrhardt, 2004; Waxman, 2004). The importance of sexual reproductive and health education was highlighted in 1994 at the International Conference on Population and Development (ICPD) held in Cairo (Nations, 1994). ICPD restates reproductive health as a *“state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process.”* Furthermore, ICPD described that people have the right to *“a satisfying and safe sex life.”* It should have the *“capability to reproduce and the freedom to decide if, when and how often to do so.”* The ICPD programme of Action (PoA) emphasized the SRHR and its relation to adolescents and young people.

“reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence as expressed in human rights

documents.”

It involves the need for educational and service efforts to satisfy adolescents to deal with their sexuality with responsibility and positivity. The PoA pointed out that the improvement of accessibility to health care serving individuals' reproductive health needs to be achieved in the realm of the primary health care system as soon as possible, and no later than 2015. This proposed care system should be available to all individuals of all appropriate ages, including adolescents. This program is considered a foundation for policies of promoting sexual and reproductive health throughout the world. (Santhya, 2015; Chandra-Mouli, 2015; Ponzetti, 2015; Health, 2000). The efforts of establishing policy and programs that address SRHR have expanded (Santhya & Jejeebhoy, 2015); Lancet series on adolescent health (Catalano, Kosterman, Hawkins, Newcomb, & Abbott, 1996; Moran et al., 2012; Sawyer et al., 2012; Viner et al., 2012), Reproductive Health Matters (Jejeebhoy, Zavier, & Santhya, 2013 2013), UNICEF's 'Progress for Children 2012' (UNICEF, 2012) and the UNFPA's 'State of World Population 2013' (UNFPA & UN-HABITAT, 2013). In 2014, the international health and development community reviewed the implementation of the ICPD PoA. In 2015, a post-2015 development agenda established "Transforming our world: the 2030 Agenda for Sustainable Development" (UN, 2015). The following description is the goals associated with Adolescent SRHR and education in the 2030 Agenda.

- ▶ *Goal 3. Ensure healthy lives and promote well-being for all at all ages*
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- ▶ *Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*
By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people and children in vulnerable situations⁴
- ▶ *Goal 5. Achieve gender equality and empower all women and girls*
Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the

⁴ In the author's opinion, the connection to SRHR education in the goal does not seem to be well revealed, adding details of the goal.

1. Inclusion and equity: All people, irrespective of sex, age, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property or birth, as well as persons with disabilities, migrants, indigenous people, and children and youth, especially those in vulnerable situations or other status, should have access to inclusive, equitable quality education and lifelong learning opportunities. Vulnerable groups that require particular attention and targeted strategies include persons with disabilities, indigenous people, ethnic minorities and the poor.

2. Gender equality: All girls and boys, women and men, should have equal opportunity to enjoy education of high quality, achieve at equal levels and enjoy equal benefits from education. Adolescent girls and young women, who may be subject to gender-based violence, child marriage, early pregnancy and a heavy load of household chores, as well as those living in poor and remote rural areas, require special attention. In contexts in which boys are disadvantaged, targeted action should be taken for them. Policies aimed at overcoming gender inequality are more effective when they are part of an overall package that also promotes health, justice, good governance and freedom child labour.

International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

2.5.2 SRHR education

- **Definition of SRHR education**

Defining sexuality education is a complicated and highly debated project agenda. Yet, many policies assume its true meaning as self-evident and undisputed. The term is used interchangeably with such terms as sex education, sexual health education, or human relationships education (Blair & Monk, 2012; Irvine, 2002; Sorenson & Brown, 2007; Swain, Warne, & Hillel, 2004 2004). In fact, many have confused the concept of sex and sexuality education. First of all, Sex means biological sex, addressing a comprehensive issue related to it. Recently, sexuality is issued to incorporate the comprehensive meaning of sex. Sexuality is a discursive term (Foucault, 1990; Halperin, 1997) In particular, many scholars of public health and sexology have disputed the concept of sexuality and proposed an agreed definition and conceptual framework (WHO, 2000; 2006).⁵ Sexuality may thus involve the meaning of the understanding of its relationship to the human body; emotional attachment and love; sex; gender; gender identity, sexual

⁵ For more understanding of definitions and a conceptual understanding of sexuality, please refer to Pan American Health Organization (PAHO) and WHO. 2000. Promotion of Sexual Health. Recommendations for Action. Washington D.C., PAHO <http://www.paho.org/hq/dmdocuments/2008/PromotionSexualHealth.pdf>; and, WHO. 2006a.

Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002. Geneva, World Health Organization http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

orientation, sexual intimacy, pleasure, and reproduction. Sexuality is a complicated term that intertwined with biological, social, psychological, spiritual, religious, political, legal, historic ethical, and cultural dimensions. It needs to be understood in the spectrum of how they intersect and affect particular individuals' lives (Moles, 2017). After the definition of sex education is described formerly, some representative definitions of sexuality are described, which are widely used in the field of global health. Sexuality education refers to a comprehensive personality education based on the spirit of human respect, which aims to accurately understand the differences between men and women's bodies and minds, to convey scientific knowledge about sex, know the characteristics of sex between men and women, and to build and maintain healthy human relationships. It is an activity that helps individuals understanding of their characteristics and roles incorporating with each other based on mutual respect, trust, and self-control, and creating happiness (Kim, 2016; H. W. Kim, 2013).

UNESCO's International Technical Guidance on Sexuality Education policy suggests the definition of sexuality as *“an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically-accurate, realistic, nonjudgmental information. Sexuality Education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality.”*

Another definition of sexuality education, European expert group stated on sexuality education as such: *Learning about the cognitive, emotional, social, interactive, and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being.*

Recently, SRHR education is considered more important, including sexuality education. In the field of global health, the concept of SRHR education is being used in more than sexuality education (Areskoug-Josefsson, Schindele, Deogan, & Lindroth, 2019; Girard, 2007). SRHR has a comprehensive definition according to the report “Sexual and reproductive health and rights: an essential element of universal health coverage” (Figure 9).



Figure 9. A comprehensive definition of sexual and reproductive health and rights (UNFPA, 2019)

It combines four distinctions but connects the concept of sexual health, reproductive health, sexual rights and reproductive rights (Table 4) (Liliane, 2019).

Table 4. SRHR and legal frameworks (Liliane, 2019)

Sexual Health	Sexual Rights
<p>The World Health Organization (WHO, 2006) defines sexual health as “a state of physical, emotional, mental and social well-being related to sexuality: not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.</p>	<p>Sexual rights are a part of the universal declaration of human rights and consist of the right of all persons - including those with disabilities – free of discrimination, coercion, or violence, to seek and receive information related to sexuality, have their bodily integrity respected and to decide whether to be sexually active and to engage in consensual sexual relationships.</p>
Reproductive Health	Reproductive Rights
<p>Reproductive health is complementary to sexual health, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes” according to the United Nations (2017). In order to make these decisions freely and responsibly, it is necessary that people receive accurate information about their reproductive system. The reproductive system not only includes managing fertility with access to safe, effective, affordable and acceptable contraceptive methods, it also includes preventing and managing sexually transmitted diseases, including HIV/AIDS and to manage menstruation in a hygienic way, in privacy and with dignity (Starrs et al., 2018)</p>	<p>Reproductive rights include the right of all individuals to attain the highest standard of reproductive health possible and to decide the number, spacing, and timing of their children. In order to do so, they have the right to receive scientifically accurate and reliable information, free of discrimination, coercion or violence.</p>

However, safe abortion is a controversial issue that some organizations are against it for its physical, mental and social risk (Coleman, 2006) ⁶.

⁶ Refer to this website, you can check the list of anti-abortion organizations in the United

- **Abstinence-Only Sexuality Education vs. Comprehensive Sexuality Education**

This section describes Abstinence-Only Sex Education (AOE) and Comprehensive Sex Education (CSE), which are the two most common forms of sex education. Lindberg & Maddow-Zimet (2012) suggest that both AOE and CSE have a positive impact on sexual behaviors and outcomes, compared to the lack of education. However, CSE has been preferred and widely used as SRHR education.

There are many concerning voices about AOE, but in fact, the definition of AOE is different from the effect of its education. AOE is designed to promote abstinence and self-discipline among adolescents. This is the definition of AOE Under Section 510 of the Social Security Administration (U.S. Social Security Administration, 2007, § b1).

Under Section 510, abstinence education is defined as an educational or motivational program that:

(A) has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

Satates _ https://en.wikipedia.org/wiki/List_of_anti-abortion_organizations_in_the_United_States

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Many experts contend that using religious-based AOE in pursuit of prevention of adolescent pregnancy and STIs was failed (Bales, Pfeifer, & Carter, 2004; Barnett & Hurst, 2003; Kirby, Korpi, Barth, & Cagampang, 1997 & Cagampang, 1997; LeCroy & Associates., 2003; Miller, Scarl, & Hauser, 2004; Sather & Zinn, 2002; Sheriff, Krebs, & Boonstra, 2009; Smith, Dariotis, & Potter, 2003 2003; Winner, 2006). As a result of the National Campaign to Prevent Teen Pregnancy (Kirby et al., 1997), AOE had no statistically significant impact on promoting attitudes, intentions, and current sexual behaviors among adolescents and young people. Only a few cases of AOE showed mild success at the earlier attempts, and it did not last long-term positive impact on ASRH over time. Many scholars claimed that the reason for the failure is due to its deviating from the pursuit of good ASRH (Barnett & Hurst, 2003; Dailard, 2006; Sather & Zinn, 2002). In this respect, it only

focuses on the reduction of the high rate of adolescent pregnancy. AOE provides only abstinence itself, which leads youth and young people are uneducated about useful information regarding SRH. It also failed to inform and promote to use contraceptives, which protect the individuals from the adverse sexual outcomes such as STIs and unplanned pregnancy. Although the result of the initial sexual activity is postponed, advocates on abstinence from sexual activity before marriage were disappointed with the failures to prevent sexual risk-taking behaviors and to teach the positive perspectives of sexual health outcomes (Miller et al., 2004; Sheriff et al., 2009).

In contrast, many scholars have argued that CSE provides young people with the necessary information about their bodies and sexuality to reduce misinformation, shame and anxiety. They also have pointed out that CSE improves their abilities to make safe and informed choices about their sexual and reproductive health (Boonstra, 2015; UNFPA, 2013). It reduced the adverse effect of SRH such as adolescent pregnancy, sexual violence and STIs (WHO, 2015). International technical guidance on sexuality education (UNICEF, 2018), defined as *Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect*

their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

CSE concludes gender diversity. Furthermore, everyone lives in a variety of ways that are diverse and situational. However, through different historical and different cultural and social backgrounds, we find a different culture than we have. What significant is that the researcher observes it absurd to deny universal human rights in the name of cultural diversity regarding many other cultural practices, such as female circumcision, early marriage, slavery, and totalitarian regimes. Unless regulations of gender are given to people in the name of fully respecting individual choice and diversity, difficulties will arise in certain ethical issues such as consensual incest. In 2014, Germany's National Ethics Council investigated the case of a man who had sex with his sister. Through their investigation, Germany's National Ethics Council called for an end to incest crimes between siblings. The incest is a crime under Article 173 of the German Criminal Law. However, 14 out of 25 members voted in favor of the abolition of Article 173 in September 2014. The decision can be seen to be consistent with the notion of gender diversity.

The restrictive and negative perspectives of sex are harmful in the light of both conceptual and functional levels (Freitas, 2015). It leads students to hardly understand the sexuality fully at the former level and to attempt sexual activities rebelliously or secretly at the latter level. Even if the effectiveness of the CSE has been revealed a lot, it is necessary to study whether there are

any other bad effects of the CSE and to develop better SRHR education programs.

2.5.3 SRHR education in Latin America

Since the late 1990s, in many Latin American countries, the institutionalization of Sex education continues (Esteves Estefanell & Santos Alarcón, 2013). In this respect, Latin America has undertaken active efforts and has established sex education (Darré, Sosa, Cantarelli, & Jubín, 2010). Even though many systematic actions related to sexual health acknowledged the right of women and men, which is based on trustworthy and scientific information on SRH, most evidence implies that Latin America has the urgent need for long-term state policy. The evidence is unwanted pregnancies, adolescent pregnancies, STIs, sexual violence, gender violence, unsafe abortions, and the lack of SRHR education programs (Hunt et al., 2014). In contrast with the adolescent birth rate has declined globally over the decades, Latin America continues to be the region with the second-highest adolescent birth rate in the world (Ávila, 2017). Teen pregnancy not only puts the health of the mother and the children at risk but also limits their opportunities to achieve educational goals as well as economic potential resulting in a significant burden on their families, society, and nation as a whole (Neal et al., 2018). The percentage of first-time mothers before the age of 20 years has actually increased since 1990 (D. Dongarwar & H. M. Salihu, 2019). The need to support adolescents with education, resources, and skills to make

responsible decisions are unquestionably evident. In this respect, SRH literacy can help adolescents to delay the initial sexual activity, and support them to reduce the chance of unplanned pregnancy to take responsibility for their sexuality (Deepa Dongarwar & Hamisu Mohammed Salihu, 2019)

There are essential characteristics of SRHR in Honduras located in Latin America; Machismo and religious background. Machismo is a complex concept of beliefs, attitudes, values, and behaviors in terms that men and women have been discriminated by their gender roles in society (McGee, Peterson, Mueller, & Sequeira, 2009). It leads to greater freedom for men than women in sexual activity (Giordano, Thumme, & Panting Sierra, 2009 & Martín-Ortiz, 2007). Machismo is related to risky sexual activity (Cáceres, Rosasco, Mandel, & Hearst, 1994 & Hearst, 1994; Caricote Agreda, 2008; da Silva & Guerra; Gutiérrez-Quintanilla, Rojas-García, & Sierra, 2010 2010; Navarro, Yubero, Larrañaga, & Martínez, 2012). It also affects not only formal education; public policy, but also the non-formal SRHR education, such as their communication of sexuality happening in families and society (Jerves et al., 2014), because of the deep belief of machismo (Agreda, 2008; Caricote Agreda, 2008; Faúndez & Weinstein, 2013). Second, Latin America is based on Catholicism and Protestantism. It emphasized sexual intercourse as exclusively after marriage, chastity, the dignity of life, and the importance of family. Masturbation and homosexuality admonished (Daniluk & Browne, 2008; Hubbard, 1990). In line with this view on sexuality, Hock (2011) stated

that CSE has no attention to teaching and promoting religious concepts. The controversial issue in such a program is whether faith-based programs positively encourage chastity or enforce it with the religious notions of adolescents. It needs to be confirmed the choice of students on their sexual decision by whether willingly by themselves or forcefully by the system. Machismo and religious background; Catholicism and Protestantism should be considered for effective SRHR education.

In fact, adolescent pregnancy prevention education was conducted as a short-term project, not as a change in the school education level. It was also done only in limited countries and areas.

Considering the cultural, social, political and religious background for solving the problem of adolescent pregnancy in Honduras, a practical and effective SRHR education is needed for the locals with a long-term perspective.

CHAPTER III. RESEARCH METHOD

3.1 Research Methods

3.1.1 Methodological consideration: Qualitative Research

The qualitative methodology is mainly adopted to comprehend the context of why adolescent pregnancy happens and to explore the needs of participants through their experiences and cultures. By adopting this methodology, the study attempts to contribute to creating an education program on preventing adolescent pregnancy through fulfilling their actual needs discovered by hearing their voices and modifying the existing sexuality education. Qualitative research directly captures the experiences and viewpoints of lives of an individual and states them in a descriptive manner (Patton, 2005). This research describes participants' perceptions and experiences on adolescent pregnancy at school to identify why the adolescent's pregnancy rate is high and keeps increasing in Honduras. It is not an ethnography study but is used its strategy of inquiry and observation in which a researcher explores through social actions of individuals in their lives to describes patterns of their lives. (Buell, Stoddard, Harris, & Baer, 1968; Fetterman, 2019; Wolcott, 2008). It involves a detailed description of the ideas, beliefs, and world views of the individual. (Fetterman, 2019).

This study focuses on apprehending adolescent pregnancy inside and outside of schools in Honduras. It is also to restate what the researcher has learned through on-site experiences in an objective third-person point of view which

is not affected by personal, moral, and political prejudices and judgments (Van Maanen, 1995).

3.1.2 Study setting

This study is an in-depth research on educational contexts and fundamental factors that may have an influence on them. International Christian School Urraco (hereafter ICSU), which is located in Urraco, El Progreso, Yoro, Honduras, participated in this research. Yoro is one of the seven departments in Honduras with acute adolescent pregnancy rates (Romero, 2015), and Urraco is a rural area. ICSU is a private school but officially licensed in the country to provide local public education to Honduran students. Approximately 400 students from kindergarten to 12th grade attend this school. Owing to the fact that Honduras is predominantly a Catholic and Evangelical society and that myths, prejudices, punishments, and taboos associated with sex are prevalent in ICSU since it is a Christian school, the school is perceived as a suitable subject for the research.



Figure 10. Logo of ICSU



Figure 11. Panorama of ICSU

3.1.3 Research Process; Field Research

The researcher worked at ICSU as an English teacher, which is the first experience in Global Education Cooperation. At that time, the researcher thought that improving English skills is the most necessary thing for Honduran students, and the researcher focused solely on enabling students to speak and write English. However, no matter how high their English and mathematics scores were, students had no vision and hope due to the uncertainty underlying in their future life. Once, a female student got pregnant and ran away with her boyfriend, which led them to be dropped out of school. The attitude of the school dealing with this problem was even more problematic. One teacher considered it as an ordinary happening. On the other hand, for a principal, it was sorrowful that the school could not do anything to prevent the problem of adolescent pregnancy and treat the matter always in the same ways. The principal showed tears in front of me and confessed that she had so many managerial tasks that she could not afford to be interested in SRHR education.

Education in Global development takes responsibility for providing content linked with what they aspire most in their impoverished conditions and with a lack of infrastructure. Latin America, in particular, has had significant social problems caused by adolescent pregnancy, which could be attributed to a lack of SRHR education. As the researcher studied education in the context of global development, including on-site experience in Honduras, questions

about this issue always arose within me.

Why is sex education challenging to implement even in school? Is it a government-level problem, or is it because of their socioeconomic backgrounds? Or, if education is being implemented at school, why do students get pregnant? What is the reality of sex education in school?

Before commencing research, as a researcher and a foreigner visiting there, the researcher decided to listen to them first to empathize and understand their reality, with an attitude of a learner. The researcher asked the administrators, teachers, and students in school, whether the research topic is appropriate to do there. It is necessary to confirm whether this theme is a truly severe problem in Honduras. Indeed, the researcher must have confidence that it is worth researching, and it would be acceptable to people. They confirmed the necessity of the research, and the researcher has already built enough rapport with them to conduct it. In the stage of the literature review, the researcher determined the direction of the methods for collection and analysis of data, while learning the contexts of Honduras and the conceptual framework. After the proposal, the researcher prepared the IRB approval for two months from mid-June to late-August. With the approval of the Institutional Review Board (IRB) of the Seoul National University (IRB No. 1908/003-025), field research was conducted between late-August and mid-September for three weeks in the province of El Yoro, Urraco.

The researcher had served as a vice-homeroom teacher for 11th grade. In the first week of the research, the researcher tried to strengthen the existing rapport with all people at first, greeting them and visiting the picnics together with students and community members. Then the researcher introduced the purpose and overview of the research, and they are asked to participate in it in a kindly manner, also presenting the proposal papers. From the second week, interviews were scheduled for participants who understood the purpose of the research and agreed to engage in it. The researcher cooperated with an interpreter who speaks both English and Spanish fluently and who is a teacher in ICSU to carry out the interviews. At the same time, the local college students transcribed the interview contents after having written confidential agreements. Since the school was interested in and supported the research keenly, the principal and teachers could participate voluntarily. One of the school administrators even helped the researcher to arrive at the place where a participant is when there was no public transportation available. He took us to them by car for an hour or an hour and a half. The parents also trusted the researcher and were willing to attend the research, granting their gratitude to the researcher who was interested in education for their children. Even though SRHR and adolescent pregnancy is a sensitive issue, the students and the women also openly discussed their perspectives and experiences with the researcher. Next, back to Korea, coding, analyzing, and interpreting data and writing process was proceeded.

3.2 Data collection & Participants

Atkinson (2014) and Fetterman (2019) mention the types of data collection methods to present a holistic perspective of the characteristics and environment of the group. They include interviews, observations, symbols, artifacts, and diverse sources of data, which can be retained by engaging with extensive fieldwork to look for the patterns of the culture-sharing group. Considering the field conditions, data collection methods in this study include in-depth interviews, Focus Group interviews (FGI), and field documents (i.e., Natural Science textbooks). SRHR is a very personal and sensitive issue. The researcher, who already had two years of experience in the research field, has built a rapport with the participants to adopt the qualitative method as a critical instrument for collecting data.

1) Documents

Natural Science textbooks were selected for analyzing schooling materials for sexual and reproductive health education. The researcher collected them from 5th grade to 10th grade. Textbooks are classified according to International technical guidance on sexuality education: an evidence-informed approach (UNESCO, UNAIDS, UNFAP, UNICEF, UN Women and WHO, 2018)

2) Interview

In this study, in-depth interviews and Focus Group Interviews (FGI) were conducted. The selected participants who agreed to participate in this study

were asked questions in a face-to-face setting to explain their experiences in detail. The in-depth interview involves intensive individual interviews with a small number of participants to explore their perspectives on a particular issue, program, or situation. It is useful for a researcher to access comprehensive information on the thoughts and behaviors of a person or to explore new issues in depth. Descriptions of such interviews provide context to other data, offering a complete picture of what happened in the issue (Boyce & Neale, 2006). The reason for including FGI as a method for data collection is that it is a group process to explore and clarify views of interests that may be difficult to attain in individual interviews (Kitzinger, 1995). Interviews and FGIs were carried out at school or their home, which could be relaxed and accessible for participants. Even though the information has already been given to participants both in written forms and by oral communications, the researcher again explained the purpose of the study, then attained the approval of the subjects. Interviews were conducted without interrupting the school schedule and education and recorded with subjects' consent on the usage of academic purposes. Most of the participants could communicate only in Spanish. Therefore, an interpreter cooperated with the researcher to translate Spanish into English. The interview questions for each group are listed in the Appendix.

- **Research Participants**

Qualitative research has the advantage of being able to acquire firsthand data

by meeting participants directly. This methodology has developed itself in the field where a research problem is examined through interviews, observations, and field documents (Creswell & Creswell, 2017; Hatch, 2002; Marshall & Rossman, 2011). It is worth interviewing firsthand on the perceptions of and real-life experiences of the participants, which are not suggested by school enrollment rates and achievement scores. Since adolescent pregnancy is a sensitive issue concerning sex, it is required to encourage participants to share their perceptions and experiences without any interferences or pressures. Therefore, principals, teachers, parents, students, and women who quit ICSU due to the pregnancy are selected for this research through *purposeful sampling*, a method widely used when analyzing cases with bountiful information in a field of qualitative research (Patton, 2005). There are two criteria required to be achieved in qualitative research in order to select as many research participants as necessary (Seidman, 2006). The first is sufficiency. The number of participants should be large enough to link the experiences of those who are selected as participants and those who are not. The second is the saturation of information. Researchers cannot attain new insights from the moment they start listening to the same information during the interview (Douglas, 1976; Glaser & Strauss, 1967; Lincoln & Guba, 1990; Rubin, 1995; Weiss). The number of subjects of the research, however, depends on the variables such as the overall process of the interview, the dialogue methods used at each stage, and the characteristics of the study. The

criteria of sufficiency and saturation of information mentioned above are critical, but it is also necessary to take practical considerations such as time, money, and material resources into account at the same time. Indeed, even with a relatively small number of participants, in-depth and phenomenological interviews with participants with similar structures and experiences in social conditions can provide meaningful data for research (Seidman, 2006). Consequently, 2-4 participants were selected for each group, considering the two criteria, the condition of the field, and the specificity of the research topic.

1) Principals

Two principals attended this research. A male principal has worked for a long time as a local secondary school principal, and a female principal started her career as a teacher at ICSU and has worked as a vice-principal. The principal at ICSU is responsible for the communications between teachers and administrators, managing teachers, and disciplining students. The principals, who have experience in both inside and outside of a classroom, shared their personal views and experiences about adolescent pregnancy.

2) Teachers

Two male teachers and two female teachers from the ICSU school participated in this research: a male teacher who graduated from ICSU; another male teacher who has other public-school experiences; a female teacher who is a secondary school leader with excellent English proficiency;

and a female teacher who teaches Natural Science to secondary school students both in a public school and ICSU. Teachers shared their perceptions and experiences concerning an educational approach to preventing adolescent pregnancy in the context of communicating with students and teaching students inside and outside of the classroom. Furthermore, the instructors already graduated from high school and are studying at universities. Since this is a very high educational level in Honduras, they are expected to understand the purpose and necessity of the research so that they can actively participate in the study.

3) Parents

A father whose three daughters attend ICSU and a mother group was engaged in this research with their passion for nurturing their children. They shared their perceptions and experiences of giving their children sex education related to the prevention of adolescent pregnancy. They were interested in educating their children to a considerable extent. At the moment of the research, they were sending their children to private schools, including ICSU, with paying a significant amount of tuition fees and had established the prayer meeting themselves for their schools.

4) Students

A male and a female student in the 11th grade, who have completed regular Natural Science courses, thereby having received sexual education, attended this research. The students discussed how they regard adolescent pregnancy

and which factors and contents they are willing to know and learn.

5) The women who quit school due to adolescent pregnancy

Two adult women who quitted schooling due to pregnancy attended this research. When the researcher had been working at ICSU, one female student had quit school because of her pregnancy. She became an adult and had a boy who was five years old at the time of the research. Unfortunately, her boyfriend left her and her son after her pregnancy. Another woman had quit school only one year before graduation. She had married another male student who already graduated from ICSU and was raising a daughter at the time of the research. The women explained why and how they had become pregnant as an adolescent and what kind of life changes they had experienced after pregnancy to provide a confound understanding of the context of adolescent pregnancy in Honduras. By researching the impacts of adolescent pregnancy on two women living in Honduras, the reality of adolescent pregnancy could be described in detail. The researcher and the participants already formed a rapport so that they were able to share their life experiences and ideas on adolescent pregnancy in Honduras without any prejudices and pressures.

Table 5. List of Research Participants

Grouping	Pseudonym	Sex	Age	Description	Date of interview
Principals	Director	M	60s	work for more than 30years	19.09.03
	Directora	F	30s	Present main Principal	19.09.08

Teachers	Teacher 1	M	20s	Graduated from ICSU 12th Homeroom teacher	19.09.04
	Teacher 2	F	20s	Secondary school leader 9th Homeroom teacher	19.09.04
	Teacher 3	M	20s	Worked at public school and government “Economic department” before. 8th Homeroom teacher	19.09.04
	Teacher 4	F	30s	Natural Science teacher	19,09.11
Parents	Father	M	30s	3 daughters (5 th , 10 th , 11 th) in ICSU	19.09.06
	Mother Group.	F	40s	Has adolescent pregnancy experience and her daughter graduated from ICSU	19.09.09
		F	40s	Her daughter graduated from ICSU	19.09.09
Students	Female Student1	F	10s	11 th -grade student	19.09.06
	Female Students2	F	10s	11 th -grade student	19.09.06
	Male Student	M	10s	11 th -grade student	19.09.11
Women who quit school due to adolescent pregnancy	Woman1	F	20s	Quit the school at 9 th grade	19.09.02
	Woman 2	F	20s	Quit the school at 11 th grade	19.09.12

3.3 Data Analysis & Analytical Framework

Creswell (2017) suggests several on-going steps for data analysis and interpretation as shown in Figure 12. Even though it proposes a linear, hierarchical approach building from the bottom to the top, it is more

cooperative in practice; the various stages are interconnected and are not always visited as in the presented order. (Creswell & Creswell, 2017).

1) *Organize and prepare the data for analysis*; transcribing interviews, optically scanning

materials, typing up field notes, or sorting and arranging the data into different types depending on the sources of information.

2) *Read through all the data to provide a general sense of information and a chance to reflect on its overall meaning*; writing notes in margins or recording general thoughts about the data.

3) *Begin a detailed analysis with a coding process*. **Coding** is the process of structuring the data into chunks or segments of texts before bringing signifying to data (Rossman & Rallis, 2011); taking text data or pictures retained during data collection, segmenting sentences (or paragraphs) or images into categories, and labeling those categories with a term, often based in the actual language of the participant.

4) *Use the coding process to generate a description of the setting or people*

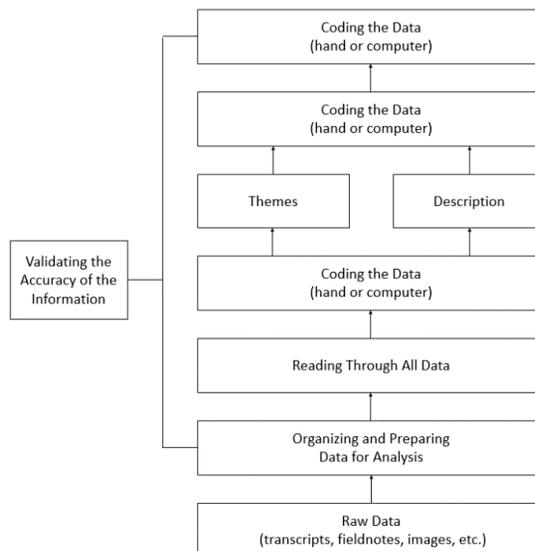


Figure 12. Data Analysis in Qualitative Research

as well as categories or themes for analysis. **Description** involves storytelling about people, places, or events in a setting without biases (Wolcott, 1994).

5) *Advance how the description and themes will be represented in a qualitative narrative;* a researcher may refer to a chronology of events, a detailed discussion of several themes, or a discussion with interconnecting themes. It is requested to classify data by utilizing categorical aggregation and establishing patterns of categories; patterned regularities (Wolcott, 1994)

6) *Interpret the findings by asking the question of “what is to be made of them?”* to describe the essence of the idea (Wolcott, 1994) in aspects of ethnography. It includes the researcher’s interpretation, couched in the understanding that the inquirer brings to the study from a personal culture and experiences. According to Stake (1995), an assertion can be perceived as a propositional generalization, which is composed of a summary of interpretations and arguments made by a researcher. It is then combined with the “naturalistic generalization,” or personal experiences of a researcher. While carrying out naturalistic or qualitative research, Lincoln and Guba insisted that “pattern theories” can be evolved as explanations for such research. Generalizations and pattern theories refer to interrelated portions which are connected to the entity. Definitely, there are several types of researches that do not adopt any of this explicit form of theories or generalizations. Nonetheless, qualitative research is not able to commence from merely an observation, which indicates that theories and methodologies

must construct a conceptual structure before launching an observation (Schwandt, 1997) Thus, interpretation in a qualitative research can take disparate forms: be adapted for different types of designs; be flexible to convey personal, research-based, and action meanings.

● **Analytical Framework**

Education is the interaction between teaching and learning. At the center of the interaction, a subject is present. In order to demonstrate educational phenomena, the process of reflection within the social structure should be considered. In this research, it is necessary to analyze the relationship between causality on health issues and educational intervention to prevent adolescent pregnancy. Therefore, the conceptual model based on effect theory explains the relationship between the causality of adolescent pregnancy and social and cultural intervention that influence it. Through the perception and experience of the participants, it is to find out what structural conditions exist in Honduras and what are the causes that are interconnected with them. The final analytical framework is created by adopting analytical dualism based on the morphogenetic theory (Archer, 1995, 1996, 2000, 2003, 2007, 2010a, 2010b, 2013, 2014) with the conceptual effect model. It further applies reflexivity to explain the social and cultural intervention working with personal concerns, which leads to social change. Through the sequence of 'contextual structure existing before the agency-social interaction or reflexivity-result,' the structure and the agency are not fused and can be

separated timely to explore the dynamic relationship between them (Lee, 2015). It implies that a change in society is being made through a reflexivity relationship between an individual's ability in a given social structural condition and an improvement in a given social structure.

This analytical framework can occur with each stage overlapping from the real world to T1-T4. For example, social interaction and structural isolation can occur simultaneously rather than sequentially (Leca and Naccache, 2006). This causal mechanism analysis reveals how ‘what’ behavior caused by ‘who’ become influence ‘what effect’ and ‘why’ of it (Figure 13).

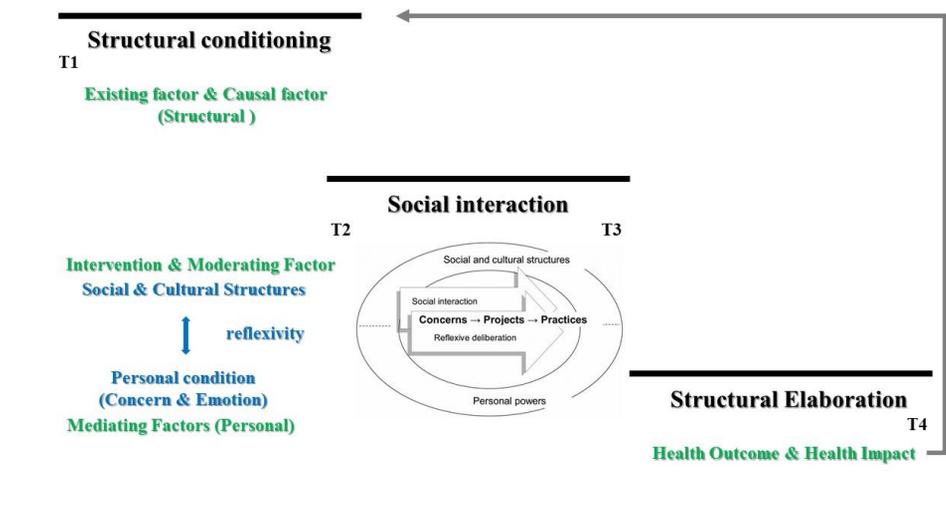


Figure 13. Conceptual Framework adapted from the Analytical dualism

3.4 Ethical Consideration

The ethical issues have been critical since the primary data are obtained from individuals and through FGI, covering a sensitive topic of “Adolescent

SRHR” According to IRB approval, it was necessary to collect sensitive personal information. Therefore, Spanish interpreters were encouraged to receive basic training to protect the rights of the participants. To this end, the researcher talked deeply about the research to enlighten her and continued to communicate the meaning of the research questions and the attitude of the interviewer in English. Furthermore, the researcher tried carefully not to be sexually oriented when interviewing male participants. When conducting interviews with teenagers, the researcher collected participants who fully understand the purpose of the study and how to proceed, then revealed their intention to participate. They were given recruitment documents and informed consent from a week ago to obtain consent from their legal representatives with their relationships specified.

CHAPTER IV. FINDINGS

This chapter includes four sections to organize and describe the collected data. The first section is to explore the causality of adolescent pregnancy, explaining structural and cultural context through the data regarding participants' perceptions of adolescents' pregnancy in Honduras and the individual experience of SRHR education. The second section is to describe the required intervention for the prevention of adolescent pregnancy in the perspectives of participants, explaining what personal concerns and structural interventions are in reflexivity. The third section explains the social changes currently taking place in Honduras, which helps to consider future directions of the intervention required. The fourth section is a summary of the context related to adolescent pregnancy, analyzing the adolescent pregnancy using a conceptual framework in Honduras

4.1 Structural Conditioning

4.1.1 Ongoing high level of Adolescents' Pregnancy in Honduras

Honduras has the second-highest adolescent pregnancy rate in Latin America. About 28% of pregnant women are adolescent girls in this small Central American country.

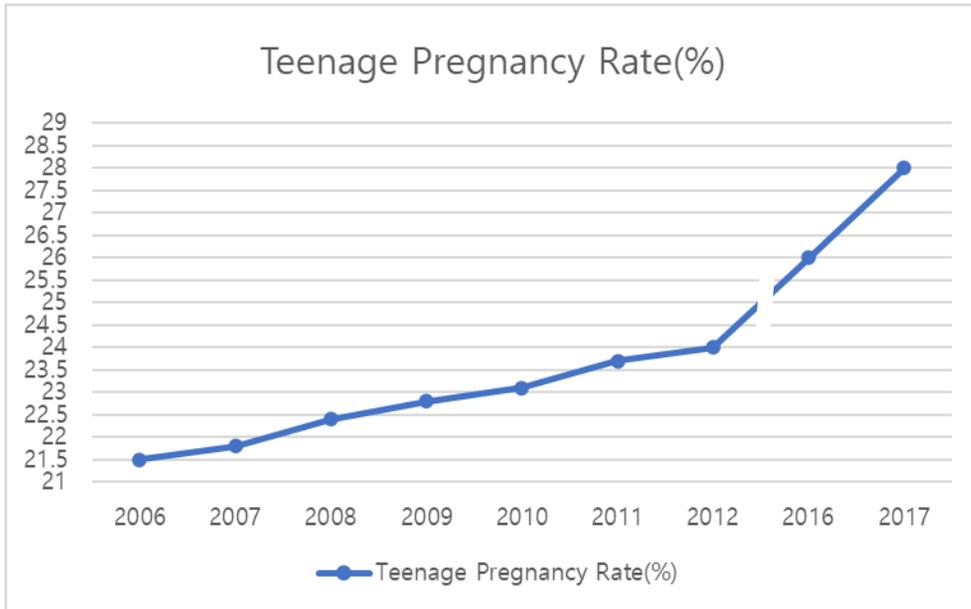


Figure 14. The Rate of Teenage Pregnancy in Honduras

According to the Honduras Demographic and Health Survey (hereafter DHS), in 2011-2012, 23% of adolescent girls aged 15-19 living in rural residences became mothers, compared with 15% in urban residences. More seriously, the east-northern area of the country has 30% to 35 % of adolescent mothers, which is higher than the national average. It also underpins the consequences of 19 adolescents giving birth each day at the university hospital in Tegucigalpa. More than 19 adolescent mothers are increasing every day, assuming that adolescent conceives and give birth in other regions and rural areas (Ávila, 2017).

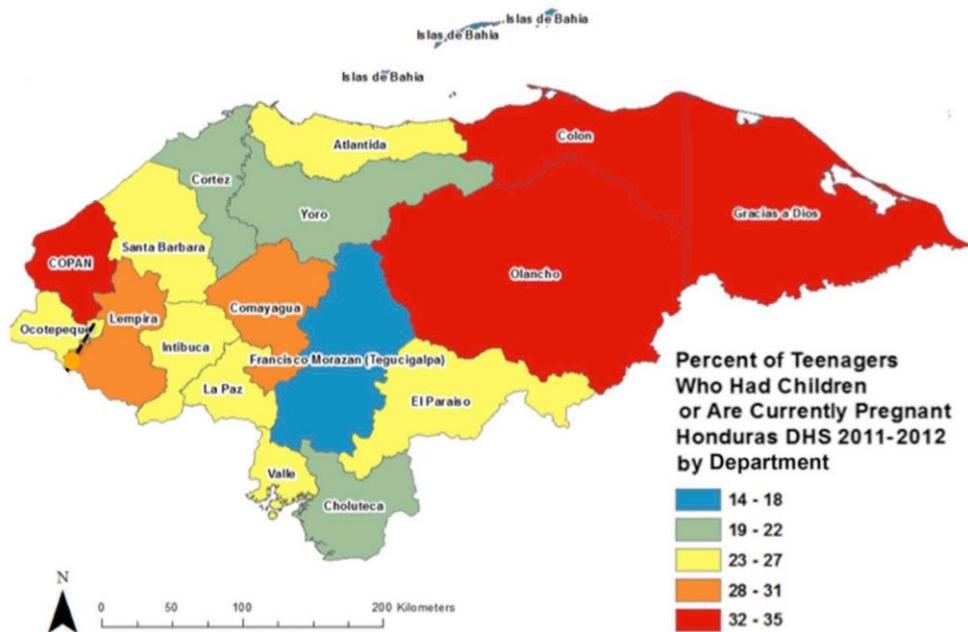


Figure 15. Adolescent pregnancy in each Department of Honduras from Honduras DHS 2011-2012. (Shakya et al., 2019)

As a high rate of adolescent pregnancy, many people in Honduras recognized the seriousness of the adolescent pregnancy problem and that it was a social phenomenon.

It is a big problem in Honduras because many people, especially many young girls, are experimenting be moms at a very young age.

Directora

It is a severe problem that young people pregnant at an early age.

Father

The issue of pregnancy is worrisome, not only are there cases of young pregnant women in rural areas but also urban areas. On one occasion, a nurse from the health center here, “Urraco village,” said that every ten women who are attending the health center, 6 of them are teenagers. Many young people fail because they draw themselves out of friendship.

Mother 1

People who have worked in the field of health know that majority of teenagers who arrived at the health center are anxious due to pregnancy.

Mother 2

It is dangerous to have children at a very young age, as there may be complications in the mother, and this can affect the baby.

Male student

The low levels of education and disturbed family background are associated with early pregnancy in Honduras. Adolescents in this condition are at a very high risk of beginning sexual and reproductive activity. It is the beginning of another vicious cycle disguised as another way out for them.

I remembered two cases that two young students obtained a pregnancy at an early age, the ages of 17 and 18. They could not complete the schooling due to their pregnancy that was going through their lives at that time. However, over time, there are many more relevant and more critical cases in this institution.

Teacher1

In Honduras, teenage pregnancy is almost usual. Many parents are still very young, either because they received no education or because their parents are divorced, or family is separated.

Teacher 2

At the educational level, pregnancy at an early age impedes young women who study and obtain a better-quality education for the future. Having a child implies spending time and above all being prepared to be able to raise them and give them a good education, nowadays young women who become pregnant at an early age are not physically and psychologically prepared.

Teacher4

The problem with adolescent pregnancy is sexual violence. Women are at immediate risk of sexual violence, which has directly related to adolescent pregnancy. Honduras is one of the highest sexual violence rates in Latin America. For example, women are raped every three hours and sometimes killed for no reason. Adolescents with sexual abuse had more sexual experiences because their identity was formed around their experience with

early sexual abuse (Butler & Burton, 1990; Rainey, Stevens-Simon, & Kaplan, 1995; Stock, Bell, Boyer, & Connell, 1997). They sought the feeling be-loved through a sexual relationship, which means it can be satisfying them and could not refuse unwanted sexual advances, (Butler & Burton, 1990; Rainey et al., 1995) or developed an early interest in sexual behavior (Noll, Trickett, & Putnam, 2003). These can increase the exposure of the risk of sexual violence and adolescent pregnancy (Butler & Burton, 1990; Cinq-Mars, Wright, Cyr, & McDuff, 2004; Rainey et al., 1995; Steel & Herlitz, 2005). Similarly, physically and sexually abused girls may want to get intentionally pregnant so that they make their own family and escape their abused home (Butler & Burton, 1990; Rainey et al., 1995), or affected by cognitive and emotional development. They can repeat their own abused experiences with adverse effects on decision-making and self-esteem (Butler & Burton, 1990; De Bellis, 2001; Salvadoreña, 2004). Honduras has easy access to drugs, alcohol, and gangs, and is in a precarious state of public security. Adolescents in Honduras are exposed to these dangers. The issue of adolescent pregnancy is closely related to social issues, not just individual ones.

Early pregnancy does not just happen because it has a relationship with their boyfriend. In most cases, before getting pregnant, they have been sexual abuse. For example, some girls might want to go to a party, and they drink alcohol, they snort much cocaine into the body. If the boys are drunken, then they are also likely to abuse girls sexually. Even though the girls do not want it, it happened because boys are stronger than girls. So they get pregnant because they are not ready to protect that. ... More seriously, once they enter the gangs, it is much more difficult to get out. They have the children within the gangs, and even their children become a member of the gangs. It is very complicated.

Director

Abortion is also one of the sexual issues in Honduras. According to the Center for the Administration of Justice (Poder Judicial de Honduras), abortion is illegal in the country under all circumstances. According to UNICEF(2013), 12% of teenagers suffer unsafe abortions in underground clinics around the country. Abortions can be much more dangerous in Honduras for teenagers or any woman because of a lack of hygiene. This abortion rate is still an unofficial source, as no one knows for sure how many abortion clinics are in operation without permission from the authorities. Adolescents choose abortion as an alternative to adolescent pregnancy, but inadequate health facilities can cause secondary infectious diseases (Franz, 1992; Strahan, 2000; Reardon, 1994). It has adversely side effect; psychological risk (Gissler, 1996 ;Patterson &Melton, 1986; Sobie, 2001; Somers, 1980), repetitive adolescent pregnancy (Cvejic, 1977; Horowitz, 1978; Joyce, 1988; Wheeler, 2015; Bobrowsky, 2004), physical risks (Burkman, 1984; Burkman, 1977; Cates, 1991; Sorensen, 1992; Institute, 1999; Kochanek, 1991; Brind, 1996), and complications of late-term abortion (Reardon, 1996; Burkman, 1977; Lurie, 1995; Atrash, 1990; Rooney, 2000)

4.1.2 Social determinants of health for Adolescent Pregnancy in Honduras

These severe situations of adolescent pregnancy in Honduras result from a variety of factors. It is important to bear in mind that teenage pregnancies are factors not only of SRH determinants but also of social, cultural,

political, and economic considerations. An accurate cause analysis will help to explore educational strategies as an effective intervention to solve this issue.

- **Economic instability**

Honduras has a severe level of poverty and inequality. 48.3% of people live in poverty, and they almost live in rural areas (60.1%). The inequality is also in the level of the smallest middle classes in LAC (GINI⁷ 52.1 in 2018). Living in Poverty is also determinants of adolescent childbearing (Goicolea et al., 2009)

Honduras also has high levels of violence, with over 41 homicides per 100,000 inhabitants (2017). The 2011 United Nations Office on Drugs and Crime (UNODC) report recognizes Honduras' homicide rate as the highest in the World. Moreover, they are suffering from natural adverse events and climate change such as drought, heavy rainfall, and intense cold that excessively affect the poor. Unstable economic growth and high inequality cause repeated low growth due to the high crime rate and high migration rate.

Adolescent Pregnancy is a severe social, economic, and public health problem, with consequences that affect the life of the mother and the baby. If these consequences are not assessed by misinformation, lack of sexual education, and beliefs of being fit for motherhood, it can lead to irresponsible behaviors related to an inadequate perception of risk. In Honduras, the consequences and percentages of

⁷ Gini coefficient, called the Gini index or Gini ratio is a measure of statistical dispersion intended to represent the income or wealth distribution of a nation's residents, and is the most commonly used measurement of inequality (From https://en.wikipedia.org/wiki/Gini_coefficient). A Gini index value above 50 is considered high (Agency, 2014). For more information of Gini index in Honduras, please refer to this website; <https://data.worldbank.org/indicator/SI.POV.GINI?locations=HN>

teenage pregnancies are more than 65%, considering women between 12 and 18 years of age. It is because they take the sexual act only as pleasure without thinking of the furious consequence.

Teacher 3

- **Social community context (Social norm)**

In addition to the economic instability, the wrong social conception prevalent in Honduras is further encouraging adolescent pregnancy due to the false perception of sex. The social norms that caused adolescent pregnancy in Latin America are machismo and the culture that people are ashamed of the sex.

- 1) **Talking about sex is shameful**

Latin America seems seemingly open to sex, but they feel ashamed to talk about sex within people. Physical contact is relatively free among male and female students. They wear revealing outfits. Nevertheless, when openly talking about sex, it seems that everyone pulls back from that. That is why teachers avoid talking about sex with students at school.

Some teachers sometimes are afraid of talking about all they might be shy to talk about sex. Also, they could ignore the questions because they might not have fully trained that might not be professional in this area.

Directora

Parents, as well as from school teachers, have this tendency. When their children ask about their curiosity and concerns about SRH, parents scold that this questioning is wrong. As a result, the children lost trust with their parents and no longer asks questions anymore.

I do not like to share this kind of story with my mom because I do not trust her, because the more openly we talk about sex, the more my mom worries that I want to have sex.

Female student 2

I want to talk to my mom, but she thinks I'm crazy about this. I could speak with my aunt with confidence, but there were not many opportunities.

Female student 1

Parents often protest without having confidence in their child's learning of sex education in school when teachers deal with SRH during class through textbooks and students' questions, parents' distrust and misunderstand about telling these stories at school.

After the teacher teaches students about SRH, some students explain about this at home. The parents get angry and sometimes denounce the teacher because the teacher talks to them about these issues. It is complicated.

There was another case in 2009. I just started to work for 5th grade. In the textbook, there were some topics about personal hygiene. I told them to go home and ask your parents or grandparents how to take good care of the body. One grandmother was agitated; she did not want her granddaughter to talk about this in school. She told me to stop talking about this topic. I had to explain that chapter about SRH in another way to students. It is only one time to review what they learned with their parents, which could not last. It happens in other schools as well. It is always the same thing.

Directora

In a particular case, I taught my students these types of subjects, and a mother came to complain that I was teaching inappropriate things to her daughter. It usually happens, therefore, demotivate me as a teacher because it can generate problems of provisional nature as a teacher.

Teacher 4

Misunderstandings of parents have led teachers to experience lower morale in education about SRH. It has led to a decrease in the teachers' desire to teach SRH, and eventually, students are not able to learn. This tendency also

appears when using health services. It is difficult to obtain the correct information on contraceptives use, other SRH knowledge.

I did not know how to use a contraceptive but know briefly. So, I did not use it, and I felt shame about it. Usually, people are shy, even though they do not know how to use it, it will be shy asking how to use it. How do I use it? People say they know how to use it, but they do not.

Woman

It leads to conceals more about sex, and eventually, students also become tend to be shameful about sex.

2) Machismo

Honduras has historically operated with a patriarchal system like many other Latin American countries. Honduran men claim responsibility for family decisions, including reproductive health decisions (Speizer, Whittle, & Carter, 2005). This culture makes it easy to have sex with women and make them feel guilty about having babies. Surprisingly, even women think that women have more fault for adolescent pregnancy.

In Honduras, when men are married, they tend to believe that they can dominate their wives by the culture of Machismo. They want to beat their wives and even children. Their ignorance of children causes family problems.

Teacher 1

He does not care about my pregnancy because he likes to be with other women. I did not know him very well; when I met him, I made mistakes because we did not have fellowship much. He is a playboy. He did not care about me; No, When I just knew he has a wife, I asked him about it, but he said no. I did not know him very well.

Woman 1

Becoming pregnant, because of the Machismo culture, women have a more significant burden than men. It is considered that women should have used

contraceptives when they had sex with men and should have asked for it.

People usually do not criticize men, but women because men are the ones in control. They just say, "Man is a man.", which leads to gender discrimination. Due to Machismo, man is not considered the culprit, but the woman is. People say she should ask men to use contraceptives. People take these situations for granted. Man does not feel guilty; Discrimination can be higher or lesser. Criticism always goes to women. Men are not to be blamed. Instead, the woman is more blamed.

Female Student I

Last year, two girls got pregnant, one girl everybody knows she got pregnant, but she said she got a virus.

Male student

Men left, saying that the baby is not his. This is because it is difficult to identify the paternity for men due to a weak health system.

Nobody knows who the father of the baby is. It is easy to leave for men when women pregnant. Also, man does not want to be with someone who already has a baby or has left another man. I do not want to be with a girl who already slept with another man. In Honduras culture, it is kind of weird somehow (strange but good). It is not a usual case, but when girls live with several men, people will call her prostitute or other words they will give her a nickname. However, people will not judge the man who has slept with other women due to Machismo. That is why a man thinks like it is okay, it looks terrible for the girl, but the man is okay. Nobody would discriminate against men.

Male student

In addition to the causes of adolescent pregnancy, even after pregnancy, there are many harms caused by machismo culture; Family violence, affair, Men does not take responsibility for livelihood.

- **Broken Family**

Machismo may lead to a broken family and Honduras society is causing many problems due to broken families. One of them is adolescent pregnancy. This is because a family is closely related to ASRH. In particular,

communication with parents is essential for childbearing. Adolescents who talk with parents about SRH have a low adolescent pregnancy rate and high responsibility for marriage and pregnancy. On the other hand, parents rarely do with adolescents, and some parents reflect on their wrong ways of communication.

We leave the youth alone, and we did not take care of them and guide them correctly about sexual and reproductive health. We did not encourage and support them with this topic. We do not talk enough to children about this topic.

Father

Parents cannot take care of their children because they have to work every day. Children could be left alone at home. They do not have enough time to be with their parents. It is also the pressure for parents because they had never received SRHR education and did not talk about SRHR.

This problem arises because, as parents, we did not take the best education and knowledge about this subject (SRHR). For that reason, we ignore issues that we should teach our children. The teacher needs to talk about this issue. That is why we would rely a lot on the teacher to help us because we are not professional.

Father

Students usually have sexual behavior outside the institution(school). It occurs in their homes or inappropriate places, such as motels near their home. In most cases, parents do not know sex and do not trust their children. Parents did not take the education, so it is hard to talk with their children

Teacher1

Another reason is parental indifference, which leads children to leave alone. Children do not feel enough love at home, and they live without any trust with their parents. In the end, children who grow up without discipline are easily exposed to adolescent pregnancy.

Many young people have a dating or have sexual intercourse because their parents do not give any attention to their children; No care, training, and guidance to them.

Teacher 2

It is because parents give their children indulgence. There is no protection from a single parent, even both parents. The daughter disobeys her parents because she does not respect them and do whatever she wants.

Director

At first, I just wanted to date with my boyfriend, but we did adult things that we did not have to in my room ... My mother is in the living room at that time.

Woman 2

Many times, parents no longer want to keep caring for their daughters, so they allow their daughter to run from home so that the boyfriend takes care of her. The daughter cannot feel loved by her parents at home, so she feels alone and seeks love in another.

Female student 1

Without parental attention and proper discipline, children can be in extreme danger such as joining a gang in Honduras. Girls, in particular, risk being targeted easily.

In other cases, when girls do not have hope for their future. They are likely to join gangs. They were not given any attention from their parents, and they are not in a good living condition, they join gangs. Because they feel like they feel loved even in the gangs, it could be sexual abuse later.

Director

Family serves as a secure fence for young people to support their growth. Unfortunately, Most homes are broken families in Honduras. Some of the children lived with their uncles and aunts rather than living with their mother and father. Other children live with a single parent, either because their father makes money to the United States or because their parents divorced. Some children have to watch their mother or father live with another husband or

wife in a neighborhood. Young people who are not well care for by their families are often adversely affected rather than living their lives better.

First of all, the father's role is crucial in the family. The father takes responsibility for caring and talking with children. In Honduras, the father has a crucial function as ahead of the family. Without father and mother, it is hard to care and discipline for their children. That is why they(children; adolescents) get pregnant. When there is more freedom given to the young, many times, there are bad companies that influence making wrong decisions that lead to failure.

When parents correct their children, they choose to leave home with their boyfriend. However, they do not know the consequence because most boyfriend does not do it for love, but for a sexual desire. Then the girls fall into that situation and they take the experience. The other thing that If they only live with their mother, then they feel like that "I don't have enough love, my father left me. The guy comes to me and says, I love you. I want to have a relationship with him" The girls tend to believe the boys, and maybe the boy doesn't really mean having real relationship... they just want to play with girls. But girls feel love. they do whatever boy said... finally, they can sex...

Director

One of the factors (for adolescent pregnancy) is family disintegration, so broken relationship with their parents

Directora

Even though parents know the importance of SRHR education for their children, but due to their lack of competence, they place responsibility on school for SRHR education.

The work (Current sex education) implemented is very little. It is a topic that has been delegated to the educational institutions, and the teachers who can reach students with the importance of SRH. Still, in many places, it is not taught.

Since the teachers are in charge of teaching these topics in many cases, the parents do not spend time with their children to discuss. Teachers should deal with these issues in the most appropriate way for students to open their stories. That is, they can understand certain things they need to know about this type of topic.

Teachers have more responsibility than parents because they spend more time with students, gets spend almost eight hours at school. When they come home, it is really late, so they do not have enough time for parents to talk. They come back and do work and homework and then go to bed and get up again. So teachers should know better Because the student spends more time with the teacher in some cases and when

they get home, they only get homework, and there is no broad relationship to talk about it.

Father

- **Insufficient support from the Ministry of Health**

In this difficult economic, sociocultural situation, the Ministry of Health is preparing projects and measures to prevent adolescent pregnancy, but this is not enough. They held the seminar or workshop about SRHR for adolescents. However, it is often offered only to adolescents who are in an urban area. Also, it is difficult for teachers or parents to take these seminars, or the quality of the workshop is too poor to be competent to deliver the contents related to SRHR.

Ministry of public health serves another program; they already have it. So, we held it twice a year with them, and they inform students about prevention measures and adolescent pregnancy. They urge teenage girls not to have sex and emphasize the consequences of having sex at an early age and talk about sexually transmitted diseases.

Director

I worked in the department of economic and social development of the municipality of El Progreso, Yoro. There were Work Units with different objectives, one of them the Health unit, responsible for promoting the health of the population by training it to prevent diseases of all kinds and especially to reduce teenage pregnancies. The Ministry of Health, through public hospitals in the country, establishes a workshop and seminars on sex education. Furthermore, trained people are responsible for delivering the information to schools, colleges, different social groups, and communities.

Teacher 3

Regarding the seminar, we cannot say that they are fully active. According to statistics, 2.5 % of early pregnancy among Young girls is increasing. It does not seem that it is having an ineffective of decreasing.

Director

- **The lack of Education**

The cause of adolescent pregnancy is the absence of education and inappropriate SRHR education (Ali & Cleland, 2005; Caffè et al., 2017; D. Dongarwar & H. M. Salihu, 2019; Kathya Córdova Pozo1* et al., 2015; Murphy-Graham & Leal, 2014; Neal et al., 2018; Peter Decat1*, 2013; Romero, 2015; Sabonge, Wulf, Remez, Prada, & Drescher, 2006; Samandari & Speizer, 2010; Shakya et al., 2019; Tatum, Rueda, Bain, Clyde, & Carino, 2012). Through the current state of education in Honduras, it examines what factors are causing youth pregnancy. SRHR education officially begins in 5th grade and continues through 6th grade in elementary school during the Natural Science class. In secondary school, the entire Natural Science course is in grades 7-9th, 7th grade teaches SRHR. Through the 10th-grade biology class is the last official class for SRHR.

In the classrooms from 5th grade to 10th grade, we start talking about the male and female reproductive systems. In secondary school, it talks about contraceptive methods and STIs, also the risks and difficulties when an adolescent becomes pregnant. It also teaches care and feeding that a baby needs as a result of pregnancy.

Teacher 4

Within the subjects established in the academic curriculum of each grade level, it explains the processes of reproduction and the human development stage in the natural sciences class. The social science class deals with the adverse effects caused by pregnancy in youth in society. Meanwhile, each teacher established conversations about sexual relations to raise awareness among students.

Teacher 3

1) Textbooks in Honduras schooling

5th grade _ Natural Science

In 5th grade, the textbook explains that the endocrine system will be

different; the male and female reproductive organs and hormones secreted. It includes that the body grows according to different sexes; male and female in the process of growing into an adult after infancy and adolescence.

"Infant - ... there are a few differences between sex."

p. 133-134. 5th Natural Science

Secondary sexual characteristics begin to develop during puberty.

"Adolescence - At this stage, the body changes appearing differences between sexes. The male and female sex organs can already produce sperm and ovules, and other sexual characteristics appear ... Friendship relationships are stronger and romantic relationships begin to be established. "

p. 133-134. 5th Natural Science

As an adult, body growth completed. It is good to marry and have a baby.

"Adult - ... After adolescence, the body has acquired the ultimate features. It determines that he tends to start a family and have children."

p. 133-134. 5th Natural Science

It also details the characteristics of puberty. During this period, physical and psychological changes occur, and the symptoms of secondary changes in men and women are described in detail. Also, it describes in detail the characteristics of the fetus according to the gestational months of women. It also highlights references to and prevention of STIs. Although this is the first grade to learn about sexual and reproductive health, it covers from the endocrine system to reproductive systems in detail. The real photographs and pictures are described so that students can understand them well.

6th grade _ Natural Science

It contains details about reproductive health more. From the ovulation of the ovum to the sperm to fertilize, it explains the division of the fertilized egg,

pregnancy, embryo, and fetus nutrition with the fetus' picture, weight, and size and the parts that develop according to the number of months in detail. It deals with physical changes to mothers, explaining hormone secretion in detail. It also emphasizes the mother's quitting drinking and smoking, and also discusses the importance of regular prenatal care. It states that having a child is the result of sexual relations(intercourse), and it notes the meaning of being a mother and father.

“Shared responsibility of the father and mother in raising their son or daughter from birth - Parents have this natural function, the happiness of being perpetuated in their children, which arises as a result of sexual intercourse. These relationships must be the product of sincere love between the couple.”

p. 109. 6th Natural Science

It explained the role of the father as well as the mother as a caregiver and their responsibility.

“Motherhood and fatherhood constitute the highest expression of human values since they imply the responsibility of preparing sons and daughters so that in the future, they will also be sincere, honest, and supportive men and women. Every child has the right to be taken care of by his father and mother with the most significant responsibility.

“Maternity; It represents the feeling of love towards the son or daughter. It does not only mean participating in the conception of a new being, bringing it into the world, and then feeding it. Motherhood lowers the whole life of women

“Fatherhood; The love of a father is also essential.”

“It has resulted in contempt for fatherhood ...continually attending to their needs and rights.”

p. 110. 6th Natural Science

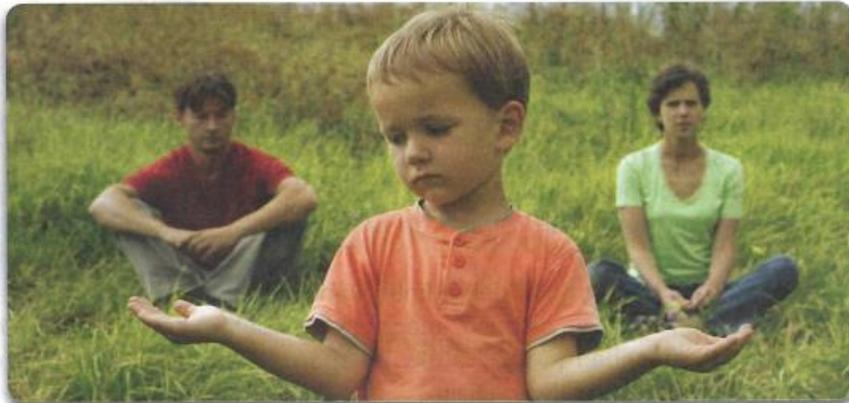
After emphasizing the role of parents, it states the explanation of machismo in Latin America, as well as the negative impact of the broken family. It explains how wrong parents' roles and perceptions affect the family.

“As a consequence of machismo, when men know the pregnancy of girlfriend, they just leave her to fate.”

“it is necessary to prevent children and girls from suffering the consequences of problems among adults.”

The following picture in the textbook tells us about the impact of broken families on children and how much adults are responsible for it.

p. 111. 6th Natural Science



Ruptura Familiar

Figure 16. The picture of child in broken family

The main principles and risks of reproductive health are explained. It explains the maternal care in detailed. Adolescent pregnancy is a severe issue in SRH. Honduras deals with this in-depth because teenage pregnancy is dangerous. So there are some suggestions for how we face and solve this problem. There is also mention of domestic violence. The sixth-grade textbook provides in-depth discussions of the issues we should consider with caution in sexual and reproductive health.

So we will call domestic violence that abuse of power or physical or psychological in family member; above all, it can manifest itself through blows and serious incidents, as well as insults, economic management, threats, blackmail, control of activities, isolation, sexual abuse, the prohibition of working outside the home,

emotional abandonment, humiliation or not respecting the opinion.

p. 118-119. 6th Natural Science

It also describes AIDS and other sexually transmitted diseases (STD), their symptoms, the path of infection, and prevention. As a precaution against AIDS and STD, it suggests prohibiting sexual activity with strangers and having sex in a safe relationship. Family planning introduces menstrual cycles, contraception, condoms, and hormone-control drugs. For each contraceptive method, it clearly states the extent of the failure rate.

7th grade _ Natural Science

In 7th-grade textbooks, the use of more specialized terminology increases than in 6th-grade books. There were many details about male and female reproductive organs, women's menstrual cycle, and also about STI and STD. It mentions that a baby is born by the relationship between different-sex; male and female.

This kind of reproduction occurs between two different sex (male and female). Human reproduction employs internal fertilization, and its success depends on the coordinated action of hormones, the nervous system, and the reproductive system. The gonads are the sexual organs that produce gametes.

p. 86. 7th Natural Science

It describes STIs and their path of infection and the symptoms of infection and treatment for each disease.

10th-grade _ Biology 1,2

10th-grade biology is the last SRHR class that students learn from textbooks.

Unlike previous textbooks, it is characterized by more specialized terminology. e.g., Gametogenesis, Ovogenesis, Spermatogenesis. It begins to restate the definitions of sex.

"Strictly speaking, sex, is the set of biological characteristics that differentiate the male from the female and that complement each other have the possibility of reproduction."

"Sexuality can be understood how human being manifests as a man or woman, according to the norms and values of their own culture and time."

p. 129. 10th Biologia

STDs is described in a more straightforward way than textbooks in grades 6 and 7, but they also explain how to prescribe and contraception. It emphasized that the only way to avoid STD is prevention, and it also realistically describes symptoms and changes in the body.

The Honduras textbook finally advises on the sex culture of youth. Along with adolescent severe pregnancy problems, it suggests that the youth should think about the sex in open dialogue. It seems to be an effort to improve sex culture at the Ministry of Education level in Honduras.

"It is necessary to create awareness about the importance of sex education on young people, to prevent the high rate of unplanned or unwanted pregnancies. Up to 65% of young people have expressed having sex without using any contraceptive method because they have none available at the moment... The reasons for using a contraceptive method are mainly: avoid an STI and avoid pregnancy... In Honduras, maternal mortality is a serious health problem, which occurs during pregnancy, childbirth, or postpartum, caused by bleeding, hypertensive and infectious disorders ... As a nation, we must undertake an educational effort aimed at having our youths develop their right perception of sexuality."

p. 144-146. 10th Biologia

The analysis of contents of SRHR addressed in Honduras school textbooks in accordance with the content table of the report "International Technical

Guidance on Sexuality Education; an evidence-informed approach” (UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018) ⁸ is shown as Table 4. According to the result of the textbook analysis, the contents of Key Concept 1-5 are not covered. Furthermore, students complained that the contents of Key Concept 6-8 in the textbook are made up of professional biological terms, making it difficult to understand SRH.

Table 6. Checklist for Textbook contents in Honduras by International Technical guidance on sexuality education: an evidence-informed approach (UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018)

Textbook Key Concept	Topic	5th	6th	7th	10 th	
		Natural Science			Biology	
1. Relationships	1.1 Families		o			
	1.2 Friendships, Love and Romantic Relationships	o	o			
	1.3 Tolerance, Inclusion and Respect		o			
	1.4 Long-term Commitments and Parenting		o			
2. Values, Rights, Culture and Sexuality	2.1 Values and Sexuality					
	2.2 Human Rights and Sexuality					
	2.3 Culture, Society and Sexuality					
3. Understanding Gender	3.1 The Social Construction of Gender and Gender Norms	o				
	3.2 Gender Equality, Stereotypes and Bias					
	3.3 Gender-based Violence					
4. Violence and Staying Safe	4.1 Violence		o			
	4.2 Consent, Privacy and Bodily Integrity					
	4.3 Safe use of Information and Communication Technologies (ICTs)					

⁸ This research is based on SRHR education, but the report that use the sub concept of SRHR education, Comprehensive Sexuality Education was used as a standard to analyze the contents of textbook. This is because it addresses detailed content descriptions and has credibility with the participation of institutions; UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO

5. Skills for Health and Well-being	5.1 Norms and Peer Influence on Sexual Behavior					
	5.2 Decision-making					
	5.3 Communication, Refusal and Negotiation Skills					
	5.4 Media Literacy and Sexuality					
	5.5 Finding Help and Support					
6. The Human Body and Development	6.1 Sexual and Reproductive Anatomy and Physiology	o	o	o	o	o
	6.2 Reproduction	o	o	o	o	o
	6.3 Puberty	o			o	
	6.4 Body Image	o	o		o	
7. Sexuality and Sexual Behavior	7.1 Sex, Sexuality, and the Sexual Life Cycle	o			o	
	7.2 Sexual Behavior and Sexual Response					
8. Sexual and Reproductive Health	8.1 Pregnancy and Pregnancy Prevention	o	o		o	o
	8.2 HIV and AIDS Stigma, Care, Treatment and Support		o	o	o	o
	8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV	o	o	o	o	o

In the textbooks, there is much scholarly information on SRH. However, due to the difficulty of using a somewhat specialized terminology and the lack of teaching methods, students have difficulty understanding the entire textbook. Therefore, the students were dissatisfied with the text.

Since the book only contains information with professional words, teachers do not deepen the subject with experiences they have seen or obtained or with their terms.

Female student

Textbooks for grades 5 through 10th, deal with systematic educational content on SRH, and teachers are doing their best in class. However, the students who are learning this are not satisfied with this class due to the

difficulty.

2) The poor class operation in public school

In general, public schools, there is no homeroom teacher's system, which leads to having difficulty in building a teacher-student relationship. Public schools offer classes in the morning and afternoon classes, where students who choose when they attend classes for a relatively short time. Teachers also do not care about any problems with students in a class at school. No wonder that the wage of a teacher is so low that they work for a second job while working as a teacher.

There is only one time I can ask some curiosity about sexual education to female teachers. She gave them some topics, that was only time to ask. However, it is not enough. Because it is only in the class, besides, it is tough to find people to talk openly about this topic.

Female student 2

The school did not arrange extra-curriculum classes to teach students for SRH, because Natural Science textbooks already consist of SRH. Principals thought that they are fulfilling their responsibility just by instructing teachers to teach “SRH” to their students well by the textbook.

I did not ask teachers directly to teach about these topics, because it is already in the textbook. Teachers do have planning. However, if it does not implement in the classroom, I will rebuke them to should teach. In general, all teachers know what they need to prepare for SRHE.

Director

That is why they encourage and rebuke teachers for preparing these classes. If teachers do not prepare, the best lessons are not available to the students.

Even teacher, they should study to answer students' questions. However, it is challenging for teachers because they did not take this class before.

As a principal, I ask teachers to talk about these topics in depth. It is helpful for the teacher to research useful content and tools for the class. Students have many questions about this subject. Sometimes they ask relevant questions. ... If they do not adequately train themselves in this area, it is hard to answer students' questions.

Directora

On the other hand, principals are impressed that a foreign teacher teaches the SRE, a foreign teacher stately led the class to the students, and she readily shared openness with the students. The principal feels shame for the lack of capacity of a local teacher.

First of all, her classes work out a little bit more. Because students ask questions, and she was able to answer them. The most important thing is that she was very confident to teach this class. It was because she studied in America. In America, they focus on this topic in detail. However, here in Honduras, we do not like to focus on this topic. So, as an international teacher, then students more likely to listen because she has the competence of sex education. In Honduras, even a teacher who has learned at the best university does not focus on this subject, so it is not enough to teach on this subject. The teacher who graduates from universities in other countries is experts, unlike others who graduate from universities in Honduras.

Directora

“Too hard to teach; Never taken the class and any seminar.”

Most teachers have never taken sex education in their school days and also no training seminar about ASRH as a teacher. Although some are doing their best through class and personal counseling with students, it is one reason why the absence of SRHR education is the cause of adolescent pregnancy.

I have not received any workshops or classes. I have only focused on developing the topics myself.

Teacher 4

The reason why a teacher does not want to talk about this because it never has a personal experience like training, seminar, or daily talking about this topic. It is a profound difficulty because maybe teachers have not been trained in that area, they do not have the necessary tools to focus it

Directora

“The lack of time and contents in the public school curriculum.”

It has limitations in time and content to teach SRHR education only in Natural science class. A teacher who has been teaching science in Honduras for a long time also recommended the need for an extra curriculum for SRHE, saying that there is not enough time to deal with only the content in the textbooks.

I begin to teach them the basic topics such as human reproduction by showing them videos as they are educated in other countries about sexuality, I would also explain the Honduras situation that related in sex with the statistics. I talk about the factors that help prevent teenage pregnancies. I would conclude by teaching them how other countries have managed to reduce the number of adolescent pregnancies. However, it is hard to manage time. I think that five classes a week that would be like 20 hours in 4 weeks is needed. Furthermore, 8 to 12 hours of seminars for parents are required.

Teacher 3

In school, they mention sexually transmitted diseases, contraceptive methods, and abortion ... we do not have enough time to be educated according to the textbook. The textbook does not have enough topics. Sometimes, the teacher does not explain very well. For instance, last year, 10th grade, there was only one class for talking about sex. Not from the book, it is more like a personal teacher's experience, which was only for one hour.

Male Student

In many cases, the channel for students to gain SRH knowledge was not correct and guaranteed, which they get it from Media and peer talk. Currently, adolescents are receiving SRHR Education through Natural science classes at

school. However, this class was not easy to implement fully, and the students expressed regret for insufficient time and materials. It is too short for students to understand full content. Thus, the teachers did not fully cover the contents of the textbooks but riffle through them. The teachers mention only the term, matching the image of an actual contraceptive device, but do not explain how to use it and the details of its advantages and disadvantages.

Sex education in Honduras is a subject that is not taught in-depth, only superficially ... When teachers rarely talk and do not deepen, the content leads to poor lecture. It is necessary and crucial that this subject is taught to high school students. Teachers should deeply talk to students during sex education.

Female student 1

Currently, the way education has been given is not good. Because when teachers do explain this topic, they do not genuinely do it. They should be aware of how to teach well in a better way. There is a lack of communication on this topic.

Female student 2

I learn about the contraception, but just the image and the name. The teacher did not teach about how to use it and the advantage.

Woman 1

3) The Ministry of Education

The quality of the curriculum at Honduras Public Schools is poor. Over the last century, Honduras students have been demonstrated by the fact that instead of improving their reasoning and critical thinking skills, they should memorize useless or impractical data (Moll, 2014). Teachers are low-paid, have no access to use teaching materials, have not been trained on the latest technologies and current teaching methods. Also, teachers were lacking; the average ratio of teachers and students was 1:33 in 2008 (UNICEF, 2011).

Honduras has the challenge to meet in responding to the educational needs of its children and adolescents because the education system is still weak. The daunting challenges include literacy in a rural site, access to secondary school, enrollment in post-secondary schools, and overall educational quality. These formidable tasks give rise to the gap between Honduras has an average of four years of education and other countries in the world that has a global average of 12 years of schooling (Orozco, 2017).

As the school itself spends much time on administrative processing and educational research, it is impossible to invest in SRHR education. Therefore, governmental support for the youth's SRHR is necessary for the improvement of SRHR education.

Nowadays, we sadly do not have much support regarding this topic. The government is failing; lots of schools do not want to talk about this topic. It is tough to get support (for SRHR education) because the government does not focus on the education system but, too much focus on the security system. On the other hand, the security system is only working for some people, not for everyone. Honduras is the second place of adolescent pregnancy, which is the highest percentage of young mothers. That is because they lack education and government support.

Directora

The ongoing rate of adolescent pregnancy prove the vulnerability of schooling

One in 4 girls get pregnant, which is lots of young girls become pregnant, and out of 60% of these girls, they do not have a job, because of low levels of education. All SRH knowledge that is mainly delivered from textbooks is very lack.

Director

Education is not for everyone; only some who have benefit can receive education, which leads to educational inequality.

Public education and home education are essential for cleaning. However, because opportunities do not exist for everyone, some young people do not benefit from education, and they become pregnant with adolescents or get married early.

Director

4.1.3 Analysis of structural conditioning of Adolescent Pregnancy in Honduras

Archer emphasized the premise of the structure in analytical dualism. The structural factors need to be considered as the causality of adolescent pregnancy, which is from the social and cultural context that affects the action of agencies. According to her reflexivity model, which highlights both objectivity and subjectivity and incorporates their interplay in the process of reflexive mediation, she argued that the condition of structure that the agency faces can constrain or enable their behaviors regardless of their will (Mutch, 2010). It means that adolescent pregnancy should not be considered as a phenomenon from one individual's issue but also as an interface between an individual and social condition that are predetermined.

Table 7 shows the causality of adolescent pregnancy in Honduras in the perspectives of the SDH (Health, Human Services, & People, 2000), which collected from the interviews.

Table 7. Social determinants of adolescent pregnancy in Honduras

SDH	Key issues in Honduras
Economic instability	<ul style="list-style-type: none"> ▶ Severe poverty ▶ Lack of jobs ▶ The unstable security and economic difficulties
Social Norms	<ul style="list-style-type: none"> ▶ A culture that is talking about sex is shameful ▶ Machismo
Broken family	<ul style="list-style-type: none"> ▶ No communication between parents and children ▶ Parent's indifference; No discipline and attention
Insufficient support from Ministry of Health	<ul style="list-style-type: none"> ▶ The lack of implementation of the health care seminar
The lack of Education	<ul style="list-style-type: none"> ▶ No extra-curriculum class for sex education ▶ No support of government to teacher and school ▶ Lack of capacity of teacher ▶ Textbook is difficult

Due to social and cultural conditions that cannot be overcome by individual efforts, participants have expressed skepticism about the government and society. Teachers, parents, and students were all unhappy with the government's uncooperative attitude and the lack of jobs in society.

4.2 Social Interaction

4.2.1 Personal concern; What we care about Sexual and Reproductive Health and Rights

- Curiosity

There are only a few people in Honduras who have learned well about SRHR. As a result, even teachers and parents are also curious about SRHR. There are a few instructors for SRHR, which leads to the lack of its lecture. Thus, students do not satisfy the SRHR education that implements in Honduras.

Because many students have many doubts, it needs education and cares so that they have a clearer idea of these issues (SRHR). It needs to be explained in all educational institutions, starting from home through their parents.

Teacher 1

When a young girl may have many questions, they may ask the wrong people. Sincerely, they might believe the false perception of sex. That is why many of them get pregnant at an early age. So the lack of communication between family is the reason.

Directora

However, compared to the curiosity of students, no one could answer this. Parents and teachers did not know how to answer the questions from students, so it is easy to avoid them or to react negatively. In order to resolve their curiosity, students eventually begin sexual activity without considering any consequences of their sexual behaviors, which in turn leads to adolescent pregnancy.

Sometimes young friends want to try out (sexual activity). They want to give it a shot so that they become popular among their peers. They think it is a good thing, and said, "If I am a person who has a sexual relationship, I become famous".

When they start realizing the changes in their bodies, they are curious about what all change is. So they want to experiment (sexual activity) before actually knowing the consequences. They want to try out, but they do not know the consequences. So many of them fall into making this mistake of getting pregnant.

Father

● **What contents participants want to learn in SRHR class**

Table 8 is a summary of the contents that should be addressed in SRHR education from each interview group. It includes the contents of the key concept 1-4; 1. Relationships, 2. Values, Rights, culture and Sexuality, 3. Understanding Gender, 4. Violence and Staying safe (refer to table 6) (Karen et al., 2000). Since it described the opinions of interviewees as they are, the selection of words in the contents of “International Technical Guidance on sexuality education: an evidence-informed approach” may be slightly different. Participants contend that the value of sex should be learned.

Table 8. The content that should be addressed in sex education

Group	Contents
Principals	Obedience to parents Recreational activities Prevention of STIs (Contraception) The reality of adolescent pregnancy Attention to Youth (from the family, community)
Teachers	Love Family (The role of parents) The responsibility of students Prevention of STIs (HIV/AIDS)

Parents	Family Sexual Abstinence Sexual relationships Intimacy relationship The right time for marriage Prevention of sexual violence Prevention of STIs (Contraception)
Students	Contraception Sexual abstinence Recreational activities How to protect themselves The reality of adolescent pregnancy
Women who have adolescent pregnancy	Contraception Obedience to parents The risk of abortion Overcome the temptation (Abstinence)

- **Students do not have a clear vision of their life**

It is hard to find a reason to study in a harsh environment for young people in Honduras. Usually, they live without a purpose for their lives. That is why it is easier to get interested in sexual curiosity than to invest in studying or other activities for their future.

I just wanted to graduate from school quickly. I just went to school and wanted to finish this, but this(adolescent pregnancy) happened.

Woman1

The economic situation in Honduras is not good. So even if we study hard now, we cannot get a good job. From this point of view, we do not have to do anything hard. Our youth... Most of us do not want to learn something more. We need more value than this (sexual activity). We need motivation for our lives.

Female student1

In Honduras, it is hard for youth to do active. They do not want to learn anything, which leads to ignorance. They do not think about their life carefully. Even though they find interest such as musical instruments, sports, and art, they have a financial problem and no resource of doing them. Another problem is that youth waste their time SNS. On the internet they can research, learn music, art or sports but, the young man does not put interest in keeping his mind doing it. Nowadays, youth only want to be popular in SNS.

Female student2

Many students did not do their homework or got addicted to disturb school life by going back home and only doing SNS. It is even rampant that youth make girl or boyfriend through SNS, Facebook, Instagram and others. Young people do not give time and effort unsparingly for their life in Honduras.

People do not have many opportunities, because the economic situation in our country is critical. There is no much work that we can do. That is why people can't study.

Female student 2

It is tough to get support because the government does not focus on the education system, but too much focus on the security system. On the other hand, the security system is only working for some people, not for everyone. Honduras is the second place of adolescent pregnancy, which is the highest percentage of young mothers. That is because they lack education and government support.

Directora

Without such an active attitude toward life, young people are exhausted in their lethargy rather than focusing on their lives to be improved such as dreaming of a better ideal society and continuing the process of reflexivity.

4.2.2 Structural intervention; Quality Sexual and Reproductive Health and Rights Educational strategies

Educational interventions are cited as necessary structural interventions to

prevent adolescent pregnancies according to the collected data. Education is not limited to public schooling (formal education), but expanded to non-formal and informational education, requiring efforts to prevent adolescent pregnancy by participants.

- **The need for instructor training for SRHR education**

Regarding adolescent pregnancy due to the lack of SRHR education in schools, participants explained that they needed experts to teach SRHR education properly. To become an expert, teachers would like to take a seminar on government support. Primarily, teachers have a passion for learning about SRHR to teach their students.

Teachers learn through educational workshops and experience. We also seek to learn educational resources on the internet.

Teacher 2

A teacher needs to consider deeply into this topic because the parents do not want to talk with their children. I have to instruct the teacher to guide the students about sexual and reproductive health. The only we(principals) will do is educating them.

Directora

We need education; training parents and teachers are the most important so that they realize the awareness of sexual and reproductive health themselves and encourage young people to do.

Teacher 1

- **The correct educational contents of SRHR**

Adolescents are easily exposed to the wrong perceptions and consequences of marriage and pregnancy through their friends, SNS, or media. The accurate knowledge of SRHR is required for correct health literacy. Youth need the

orientation lecture of marriage and pregnancy according to scientific information of SRHR as well as the positive side of it. They particularly need to know how much responsibility and sacrifice needed as parents with sincere love to family and children. Furthermore, they seriously consider the physical and socioeconomic risks of sexual activity and pregnancy at a young age.

I consider it is very, very important for young people to know about the consequence of it (Adolescent pregnancy). It is better to talk directly, letting them know the consequence. Knowledge of using like the elementary term is better to explain straight away to them when students do not understand. It needs to let them not understand the result of sexual activities.

It is not good when they(adolescent) get pregnant; they generate a more burden for their family because they are not prepared for getting a job to make a living. The majority of young people who become pregnant did not study, and their partner is the same age. Therefore, both are not prepared to perform a job and generate a burden for their family, and most families are in low economic resources. Then these children are born in parents who are not prepared for the role of parents. In other words, they are brought to this world only by a sexual desire(urge). The majority of young women who become pregnant at an early age are those who have not attended primary education, and women who went to school often fall out of ignorance that they do not know the consequences that the experience(adolescent pregnancy) can bring in the future.

Director

I was able to implement(teach) topics such as early pregnancy about diseases and the use of condoms that many students lack the knowledge and need to know so that they can make the correct use in case of condoms.

Teacher 1

I would like to have conversations with my students about sex in an environment that allows us to freely express the thoughts that each student perceives or believes about sex. The main objective of this conversation would be to make students see the significant consequences of performing the sexual act unconsciously.

Teacher3

First, when practicing sex, they are at risk of becoming pregnant, and it would be very dangerous for them to have a family so quickly and without any experience. Second, they can receive sexual illnesses or even HIV or AIDS when having sex with someone infected.

Teacher4

Women who got pregnant at an early age experienced marriage and pregnancy life that is different from what they expect. They are prone to fall into the wrong fantasy of marriage and pregnancy in dramas and Social Networking Service (SNS). They need to know precisely the realities of adolescent pregnancy.

It has changed a lot because now I have more responsibilities. I already have to take care of a child and keep serving the food and everything. Before pregnancy, I just had to study in school and just sleep, but now I have to take care of my son.

Woman 1

My life has changed dramatically from what I expect the way of thinking and doing. Because I realize that caring for a child is not easy when I realize how much sacrifice it takes to take care of a baby. In short, my life changed that I never thought that I would change.

Woman 2

It is also essential to give students correct SRH knowledge. Students should be aware of and take responsibility for becoming pregnant through sexual intercourse.

...explaining that many of the methods currently used in the world present irregularities in the case of the condom are not always reliable and in the case of the woman who uses the injection methodology that is It entails specific problems that, with the continuous use that is given to it, damages their health and the inability to have children later because they usually leave imperfections in said matrix. Also, emphasizing to my students that every issue of sexuality should be treated to the most significant advantage for our benefit as human beings that we will face at any time.

Director

Young people think it is just enjoyment, but soon they will realize that is why they need to be aware of that. Also, they need to be taught that if they do not want to get pregnant, then they need to learn how to use proper protection. ... once you get your period, the girls get their period that they could get pregnant anytime if they have sex and do not protect themselves. They need to know what the factors are the risks

and benefits, in which they come, such as physical development, and know the right time for them to face that responsibility if a pregnancy occurs ...so girls maybe they can at an early age of sex but not get pregnant, but they need to know that physically they are going to have changed by hormones changes. So they really need to be aware of the stages.

Father

I did not imagine that I could get pregnant because I had irregular periods.

Woman2

Students want to learn how to protect themselves. The advantages and disadvantages of contraception and the rate of failure should be taught. Furthermore, it needs a culture that respects the opposite sex through improved awareness of men and women.

Obligatory, all young people should be aware of sex education. They should also know the consequences or disadvantages of having relationships at an early age. The young man must keep in mind that if they do not make correct decisions, their future will change. They will probably have to leave their studies, leave their families, and above all, they will have the guilty thought.

Female student 1

The young man must raise awareness that their lives will change entirely unless they make the right decisions. They also should have conscious about this topic(SRHR). Because when they do not have consciousness about it, they make many mistakes. They start blaming not themselves, but the pregnant person (woman). So some think that they lose the ability to educate, they might complete the education (if they do not get pregnant). They might lose the support from their parents, and they might not be confident enough to achieve their vision, dream., future that come true. All those excellent opportunities that achieve their future might break when these activities (sexual activity; adolescent pregnancy) happen. It is very important to learn about the consequences; why it will happen if they do not protect themselves. They need to have a conscious what is right, what is terrible, and a cause of adolescent pregnancy.

Female student 2

Adolescents have an intense curiosity about sex and reproduction. They know these results, but they can have sex, failing to overcome their curiosity

and sexual desire. So, students need counseling and education on how to cope with these temptations; abstinence.

All these issues are given to students, but first of all, they listen to abstinence is the best method to take care of a disease or pregnancy. I taught the class with videos so that they can see and understand better and in a participatory way.

Teacher 4

One of the recommendations especially among the older students they should really be taught about how to actually how to do the sex because they are at the age when their hormones are going crazy, so they need to be aware of the consequences, so he is saying that in that area they need to be informed. Teach more profoundly, and he said that if he has the chance to talk to about his situation.

Parent

I received sex education from my mother, but it was so hard and challenging to overcome temptation. I did not know how to accept this.

Woman 1

- **The effort for child care in family and community as a non-formal and informal education**

- 1) **Children need the attention of parents as an informal education**

Miller (Miller, 1998, 2001, 2002, 2003, 2005) contends the importance of parenting regarding adolescent SRHR. That is, a family is another learning place for young people about SRHR through even communication (Mayberry, 1995; Steinberg, 1992; Meschke, 2002; de Graaf, 2011).

Although some participants had never received special education before and they are not professional, father knew that they were the best person to talk about SRHR with their children,

As an important topic for her to know, as a father, I do not think anyone can

talk about it better than me. I think it would be better for my daughter to speak to me than to speak to someone else. Parents are the most appropriate people to discuss this issue with their daughters so that nobody takes advantage so to speak of their innocence. But I do not know how to talk, so I'm afraid to talk about making mistakes

Father

Many parents, however, have a lot of negative views about SRHR Education for adolescents. Therefore, parents should be trained, and they should work together with teachers for more effective sexual and reproductive health education.

Just as we focus on students, we should focus on parents. So parents and schools should share everything and parents encourage students to learn about sex in school.

Directora

Another recommendation would be to teach parents, allowing them to get training from professionals so that they can also do a follow-up on their children. Parents are responsible for their children. I really want to educate my children in the best way. In order to do so, parents must be educated first.

Mother

Regardless of what principles exist in the home, abstinence, or Christianity, parents should be educated to understand the importance of preventing adolescent pregnancy in order to avoid disease.

Teacehr4

2) The Role of Community as a non-formal education

Social norms are affecting adolescent pregnancies. Since discrimination against pregnant women is particularly severe, the community needs to effort to overcome this discrimination. Also, education for underprivileged students and adults is required not only for students and parents at school but also for ordinary citizens and students who are not attending school. In this regard, it

reveals the importance of the community. In Urraco, Honduras, a village church is taking on this role. Some research insists that in the Christian group, the religiosity plays a role of a protective factor against risky sexual behavior among adolescents and young adults (Adameczyk, 2012; Ahrold, Farmer, Trapnell, & Meston, 2011; Burdette, Ellison, Hill, & Glenn, 2009; Burdette & Hill 2009; Haglund & Fehring 2010; Kirk & Lewis, 2013; Simons, Burt, & Peterson, 2009).

Going to church is very important. Also, reading the bible is essential; the Bible teaches us to walk away from temptation in also teach us to fear God. Once we know the concept of fearing God, we will be scared to do the wrong things. We must make sure to keep ourselves away from temptation. Because we maintain a distance from temptation, that means we are getting closer to God. We fear God more, and we are just not going to easily wrong things.

Director

As a pastor, I should take a theological seminary. It helps for Youth group to answer their questions. They came and asked me their curiosity, particularly, they want to know what is the right thing to do about SRHR.

Father

● **The adverse effect of Media; Unverified information**

Many adolescents were getting information about SRHR through the media (Miller, 1987; Strasburger, 2010). Students are easily exposed to social media, so they can encounter pornography or unverified information, which leads to a detrimental effect on health behaviors (Brown, 1990; Young, 2013) However, to solve their curiosity that no one tells them, the curiosity about sex makes them come to know or encounter this information. It results in false perceptions and wrong impressions of sex for students.

These media are: Television, the internet has much influence because, in Honduras, many programs are harmful to young people. These programs are novels when

watching these programs. Young people are curious even to experiment and fall.

Director

One factor there is that having a bad influence is now technology. Adolescents use technology. Nowadays, if young people have a question or curiosity, they use Social Media and ask other people or try to find out themselves through the Internet. They were not educated the same way with technology, so that is why young people may misuse technology that could be a problem.

Directora

On the other hand, the media is filled with more exciting and sensational content rather than sound materials and programs that solve youth's curiosity, which stimulates only the sexual pleasure of adolescents.

The implementation of sexual education in school is very minimal compared to the education that parents supposed to give their children. However, social media and movies and dramas have all this kind of sexual episode. So young people want to experience if they see this and have curiosity, they try in reality. That is why they fall into the trap of these sexual things.

Director

4.2.3 Analysis of Social Interaction of Adolescent Pregnancy in Honduras

Archer contends that reflexivity occurs in social interaction, which the process of internalization between structural conditioning and agency. Reflexivity is regarded as “the (human) tendency to the conditions of the modernity that further foster reflection of individuals and social groups” (Dyke, Johnston, & Fuller, 2012). According to the interview, Honduras has SDHs of structural conditioning on the issue of adolescent pregnancy (as discussed in 4.1.2). These structural conditions affected SRHR education, resulting in personal concern (Table 9). Through this, the strategy of intervention can be considered by focusing on the structural conditions that

are required.

Table 9. The content that should be addressed in SRHR education according to the reflexivity

Group	Contents (Personal Concern)	Structural conditioning
Principals	Obedience to parents The reality of adolescent pregnancy Attention to Youth	broken family
	Prevention of STIs (Contraception)	education
	Recreational activities Attention to Youth	community
	Love	machismo
Teachers	Family (The role of parents)	broken family
	The responsibility of students, Prevention of STIs (HIV/AIDS)	education
	Family Sexual relationships Intimacy relationship The right time for marriage Prevention of sexual violence	broken family machismo (sex ethics)
Parents	Prevention of STIs (Contraception) Sexual Abstinence	education (sex ethics)
	Contraception Sexual abstinence How to protect themselves	Education (sex ethics)
Students	Recreational activities	community
	The reality of adolescent pregnancy	broken family

Women	Contraception The risk of abortion Overcome the temptation (Abstinence)	education (sex ethics)
	Obedience to parents	broken Family

First, Honduras has a culture “machismo,” which is a term describing a male dominance. Currently, women also use the term "mucho feo" (very bad) for men's incompetence, laziness, and misused assertion of authority. It leads to an increase in the hatred toward the opposite sex. Depending on the social situation, there is a need to teach how to relate to the attitude of respect for the opposite sex. Therefore, the members of society need to learn how to make a relationship and understand respect the opposite sex; the attitude for the opposite sex. Latin American cultures seem open to sex because they wear revealing clothes and have physical contact easily with others, but they feel shameful about sex and become silent about it. For example, when they go out to buy contraceptives, they cannot ask how to use it. For another, it requires learning the true meaning of love, friendship, and the restraint against sexual temptation; Sexual abstinence. Finally, it should develop a practical learning method for SRHR education (Donahue et al., 2013; Huebner & Howell, 2003; Shtarkshall, Santelli, & Hirsch, 2007). However, some of the social distractions are present. There are many single-parent families due to financial difficulties. Furthermore, due to the lack of sex education that discussed within the idea of sex, love, and family, the broken family is prevalent as a result of cohabitation, divorce, and adolescent pregnancy. It

needs time for students to consider deeply about the meaning of family, cohabitation, divorce, and the steadily increasing number of adolescent pregnancy in Honduras.

Archer explained that the cultural and structural factors could shape the individual's concern and the possibilities for social action related to personal concern. According to the interview, Honduras has SDHs of social conditioning on the issue of adolescent pregnancy (as discussed in 4.1). However, social interaction is not taking place actively because no active involvement of social projects and policies are present in Honduras, and that leads the agency to be unmotivated to face social problems. As a result of the lack of social interaction, there is not much structural elaboration. Honduras still has the world's second-highest adolescent pregnancy rate, as mentioned earlier.

4.3 Structural Elaboration

The results of social elaboration can be observed from the social interaction between the premised structural conditioning of Honduras and the agency. There are two types of results; Morpho-stasis and Morphogenesis (Archer, 1995). Morpho-stasis means “to remain unchanged, maintaining social conditions.”, which is the situation of Honduras. It was previously addressed in 4.1 and 4.2 through the situation in Honduras due to adolescent pregnancy. When social changes do not occur, Honduras will continue to cause problems with adolescent pregnancy. On the other hand, through the interaction of

agency and social structure, the process of Morphogenesis means “to change the given social structure, the system and the whole country” can occur. This section deals with these changes that are currently being made in Honduras. As an agency, parents, teachers, community leaders influence students with their changed attitude through the interplay between the social structure of Honduras and themselves.

4.3.1 Changing Society through education

- **Teacher’s Responsibility in schooling**

In Honduras, the role of parents is relatively weak due to disturbed family, so the role of teachers in school is essential. In general, public schools, however, there is no homeroom teacher's system, which leads to having difficulty in building a teacher-student relationship. Public schools offer classes in the morning and afternoon classes, where students who take classes for a relatively short time are justified in attending classes. The teachers share the current state of the implementation of SRHR education, the subsequent sound of criticism, and the perception of students about SRHR through a direct and intimate relationship with students. Despite the poor educational environment in Honduras, teachers were trying to teach their students about SRHR. Moreover, they talked about the need for specialists for better education. Students had a common sense about the wrong SRHR due to media and conversations with friends. In particular, the discord of the homes and the economic and social situations are very unstable. It urgently needs a

psychologist or health education teacher to deal with more specialized about adolescent SRHR.

I prepare small classes for them on how to take care. So, I wanted to prepare better, but this time, I would like to recommend someone professional like a psychologist, so students can understand and learn better.

Teacher 2

1) In class

Despite the poor educational environment, teachers did their best when meeting students in the classroom. The teachers in the Natural sciences class shared their experiences about SRHR with the students and communicated the prevention of adolescent pregnancy. They teach about the contraception methods and the risk of using them, STIs, HIV/AIDS, and the risk of adolescent pregnancy. They explained more why we should not have sexual relationships at an early age and before marriage based on the textbook and their personal experience.

“Do my best on teaching.”

As an educational teacher, I provided significant knowledge such as prevention, condom use, AIDS, and why we should not have sexual relationships at an early age and before marriage.

Teacher 1

Teachers try to emphasize much on the care and importance of preventing adolescent pregnancy. They advise a lot, using educational videos, small talks, or seminars.

Teacher 2

In addition to school classes, teachers try to solve students' concerns and questions about their SRHR through personal talk. They discuss adolescent

pregnancy even not in Natural science class.

As a mother and teacher, I can guide (orient) young people not to have unprotected sexual relationships which can lead these results, pregnancy, and STD.

I am looking for how to teach students every day what they need to know SRH and pregnancy. Didactic material or very advanced technology is implemented for a better message to our students.

Teacher 4

If I would like to and I always have conversations with teenagers, since they should receive advice and learn to take care of themselves.

Teacher 2

Although professional knowledge and classes were necessary, it was most effective for teachers and students to meet and consult with students individually and to share their concerns about adolescent pregnancy. It is necessary for the teachers themselves to be more interested in their students and to be prepared to listen to them through individual counseling.

I have met some students who are perhaps curious and want to know how it feels to practice sex. So, I have talked with students about talking sex because they are too young and to know about sex, they must get married. During that time, I felt uncomfortable in my mind because the students asked me how it is better to have sex. I cannot give them such a kind of information, but for sure I would like to give them some advice or reasons why they cannot practice sex (at a young age).

Teaaher2

2) Trust Relationship with the adolescent to talk about SRHR

A male teacher consults student whenever they need it. His students visited and talked about their dating and sexual concerns, and he never stopped the students from coming. He did not receive any support for SRHR education, but he is willing to be the counselor for his students. He also emphasized that to establish sufficient trust with students and communicate with them to solve

the adolescent pregnancy problem, teachers and parents must first restore the relationship in a solid trust between them so that the student could feel comfortable sharing their stories. Based on the Bible-based SRHR education he received from his father, who is a pastor, he encouraged his students with correct disciplines and comfort. He also diligently studies and received SRHR education online or other media to teach students.

When it was my first year in this school, an eleventh-grade boy came to me and told me that he had a girlfriend who wanted to have sex. I was surprised, and he said he wanted me to advise him how he could do this. He said that he did not have the experience but that if he was not careful, there could be a pregnancy in the bride. He could have the risk of contracting an illness. I had no real sexual experience at the time, but I could advise the student with all my heart. If you are not careful, a girlfriend can be pregnant, and he could have the risk of illness. I taught some topics such as early pregnancy, diseases, how to use condoms that many students need to know so that they can make the correct use.

Teacher1

To deal with adolescent pregnancy problems, it must first get close to students. Restoring the relationship is the most important for them to share and solve their problems. Both parents and teachers stand at this crossroads. Students first want to receive love and attention. If parents and teachers first open their hearts and reach out to them, they will open their problems and try to solve the issues together.

Mainly young people want to have trust with their parents to talk about these issues. Educational institutions should talk about sex education as well as have a psychologist or counselor who is responsible for the emotional changes that young people suffer during their development as human beings. On the other hand, young people have an awareness of the problems that can be found by not taking advice.

Teacher3

Teach parents to give their children confidence so that any questions they may have can ask them with confidence.

Teacher4

People find it challenging to make good relationships with young people, but in fact, they can build trust with them in simple ways. It begins with small talk, giving attention to them.

The first thing is to show friendship and confidence to them(children) to be able to advise about that awkward stage that they will face that they need help from an adult so that adults can guide them or also help with professionals who when it needs especially.

If we are friends, it is easier to talk about the changes that are happening in the body. But if you don't become friends, it becomes more difficult to have trust between each other, and they do not ask the help and talk even when they need to ask for professional advice. Becoming a friend can really help them(children) to express themselves openly.

Father

- **The Importance of Family as non-formal education**

SRHR education should be conducted not only in school education but also in any field where there are teenagers as non-formal and informal education. It is an issue with social responsibility that can be achieved together.

It needs to be explained in all educational institutions, starting from home through their parents.

Teacher 1

In Honduras, the education system is weak. Still, those who have been educated about SRHR by their parents at home later became teachers and parents to teach young people through their experiences and knowledge from family nurturing.

In my experience as a student, I learned very little about this subject (SRHR Education). Still, I had the advantage of being born in a religious background home, and at the age of 8, I was instructed by my father. He talked to me about this subject (SRHR Education)

Father

I gained sexual knowledge from my father when I was 15 and 16 years old. He talked to me a lot about the issue of sexuality, which is of great importance to our lives, emphasizing what is written in the bible.

If it is not raised about the significance of this problem (regarding sexuality) we face in our daily lives, it will create many problems. Because it has extensive, sufficient contents presented issues such as not having sex before marriage, the prevention of an unwanted pregnancy or a sexually transmitted disease.

It is easier for me to teach and give attention to this issue to students because I taught them in the way my father taught me before. I could understand and mention sexuality.

Teacehr1

My mom is not a Christian. However, my mom taught me about sex education. She emphasized the fear to God and the importance of Chastity in marriage.

Teacher 4

Because the role of the father is essential, so when talking about SRH with his son, he needs to guide him correctly

Teacher 3

Despite the poor educational environment and weak socioeconomic system, they were able to learn from their parents based on the Bible in the background of Christian families. Moreover, they could become parents or teachers who can teach other students SRHR knowledge they learned.

Also, the appearance of the wholesome family has the best effect on adolescents' SRH (Mayberry, 1995; Steinberg, 1992; Meschke, 2002; de Graaf, 2011). Mother and father represent the role of women and men, respectively (Miller, 1998, 2001, 2002, 2003, 2005). The better the marital relationship, the more adolescents' perceptions of other genders, and the

functional dynamics in their relationships are the best role models for their future sexual and reproductive health rights.

We (His wife and He) are not the best, but we try to respect each other as a couple and model of parents before my daughters so that we have provided the necessary values to my daughters. I am thankful that my daughters always respect us, and they tell me that they want to meet a husband like me later. I am very happy.

Father

During that time, I taught my students about responsibility they would have as parents at a very young age and young people should avoid sexual intercourse that can become parents even they are not prepared. At the end of the teaching, during that time, I felt calmer because the attitude of students to listen to the teachings was very good, they listened very well, and they were also very interested and curious to learn.

Teacher 2

- **The SRHR seminar in village church as an informal education**

In Urraco, Honduras, the village church plays a role in SRHR education for out of school students and adults as well. Christian discipline can be helpful to learn SRHR and help not to tempted risky sexual behavior (Adamczyk, 2012; Ahrold, Farmer, Trapnell, & Meston, 2011; Burdette, Ellison, Hill, & Glenn, 2009; Burdette & Hill 2009; Haglund & Fehring 2010; Kirk & Lewis, 2013; Simons, Burt, & Peterson, 2009). It deals with the positive effects of getting SRHR education from parents based on the Bible, among teachers who teach students in schools. One female teacher also educated by her mother based on the Bible; she is not Christian, but because Catholicism and Protestantism is a culture of Honduras, she can learn the Bible teaching.

The parents(pastors) teach the seminar to youth group in their village as a pastor. They gathered not only their children but also young people and

parents from the community to begin weekly seminars on topics such as sex, dating, and marriage.

As a pastor, I took a theological seminar in advance, and I answered youth group questions with that knowledge. They have many questions. I taught how to enjoy sex correctly, the factors of risk or benefit such as physical development. I emphasized the right time for the marriage and the responsibility that give them if pregnancy occurs. I advise adults about family to talk about these issues. And contraception can be used when you do not want to pregnant. My wife also leads this seminar with another group.

Father (Pastor)

They know the necessity of education for those who did not receive education out of school. They also understand the importance of the participation of community members to change the wrong perception of sex.

As an important topic for her(daughter) to know, as a father, I do not think anyone can talk about it better than me. I think it would be better for my daughter to talk to me than to speak to someone else. Parents are the most appropriate people to discuss this issue with their daughters so that nobody takes advantage so to speak of their innocence(curiosity)

Father

Activities in the church provide youth with an excellent place to unravel their sexual curiosity and build a healthy self-image. It also has an impact on the delay sexual behavior (Burdette, 2009; Kirk, 2013) and avoidance of risky sexual behaviors (Haglund, 2010).

There is a right way of keeping away from (sexual) temptation by activity that the church prepares. So they(church) can prepare the social activity, getting together, good games, playing, that is also a good way that churches should focus on to help the youth to stay away from temptation.

Director

In the church, the youth will always come to ask more questions that seem like they rely on the church. They want to know what the right thing is to do. In the area as a pastor, we necessarily take classes in different areas, and that has not allowed us to help them with a little knowledge.

Father

Education and spiritual training must be together. No matter where you are living, you always have to have both contexts together; Good education and proper spiritual training. Some people said that I should have a lot of money to have a good education. It does not matter if you are brilliant or not. If you do not know how to take care of your body. You are a lost case. You have to be intelligent but also you have to be wise. The wisdom, you can only obtain it by spiritual training. Moreover, what about those who do not have money, so they do not have money, they have God. They can also be wise. They also can stay away from all these wrong things.

Directora

Although adolescents have a good knowledge of SRHR, it is difficult to withstand temptation. The community activities like religious activities or other activities like praying the sports and playing musical instruments and others are to overcome these temptations (Penhollow, 2007; Adamczyk, 2012; Kelman, 2006)

- **Advising from women who gave birth as a wounded healer**

Some women who are experienced adolescent pregnancy left alone without any support from the baby's father quit the school. So, they might be suffering from discrimination, stigma from society. The participants were already involved with the social constraints as drop-outs from school and with the experience of adolescent pregnancy. However, they want to continue their studies by attending weekend schools after giving birth. Furthermore, they are playing the role of a wounded healer (Jung, 1969; Nouwen, 1979), who encourages people to inform them about the reality of adolescent pregnancy.

Nouwen explained the Wounded healer served others with their woundedness which a source of strength and healing is when counseling others. They also advise them to concentrate more on designing their future and establishing their own identity in adolescence, not being tempted into fake love with their experience of adolescent pregnancy.

I am attending the school on the weekend, I advise many students as much as I can. When they are talking about a sexual relationship with their boyfriend, I advise them, "You have to be careful, protect yourself, your body and respect You first" I also strongly warn the consequence of the adolescent pregnancy that they do not know. And I encourage them as well. "Don't hurry. God has a plan for you that guides you". My experience is constructive for students not to be pregnant that I did.

Woman 1

I advise adolescents four things; 1) Study hard 2) Obey your parents 3) Protect yourself not to be pregnant 4) Seek God and ask Him to take away all temptations.

Woman 2

4.3.2 Analysis of Social Elaboration of Adolescent Pregnancy in Honduras

Archer (2000) explained that the agency implies an individual's availability to act. Agency affects only through specific actions it performs, which is visible (Maxwell & Aggleton, 2014). Therefore, the agency actively establishes self-reliance actions to solve problems in society that affect one's own life (Archer, 2007). These individual responses sequentially cause society to reproduce, transform, or re-orient. Agency must have both acceptability and resistance to solve social problems structurally (Martin, 2012). From the perspective of the agency, active and autonomous agencies

do not accept the influence of structure and culture as solely based on what they have been told but consider and do how they can act under the constraints of given conditions. Table 10 is the summary of agencies that have a positive impact on adolescent pregnancy in Honduras from the perspective of education.

Table 10. The analysis of Agency in Honduras

Agency	Learning Experience (Past)	Personal concern	Social action (Present)
Teacher (formal education)	Father(pastor)'s a discipline based on the Bible	<ul style="list-style-type: none"> ▶ Critical opinion toward Honduras to improve social change 	Advice (Counseling) Class preparation through online sources
Father (Pastor) (Informal education)	Father(pastor)'s a discipline based on the Bible	<ul style="list-style-type: none"> ▶ Care for others (Service, Sacrifice) ▶ Continuous Efforts (social action) 	Seminar Taking a theological seminar
Woman (Non-formal education)	Schooling Adolescent pregnancy	<ul style="list-style-type: none"> ▶ Constructive attitude toward their life and Honduras ▶ Clear sex ethics 	Advice (Counseling) Attending a weekend school

Each of the three agencies showed different learning experiences and social action, but there is a typical personal concern. This accepted personal concerns could be applied to SRHR education in Honduras. The social actions of the agencies can be adopted as teaching methods and education as training to equip them with the personal concern they have. Through those agencies, structural conditioning that have a positive effect on preventing adolescent

pregnancy is available. It has been shown through conversations with teachers in school, SRHR education from fathers and mothers in family, a seminar in religious facilities serving the community, and advising from women who has experience adolescent pregnancy as a good counselor. Through the successful demonstration of these structural conditions, the special agency can constructively overcome the problems of society and be able to solve them. It expects to educate the autonomous individuals to be an agency who will lead the social change in Honduras. Even though dismal structural conditioning in Honduras, every adolescent has the responsibility and the right to imagine and strive for a better future.

4.4 Analysis of Adolescent Pregnancy in Honduras using the Framework.

According to the interview, Honduras has SDHs of structural conditioning on the issue of adolescent pregnancy (as discussed in 4.1). From the perspective of the agency, active and autonomous agencies do not accept the influence of structure and culture as solely based on what they have been told but consider and do how they can act under the constraints of given conditions (as discussed in 4.3). Figure 17 explains the causality, the causal factor of adolescent pregnancy, and the relationship with the intervention that includes moderating and mediating factors, based on the effect theory. It was conceptualized from collected data; literature, interviews, and textbook. With this concept model, it is easy to realize which SDH is affected by adolescent

pregnancy and how intervention work. Further understanding the adolescent pregnancy in Honduras, the data was analyzed by the analytical framework based on the analytical dualism. Each stage consists of existing, causal, moderating, and mediating factors (Figure 18).

Honduras has not been able to make even progress at these three stages. As seen in Figure 17 and 18, SDH for adolescent pregnancy have been continually revealed, but very few personal concern and social and cultural interventions are found to be trying to solve them. It leads to passive structural elaboration, which results in a continued high rate of adolescent pregnancy.

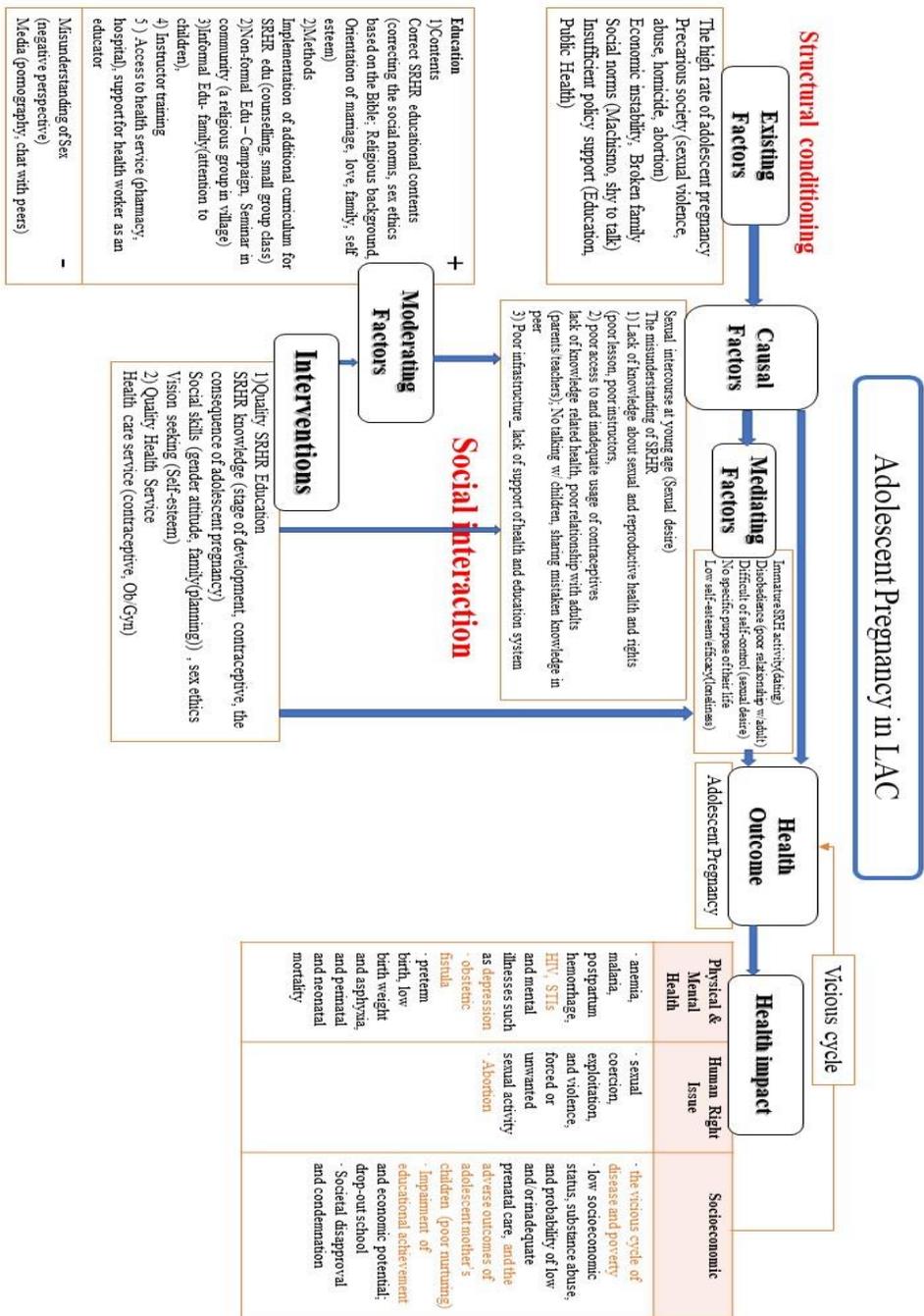


Figure 17. Analysis of Adolescent Pregnancy in Honduras using the framework of Effect Theory

Structural conditioning

T1 Existing factor & Causal factor (Structural)

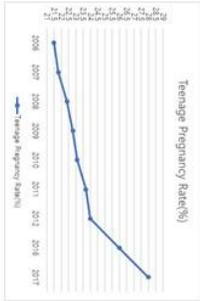


Figure 14. The Rate of Teenage Pregnancy in Honduras -> Second highest rate of Adolescent pregnancy in the World (28%)

Table 7. Social determinants of adolescent pregnancy in Honduras

SDH	Key Issues in Honduras
Economic stability	<ul style="list-style-type: none"> Severe poverty Lack of jobs
Social Norms	<ul style="list-style-type: none"> The unstable security and economic difficulties A culture that is talking about sex is shameful Machismo
Broken family	<ul style="list-style-type: none"> No communication between parents and children Parent's indifference. No discipline and attention
Health and health care	<ul style="list-style-type: none"> The lack of implementation of the health care semia No extra-curriculum class for sex education No support of government to teacher and school
Education	<ul style="list-style-type: none"> Lack of capacity of teacher Textbook is difficult

Table 9. The content that should be addressed in SRHK education according to the reflexivity

Range	Content	Method
Pre-gest	• Education of parents • The study of adolescent pregnancy • Address to work	• Media Media
Pregnancy	• Prevention of STI (Contraception) • Address to work	• Address
Post-gest	• Care • Family • The importance of culture • Prevention of STI (Contraception) • Address to work	• Community • Media Media
Range	• Health education • Prevention of adolescent pregnancy • The role of education • Prevention of STI (Contraception) • Address to work	• Address • Media Media
Health	• The role of education • Prevention of STI (Contraception) • Address to work	• Address • Media Media

Social interaction

T2 Intervention & Moderating Factor Social & Cultural Structures

Personal condition (Concern & Emotion)

Mediating Factors (Personal)

reflexivity

Table 10. The analysis of Agency in Honduras

Agency	Learning Experience (Pain)	Personal concern	Social action (Pain)
Teacher (Personal education)	• Participar(y) a actividades de salud en la escuela	• Critical opinion to improve social change	• Advisor (Consulting) Class preparation by teacher
Father (Personal education)	• Participar(y) a actividades de salud en la escuela	• Care for others (Service, Sacrifice) (Collective action)	• Seminar Taking a biological seminar
Woman (Personal education)	• Participar(y) a actividades de salud en la escuela	• Conscience attitude to Honduras	• Advisor (Consulting) Attending a weekend school

Structural Elaboration

Health Outcome & Health Impact

Figure 18. Analysis of Adolescent Pregnancy in Honduras as a social problem based on the Analytical Framework

CHAPTER V. DISCUSSION

5.1 The preexistence of great gulf fixed in structural conditioning

In the Morphogenetic approach (MA), Archer initially considered structural factors from the social and cultural context that affect the action of the agency. In MA, agency and structure are clearly distinguished on a rational basis by assuming ‘structure that exists ahead.’ In this context, Archer argues that the structure is “pre-existence,” does not “decide” our actions, but it is “conditional.” Therefore, by presupposing structures and cultures that are predetermined over the agency, MA provides a more integrated framework for examining the dynamic relationships between material structures, ideological cultures, and agency, including an essential analysis of social structure that often overlooked in a hermeneutic approach. The exploration of the social structure related to adolescent pregnancy in Honduras is not only as a beginning for an accurate understanding of agency and reflexivity to be explored but also is as a cornerstone of the knowledge in effective educational interventions in the context of Honduras and how to overcome them.

The organizations in public health also argue that social determinants surrounding health issues should be considered (NCHHSTP, WHO, Healthy People, Kaiser Family Foundation, NEJM, Health Affairs, Institute of Medicine, New South Wales Department of Health). Based on her argument, the causality of the structural condition surrounding the issue of adolescent

pregnancy should be considered, and in the current research, participants explained the problem of adolescent pregnancy as a level of social and cultural condition. The causality of adolescent pregnancy in Honduras in the perspectives of the SDH are 1) Unstable economy 2) Social Norms; reluctance toward sex, Machismo 3) Broken family, 4) Insufficient support from government and 5) lack of SRHR education. These social conditions were fairly given to all before their efforts and actions. She emphasized the premise of the structure in analytical dualism. According to her reflexivity model, which highlights both objectivity and subjectivity and incorporates their interplay in the process of reflexive mediation, she argued that the condition of structure the agency faces can constrain or enable their behaviors regardless of their will. It means that adolescent pregnancy should not be considered as a phenomenon from one individual's interest but also as an interface between an individual and social condition that are predetermined. In Honduras, many teenagers spend their school lives in lethargy and disloyalty, complaining about the unstable economy and lack of jobs without the motivation to study and to dream about the future. Adolescents are seriously addicted to social media. Furthermore, teachers in poor schooling systems and parents in broken families did not look after their children. This leads adolescents not to strive for their future plan and live together without easily having an adolescent pregnancy or marry. In particular, many problems with the lack of SRHR education have been revealed, which show the realities

of education in Honduras. The lack of competence of instructor and contents of textbook for SRHR education, and the lack of community, social and policy support prove that the most effective education in preventing adolescent pregnancy does not play a proper role. That is, everyone equally faces a demanding environment that is irresistible that man could not control in Honduras. However, in a positive way, social changes depending on how an individual interprets and reacts to the given environment. It also highlights the consideration of structural support against poor structural conditioning that have a positive effect on preventing adolescent pregnancy are also available. Through the successful demonstration of these structural conditions, the special agencies can constructively overcome the problems of society and be able to solve them. In the next section, the role of this particular agent will be thoroughly discussed.

5.2 The importance of the agency to change society

Archer believed that social norms and socialization processes that could lead to a stable and continuous life in a post-modern society have become ineffective as they are rapidly changing and complicating with globalization. Instead, she emphasized the role of agency in looking at various social conditions with multiple interests can lead to social change. In other words, when it focuses on what the agency cares about, it can be expected social change. Archer (2015) explained that the agency implies an individual's availability to act. Most importantly, the agency can overcome barriers,

criticize, or confront the situation of oppression and deprivation. As individuals in society, they may exert the ability to influence and listen to the social community and others around them (Hanmer & Klugman, 2016). Despite the detrimental social structural conditioning in Honduras, the agencies have acted actively to change society positively in where they are.

The researcher met some agencies exhibiting their willingness to solve the problem of adolescent pregnancy. The agency takes an active and positive stance toward the realization of a given social structure (project), through an active and constructive attitude of modifying its own intentions in light of its perception of changing circumstances (Archer, 2007) The intentions of the agencies whose personal identities are based on a series of concerns and priorities are neither uniform, static, nor passive. Social structural policies (or projects) are to pursue the establishments of stable participation of individuals into the constraints and enablement in a given socio-cultural context. Therefore, the performance of the project depends on the role and its degree of each agency's participating in the project. From this point of view, society may have a concern to watch out for. Individual autonomous behavior can maximize selfish interests and can intensify inequality. Through education, it is possible to develop a leader who can extend the change from the individuals to the whole society. However, a leader, who pursues only his own interest, may generate inequality and corruption in society. Those who have formed false sexual values are more likely to use sex only for their sexual pleasure,

and negative consequences are inevitable in those individuals (Koenig et al., 2004; Maharaj & Munthree, 2007; Polis et al., 2009.; Williams et al., 2008; Zablotska et al., 2009). Developing countries tend to maximize their pursuit of selfishness due to the limited resources and poor infrastructure. The analysis of Effect theory confirms that the mediating factors as regards to the causes and results of adolescent pregnancy are related to the behavior of agency according to the sexual values (sex ethics). “What do you most care about the aspects in SRHR?” In other words, action based on values for sex can lead to adolescent pregnancy (Figure 19).

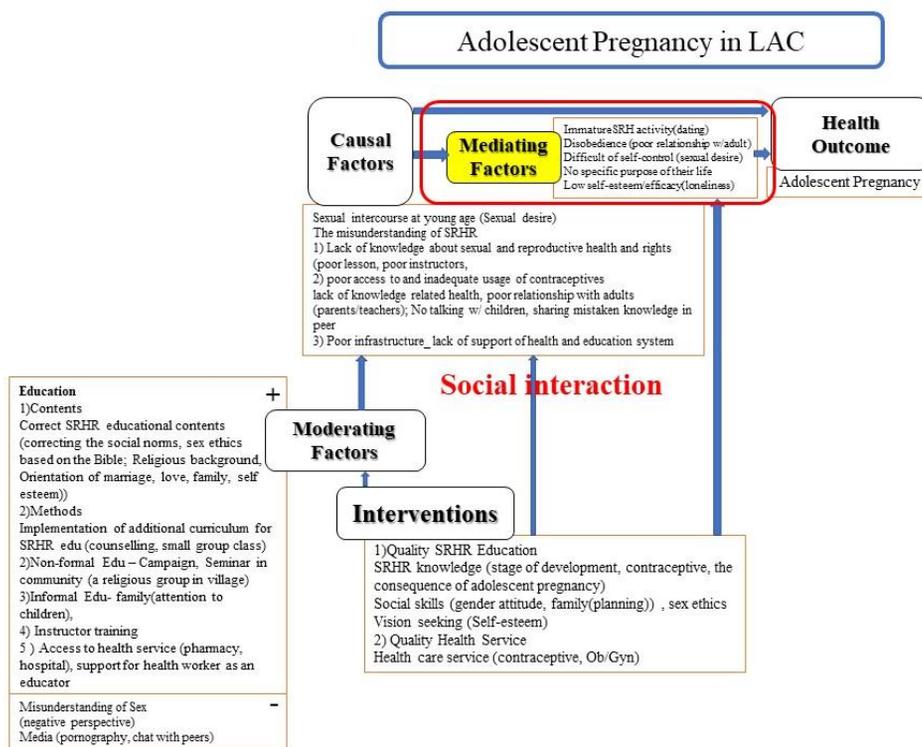


Figure 19. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Mediating Factor

The following actions serve as a mediating factor that lead to the

phenomenon of adolescent pregnancy; 1) Immature sexual activity, 2) Disobedience, 3) Difficult of self-control, 4) No specific purpose of life, and 5) Low self-efficacy/esteem. The education, which focuses on what concerns the agency to act on regarding SRHR, could rather serve as a mediating factor that prevents the adolescent pregnancy from its cause and the result.

On the attention and direction of action and concern of the Agency, Archer mentioned the typology of reflexivity (will be discussed in 5.4). Also, Weber of the Hermeneutic approach classified social action into four ideal⁹ types. (Table 11).

Table 11. Ideal types of social action (Oh, 2010)

	Choice	Orientation	Change of Society
Methodological Individualism in Hermeneutic approach	Rational-purposeful	Maximizing selfish profits	Deepening the hierarchical structure by increasing social efficiency
	Value-rational (Moral)	Justice and equality	Equalization of social structure

He contends the role of education plays a role in leading to the change of volitional choice for social development, not a rational choice, which is the selfish nature. If society entrusts everything to the autonomy of each individual, it will be a mess because of selfish competition and greed. In order to avert this, through education, each individual has a consciousness to pursue public interests rather than their own interests and also needs to recognize that through social development, it is possible to resolve social conflicts and

⁹ The word "ideal" means typical rather than ideal.

problems caused by pursuing personal interests and leads to a changing society by encouraging people to have the will and make volitional choices. It has shown that conversations with teachers in school, sex education from fathers and mothers in family, seminar in religious facilities serving the community, and advising from the women who have experience of adolescent pregnancy (as discussed in 4.3). As they are agent to change the society in Honduras, they have common characteristics; personal concerns; 1) critical opinions toward Honduras to improve social change 2) care for others 3) continuous effort for social action 4) Constructive attitude toward their life and Honduras and 5) clear sexual values (sex ethics).

Adolescent pregnancy in Honduras has become a problem for everyone in communities, as it is a problem for friends, family and neighbors around the ones who are directly engaged in the social problem of adolescent pregnancy. In other words, this focus should be on an agency where everyone can make active intervention through reflexivity; internal conversations. Then, the social-structural project involved becomes a reality. Archer argues that the realization of social structural policies or projects is achieved through the concrete practice of social action of the Agency.

Archer argues that the realization of social structural policies or projects is achieved through the concrete practice of social action of the Agency. Archer thus presented a gradual specification of how an individual behaves, arguing that it is driven through personal consideration of oneself and one's own

interests related to society. The following sections describe social structural projects involved in reflexivity, a process of the interplay of agency and social structural project

5.3 The effective SRHR education as a positive intervention

In Honduras, the structural condition itself, which should be defined clearly by agency, is not promising at all. Reflexivity not only mediates the effect of the structure on the agency but also regulates the individual response to a particular situation. Thus, it is required to consider the social structure. Changes in social structure and active intervention can promote the reflexivity exerted in internal conversation more positively to better structural elaboration. The role of social structural intervention is important because the beliefs, attitudes, and goals of the agency are defined and clarified through reflexivity. It is required to evaluate the social situation and establishes the project based on their primary concerns (Caetano, 2015).

Regarding the collected data, it reveals a desperate need for SRHR education. Effective SRHR education requires consideration of how and what to consider for implementation based on the data. This is all the more necessary in developing countries with limited resources. To this end, it is necessary to analyze moderating factors that have a positive effect on the causal factor. Considering the moderating factor that can directly affect the causal factor can successfully implement effective SRHR education (Figure 20).

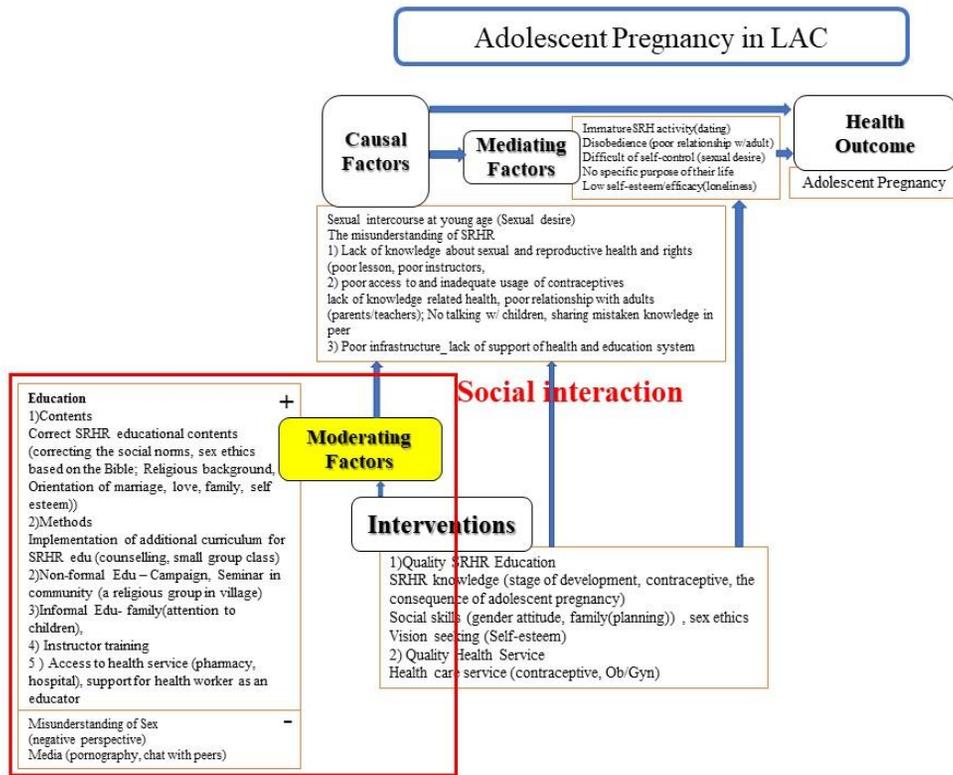


Figure 20. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Moderating factor

The analysis of the data is as follows. In particular, participants required three contents that should be considered in SRHR education as an extra-curriculum training class for enough time and contents; 1) Value of sex; sex ethics 2) The realities of adolescent pregnancy, parenting, relationships, and love 3) counseling approach.

In the analysis of the textbook, particularly, the contents of the key concept 1-5 table (refer to table 6) that related to values of sex; sex ethics were not included in the textbook. Furthermore, participants answer the value of sex

that is needed to be learned, reflecting their structural conditioning, particularly social norms. Education is a value-oriented work to seek the desired changes (Oh, 2010). Therefore, it needs to set the goal of education. Further, an idealized social model is required to go beyond the level of changing an individual's attributes through education. However, in Honduras, their value of sex is distorted by social norms; 1) people are shameful about talking sex and 2) Machismo. A woman has more burden for pregnancy, which gender discrimination and social stigma. Under the Christian and Catholic background of Honduras, the following principles help students redefine the value of sex, not the wrong idea of social culture. In Christian group, sex is a God's gift as well as the marriage and virginity (Parida, 2014; Coakley, 2013; Kraft, 1989) Furthermore humans are divinely designed by God with capacities to enjoy sexual pleasure and procreation (Coakley, 2013), Meanwhile, the concupiscence represented a distorted and destructive sexual desire that eventually consumes oneself and others. Luther and Calvin believed that the marital bond was a God-endowed way to fulfill sexual pleasure and procreative purpose, and also a remedy to moderate the sexual desire (Schwarz, 2013). Catechism of the Catholic church clearly denotes human sexuality as a source of God-given joy and marriage as an intimate and noble union that manifests as truly human and godly act in ways of embracing and enriching each other (Libreria Editrice Vaticana, 2003) Freitas and Winner (2008) found that evangelical students believed in God's

forgiveness, healing and deliverance, leads them to make better decisions regarding their sexual attitudes and behaviors. Even though some people have a problem with SRH, it never leads to stigma and discrimination. In other words, sex is nothing to be ashamed of, and it is joyful in a healthy relationship and experience the procreation. Also, students wanted to know the meaning of parenting, relationships and love, not the wrong information from media or peer groups. In the interview, students emphasized taking the orientation (orientación in spanish) of adolescent pregnancy, love, marriage and parents to know the its consequence (consecuencia in spanish). It is very rare to see a good family in Honduras. There are also many couples living together without marriage, so there are rarely good examples of right relationship, love, and marriage. That is why students are always curious about love and marriage. But marriage and pregnancy need a commitment of love to be parents. Practical advice from the experience of women who gave birth to adolescents is of great help to many people.

In this respect, it is also important to encourage small group class that teachers and students have a discussion on the value of sex, not merely teaching, and sopping up the materials. The ideal social establishment also need be pursued through the agency. That is, it is necessary for an agency to voluntarily intervene and understand its social and cultural background and these principles. For this purpose, small group teaching and group counseling are effective (Boud & Edwards, 1999; Huebner & Howell, 2003). In this

perspective, some scholars also argue for this reconceptualization of education. (Freire, 1970; Giroux, 1983; Greene, 1978). Under the conditions that allow the agency to take the initiative in their lives and the planning within, their consent and agreement can help them correctly shape the goals of learning and values of sex, the meaning of relationship, marriage, parenting and others and provide the basis for realizing an ideal future society (Oh, 2010)

Youth is a stage in their lives when hormonal secretion and brain development occur together as well as physical changes in secondary sex, and life values are formed. Healthy self-esteem formation and self-assertive education in SRHR education can help establish the values for their own life, families, and marriages in the future (Europe education group, 2016; Unis & Sällström, 2019). As discussed in 4.3, through the teacher's personal counseling, students shared their concerns and problems related to sex. It is also necessary to form an intimacy with students in advance. (Eisenberg, Madsen, Oliphant, Sieving, & Resnick, 2013). Most teachers advocate the counselling approach, dealing with the issue related in SRHR

Therefore, the effort of social projects and policies that is long-term, comprehensive, and sustainable for the prevention of adolescent pregnancy is needed, which is undertaken. Active intervention and attitude of the agency under social structure are necessary, but the situation in Honduras shows that the change of social structure is also urgent. The SRHR for adolescent is not an individual issue. Adolescent pregnancy has emerged as a major problem

for Honduras. Not only education officials but also parents and community need to attend the SRHR education for adolescents. Through the form of non-formal education, it led to positive changes in Honduras' youth. (Moll & Renault, 2014). Many studies reported the effectiveness of intervention projects of SRH based on participation in the community (Ali & Cleland, 2005; Caffè et al., 2017; D. Dongarwar & H. M. Salihu, 2019; Gage, 2013; Goicolea et al., 2009; Hall et al., 2014; Kathya Córdova Pozo1* et al., 2015; Neal et al., 2018; Peter Decat1*, 2013). In particular, these projects are effective in generating the right improvement of social norms. It is time for parents and society to participate in education together in activities that teenagers can do after school. With the adoption of school-based extra-curricula sex education and community-based sex education, it needs more active support from the Ministry of Health and Education.

5.4 The change of the agency through education for social change

To analyze and improve social problems, Archer emphasized the agency and social structure, respectively, and suggested MA. MA implies that society continues to form and change. In the frame of analytical dualism, the final stage of structural elaborate on again becomes the stage of structural conditioning, indicating changes in a fluid society. The need for SRHR education in school, family, and society has been called out in Honduras. Thus, if SRHR education and social structure change through the established policy

of the Ministry of Education and the Ministry of Health, it will form a new structural conditioning, and the resulting reflexivity will occur again. More attention should be paid to what reflexivity should be made for the policies to be implemented in Honduras to capture the realization. That is, the studies need to be conducted on the agency that continues to be active in social change. The aspects of reflexivity to the newly changed social structural conditions depend on different one's own concern and power, which resulted from the free will of a self-reliant agency. As a result, even though the structural conditioning is equally given, it leads to a different structural elaboration, depending on social interactions. Archer pointed out that humans take the initiative in changing their lives by realizing their concerns-what they care about. In this process, a process of reflexivity takes place in which internal conversations are made. In other words, various processes of reflexivity will take place depending on what kind of concerns individuals have. How is reflexivity critical and actively involved in the social structure? Archer (2012) recently conducted research related to this question, particularly in the education field. Archer focused on the centrality of reflexivity in changing society. She conducted research titled "reflexive imperative in late modernity" to analyze how each type of reflexivity enacts to society. She proposed four typologies of reflexivity; communicative, autonomous, meta and fractured (Table 12).

Table 12. Typology of Reflexivity

Typology	Definition
Communicative reflexivity	internal conversations that require confirmation by others before resulting in specific courses of action
Autonomous reflexivity	self-contained inner dialogues that lead directly to action without the need for validation by other individuals.
Meta-reflexivity	To critically evaluate existing internal conversation through internal dialogue and to be critical of effective behavior in society.
Fractured reflexivity	exercised by individuals whose inner dialogues do not allow them to deal properly with social circumstances.

A closer analysis of the process of reflexivity of the good agencies can have an impact of education in Honduras. They lead to positive social changes in the issue of adolescent pregnancy. An analysis of their subjective characteristics, their attitude toward Honduras society, and how they are translating their reflexivity into action can also influence on education in Honduras. Some may question how an individual can make a social structure change in a country, however, many changes are actually being made gradually and steadily by an agency, only in different sizes and shapes. (as we discussed in 4.3 and 5.2) The inability to recognize this change came from the misunderstanding of the volume of a social structure, that the social structure is simply defined as the recurrent type of social action. In other words, the argument that a social movement refers to various types of collective action for social restructuring backs it up (Abercrombie, Hill, & Turner, 2006). The

importance of education is given to knowing which typology of reflexivity that leads to social change by reacting rationally to a changing society, so that it encourages students to take that typology of reflexivity to respond rationally to social change. The attitude of reflexivity in individuals is important in that it motivates to produce changes in society. In education, the consciousness, will, symbol and act of individuals are directly targeted, which leads to the subjective interpretation of real society (Freire, 1973). In order to change society through education, individuals who are members of society should also be encouraged to have the creativity, will, and confidence to pursue and implement plans and find the knowledge and imagination to make real society aware and plan for the future (Freire, 1973; Oh, 2010) The role of education directly involved in the agency in the process of intervention and reflection of social structure in social change through education is expressed in Figure 21.

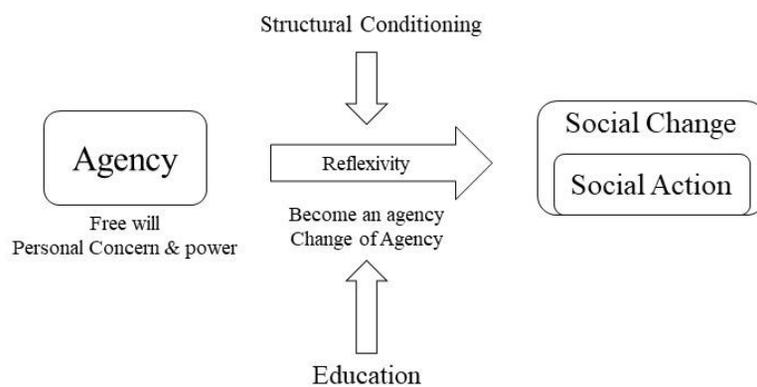


Figure 21. The change of the agency through education for social change

5.5 Limitation

Archer claimed that most people are dominated by one typology of reflexivity in a particular period of time. That is, in reflexivity, it develops in diverse ways depending on the interplay individuals established with their social contexts and their main concerns, not a homogeneous process.

However, this is the limitation that it did not conduct an in-depth study of the type of reflexivity due to the lack of the number of good agencies and time. When investigating what types of reflexivity are taking place against the high rate of adolescent pregnancy, it is necessary to understand how to help this reflexivity occur with the educational strategy. Despite the problematic structural conditions such as the economic crisis, lack of education, and the culture of machismo, some agencies begin with what they could do in their given environment. It needs to analyze these agencies and to take a closer look at SRHR education, which deals with the training of the typical agency mentioned so far. This is because the three agencies are already having a positive impact on the prevention of adolescent pregnancies in Honduras.

Meanwhile, it is absurd that the agency who has free will and personal concern easily changes one's typology of reflexivity. However, education can help them to form responsible choice by enacting with the valid values of life and seeking a better life. That is, the importance of education is given to knowing which typology of reflexivity that leads to social change by reacting

rationally to a changing society so that it encourages students to learn that typology of reflexivity to respond rationally to social change. The attitude of reflexivity in individuals is essential in that it motivates them to produce changes in society. Subsequently, it requires more in-depth research on the characteristics of agency and the process of reflexivity accordingly, which leading to the educational content. Furthermore, the study of the support strategy of the government is needed for the activation of informal and non-formal education.

CHAPTER VI. CONCLUSION

This study adopted one of the qualitative research methods with taking the socio-economic and political situation of adolescent pregnancy in Honduras into account and analyzed social health determinants and identified strategies for developing health education so as to improve adolescent health. It highlights the needs to improve SRHR education and services for adolescents, as well as to ensure political supports to protect them.

It has been demonstrated that Honduras has a difficult environment to be improved if no special social and political intervention had been implemented. SDH for adolescent pregnancy and the concerning rate of it proved the incompetency of the social situations in Honduras; 1) unstable economic situation, 2) social norm; reluctance toward sex, Machismo 3) broken family, 4) insufficient support from government and 5) the lack of SRHR education. These SDHs lead to a situation in which most people are living in lethargy and laziness, with a negative viewpoint towards their own government and a constructive way of planning their life for a better future.

The researcher interviewed 14 participants and three agencies stood out in their effort to prevent adolescent pregnancy. They have been preventing it through social actions such as counseling and giving seminars and advice on educational sites. Personal concerns that the three agencies share are below; 1) critical opinions toward Honduras to improve social change 2) care for

others (service) 3) continuous efforts for social action, 4) constructive attitude toward their life and Honduras and 5) clear sexual values (sex ethics). The educational strategies are building up the learners to have these characteristics. In addition, the educational contents which need to be included in SRHR education based on the context of Honduras are 1) The consequence of adolescent pregnancy 2) the meaning of relationships, love, and family-based on the value of sex (sex ethics), and 3) counseling approach.

The quantitative development of educational opportunities is certainly essential. However, it would be a more efficient way to focus more on qualitative side of development given the comprehensive situations of the country. Education in Honduras requires much effort to improve the status quo, while limitations in social systems and low-quality educational environments distracted the country from developing it. According to the interview, the researcher found that there is a lack of non-formal and informal types of educational activities. . Nonetheless, according to the interviewed agency, there exists seminars at religious facilities and advices from experienced women, which implies a possibility of qualitative improvement in SRHR education on the prevention of adolescent pregnancy. The participants addressed the necessity for support at both the community and government level as well as their own individual efforts.

To achieve social changes through education, a focus should be on the agencies which are directly influenced by education since they are considered

as the main drivers of social change. In particular, their social actions which resulted from the reflexivity between personal concerns and social conditions motivates communities to induce desirable social changes. In this perspective, it is undeniable that education takes a role to help individuals enable their free wills to lead a social change actively and dynamically. Also, an agency which is trained through education will lead the public to participate in social changes. In other words, social changes are led through agencies which reads the world critically with a proper educational perspective and acts to lead change based on it (Freire, 1970,1973; Oh, 2010).

This study presents the strategy of SRHR education which can be adopted not only in Honduras but also in other developing countries in Central and South America. It indeed contributes to focusing on the quality of SRHR education which is one of the key indicators to estimate the progress in achieving the SDG 3, 4, 5; Health, Education, and Gender equality. The current work also contributes to exploring the realities of adolescent pregnancy and suggesting the implementation of improved health education considering local/social culture and political context in Honduras to solve the problems of adolescent pregnancy.

REFERENCES

- Abercrombie, N., Hill, S., & Turner, B. (2006). Dictionary of sociology 5 th ed. In: Penguin Books: New York.
- Abercromby, N., Hill, S., & Turner, B. S. (2006). The Penguin Dictionary of Sociology. London: Penguin, 1984, 9.
- Agreda, E. C. (2008). Los docentes y la educación sexual en la adolescencia. *Revista Ciencias de la educación*(32), 13-33.
- al, K. e. (2000). Listening to youth teen perspectives on pregnancy prevention.
- Alexander, J. C. (1987). *The micro-macro link*: Univ of California Press.
- Ali, M. M., & Cleland, J. (2005). Sexual and reproductive behaviour among single women aged 15–24 in eight Latin American countries: a comparative analysis. *Social Science & Medicine*, 60(6), 1175-1185. doi:<https://doi.org/10.1016/j.socscimed.2004.07.002>
- Archer, M. (1996). Social integration and system integration: developing the distinction. *Sociology*, 30(4), 679-699.
- Archer, M. (2002). Realism and the problem of agency. *Alethia*, 5(1), 11-20.
- Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (2013). *Critical realism: Essential readings*: Routledge.
- Archer, M. S. (1982). Morphogenesis versus structuration: on combining structure and action. *The British journal of sociology*, 33(4), 455-483.
- Archer, M. S. (1984). *Social origins of educational systems*: Routledge.
- Archer, M. S. (2005). Structure, culture and agency. *The Blackwell companion to the sociology of culture*, 17-34.
- Archer, M. S. (2007). *Making our way through the world: Human reflexivity and social mobility*: Cambridge University Press.
- Archer, M. S. (2009). *Conversations about reflexivity*: Routledge.
- Archer, M. S. (2010). Routine, reflexivity, and realism. *Sociological theory*, 28(3), 272-303.
- Archer, M. S. (2011). Morphogenesis: Realism's explanatory framework: Margaret S. Archer. In *Sociological realism* (pp. 66-101): Routledge.
- Archer, M. S. (2012). *The reflexive imperative in late modernity*: Cambridge University Press.
- Archer, M. S., & Archer, M. S. (1995). *Realist social theory: The morphogenetic approach*: Cambridge university press.
- Archer, M. S., & Archer, M. S. (1996). *Culture and agency: The place of culture in social theory*: Cambridge University Press.
- Archer, M. S., & Archer, M. S. (2000). *Being human: The problem of agency*: Cambridge University Press.
- Archer, M. S., & Archer, M. S. (2003). *Structure, agency and the internal conversation*: Cambridge University Press.
- At the threshold: The developing adolescent*. (1990). Cambridge, MA, US: Harvard University Press.
- Atkinson, P. (2014). *For ethnography*: Sage.
- Ávila Jennifer (2017, June 6). Adolescent pregnancy, a public health problem, *Latinamerica Press*, http://www.lapress.org/objetos/informe/46PI_Dossier%20EMBARAZO%20LP.pdf
- Bales, K. L., Pfeifer, L. A., & Carter, C. S. (2004). Sex differences and developmental effects of manipulations of oxytocin on alloparenting and anxiety in prairie voles. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology*, 44(2), 123-131.
- Barnett, J. E., & Hurst, C. S. (2003). Abstinence education for rural youth: An evaluation of

- the Life's Walk program. *Journal of School Health*, 73(7), 264-268.
- Blair, A., & Monk, D. (2012). *Sex education and the law in England and Wales: The importance of legal narratives*: Routledge.
- Boonstra, H. D. (2015). Advancing Sexuality Education in Developing Countries. *Evidence-based approaches to sexuality education: A global perspective*, 346.
- Boud, D., & Edwards, H. (1999). Learning for practice: Promoting learning in clinical and community settings. *Educating beginning practitioners: Challenges for health professional education*, 173-179.
- Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input.
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports*, 129(1_suppl2), 19-31.
- Brey, R. A., Clark, S. E., & Wantz, M. S. (2007). Enhancing health literacy through accessing health information, products, and services: An exercise for children and adolescents. *Journal of School Health*, 77(9), 640-645.
- Buell, J., Stoddard, P., Harris, F. R., & Baer, D. M. (1968). COLLATERAL SOCIAL DEVELOPMENT ACCOMPANYING REINFORCEMENT OF OUTDOOR PLAY IN A PRESCHOOL CHILD 1, 2. *Journal of Applied Behavior Analysis*, 1(2), 167-173.
- Burstein, H. J., Griggs, J. J., Prestrud, A. A., & Temin, S. (2010). American society of clinical oncology clinical practice guideline update on adjuvant endocrine therapy for women with hormone receptor-positive breast cancer. *Journal of oncology practice*, 6(5), 243-246.
- Butler, J. R., & Burton, L. M. (1990). Rethinking teenage childbearing: Is sexual abuse a missing link. *Family relations*, 73-80.
- Cáceres, C. F., Rosasco, A. M., Mandel, J. S., & Hearst, N. (1994). Evaluating a school-based intervention for STD/AIDS prevention in Peru. *Journal of Adolescent Health*, 15(7), 582-591.
- Caetano, A. (2015). Defining personal reflexivity: A critical reading of Archer's approach. *European Journal of Social Theory*, 18(1), 60-75. doi:10.1177/1368431014549684
- Caffe, S., Plesons, M., Camacho, A. V., Brumana, L., Abdool, S. N., Huaynoca, S., . . . Chandra-Mouli, V. (2017). Looking back and moving forward: can we accelerate progress on adolescent pregnancy in the Americas? *Reproductive Health*, 14(1), 83. doi:10.1186/s12978-017-0345-y
- Caricote Agreda, E. A. (2008). Influencia de los padres en la educación sexual de los adolescentes. *Educere*, 12(40), 79-87. Retrieved from http://snu-primo.hosted.exlibrisgroup.com/82SNU:TN_scielo_sS1316_49102008000100010
- Catalano, R. F., Kosterman, R., Hawkins, J. D., Newcomb, M. D., & Abbott, R. D. (1996). Modeling the etiology of adolescent substance use: A test of the social development model. *Journal of drug issues*, 26(2), 429-455.
- CEPAL, N. (2017). *Social Panorama of Latin America 2015*: ECLAC.
- Charter, O. (1986). *Ottawa Charter for health promotion*. Paper presented at the First international conference on health promotion.
- Chen, X.-K., Wen, S. W., Fleming, N., Demissie, K., Rhoads, G. G., & Walker, M. (2007). Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *International journal of epidemiology*, 36(2), 368-373.
- Cinq-Mars, C., Wright, J., Cyr, M., & McDuff, P. (2004). Sexual at-risk behaviors of sexually abused adolescent girls. *Journal of Child Sexual Abuse*, 12(2), 1-18.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*: Sage publications.
- da Silva, D. R. Q., & Guerra, O. U. Estudios de masculinidades en la región oriental de Cuba: develando imaginarios Masculinities studies in eastern Cuba: imaginaries significations.

- Dailard, C. (2006). Legislating against arousal: the growing divide between federal policy and teenage sexual behavior. *Guttmacher Policy Review*, 9(3), 12-16.
- Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016.
- Daniluk, J. C., & Browne, N. (2008). Traditional religious doctrine and women's sexuality: Reconciling the contradictions. *Women & Therapy*, 31(1), 129-142.
- Darré, S., Sosa, F., Cantarelli, A., & Jubín, M. (2010). El cuidado de sí en niñas, niños y adolescentes. Discursos y prácticas cotidianas sobre sexualidad y derechos en el sistema educativo nacional. In: Montevideo, Uruguay. ANEP.
- De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. *Development and psychopathology*, 13(3), 539-564.
- Dixon-Mueller, R. (2008). How young is “too young”? Comparative perspectives on adolescent sexual, marital, and reproductive transitions. *Studies in family planning*, 39(4), 247-262.
- Donahue, K. L., Lichtenstein, P., Lundstrom, S., Anckarsater, H., Gumpert, C. H., Langstrom, N., & D'Onofrio, B. M. (2013). Childhood behavior problems and adolescent sexual risk behavior: familial confounding in the child and adolescent twin study in Sweden (CATSS). *J Adolesc Health*, 52(5), 606-612. doi:10.1016/j.jadohealth.2012.11.001
- Donatelle, R. (2009). Promoting healthy behavior change. *Health: The basics*, 4.
- Donati, P., & Archer, M. S. (2015). *The relational subject*: Cambridge University Press.
- Dongarwar, D., & Salihu, H. M. (2019). Influence of sexual and reproductive health literacy on single and recurrent adolescent pregnancy in Latin America. *Journal of pediatric and adolescent gynecology*, 32(5), 506-513.
- Dongarwar, D., & Salihu, H. M. (2019). Influence of Sexual and Reproductive Health Literacy on Single and Recurrent Adolescent Pregnancy in Latin America. *J Pediatr Adolesc Gynecol*, 32(5), 506-513. doi:10.1016/j.jpag.2019.06.003
- Douglas, J. D. (1976). *Investigative social research: Individual and team field research*: Sage Beverly Hills, CA.
- Durkheim, E., Catlin, G. E. G., Mueller, J. H., & Solovay, S. A. (1938). *The rules of sociological method* (Vol. 8): Free Press New York.
- Dyke, M., Johnston, B., & Fuller, A. (2012). Approaches to reflexivity: navigating educational and career pathways. *British Journal of Sociology of Education*, 33(6), 831-848.
- Education, E. E. G. o. S. (2016). Sexuality education – what is it? *Sex Education*, 16(4), 427-431. doi:10.1080/14681811.2015.1100599
- Eisenberg, M. E., Madsen, N., Oliphant, J. A., Sieving, R. E., & Resnick, M. (2013). “Am I qualified? How do I know?” A Qualitative Study of Sexuality Educators' Training Experiences. *American Journal of Health Education*, 41(6), 337-344. doi:10.1080/19325037.2010.10599162
- Esteves, A., & Santos, D. (2013). Construyendo un sistema de indicadores interseccionales. *Procesos de armonización en instituciones de educación superior de América Latina. Quito: MISEAL/FLACSO*.
- Esteves Estefanell, A., & Santos Alarcón, D. (2013). Construyendo un sistema de indicadores interseccionales Procesos de armonización en instituciones de educación superior de América Latina. *Quito: FLACSO, MISEAL*.
- Fägerlind, I., & Saha, L. J. (2016). *Education and national development: A comparative perspective*: Elsevier.
- Faúndez, A., & Weinstein, M. (2013). Ampliando la mirada: la integración de los enfoques de género, interculturalidad y derechos humanos.
- Feldman, S. S., & Elliott, G. R. (1990). *At the threshold: The developing adolescent*: Harvard University Press.
- Fetterman, D. M. (2019). *Ethnography: Step-by-step* (Vol. 17): SAGE Publications,

Incorporated.

- Foucault, M. (1990). *The history of sexuality: An introduction*: Vintage.
- Freire, P. (1970). *Pedagogy of the oppressed* (MB Ramos, Trans.). New York: Continuum, 2007.
- Freire, P. (1973). *Education for critical consciousness* (Vol. 1). Bloomsbury Publishing.
- Freitas, D. (2015). *Sex and the Soul, Updated Edition: Juggling Sexuality, Spirituality, Romance, and Religion on America's College Campuses*: Oxford University Press.
- Gage, A. J. (2013). Association of child marriage with suicidal thoughts and attempts among adolescent girls in Ethiopia. *J Adolesc Health, 52*(5), 654-656. doi:10.1016/j.jadohealth.2012.12.007
- Giordano, F. G., Thumme, B., & Panting Sierra, G. (2009). The hopes and dreams of Honduran women regarding their daughters' sexuality. *Qualitative Health Research, 19*(7), 996-1009.
- Giroux, H. A. (1983). Theory and resistance in education: A pedagogy for the opposition.
- Glaser, B., & Strauss, A. (1967). Grounded theory: The discovery of grounded theory. *Sociology the journal of the British sociological association, 12*(1), 27-49.
- Goicolea, I., Marianne, W., Öhman, A., & San Sebastian, M. (2009). Risk factors for pregnancy among adolescent girls in Ecuador's Amazon basin: a case-control study. *Revista Panamericana de Salud Pública, 26*, 221-228.
- Gold, R. S., & Miner, K. R. (2002). Report of the 2000 joint committee on health education and promotion terminology. *Journal of School Health, 72*(1), 3-7.
- Goldman, J. D., & Bradley, G. L. (2001). Sexuality education across the lifecycle in the new millennium. *Sex Education, 1*(3), 197-217.
- Goldman, J. D., & Bradley, G. L. (2004). Parents as sexuality educators of their children in the technological age. *Journal of Psychologists and Counsellors in Schools, 14*(2), 233-250.
- Gray, N. J., Klein, J. D., Noyce, P. R., Sesselberg, T. S., & Cantrill, J. A. (2005). Health information-seeking behaviour in adolescence: the place of the internet. *Social Science & Medicine, 60*(7), 1467-1478.
- Green, L. (1996). *Policing places with drug problems* (Vol. 2): Sage Thousand Oaks, CA.
- Greene, M. (1978). *Landscapes of learning*: Teachers College Press.
- Griffiths, W. (1972). Health education definitions, problems, and philosophies. *Health Education Monographs, 1*(31), 7-11.
- Gutiérrez-Quintanilla, J., Rojas-García, A., & Sierra, J. (2010). Comparación transcultural de la doble moral sexual entre estudiantes universitarios salvadoreños y españoles. *Revista Salvadoreña de Psicología, 1*, 31-51.
- Hall, M. G., Garrett, J. J., & Barrington, C. (2014). La situación económica: Social determinants of contraceptive use in rural Honduras. *Global Public Health, 9*(4), 455-468.
- Halperin, D. M. (1997). *Saint Foucault: Towards a gay hagiography*: Oxford Paperbacks.
- Hanmer, L., & Klugman, J. (2016). Exploring Women's agency and empowerment in developing countries: where do we stand? *Feminist Economics, 22*(1), 237-263.
- Hatch, J. A. (2002). *Doing qualitative research in education settings*: Suny Press.
- Health, D. o., Human Services, W., DC., & People, H. (2000). *Healthy people 2010: Understanding and improving health*: US Department of Health and Human Services.
- Health, U. D. o., Services, H., Prevention, O. o. D., Promotion, H., Health, U. D. o., Services, H., . . . Promotion, H. (2010). Healthy people 2020. In: Washington, DC:.
- Hock, R. R. (2011). *Human Sexuality Mydevelopmentlab Standalone Access Card*: Prentice Hall.
- Hodgkinson, S. C., Colantuoni, E., Roberts, D., Berg-Cross, L., & Belcher, H. M. (2010). Depressive symptoms and birth outcomes among pregnant teenagers. *Journal of pediatric and adolescent gynecology, 23*(1), 16-22.

- Hubbard, R. (1990). The political nature of human nature. *Theoretical perspectives on sexual difference*, 63-73.
- Huebner, A. J., & Howell, L. W. (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health*, 33(2), 71-78.
- Hunt, F., Castagnaro, K., & Monterrosas Catrejón, E. (2014). Evaluation of the implementation of the ministerial declaration preventing through education: From commitment to action: Advances in Latin America and the Caribbean. *International Planned Parenthood Federation, Western Hemisphere Region. Demysex. Mexico.*
- Irvine, J. (2002). *In search of wholeness: African American teachers and their culturally specific classroom practices*: Springer.
- Jejeebhoy, S. J., Zavier, A. F., & Santhya, K. (2013). Meeting the commitments of the ICPD programme of action to young people. *Reproductive Health Matters*, 21(41), 18-30.
- Jerves, E., López, S., Castro, C., Ortiz, W., Palacios, M., Rober, P., & Enzlin, P. (2014). Understanding parental views of adolescent sexuality and sex education in Ecuador: a qualitative study. *Sex Education*, 14(1), 14-27. doi:10.1080/14681811.2013.814034
- Kahn, P., Qualter, A., & Young, R. (2012). Structure and agency in learning: a critical realist theory of the development of capacity to reflect on academic practice. *Higher Education Research & Development*, 31(6), 859-871. doi:10.1080/07294360.2012.656078
- Kathya Córdova Pozo1*, V. C.-M., , P. D., , E. N., , S. D. M., , Jarusevicene5, L., . . . Michielsen3, a. K. (2015). Improving adolescent sexual and reproductive health in Latin America reflections from an international Congress.
- Keogh, S. C., Stillman, M., Leong, E., Awusabo-Asare, K., Sidze, E., Monzón, A. S., & Motta, A. (2020). Measuring the quality of sexuality education implementation at the school level in low- and middle-income countries. *Sex Education*, 20(2), 119-137. doi:10.1080/14681811.2019.1625762
- Kickbusch, I. (2008). Health literacy: an essential skill for the twenty-first century. *Health Education*, 108(2), 101-104. doi:10.1108/09654280810855559
- Kim, H. W. (2013). Gender differences in knowledge and health beliefs related to behavioral intentions to prevent human papillomavirus infection. *Asia Pac J Public Health*, 25(3), 248-259. doi:10.1177/1010539512444307
- Kim, S. (2015). *교육사회학* (제5판. ed.). 파주: 파주 : 교육과학사.
- King, R. (1980). Weberian perspectives and the study of education. *British Journal of Sociology of Education*, 1(1), 7-23.
- Kirby, D., Korpi, M., Barth, R. P., & Cagampang, H. H. (1997). The impact of the Postponing Sexual Involvement curriculum among youths in California. *Family Planning Perspectives*, 100-108.
- Kitzinger, J. (1995). Qualitative research: introducing focus groups. *BMJ*, 311(7000), 299-302.
- Koenig, M. A., Zablotska, I., Lutalo, T., Nalugoda, F., Wagman, J., & Gray, R. (2004). Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*, 156-163.
- LeCroy, & Associates., M. (2003). Final report Arizona abstinence only education program 1998–2003. In: Arizona Department of Health Services, Office of Women's and Children's
- Lilian Foundation. (2019). *Sexual and reproductive health and rights*. <https://www.lilianefonds.org/uploads/media/5d91c46cd43c0/sexual-reproductive-health-rights.pdf?token=/uploads/media/5d91c46cd43c0/sexual-reproductive-health-rights.pdf>
- Lincoln, Y. S., & Guba, E. G. (1990). Judging the quality of case study reports. *International Journal of Qualitative Studies in Education*, 3(1), 53-59.

- Lindberg, L. D., & Maddow-Zimet, I. (2012). Consequences of sex education on teen and young adult sexual behaviors and outcomes. *J Adolesc Health, 51*(4), 332-338. doi:10.1016/j.jadohealth.2011.12.028
- Lopez, L. M., Grey, T. W., Hiller, J. E., & Chen, M. (2015). Education for contraceptive use by women after childbirth. *Cochrane Database of Systematic Reviews*(7).
- Maharaj, P., & Munthree, C. (2007). Coerced first sexual intercourse and selected reproductive health outcomes among young women in KwaZulu-Natal, South Africa. *Journal of Biosocial Science, 39*(2), 231-244.
- Manganello, J. A. (2007). Health literacy and adolescents: a framework and agenda for future research. *Health Education Research, 23*(5), 840-847. doi:10.1093/her/cym069
- Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., & Health, C. o. S. D. o. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet, 372*(9650), 1661-1669.
- Marshall, C., & Rossman, G. (2011). Managing, analyzing, and interpreting data. *C. Marshall & GB Rossman, Designing Qualitative Research, 5*, 205-227.
- Martin, S. P. (2006). Trends in marital dissolution by women's education in the United States. *Demographic Research, 15*, 537-560.
- Maxwell, C., & Aggleton, P. (2014). Agentic practice and privileging orientations among privately educated young women. *The Sociological Review, 62*(4), 800-820.
- McGee, J. E., Peterson, M., Mueller, S. L., & Sequeira, J. M. (2009). Entrepreneurial self-efficacy: refining the measure. *Entrepreneurship theory and Practice, 33*(4), 965-988.
- McKenzie, J., Neiger, B., & Thackeray, R. (2009). Health education can also be seen as preventive medicine (marcus 2012). *Health Education and Health Promotion. Planning, Implementing, & Evaluating Health Promotion Programs, 3-4*.
- McQueston, K., Silverman, R., & Glassman, A. (2012). Adolescent fertility in low-and middle-income countries: effects and solutions. *Center for Global Development Working Paper, 295*.
- Miller, C. T., Scarl, J., & Hauser, M. D. (2004). Sensory biases underlie sex differences in tamarin long call structure. *Animal Behaviour, 68*(4), 713-720.
- Modell, J., & Goodman, M. (1990). Historical perspective. *At the threshold: The developing adolescent, 93-122*.
- Moles, K. (2017). Teaching sexuality and Christianity for perspective transformation: Suggested resources and strategies. *Teaching Theology & Religion, 20*(2), 175-188.
- Moll, A., & Renault, L. (2014). Rebirth, empowerment, and youth leading social change: non-formal education in Honduras. *Gender & Development, 22*(1), 31-47. doi:10.1080/13552074.2014.889345
- Moran, P., Coffey, C., Romaniuk, H., Olsson, C., Borschmann, R., Carlin, J. B., & Patton, G. C. (2012). The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. *The Lancet, 379*(9812), 236-243.
- Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *Int J Gynaecol Obstet, 131 Suppl 1*, S40-42. doi:10.1016/j.ijgo.2015.02.006
- Murphy-Graham, E., & Leal, G. (2014). Child marriage, agency, and schooling in rural Honduras. *Comparative Education Review, 59*(1), 24-49.
- Navarro, R., Yubero, S., Larrañaga, E., & Martínez, V. (2012). Children's cyberbullying victimization: Associations with social anxiety and social competence in a Spanish sample. *Child indicators research, 5*(2), 281-295.
- Neal, S., Harvey, C., Chandra-Mouli, V., Caffe, S., & Camacho, A. V. (2018). Trends in adolescent first births in five countries in Latin America and the Caribbean: disaggregated data from demographic and health surveys. *Reprod Health, 15*(1), 146. doi:10.1186/s12978-018-0578-4
- Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A prospective investigation of the impact

- of childhood sexual abuse on the development of sexuality. *Journal of consulting and clinical psychology*, 71(3), 575.
- Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, 13(4), 349-364.
- Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259-267. doi:10.1093/heapro/15.3.259
- Oh, U. H. (2010). *베버 패러다임 교육사회학의 구상 : 교육현상의 이해와 인본주의 사회의 구현을 위하여*. 서울: 서울 : 이화여자대학교 출판부.
- Otero, S. D. Cuando el saber no tiene lugar: la difícil implementación de la educación sexual en el sistema educativo uruguayo. *FLACSO, Sede Ecuador*, 199.
- Paasche-Orlow, M. K., Parker, R. M., Gazmararian, J. A., Nielsen-Bohlman, L. T., & Rudd, R. R. (2005). The prevalence of limited health literacy. *Journal of general internal medicine*, 20(2), 175-184.
- Patton, M. Q. (2005). Qualitative research. *Encyclopedia of statistics in behavioral science*. Peter Decat1*, E. N., Sarah De Meyer1, Lina Jarusevicicene3, Miguel Orozco4, Zoila Segura5, Anna Gorter5, Bernardo Vega6, Kathya Cordova7, Lea Maes8, Marleen Temmerman1, Els Leye1 and Olivier Degommel. (2013). Community embedded reproductive health interventions for adolescents in Latin America: development and evaluation of a complex multi-centre intervention. *BMC Public Health*, 13(31).
- Polis, C. B., Lutalo, T., Wawer, M., Serwadda, D., Kigozi, G., Nalugoda, F., . . . Gray, R. (2009). Coerced sexual debut and lifetime abortion attempts among women in Rakai, Uganda. *International Journal of Gynecology & Obstetrics*, 104(2), 105-109.
- Pozo, K. C. (2014). Improving adolescent sexual and reproductive health in Latin America: reflections from an International Congress.
- Rainey, D. Y., Stevens-Simon, C., & Kaplan, D. W. (1995). Are adolescents who report prior sexual abuse at higher risk for pregnancy? *Child abuse & neglect*, 19(10), 1283-1288.
- Raphael-Leff, J. (1996). Pregnancy—Procreative process, the “placental paradigm,” and perinatal therapy. *Journal of the american psychoanalytic association*, 44, 373-399.
- Robertson, A., & Minkler, M. (1994). New health promotion movement: a critical examination. *Health education quarterly*, 21(3), 295-312.
- Romero, M. V. (2015). Etiology of Adolescent Pregnancies In Honduras.
- Rossmann, G. B., & Rallis, S. F. (2011). *Learning in the field: An introduction to qualitative research*: Sage.
- Rubin, B. R. (1995). *The search for peace in Afghanistan: From buffer state to failed state* (Vol. 168): Yale University Press New Haven, CT.
- Sabonge, K., Wulf, D., Remez, L., Prada, E., & Drescher, J. (2006). Early childbearing in Honduras: a continuing challenge. *Issues in brief (Alan Guttmacher Institute)*(4), 1-23. Retrieved from <http://europepmc.org/abstract/MED/17152658>
- Saha, L. J., & Zubrzycki, J. (1997). Classical sociological theories of education. *International Encyclopaedia of the Sociology of Education*. Oxford: Pergamon.
- Salvadoreña, A. D. (2004). Encuesta Nacional de Salud Familiar: FESAL 2002/03: Base de Datos.
- Samandari, G., & Speizer, I. S. (2010). Adolescent sexual behavior and reproductive outcomes in Central America: trends over the past two decades. *International Perspectives on Sexual and Reproductive Health*, 36(1), 26.
- Sandfort, T. G., & Ehrhardt, A. A. (2004). Sexual health: a useful public health paradigm or a moral imperative? *Archives of Sexual Behavior*, 33(3), 181-187.
- Satel, S. L., & Klick, J. (2005). The Institutes of Medicine Report: Too Quick to Diagnose Bias. *Perspectives in biology and medicine*, 48(1), 15-S25.
- Sather, L., & Zinn, K. (2002). Effects of abstinence-only education on adolescent attitudes

- and values concerning premarital sexual intercourse. *Family & community health*, 25(2), 1-15.
- Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S.-J., Dick, B., Ezech, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. *The Lancet*, 379(9826), 1630-1640.
- Schutz, A. (1972). *The phenomenology of the social world*: Northwestern University Press.
- Schwandt, T. A. (1997). *Qualitative inquiry: A dictionary of terms*: Sage Publications, Inc.
- Schwartz, R., Goodman, R., & Steckler, A. (1995). Policy advocacy interventions for health promotion and education: Advancing the state of practice. In: Sage Publications Sage CA: Thousand Oaks, CA.
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*: Teachers college press.
- Shakya, H. B., Weeks, J. R., & Christakis, N. A. (2019). Do village-level normative and network factors help explain spatial variability in adolescent childbearing in rural Honduras? *SSM - Population Health*, 9. doi:10.1016/j.ssmph.2019.100371
- Sheriff, M. J., Krebs, C. J., & Boonstra, R. (2009). The sensitive hare: sublethal effects of predator stress on reproduction in snowshoe hares. *Journal of Animal Ecology*, 78(6), 1249-1258.
- Shima Islam (2018, April 16). Addressing the patterns of child marriage, early union and teen pregnancy in Southeast Asia: A matter of urgency; Governments, UN agencies and civil society partners strategise on steps needed to reverse current trends. *UNICEF East Asia and the Pacific*. Retrieved from <https://www.unicef.org/eap/press-releases/addressing-patterns-child-marriage-early-union-and-teen-pregnancy-southeast-asia>
- Shtarkshall, R. A., Santelli, J. S., & Hirsch, J. S. (2007). Sex education and sexual socialization: Roles for educators and parents. *Perspectives on sexual and reproductive health*, 39(2), 116-119.
- Simonds, S. K. (1974). Health education as social policy. *Health Education Monographs*, 2(1_suppl), 1-10.
- Singh, S., Bankole, A., & Woog, V. (2005). Evaluating the need for sex education in developing countries: sexual behaviour, knowledge of preventing sexually transmitted infections/HIV and unplanned pregnancy. *Sex Education*, 5(4), 307-331.
- Smith, E., Dariotis, J., & Potter, S. (2003). Evaluation of the Pennsylvania Abstinence Education and related services initiative: 1998–2002. *Philadelphia: Pennsylvania Department of Health, Maternal and Child Health Bureau of Family Health*. Retrieved November, 4, 2006.
- Sorenson, A., & Brown, G. (2007). Report on the sexual health education of young people in WA. *Perth, Australia: WA Health*.
- Speizer, I. S., Whittle, L., & Carter, M. (2005). Gender relations and reproductive decision making in Honduras. *International Family Planning Perspectives*, 131-139.
- Sprinthall, N. A., & Collins, W. A. (1984). *Adolescent psychology: A developmental view*: Random House New York, NY.
- Stake, R. E. (1995). *The art of case study research*: Sage.
- Stassen Berger, K. (2005). *The developing person through the life span*: New York Bedford, Freeman and Worth.
- Steel, J. L., & Herlitz, C. A. (2005). The association between childhood and adolescent sexual abuse and proxies for sexual risk behavior: A random sample of the general population of Sweden. *Child abuse & neglect*, 29(10), 1141-1153.
- Steinberg, L. (2005). Cognitive and affective development in adolescence. *Trends in cognitive sciences*, 9(2), 69-74.
- Stock, J. L., Bell, M. A., Boyer, D. K., & Connell, F. A. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives*, 200-

- Sørensen, K., Karuranga, S., Denysiuk, E., & McLernon, L. (2018). Health literacy and social change: exploring networks and interests groups shaping the rising global health literacy movement. *Global Health Promotion*, 25(4), 89-92. doi:10.1177/1757975918798366
- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80.
- Swain, S. L., Warne, E. M., & Hillel, M. L. (2004). Ignorance is not innocence.
- Tatum, C., Rueda, M., Bain, J., Clyde, J., & Carino, G. (2012). Decisionmaking Regarding Unwanted Pregnancy among Adolescents in Mexico City: A Qualitative Study. *Studies in family planning*, 43(1), 43-56. Retrieved from <http://www.jstor.org/stable/23409379>
- Tebeu, P. M., Fomulu, J. N., Khaddaj, S., de Bernis, L., Delvaux, T., & Rochat, C. H. (2012). Risk factors for obstetric fistula: a clinical review. *International urogynecology journal*, 23(4), 387-394.
- UN. (1994). *International conference on population and development programme of action*. Paper presented at the International Conference on Population and Development: 1994.
- UN. (2015). Transforming our world: The 2030 agenda for sustainable development. *General Assembly 70 session*.
- UN. (2017). *Reproductive Health Policies 2017*
https://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf
- UNFPA, U., & UN-HABITAT, I. (2013). Population dynamics in the post-2015 development agenda: Report of the global thematic consultation on population dynamics. *United Nations*. URL <http://www.worldwewant2015.org/file/313464/download/340868>.
- UNFPA (2013) Adolescent Pregnancy: A Review of the Evidence. *United Nations Population Fund*.
https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf
- UNFPA. *Girlhood, not motherhood: Preventing adolescent pregnancy*. New York: UNFPA; 2015.
- UNFPA. (2019). *Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage; Background document for the Nairobi Summit on ICPD25 – Acceleration the promise*.
https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf
- UNICEF. (2011). *The state of the world's children 2011-executive summary: Adolescence an age of opportunity*: Unicef.
- UNICEF. (2013). *Statistics Honduras*. UNICEF
http://www.unicef.org/infobycountry/honduras_statistics.html
- UNICEF. (2018). *International technical guidance on sexuality education: an evidence-informed approach*: UNESCO Publishing.
- Unis, B. D., & Sällström, C. (2019). Adolescents' conceptions of learning and education about sex and relationships. *American Journal of Sexuality Education*, 1-28. doi:10.1080/15546128.2019.1617816
- Van Maanen, J. (1995). An end to innocence: The ethnography of ethnography. *Representation in ethnography*, 23, 12.
- Varga-Tóth, A. (2019). *Reproductive health information, behaviour and sexual education of adolescent girls in Hungary*. szte,
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, 379(9826),

1641-1652.

- Waxman, H. (2004). The content of federally funded abstinence-only education programs. *Washington, DC: US House of Representatives Committee on Government Reform—Minority Staff Special Investigations Division* <http://oversight.house.gov/documents/20041201102153-50247.pdf>.
- Weber, M. (1947). *Marx Weber: The Theory of Social and Economic Organization*. ed. In: Talcott Parsons, NY: The Free Press.
- Weiss, R. S.(1994) Learning From Strangers: The Art and Method of Qualitative Interview Studies. In: New York: The Free Press (MacMillan).
- Wharf Higgins, J., Begoray, D., & Macdonald, M. (2009). A Social Ecological Conceptual Framework for Understanding Adolescent Health Literacy in the Health Education Classroom. In (Vol. 44, pp. 350-362). Boston.
- WHO. (2000). *The world health report 2000: health systems: improving performance*: World Health Organization.
- WHO. (2006). *The world health report 2006: working together for health*: World Health Organization.
- WHO. (2014). *Global status report on noncommunicable diseases 2014*: World Health Organization.
- WHO. (2015). *Global status report on road safety 2015*: World Health Organization.
- WHO, U., UNFPA, U., & UN, W. (2019). *The World Bank Group. Survive, Thrive, Transform. Global Strategy for Women's, Children's and Adolescents' Health: 2018 report on progress towards 2030 targets*. Geneva: World Health Organization; 2018. Retrieved from
- Williams, C. M., McCloskey, L. A., & Larsen, U. (2008). Sexual violence at first intercourse against women in Moshi, northern Tanzania: prevalence, risk factors, and consequences. *Population Studies*, 62(3), 335-348.
- Winner, L. F. (2006). *Real Sex*: Brazos Press.
- Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation*: Sage.
- Wolcott, H. F. (2008). *Writing up qualitative research*: Sage Publications.
- Yoo, S. S., 정봉근, & 강규원. (2017). *국제교육개발협력 : 이론과 쟁점*. 파주: 파주 : 교육과학사.
- Zablotska, I. B., Gray, R. H., Koenig, M. A., Serwadda, D., Nalugoda, F., Kigozi, G., . . . Wawer, M. (2009). Alcohol use, intimate partner violence, sexual coercion and HIV among women aged 15–24 in Rakai, Uganda. *AIDS and Behavior*, 13(2), 225-233.
- Zarcadoolas, C., Pleasant, A., & Greer, D. S. (2003). Elaborating a definition of health literacy: a commentary. *Journal of health communication*, 8(S1), 119-120.
- Zarcadoolas, C., Pleasant, A., & Greer, D. S. (2005). Understanding health literacy: an expanded model. *Health Promotion International*, 20(2), 195-203.
- Zarcadoolas, C., Pleasant, A., & Greer, D. S. (2009). *Advancing health literacy: A framework for understanding and action* (Vol. 45): John Wiley & Sons.
- 김신일. (1985). *教育社會學*. 서울: 서울 : 教育科學社.
- 김춘경. (2016). *상담학 사전*. 서울: 서울 : 학지사.
- 우남식. (2015). *성심리 : 대학생의 정의식*. 시그마프레스
- 이성희, 정. (2015). 아치의 형태발생론적 접근(Morphogenetic Approach)에 대한 탐색적 연구: '성찰'의 재개념화를 중심으로. *교육사회학연구*, 25(1), 189-210. Retrieved from http://snu-primu.hosted.exlibrisgroup.com/82SNU:TN_kyobo_s4050026585045

APPENDIXS

Appendix 1. Textbooks in Honduras

1) 5th grade Life Science Textbook



Química Nutricional **Lección 12**

El sistema digestivo

El sistema digestivo es el conjunto de órganos encargados de transformar los alimentos en nutrientes que el cuerpo puede utilizar.

Lección 12

El sistema digestivo

El sistema digestivo es el conjunto de órganos encargados de transformar los alimentos en nutrientes que el cuerpo puede utilizar.



Química Nutricional **Lección 13**

El sistema circulatorio

El sistema circulatorio es el conjunto de órganos encargados de transportar los nutrientes y el oxígeno a todas las células del cuerpo.

Lección 13

El sistema circulatorio

El sistema circulatorio es el conjunto de órganos encargados de transportar los nutrientes y el oxígeno a todas las células del cuerpo.



Química Nutricional **Lección 14**

El sistema respiratorio

El sistema respiratorio es el conjunto de órganos encargados de proporcionar oxígeno al cuerpo y eliminar el dióxido de carbono.

Lección 14

El sistema respiratorio

El sistema respiratorio es el conjunto de órganos encargados de proporcionar oxígeno al cuerpo y eliminar el dióxido de carbono.



Química Nutricional **Lección 15**

El sistema excretor

El sistema excretor es el conjunto de órganos encargados de eliminar los desechos del cuerpo.

Lección 15

El sistema excretor

El sistema excretor es el conjunto de órganos encargados de eliminar los desechos del cuerpo.



Química Nutricional **Lección 16**

El sistema reproductivo

El sistema reproductivo es el conjunto de órganos encargados de producir descendencia.

Lección 16

El sistema reproductivo

El sistema reproductivo es el conjunto de órganos encargados de producir descendencia.



Química Nutricional **Lección 17**

El sistema endocrino

El sistema endocrino es el conjunto de órganos encargados de producir hormonas que regulan las funciones del cuerpo.

Lección 17

El sistema endocrino

El sistema endocrino es el conjunto de órganos encargados de producir hormonas que regulan las funciones del cuerpo.



Química Nutricional **Lección 18**

El sistema inmunológico

El sistema inmunológico es el conjunto de órganos encargados de defender al cuerpo de enfermedades.

Lección 18

El sistema inmunológico

El sistema inmunológico es el conjunto de órganos encargados de defender al cuerpo de enfermedades.



Química Nutricional **Lección 19**

El sistema nervioso

El sistema nervioso es el conjunto de órganos encargados de controlar y coordinar las actividades del cuerpo.

Lección 19

El sistema nervioso

El sistema nervioso es el conjunto de órganos encargados de controlar y coordinar las actividades del cuerpo.



Química Nutricional **Lección 20**

El sistema muscular

El sistema muscular es el conjunto de órganos encargados de producir movimiento.

Lección 20

El sistema muscular

El sistema muscular es el conjunto de órganos encargados de producir movimiento.



Química Nutricional **Lección 21**

El sistema esquelético

El sistema esquelético es el conjunto de órganos encargados de dar estructura y soporte al cuerpo.

Lección 21

El sistema esquelético

El sistema esquelético es el conjunto de órganos encargados de dar estructura y soporte al cuerpo.



Química Nutricional **Lección 22**

El sistema integumentario

El sistema integumentario es el conjunto de órganos encargados de proteger al cuerpo de lesiones y enfermedades.

Lección 22

El sistema integumentario

El sistema integumentario es el conjunto de órganos encargados de proteger al cuerpo de lesiones y enfermedades.



Química Nutricional **Lección 23**

El sistema sensorial

El sistema sensorial es el conjunto de órganos encargados de recibir información del entorno.

Lección 23

El sistema sensorial

El sistema sensorial es el conjunto de órganos encargados de recibir información del entorno.



Química Nutricional **Lección 24**

El sistema de defensa

El sistema de defensa es el conjunto de órganos encargados de proteger al cuerpo de infecciones.

Lección 24

El sistema de defensa

El sistema de defensa es el conjunto de órganos encargados de proteger al cuerpo de infecciones.



Química Nutricional **Lección 25**

El sistema de regulación

El sistema de regulación es el conjunto de órganos encargados de controlar las funciones del cuerpo.

Lección 25

El sistema de regulación

El sistema de regulación es el conjunto de órganos encargados de controlar las funciones del cuerpo.



Química Nutricional **Lección 26**

El sistema de movimiento

El sistema de movimiento es el conjunto de órganos encargados de permitir el movimiento del cuerpo.

Lección 26

El sistema de movimiento

El sistema de movimiento es el conjunto de órganos encargados de permitir el movimiento del cuerpo.



Química Nutricional **Lección 27**

El sistema de comunicación

El sistema de comunicación es el conjunto de órganos encargados de permitir la comunicación entre las células del cuerpo.

Lección 27

El sistema de comunicación

El sistema de comunicación es el conjunto de órganos encargados de permitir la comunicación entre las células del cuerpo.



Química Nutricional **Lección 28**

El sistema de transporte

El sistema de transporte es el conjunto de órganos encargados de transportar los nutrientes y el oxígeno.

Lección 28

El sistema de transporte

El sistema de transporte es el conjunto de órganos encargados de transportar los nutrientes y el oxígeno.



Química Nutricional **Lección 29**

El sistema de almacenamiento

El sistema de almacenamiento es el conjunto de órganos encargados de almacenar nutrientes y energía.

Lección 29

El sistema de almacenamiento

El sistema de almacenamiento es el conjunto de órganos encargados de almacenar nutrientes y energía.



Química Nutricional **Lección 30**

El sistema de regulación hormonal

El sistema de regulación hormonal es el conjunto de órganos encargados de regular las funciones del cuerpo a través de hormonas.

Lección 30

El sistema de regulación hormonal

El sistema de regulación hormonal es el conjunto de órganos encargados de regular las funciones del cuerpo a través de hormonas.



Química Nutricional **Lección 31**

El sistema de defensa inmunológica

El sistema de defensa inmunológica es el conjunto de órganos encargados de defender al cuerpo de enfermedades.

Lección 31

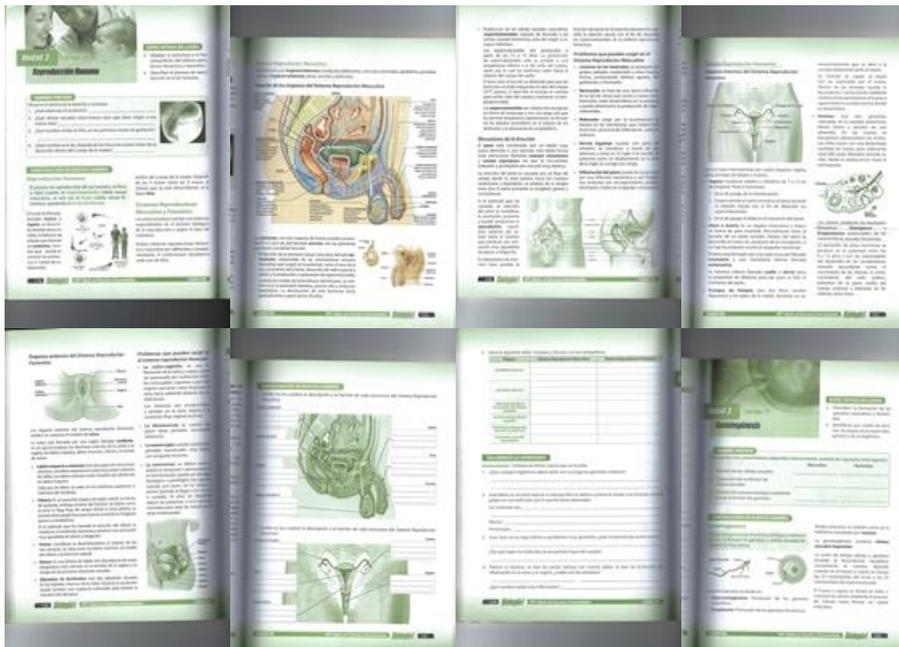
El sistema de defensa inmunológica

El sistema de defensa inmunológica es el conjunto de órganos encargados de defender al cuerpo de enfermedades.





4) 10th grade_ Biology1 Textbook





5) 10th grade_Biology2 Textbook





6) Adolescent Pregnancy in Sixth Grade Textbook at Honduras

Ciencias Naturales **5to Grado Bloque 3**



Más del 10% de todos los nacimientos anuales se registran entre mujeres de 15 a 19 años de edad. Incluso cuando el embarazo de las mujeres jóvenes es planeado, los riesgos de la salud de las madres adolescentes y sus bebés pueden ser graves. Dado que el organismo no ha madurado completamente, el riesgo de mortalidad materna es entre dos y cuatro veces más alto en las adolescentes embarazadas que en las embarazadas mayores de 20 años de edad.

La mortalidad infantil también es mayor entre las madres adolescentes, generalmente 30% más elevada en los recién nacidos de madres de 15 a 19 años de edad que en los nacidos de mujeres de 20 años de edad o mayores.

Aproximadamente dos millones de adolescentes de los países en desarrollo se someten a abortos en condiciones de riesgo cada año, y la tercera parte de las mujeres que acuden al hospital para recibir asistencia médica por complicaciones a causa del aborto, son menores de 20 años. Entre las jóvenes que se someten a abortos en condiciones de riesgo, los problemas de salud a corto plazo pueden incluir infecciones o lesiones a causa del procedimiento mismo, como perforaciones del útero, laceraciones del cuello uterino o hemorragia. Entre las complicaciones a largo plazo figuran el riesgo mayor de embarazo ectópico, infección pélvica crónica y la infertilidad.

En los párrafos que se presentan a continuación se examinan varias cuestiones que influyen en la calidad de los servicios de salud de la reproducción:

- Las perspectivas de género, determinadas en gran medida por condiciones sociales y culturales, configuran la forma en que los adolescentes perciben la sexualidad y desempeñan una función importante en el acceso a la información y los servicios.
- La educación de salud sexual generalmente retrasa el inicio de la vida sexual activa entre los jóvenes, y les ayuda a evitar comportamientos de riesgo cuando comienzan a tener relaciones sexuales.
- Los programas para la juventud que tienen éxito suelen compartir ciertas características, como la participación de los adultos jóvenes, los padres y los líderes comunitarios durante la planificación.



El ser humano y la salud

Bloque 3

10

More than 10% of all annual births are registered among women 15 to 19 years of age. Even when the pregnancy of young married women is planned, the health risks of teenage mothers and their babies can be serious. Since the organism has not fully matured, maternal mortality risk is between two and four times higher in pregnant adolescents than in pregnant women over 20 years of age.

Infant mortality is also higher among adolescent mothers: generally 30% higher in newborns of mothers 15 to 19 years of age than in those born to women 20 years of age or older.

Approximately two million teenagers in developing countries undergo risky abortions every year. And a third

of the women who go to the hospital to receive medical assistance for complications due to abortion, are under 20 years. Among young women who undergo abortions at risk, short-term health problems may include infections or injuries due to the procedure itself, such as perforations of the uterus, lacerations of the cervix or bleeding. Long-term complications include the increased risk of ectopic pregnancy, chronic pelvic infection and perhaps infertility.

The following paragraphs examine several issues that influence the quality of reproductive health services. Gender perspectives, largely determined by social and cultural conditions, shape the way adolescents perceive sexuality and play an important role in access to information and services. Sexual health education generally delays the onset of active sexual life among young people, and helps them avoid risky behaviors when they start having sex. Successful youth programs often share certain characteristics, such as the participation of young adults, parents and community leaders during planning. The psychological and social pressures that young people often face are important considerations when reproductive health services are provided. The media, including posters, dramatizations, broadcasts and publications, can inform young people about important reproductive health issues and where they can get services.

Appendix 2. List of Example Questions used in the Interview

Group	Questions
Common	<p>1. What is your experience with adolescent pregnancy and sex and reproductive health in Honduras?</p> <p>2. How is the current sex education for the prevention of adolescent pregnancy at school?</p> <p>3. As a “ ”, How would you like to talk about sex and reproductive health with young people? and for them to have sex awareness?</p> <p>4. What is the most important thing for sex education to prevent adolescent pregnancy?</p> <p>4-1. What do the needed factors for education in preventing adolescent pregnancy?</p>
Principals	<p>5. As a principal, have you ever asked other teachers to teach or conduct classes related to sex education (adolescent pregnancy prevention education)?</p> <p>5-1. What would be expected if you had no experience or experience at that time?</p> <p>6. What is your opinion on conducting sex education (adolescent pregnancy prevention education) considering school classes and the situation of teachers?</p>
Teachers	<p>5. Have you talked about sex when you meet students personally? How was your experience?</p> <p>6. Have you ever taught students the areas of adolescent pregnancy problems and sex and reproductive health education in class or in school? What did you teach, and how did you feel and how did your students react?</p> <p>6-1. What did you teach, and how did you feel and how did your students react?</p> <p>7. Have you had any workshops or government guidelines for implementing the class about this issue? How did you prepare for this class? If you do not have this experience, how do you plan to prepare?</p>

Parents	<p>5. Have you ever heard what your child is educated in school about sex and reproductive health education and the prevention of adolescent pregnancy? How was education?</p> <p>6. How openly are you talking about sex and reproductive health (prevention of adolescent pregnancy) at home with your children? How do you let your children know about their questions?</p> <p>7. How is your relationship with your spouse in front of your children?</p>
Students	<p>5. Have you talked to teachers, parents or adults about sex? Can you share your experience?</p> <p>6. Has your class friend been pregnant? How did the students react?</p>
Women who quit school due to adolescent pregnancy	<p>** Not include all the common questions</p> <p>1. Can you share your situation when you are pregnant?</p> <p>2. How has your life changed since you were pregnant?</p> <p>4. What would you like to share about sex and reproductive health and the prevention of adolescent pregnancy?</p> <p>4-1. Do you have any knowledge and perceptions about sex that you hope to should have known when you were a youth?</p> <p>5. What is the most important thing for sex education to prevent adolescent pregnancy?</p> <p>5-1. What do the needed factors for education in preventing adolescent pregnancy?</p>

Appendix 3. IRB Documents

- Approval document of Institutional Review Board

심의결과 통보서

수신

책임연구자	이름: 김솔	소속: 서울대학 글로벌교육협력학과	직위: 석사과정
지원기관	해당없음		

과제정보

승인번호	IRB No. 1908/003-025		
연구과제명	온두라스에서의 청소년 임신 예방 교육 프로그램 개발에 필요한 요소 탐구를 위한 사례연구		
연구종류	학술 연구, 학위 논문 연구, 면담(FGI 포함), 참여관찰		
심의종류	재심의		
심의일자	2019-08-26		
심의대상	연구계획서(재심의), 연구참여자용 동의서 또는 동의서 면제 사유서, 재심의 답변서		
심의결과	승인		
승인일자	2019-08-26	승인유효기간	2020-08-25
정기보고주기	12개월		
심의의견	<ol style="list-style-type: none"> 1. 심의결과 제출하신 연구계획에 대해 승인합니다. 2. 연구자께서는 승인된 문서를 사용하여 연구를 진행하시기 바라며, 만일 연구진행 과정에서 계획상에 변경사항 (연구자 변경, 연구내용 변경 등)이 발생할 경우 본 위원회에 변경 신청을 하여 승인 받은 후 연구를 진행하여 주십시오. 3. 유효기간 내 연구가 끝났을 경우 종료 보고서를 제출하여야 하며, 승인유효기간 이후에도 연구를 계속하고자 할 경우, 2020-07-26까지 지속심의를 받도록 하여 주십시오. 		
검토의견	<p>계획서 검토 의견</p> <p>- 연구책임자와의 관계를 고려할 때 rapport형성을 잘 되어 있는 듯합니다. 하지만 대부분 심층면접이 스페인어로 이뤄질 가능성이 큰 바, 본 연구가 청소년의 성이라는 민감한 개인정보를 수집하는 것이기 때문에 Patricia의 경우 피험자 권리 보호를 위한 기초교육을 받도록 하는 것을 권장합니다.</p> <p>- 현지 학생 중 2명은 남학생 1, 여학생 1명으로 되어 있습니다. 면접자가 여성이기 때문에 청소년 남학생에 대한 면접에서도 젠더지향성을 갖지 않도록 주의하여 주시기 바랍니다.</p> <p>동의서 검토 의견</p> <p>- 법정대리인 동의란을 추가하였음을 확인하였습니다. 법정대리인란에 "관계"를 반드시 적시하도록 고지하여 주시기 바랍니다. * "관계"를 적시하지 않을 경우 변동위반사항에 해당됩니다.</p> <p>기타 검토 의견</p>		

2019년 08월 26일

● Participants Recruitment Document (Spanish)

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

Convocatoria para participantes de la investigación

Se invita a organizaciones(colegios) a formar una parte de la investigación.

<p style="text-align: center;">Nobre de investigación</p> <p>Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: estudio de caso de una escuela secundaria en Honduras</p> <p style="text-align: center;">Nombre de Director de Investigación</p> <p style="text-align: center;">Sol Kim (Universidad Nacional de Seúl)</p> <p style="text-align: center;">Supervisora</p> <p style="text-align: center;">Sun-young Kim (Universidad Nacional de Seúl</p>

Propósito de la investigación : El propósito de este estudio es investigar los hechos sobre la ausencia de la educación sexual correcta (educación de salud pública) que se señala como la causa principal del embarazo en adolescentes en Honduras en América Latina e investigar los factores educativos y la no discriminación. Factores educativos que lo complementan y que proporcionan

Version 1.1(2019.8.26.)



IRB No. 1908/003-025

유효기간: 2020년 8월 25일

Duración y lugar de participación.

1) **Periodo:** 2019. 08. 28 (miércoles) ~ 2019. 09. 12 (jueves)

2) **Lugar:** Escuela Cristiana Internacional de Urraco or algún lugar que el participante quiera

Recompensa por la participación : Un pequeño recuerdo de alrededor de 60 lempiras se presentará en agradecimiento por su participación en su investigación.

Método de Participación : Comuníquese primero con el investigador, y programaremos y realizaremos la participación en el taller o una entrevista en profundidad.

Para consultar sobre el contenido de este estudio, comuníquese con el siguiente investigador.

Nombre: Sol Kim TEL: + 82-10-5583-8077

Version 1.1(2019.8.26.)



un programa integral y sistemático de educación sexual (educación en salud pública).

Criterios de selección de participantes :

4 profesores con más de 1 año de experiencia en la Escuela Cristiana Internacional de Urraco.

2 padres (padre y madre) con hijos en 11 y 12 años en la Escuela Cristiana Internacional Urraco

2 estudiantes de la Escuela Cristiana Internacional de Urraco en los grados 11 y 12

2 mujeres adultas que han abandonado la escuela debido a su experiencia de embarazo adolescente

Contenidos de participación :

Maestros y padres participarán en un taller de tres sesiones durante una hora con el director para compartir sus percepciones y experiencias de educación sexual y sexo en Honduras. Luego podrá participar en dos entrevistas adicionales en profundidad basadas en el taller.

Los estudiantes y las mujeres tendrán una entrevista en profundidad de 1 a 1 hora y media de diferencia en lugares separados. Compartirás tus percepciones y experiencias de educación sexual y sexo en Honduras.

Version 1.1(2019.8.26.)



● Consent Form for Research Participants

<Informed Consent Form (Principal) English >

*Also, Prepared it for others (Teachers, Parents, Students, Women) with different questions.

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Informed Consent Form (Principal)

Research Title : Exploring the factors to develop Public- Health Education Program for Prevention of Adolescents' Pregnancy: A case study of Secondary school in Honduras
Principal Investigator : Sol Kim (Seoul National University, Mater of Arts candidate)

This research is the study of exploring educational and non-educational factors to develop educational programs for juvenile pregnancy prevention in Honduras. You are the Principal of International Christian School Urraco, so You are encouraged to participate in this study because you manage the International Christian School Urraco. A principal investigator at Seoul National University (Sol Kim, + 82-10-5582-8077) who will conduct this study will explain the study to you. This study will be conducted only for those who voluntarily participate, and it is important for you to understand why this study is carried out before deciding to participate and what the research is related to. Please the following carefully and let the principal investigator know what you intend to do, and if necessary, talk with your family or friends. If you have any question, the principal investigator will explain in detail.

1. What is the purpose of this study

The purpose of this study is to investigate the facts about the absence of the right sexual education (public-health education) which is pointed out as the main cause of adolescent pregnancy in Honduras in Latin America and to investigate the educational factors and the non-educational factors that complement it and to provide a comprehensive and systematic sexual education program (public-health education)

2. How many people will participate?

14 people will participate.

2 administrators who have more than one year experience working with International Christian School Urraco
 2 principals with over a year of experience working with International Christian School Urraco

4 teachers with more than 1 year experience at International Christian School Urraco
 2 parents (Father and mother) with children in 11 and 12 the grade in International Christian School Urraco
 2 International Christian School Urraco students in 11 and 12th grade
 Currently, 2 adult women who have quit school due to their teen pregnancy experience

Version 1.1(2019.8.26)

- 5 -

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

be discarded immediately.

6. Is there any risk factor?

When sharing personal experiences, the investigators will separated the boys and girls separately for the inconveniences that may be felt, or the investigator will separate the school administrators, principals, teachers, and parents separately to prevent the side effects of the research process. You do not have to share experiences that feel the burden of your mind.

7. Is there any benefit by participating?

There is no immediate benefit to your participation in this study. However, the information you provide will help you develop an education program for youth prevention in Honduras.

8. Is there any disadvantage by not participating?

You are free to participate in this study. There is no disadvantage to you if you do not participate in this study. Also, there will not be any disadvantage by participating the research because it is not a study for evaluation of the class in particular. .

9. Is the confidentiality of all personal information obtained guaranteed?

Personal information manager is Kimsol of Seoul National University. Personal information collected in this study is age, education, and experience. This personal information will only be accessible to the researcher Kimsol and her supervisor Kim Sun-young and will be kept in a way accessible only to researchers and supervisor by putting a password on the external hard drive. The consent form will be retained for three years in accordance with the relevant laws and regulations. We will do our best to ensure the confidentiality of all personal information obtained through this study. Your personal information will not be used when this information is disclosed to the society or the society. However, if the law requires it, your personal information may be provided. In addition, monitor personnel, inspectors, and bioethics committee can directly read the research results to verify the reliability of the procedure and data of the study within the scope of the related regulation without infringing the confidentiality of the personal information of the participant. There it. By signing this consent form, you acknowledge that you have been informed in advance and will be deemed to have consented to it.

10. Will any gratuity be paid for the participation?

Version 1.1(2019.8.26)

- 7 -

3. What is the process of research participation?

If you are willing to participate, the following process will proceed. The interview process will be recorded, and the workshop process will be recorded as needed. After the recording, the recording and recording data will be discarded at the same time as the purpose of supplementing it for the interpretation of the recorded data. At the same time, with the help of the local coordinator (Patricia) And will be stored in an encrypted external hard drive accessible only to the researcher (Kim Sol) and the supervisor (Kim Sun Young). At this time, the personal identification data will be discarded as soon as the research is finished for the purpose of contacting during the research process, and other non-identifiable data will be kept permanently even after the end of the research.

- 1) You will be participating in a three-hour, three-hour workshop.
- 2) Participate in each workshop and respond to each question and participate in the workshop as a school principal.
- 3) After the workshop, if necessary, you can conduct in-depth interviews for about 30minutes to 1 hour and share opinions you have not given or given in the workshop.
- 4) During the course, both the researcher and the local teacher, Patricia, work together to conduct the workshop and interviews, all of which will be done at the school. Here are the questions to ask in the workshop and in-depth interviews.

1. What experiences have you experienced in Honduras regarding gender and gender in adolescent pregnancy?
2. How is sexual education currently being done to prevent teen pregnancy?
3. As a school principal, do you want to have a conversation about sex with teenagers and would you like teenagers to have awareness of these sexes?
4. Youth What do you need most in sex education to prevent pregnancy?

4-1. What are the educational and non-educational factors you need?

All courses will be held at school.

4. How long should I participate?

You will be asked to attend twice for two days. The first one will take three hours of workshops and the second one will take an hour to an hour and half of in-depth interviews.

5. Will it be possible that I quit while participating?

Of course yes, you can quit as at any time without any disadvantage during your participation. If you want to quit participating in the research. Please tell to the principal investigator (Sol Kim) immediately. If you quit, the form is discarded.

Version 1.1(2019.8.26)

- 6 -

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

A small souvenir of around 60 Lempiras will be presented in appreciation of your participation in your research.

11. What should I do to ask about the research?

If you have any questions about the research or if you have problems while participating, please contact to the principal investigator.

Name : Sol Kim 전화번호: +82-10-5583-8077

If you have any questions about your rights as a research participant at any time, please contact to Institutional Review Board at Seoul National University.

Seoul National University Institutional Review Board (SNUIRB)
 Contact: +82-2-880-5153

Version 1.1(2019.8.26)

- 8 -

<Informed Consent Form (Principal) Spanish>

*Also, Prepared it for others (Teachers, Parents, Students, Women) with different questions.

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

Formulario de consentimiento informado (Director)

Título de la investigación: Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: un estudio de caso de una escuela secundaria en Honduras
Investigador principal: Sol Kim (Universidad Nacional de Seúl, candidato a Mater of Arts)

Esta investigación es el estudio de exploración de factores educativos y no educativos para desarrollar programas educativos para la prevención del embarazo juvenil en Honduras. Usted es el administrador de la Escuela Cristiana Internacional de Urraco, por lo tanto, le recomendamos participar en este estudio porque administra la Escuela Cristiana Internacional Urraco. Un investigador principal de la Universidad Nacional de Seúl (Sol Kim, + 82-10-5582-8077) que llevará a cabo este estudio le explicará el estudio. Este estudio se llevará a cabo solo para quienes participan voluntariamente, y es importante que comprenda por qué se realiza este estudio antes de decidir participar y con qué se relaciona la investigación. Por favor, haga lo siguiente con cuidado y deje que el investigador principal sepa lo que piensa hacer, y si es necesario, hable con su familia o amigos. Si tiene alguna duda, el investigador principal le explicará detalladamente.

1. ¿Cuál es el propósito de este estudio?

El propósito de este estudio es investigar los hechos sobre la ausencia de la educación sexual correcta (educación de salud pública) que se señala como la causa principal del embarazo en adolescentes en Honduras en América Latina e investigar los factores educativos y la no discriminación. Factores educativos que lo complementan y que proporcionan un programa integral y sistemático de educación sexual (educación en salud pública).

2. ¿Cuántas personas participarán?

Participarán 14 personas.

- 2 administradores que tienen más de un año de experiencia trabajando con International Christian School Urraco
- 2 directores con más de un año de experiencia trabajando con International Christian School Urraco
- 4 profesores con más de 1 año de experiencia en la Escuela Cristiana Internacional de Urraco.
- 2 padres (padre y madre) con hijos en 11 y 12 años en la Escuela Cristiana Internacional Urraco

Version 1.1(2019.8.26)

- 5 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

talleres y el segundo tomará entre una hora y una hora y media de entrevistas en profundidad.

5. ¿Será posible que renuncie mientras participa?

Por supuesto que sí, puede renunciar como en cualquier momento sin ninguna desventaja durante su participación. Si quiere dejar de participar en la investigación. Por favor dígaselo al investigador principal (Sol Kim) inmediatamente. Si sale, todos los formatos de archivos grabados se descartarán de inmediato.

6. ¿Hay algún factor de riesgo?

Al compartir experiencias personales, los investigadores separarán a los niños y niñas por separado por los inconvenientes que puedan sentir, o el investigador separará a los administradores escolares, directores, maestros y padres por separado para evitar los efectos secundarios del proceso de investigación. No tienes que compartir experiencias que sientan la carga de tu mente

7. ¿Hay algún beneficio por participar?

No hay un beneficio inmediato para su participación en este estudio. Sin embargo, la información que proporcione le ayudará a desarrollar un programa de educación para la prevención de la juventud en Honduras.

8. ¿Hay alguna desventaja por no participar?

Eres libre de participar en este estudio. No hay ninguna desventaja para usted si no participa en este estudio. Además, no habrá ninguna desventaja al participar en la investigación porque no es un estudio para la evaluación de la clase en particular.

9. ¿Se garantiza la confidencialidad de toda la información personal obtenida?

El gerente de información personal es Kimsol de la Universidad Nacional de Seúl. La información personal recopilada en este estudio es edad, educación y experiencia. Esta información personal solo será accesible para el investigador Kimsol y su supervisor Kim Sun-young, y se mantendrá de manera accesible solo para los investigadores y el supervisor al colocar una contraseña en el disco duro externo. El formulario de consentimiento se conservará durante tres años de acuerdo con las leyes y regulaciones pertinentes. Haremos todo lo posible para garantizar la confidencialidad de toda la información personal obtenida a través de este estudio. Su información personal no se utilizará cuando esta información se divulgue a la sociedad o la sociedad. Sin embargo, si la ley lo exige, su información personal puede ser proporcionada. Además, el personal de monitoreo, los inspectores y el comité de bioética pueden leer directamente los

Version 1.1(2019.8.26)

- 7 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

2 estudiantes de la Escuela Cristiana Internacional de Urraco en los grados 11 y 12
Actualmente, 2 mujeres adultas que han abandonado la escuela debido a su experiencia de embarazo adolescente

3. ¿Cuál es el proceso de participación en la investigación?

Si está dispuesto a participar, se procederá con el siguiente proceso. El proceso de la entrevista se grabará y el proceso del taller se grabará según sea necesario. Después de la grabación, los datos de grabación y grabación se descartarán al mismo tiempo con el propósito de complementarlos para la interpretación de los datos grabados. Al mismo tiempo, con la ayuda del coordinador local (Patricia) Y se almacenará en un disco duro externo encriptado accesible solo para el investigador (Kim Sol) y el supervisor (Kim Sun Young). En este momento, los datos de identificación personal se descartarán tan pronto como finalice la investigación con el fin de contactar durante el proceso de investigación, y otros datos no identificables se mantendrán permanentemente incluso después del final de la investigación.

- 1) Participará en un taller de tres horas y tres horas.
 - 2) Participe en cada taller y responda a cada pregunta y participe en el taller a medida que se acerca el director.
 - 3) Después del taller, si es necesario, puede realizar entrevistas en profundidad durante unos 30 minutos a 1 hora y compartir opiniones que no haya dado o dado en el taller.
 - 4) Durante el curso, tanto la investigadora como la profesora local, Patricia, trabajan juntas para llevar a cabo el taller y las entrevistas, todo lo cual se realizará en la escuela.
- Aquí están las preguntas para hacer en el taller y entrevistas en profundidad.

- 1. ¿Qué experiencias ha experimentado en Honduras con respecto al género y al género en el embarazo en la adolescencia?
- 2. ¿Cómo se está haciendo actualmente la educación sexual para prevenir el embarazo adolescente?
- 3. Como director de la escuela, ¿quieres tener una conversación sobre el sexo con adolescentes y te gustaría que los adolescentes tengan conciencia de estos sexos?
- 4. Juventud ¿Qué es lo que más necesitas en educación sexual para prevenir el embarazo?
- 4-1. ¿Cuales son los factores educativos y no educativos que necesita?

Todos los cursos se llevarán a cabo en la escuela.

4. ¿Cuánto tiempo debo participar?

Se le pedirá que asista dos veces durante dos días. El primero tomará tres horas de

Version 1.1(2019.8.26)

- 6 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

resultados de la investigación para verificar la confiabilidad del procedimiento y los datos del estudio dentro del alcance de la regulación relacionada sin infringir la confidencialidad de la información personal del participante. Al firmar este formulario de consentimiento, usted reconoce que ha sido informado con anticipación y se considerará que ha dado su consentimiento.

10. ¿Se pagará alguna propina por la participación?

Un pequeño recuerdo de alrededor de 60 Lempiras se presentará en agradecimiento por su participación en su investigación.

11. ¿Qué debo hacer para preguntar sobre la investigación?

Si tiene alguna pregunta sobre la investigación o si tiene problemas mientras participa, comuníquese con el investigador principal.

Nombre: Sol Kim 전화 번호: + 82-10-5583-8077

Si tiene alguna pregunta sobre sus derechos como participante de investigación en cualquier momento, comuníquese con la Junta de Revisión Institucional de la Universidad Nacional de Seúl.

Junta de Revisión Institucional de la Universidad Nacional de Seúl (SNURB)
Contacto: + 82-2-880-5153

Version 1.1(2019.8.26)

- 8 -

<Consent Form (Research Participants_Student) English /Spanish>

*Also, Prepared it for others (Teachers, Parents, Students, Women)

*Guardian or Parents agreement is included for Students

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Consent Form (Research Participant_student)

Research Topic : Exploring the factors to develop Public- Health Education Program for Prevention of Adolescents' Pregnancy: A case study of Secondary school in Honduras
Principal Investigator : Sol Kin (Seoul National University, Master of Arts candidate)

- I have read this manual and discussed it with my researcher.
- I have heard about risks and benefits and have received satisfactory answers to my questions.
- I voluntarily agree to participate in this study.
- I consent to the researcher's collection and processing of information obtained from this study to the extent permitted by current legislation and bioethics committee regulations.
- I will confirm my personal information kept confidential in case the researcher or authorized representative conducts research or results management, the national institution specified by law, and the bioethics committee of Seoul National University I agree with you.
- I can withdraw my participation in this study at any time and I know that this decision will not make any sense to me.
- I agree that the material collected may be used for research purposes by other researchers and other researchers.
I agree I do not agree
- My signature signifies that I have received a copy of this consent form and I will keep a copy containing the signature of the researcher who agrees with me.
- I agree to proceed during the course of the study (recording, recording, recording photography).
I agree I do not agree
- I am the parent of the study participant, and allow minors to participate in the study.
I agree I do not agree

Participant Name	Signature	Date
Statutory Representative	Relationship	Signature
		Date
Researcher Name	Signature	Date

Version 1.1(2019.8.26) - 3 -

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Formulario de consentimiento (participante de la investigación) _Estudiante

Tema de investigación: Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: estudio de caso de una escuela secundaria en Honduras
Investigador principal: Sol Kin (Universidad Nacional de Seoul, candidato a Master of Arts)

- He leído este manual y lo he discutido con mi investigador.
- He escuchado sobre riesgos y beneficios y he recibido respuestas satisfactorias a mis preguntas.
- Acepto voluntariamente participar en este estudio.
- Doy mi consentimiento para que el investigador recopile y procese la información obtenida de este estudio en la medida en que lo permita la legislación vigente y los reglamentos de los comités de bioética.
- Confirmaré que mi información personal se mantenga confidencial en caso de que el investigador o el representante autorizado realice la investigación o la gestión de resultados, la institución nacional especificada por ley y el comité de bioética de la Universidad Nacional de Seoul. Estoy de acuerdo con usted.
- Puedo retirar mi participación en este estudio en cualquier momento y sé que esta decisión no tendrá ningún sentido para mí.
- Estoy de acuerdo en que el material recopilado puede ser utilizado con fines de investigación por otros.
Estoy de acuerdo No estoy de acuerdo
- Mi firma significa que he recibido una copia de este formulario de consentimiento y guardaré una copia con la firma del investigador que esté de acuerdo conmigo.
- Estoy de acuerdo en continuar durante el curso del estudio (grabación, grabación, grabación, fotografía).
Estoy de acuerdo No estoy de acuerdo
- Soy el padre del participante del estudio y permito que los menores participen en el estudio.
Estoy de acuerdo No estoy de acuerdo

Nombre del participante	Firma	Fecha
Representante estatutario	Relación	Firma
		Fecha
Nombre del investigador	Firma	Fecha

Version 1.1(2019.8.26) - 2 -

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Consent Form (Research Participant)

Research Topic : Exploring the factors to develop Public- Health Education Program for Prevention of Adolescents' Pregnancy: A case study of Secondary school in Honduras
Principal Investigator : Sol Kin (Seoul National University, Master of Arts candidate)

- I have read this manual and discussed it with my researcher.
- I have heard about risks and benefits and have received satisfactory answers to my questions.
- I voluntarily agree to participate in this study.
- I consent to the researcher's collection and processing of information obtained from this study to the extent permitted by current legislation and bioethics committee regulations.
- I will confirm my personal information kept confidential in case the researcher or authorized representative conducts research or results management, the national institution specified by law, and the bioethics committee of Seoul National University I agree with you.
- I can withdraw my participation in this study at any time and I know that this decision will not make any sense to me.
- I agree that the material collected may be used for research purposes by other researchers and other researchers.
I agree I do not agree
- My signature signifies that I have received a copy of this consent form and I will keep a copy containing the signature of the researcher who agrees with me.
- I agree to proceed during the course of the study (recording, recording, recording photography).
I agree I do not agree

Participant Name	Signature	Date
Researcher Name	Signature	Date

Version 1.1(2019.8.26) - 2 -

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Formulario de consentimiento (investigador investigador)

Tema de investigación: Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: estudio de caso de una escuela secundaria en Honduras
Investigador principal: Sol Kin (Universidad Nacional de Seoul, candidato a Master of Arts)

- He leído este manual y lo he discutido con mi investigador.
- He escuchado sobre riesgos y beneficios y he recibido respuestas satisfactorias a mis preguntas.
- Acepto voluntariamente participar en este estudio.
- Doy mi consentimiento para que el investigador recopile y procese la información obtenida de este estudio en la medida en que lo permita la legislación vigente y los reglamentos de los comités de bioética.
- Confirmaré que mi información personal se mantenga confidencial en caso de que el investigador o el representante autorizado realice la investigación o la gestión de resultados, la institución nacional especificada por ley y el comité de bioética de la Universidad Nacional de Seoul. Estoy de acuerdo con usted.
- Puedo retirar mi participación en este estudio en cualquier momento y sé que esta decisión no tendrá ningún sentido para mí.
- Estoy de acuerdo en que el material recopilado puede ser utilizado con fines de investigación por otros.
Estoy de acuerdo No estoy de acuerdo
- Mi firma significa que he recibido una copia de este formulario de consentimiento y guardaré una copia con la firma del investigador que esté de acuerdo conmigo.
- Estoy de acuerdo en continuar durante el curso del estudio (grabación, grabación, grabación, fotografía).
Estoy de acuerdo No estoy de acuerdo

Nombre del participante	Firma	Fecha
Nombre del investigador	Firma	Fecha

Version 1.1(2019.8.26) - 3 -

Appendix 4. Field Research Photos

● Participants



Principal



Principal



Teacher



Father



Teachers



Woman



Woman



Mothers



Youth Group



Female Students



11th gr Students



3rd gr Students in the field



Translator

● EDUCÁNDONOS TRANSFORMAMOS HONDURAS
Educated people can transform Honduras



Bulletin Board in the Classroom

ABSTRACTO

Explorando los factores para desarrollar un programa de educación sanitaria para la prevención del embarazo adolescente - Basado en datos cualitativos de una escuela secundaria en Honduras -

Sol Kim

Mayor de cooperación educativa global

Escuela de Graduados de Educación

Universidad Nacional de Seúl

Honduras tiene la segunda tasa más alta de embarazo en adolescentes (28%) en América Latina (OMS, UNFPA, ONU, 2019), lo que tiene un impacto duradero, no solo en los riesgos de salud física y mental para adolescentes, sino también en problemas individuales y familiares como: El abandono escolar, la pobreza y el estigma más allá de los problemas de la comunidad; la recesión económica y la discriminación de género (Hodgkinson, Colantuoni, Roberts, Berg-Cross y Belcher, 2010; Morris y Rushwan, 2015; OMS, 2014). Los objetivos de esta tesis son triples. Este primer objetivo es entender el embarazo no planificado y no deseado para adolescentes como un

problema de salud considerando el contexto social, cultural y político de Honduras. En base a eso, el segundo es sobre ¿Qué mejoras y complementos o nuevos aspectos de los programas educativos existentes deberían introducirse para desarrollar un programa efectivo de educación sanitaria para la prevención del embarazo adolescente y para promover la salud sexual y reproductiva de los adolescentes? Específicamente, también destaca la necesidad del desarrollo de servicios sociales y políticas de intervención para la prevención del embarazo en adolescente.

Basado en el dualismo analítico en el enfoque morfogenético de Archer, se formó el marco teórico. En otras palabras, el trasfondo teórico es que el cambio social es impulsado por la acción social causada por la reflexividad entre las condiciones sociales y la agencia dada sobre el tema del embarazo en adolescente. Esta tesis adopta una metodología cualitativa. Los datos utilizados en este estudio se recopilan de las entrevistas de grupos focales (FGI) y documentos de campo (libros de texto). La tesis recabó de 14 participantes: dos directores, cuatro maestras, tres padres de familia, tres estudiantes y dos mujeres de la comunidad que han experimentado un embarazo adolescente.

Los principales resultados son los siguientes: Los determinantes sociales de la salud del embarazo adolescente que preexisten en Honduras: 1) Situación económica inestable, 2) norma social; reticencia hacia el sexo, machismo 3) desintegración familiar, 4) apoyo insuficiente del gobierno y 5) falta de

educación DSSR. Desafortunadamente, la tasa de embarazo en adolescente continúa aumentando. Sin embargo, a pesar de las malas condiciones sociales, se han descubierto cambios para prevenir el embarazo en adolescente en una agencia que tiene su propia experiencia de aprendizaje e interés personal; 1) opiniones críticas hacia Honduras para mejorar el cambio social 2) cuidar a los demás (servicio) 3) esfuerzos continuos para la acción social, 4) actitud constructiva hacia su vida y la sociedad 5) valores sexuales claros (ética sexual). Además, los contenidos educativos que deben incluirse en la educación sobre derechos sexuales y reproductivos y de salud basados en el contexto de Honduras son: 1) La consecuencia del embarazo adolescente 2) El significado de las relaciones, el amor y la familia en función del valor de la sexualidad (ética sexual), y 3) enfoque de asesoramiento. Además, el apoyo a las políticas es esencial para ampliar la reforma de la educación en derechos de salud sexual y reproductiva, basada en las preocupaciones de estas agencias para incluir la educación formal e informal. Además, la participación comunitaria y el apoyo político son esenciales para expandir la educación reformada de derechos de salud sexual y reproductiva basada en la preocupación personal de la agencia que tiene impactos positivos y los contenidos requeridos en el contexto de Honduras para la educación formal y la educación no formal.

Este estudio se centra en el papel de la educación en derechos sexuales y reproductivos y de salud, que puede demostrarse como un indicador de

educación, salud e igualdad de género entre los objetivos de desarrollo sostenible. También contribuye a sugerir la implementación de una educación sanitaria mejorada teniendo en cuenta la cultura local, social y el contexto político en Honduras para resolver el embarazo en adolescente

Palabra clave: educación en salud pública, embarazo adolescente, derecho a la salud sexual y reproductiva, educación sexual, América Latina

Número de estudiante: 2017-28628

국문 초록

청소년 임신 예방 목적 보건 교육 프로그램 개발을 위한 요인 탐색 - 온두라스 중등학교 사례 기반 질적 연구 -

서울대학교 사범대학 협동과정

글로벌 교육협력 전공

김 솔

온두라스는 라틴아메리카에서 두번째로 높은 청소년 임신률 (28%)을 기록하고 있다 (WHO, UNFPA, UN, 2019). 청소년 임신은 청소년의 신체적 정신적 건강상 위험요인으로 작용할 뿐만 아니라, 학교 중퇴, 빈곤의 악순환 및 사회적 스티그마와 같은 개인과 가족의 문제에서부터 경기침체, 양성차별과 같은 지역사회의 문제로까지 확대되어 지속적인 영향을 끼친다. (WHO, 2014; Hodgkinson SC et al., 2010; Morris, 2015). 본 연구는 온두라스의 높은 청소년 임신률에 영향을 미치는 요인들을 질적자료 분석을 통해 폭넓게 탐색하고, 이를 바탕으로 청소년 임신 예방과 청소년들의 성생식건강 증진을 위해 어떠한 교육적 노력이 필요한지를 파악하는 것을 목적으로 한다. 구체적으로, 효과적인 청소년 임신 예방 교육 프로그램을 개발 하기 위해서는 기존 교육 프로그램이 어떤 개선, 보완을 거쳐야 하는지 또는 어떤 새로운 측면이 도입되어야 하는지를 파악한다. 또한 청소년 임신 예방을 위한 사회적 서비스 개발 및 정책적 개입의 필요성을 강조하고자 한다.

본 연구에서는 Archer의 형태발생론 접근법(Morphogenetic Approach)의 분석적 이원론(Analytical dualism)을 바탕으로 이론적 틀을 구성하였다. 즉, 청소년 임신문제 관련해 주어진 사회적 조건들과 이에 대한 주체적 개인(Agency)의 성찰(reflexivity)로 야기된 사회적 행동(Social action)을 통해 사회변화가 이끌어 진다는 점을 이론적 근거로 삼았다. 본 연구는

질적연구 방법론을 채택하였으며, 연구에서 활용된 데이터는 인터뷰, 초점그룹 인터뷰(FGI) 및 현장문서(textbook)를 통해 수집하였다. 총 14명의 참여자들(교장 2명, 교사 4명, 학부모 3명, 학생 3명, 여성 2명)을 대상으로 수행되었다.

본 연구의 주요 결과는 다음과 같다. 온두라스에 이미 존재하고 있는 청소년 임신의 결정요인으로 1) 불안정한 경제 상황, 2) 사회규범_성에 대한 거부감, 남성우월주의 문화 3) 붕괴된 가정 4) 정부의 불충분한 지원, 5) 성과 생식 건강 권 교육의 부족이 꼽혔다. 이로 인해, 온두라스에서는 청소년 임신율이 계속해서 증가하고 있다. 하지만 열악한 사회적 조건에도 불구하고, 자신의 학습경험을 비롯하여 1) 온두라스의 사회변화를 위한 비판적 시각, 2) 봉사정신, 3) 사회적행동 실천력, 4) 온두라스와 자신의 삶에 대한 건설적인 태도 5) 분명한 성가치관(성윤리)를 가진 주체적 개체로서의 인식에 기반하여 청소년 임신 예방을 위한 사회변화가 진행되고 있음도 발견할 수 있었다. 또한, 온두라스의 상황에 맞게 개편된 성교육에 포함되어야 할 요소로 1) 청소년임신의 신체적, 정신적, 사회적 어려움, 2) 성가치관(성윤리)에 바탕을 둔 관계, 사랑, 가족의 의미 3) 교육상담에 대한 요구가 있었다. 앞에서 다룬 내용들을 근거로 하는 개편된 성교육에는 비형식, 무형식 교육으로 까지 확대 시행하기 위해서, 지역사회 참여 및 정책적 지원 역시 수반 되어야 할 것이다. 본 연구는 지속가능한 개발목표 중 교육, 건강, 양성평등의 지표로 볼 수 있는 성교육의 역할에 주목했으며, 청소년 임신 문제를 개선된 성교육을 통해 해결하기 위해, 현지의 사회문화, 정치적 상황 및 기타 요인들을 포괄적으로 고려한 성생식보건 교육 프로그램의 이행을 제시하고 있다는데 중요한 의의를 갖는다.

주요어: 보건 교육, 청소년 임신, 성과 생식 건강, 성교육, 라틴 아메리카,

학번: 2017-28628

ACKNOWLEDGEMENT

Praise the Lord, who strengthens me so that I can do everything (Phil 4:13). First and foremost, I would like to express my sincere gratitude to God, who accompanied with me from the beginning to the end of my master's course.

It is impossible to express my gratitude in human words to my beloved father, mother, younger brothers Sam and Haneul, and aunts for believing in me and always encouraging me until the end.

While working my master's thesis, Prof. Sun-young Kim gave me a great support by continuous questioning, which provided me with great insights and immense knowledge. Her guidance helped me throughout the entire research and writing processes. I could not have imagined having a better advisor and mentor for my M.A. study than her. Her devotion reminds me of 1 Corinthians chapter 13 in the Bible.

Also, I would like to thank Prof. Sung-sang Yoo who led me during my master's course in GEC, and Prof. Cheol-il Lim who gave me the best lectures; ISD. I thank them not only for their insightful comments and encouragement, but also for the challenging questions which inspired me to widen my research from various perspectives.

My sincere thanks must also go to Prof. Bong-Gun Chung, Dr. Moon Suk Hong, and Dr. Ji Hyang Lee for their gentle and insightful advice. Their devotion to GEC members also encouraged me tremendously.

I am deeply grateful for all GEC members who always gave me both encouragement and a great help in studying. I am so happy that we shared brilliant moments together in GEC. Special thanks to sisters who study in a Ph.D. course, who always gave me advice, encouraged me, and guided my study whenever I ask or was in need. In addition, I would like to say to my colleagues in the M.A course, that we are warriors who can overcome any obstacles residing in researches.

I must acknowledge all the LDI family with my sincere gratitude. Special thanks to Prof. Kyung Cheol Lim and Hye Won Park who are my best spiritual mentors. Their teaching from the Bible has always touched my heart and has given me meaningful life challenge. Their lives have set the standard of my life. Without their teaching, I could not have been able to complete this thesis. I would also like to give my gratitude to my beloved mentor, Jina Kim and Da-eun Jung who gave me devotional services every time, the leader sisters

who is a good example, sisters of Fruits Vision Home whom I lived with for a period and Wisdom Vision Home whom I am currently living with and during my M.A, course, my adorable mentee sisters, the Bible study group; Group Tree(Namu) and Group Obedience(Bokjong), and LDI SNU team.

There is no way to express how much it meant to me that my friend, Eun-Ji Han and Sharon Kim helped the English proofreading. I really appreciate their efforts for me.

Indeed, without the ICSU family whom I miss a lot, this thesis would never even begin. I would like to express my sincere gratitude to ICSU where I first started Global Educational Development Cooperation and where I could find out my vision in the field of global health education. Special thanks to missionary Thomas Hwang and Eunice Hwang who served as my parents at the place, Principals and teachers, parents, workers, and Renovare Church members who always gave me a big smile from their sincere hearts and supports, even though I am not enough for them. Indeed, I owe a lot to the research participants and my good friend, Paty, who served as a co-worker as well as a translator, I would really appreciate her passion and devotion. Special thanks to go to Principal Teofilo who helped me to translate from English to Spanish, Xiomara, Keila and Seily who helped to transcribe the record of the interview in Spanish. Also, I would like to thank Amanda Moon who helped my research in ICSU. Last but not least, I thank to my adorable students, who are my loved daughters and sons. you will be in my heart forever in my life.

Even though I do not mention your names here respectively, I would like to thank you all who always helped and encouraged me.

I pray that through this research, many people would discover the beauty and joy of the sex which was originally created by God. I will pray with humility every day for those suffering from the corruption of sexual ethics not only in Latin America but also everywhere.

⁶being confident of this, that He who began a good work in you will carry it on to completion until the day of Christ Jesus.

Philippians 1:6, AMEN

Master's Thesis of Arts

**Exploring Factors for Developing a
Health Education Program for
Prevention of Adolescent Pregnancy
- Based on Qualitative Data from a Secondary School in
Honduras-**

청소년 임신 예방 목적 보건 교육 프로그램 개발을
위한 요인 탐색
- 온두라스 중등학교 사례 기반 질적 연구 -

August 2020

**Global Education Cooperation Major
Graduate School
Seoul National University**

Sol KIM

Exploring Factors for Developing a Health Education Program for Prevention of Adolescent Pregnancy

- Based on Qualitative Data from a Secondary School in Honduras-

Thesis Adviser Sun-Young KIM

Submitting a Master's Thesis of Arts

August 2020

**Global Education Cooperation Major
Graduate School
Seoul National University**

Sol KIM

Confirming the Master's thesis written by

Sol KIM

August 2020

Chair	<u>Sun-Young KIM</u>	(seal)
Vice Chair	<u>Cheol-II LIM</u>	(seal)
Examiner	<u>Sung-Sang YOO</u>	(seal)

² it will burst into bloom; it will rejoice greatly and shout for joy. The glory of Lebanon will be given to it, the splendor of Carmel and Sharon; **they will see the glory of the LORD, the splendor of our God.**³ Strengthen the feeble hands, steady the knees that give way; ⁴ say to those with fearful hearts, “Be strong, do not fear; your God will come, he will come with vengeance; with divine retribution he will come to save you.”

Isaiah 35:2-4 (NIV)

²⁷ **So God created mankind in his own image, in the image of God He created them; male and female He created them.**²⁸ God blessed them and said to them, “Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground.”

Genesis 1:27-28

I pray that through this research, many people would discover the beauty and joy of the sex which was originally created by God. I will pray with humility every day for those suffering from the corruption of sexual ethics not only in Latin America but also everywhere.

© 2020

Sol Kim

ALL RIGHTS RESERVED

ABSTRACT

Exploring Factors for Developing a Health Education Program for Prevention of Adolescent Pregnancy - Based on Qualitative Data from a Secondary School in Honduras -

Sol Kim

Global Education Cooperation Major

Graduate School of Education

Seoul National University

Honduras has the second-highest rate of adolescent pregnancy (28%) in Latin America (WHO, UNFPA, UN, 2019) which has a lasting impact on not only physical and mental health risks on adolescent, but also on individual and family issues such as school dropouts, poverty, and stigma beyond community problems such as economic recession and gender discrimination (Hodgkinson, Colantuoni, Roberts, Berg-Cross, & Belcher, 2010; Morris & Rushwan, 2015; WHO, 2014). The aims of this thesis are three-fold. This first aim is to explore the social determinants of health for adolescent pregnancy by analyzing the qualitative data. Based on that, the second is to identify plausible educational efforts to decrease adolescent

pregnancy as well as promote adolescent sexual and reproductive health. Specifically, the third is to identify what improvements and complements or new aspects to existing education programs should be introduced for developing an effective health education program for the prevention of adolescent pregnancy. It also highlights the necessity of the development of social services and intervention policy for the prevention of adolescent pregnancy.

Based on the Analytical Dualism in Archer's Morphogenetic Approach, the theoretical framework was formed. In other words, the theoretical background is that social change is driven by social action caused by the reflexivity between social conditions and the agency given on the issue of adolescent pregnancy. This thesis adopts a qualitative methodology. The data utilized in this study is collected from the interviews, Focus Group interviews (FGI), and field documents (Textbooks). The thesis collected from 14 participants: two principals, four teachers, three parents, three students, and two community women who have experienced adolescent pregnancy.

The main results are as follows: The social determinants of health of adolescent pregnancy which pre-exist in Honduras; 1) unstable economic situation, 2) social norm; reluctance toward sex, Machismo 3) broken family, 4) Insufficient support from government and 5) the lack of SRHR education. Unfortunately, the rate of adolescent pregnancy continues to increase.

However, despite the poor social conditions, social changes to prevent adolescent pregnancy have been discovered in an agency who has their own learning experience and personal concerns; 1) critical opinions toward Honduras to improve social change 2) care for others (service) 3) continuous efforts for social action, 4) constructive attitude toward their life and Honduras and 5) clear sexual values (sex ethics). Furthermore, the educational contents that need be included in sexual and reproductive and health rights education based on the context of Honduras are 1) The consequence of adolescent pregnancy 2) the meaning of relationships, love, and family-based on the value of sex (sex ethics), and 3) counseling approach. In addition, policy support is essential to expand the reform of sexual and reproductive health rights education based on the concerns of these agencies to include non-formal and informal education. In addition, the community participation and policy support are essential to expanding the reformed SRHR education based on the personal concern of agency who has positive impacts on and the contents required in the context of Honduras to informal education and non-formal education.

This study focuses on the role of sexual and reproductive and health rights education, which can be demonstrated as an indicator of education, health, and gender equality among sustainable development goals. It also contributes to suggest the implementation of improved health education considering local, social culture and political context in Honduras to solve

the adolescent pregnancy

Keyword: Public-Health Education, Adolescent pregnancy, Sexual and Reproductive Health, Sex Education, Latin America

Student Number: 2017-28628

TABLE OF CONTENTS

ABSTRACT	I
TABLE OF CONTENTS	V
LIST OF TABLES	IX
LIST OF FIGURES.....	X
LIST OF ACRONYMS	XII
CHAPTER I. INTRODUCTION.....	1
1.1 Study Background	1
1.2 Statement of the Problem	5
1.2.1 The risk of Adolescent Pregnancy	5
1.2.2 The need for SRHR education that adopted the context of Honduras	8
1.3 Significance of the Study.....	9
1.4 Purpose of the Study and Research Questions	1 1
CHAPTER II. LITERATURE REVIEW.....	1 3
2.1 Education for Social change.....	1 4
2.1.1 Three approaches of educational sociology: functionalism, Marxist theory, and hermeneutic approach	1 4
2.1.2 The necessity of a hermeneutic approach in Global Education Development Cooperation.....	2 0

2.1.3	Morphogenetic Approach	2 4
2.2	Social Determinants of Global Health.....	2 9
2.3	Program Theory	3 4
2.4	Health Education	3 8
2.4.1	The definition of Health Education.....	3 8
2.4.2	Health literacy	4 0
2.5	Sexual and Reproductive Health and Rights Education.....	4 4
2.5.1	The attention of SRHR education for adolescents in the field of global health education.....	4 4
2.5.2	SRHR education	4 7
2.5.3	SRHR education in Latin America	5 6
CHAPTER III. RESEARCH METHOD		5 9
3.1	Research Methods	5 9
3.1.1	Methodological consideration: Qualitative Research	5 9
3.1.2	Study setting	6 0
3.1.3	Research Process; Field Research.....	6 1
3.2	Data collection & Participants.....	6 4
3.3	Data Analysis & Analytical Framework.....	7 1
3.4	Ethical Consideration	7 5
CHAPTER IV. FINDINGS		7 6
4.1	Structural Conditioning	7 7
4.1.1	Ongoing high level of Adolescents' Pregnancy in Honduras ..	7 7
4.1.2	Social determinants of health for Adolescent Pregnancy in	

Honduras	8 2
4.1.3 Analysis of structural conditioning of Adolescent Pregnancy in Honduras	1 0 4
4.2 Social Interaction.....	1 0 6
4.2.1 Personal concern; What we care about Sexual and Reproductive Health and Rights	1 0 6
4.2.2 Structural intervention; Quality Sexual and Reproductive Health and Rights Educational strategies	1 1 0
4.2.3 Analysis of Social Interaction of Adolescent Pregnancy in Honduras	1 1 8
4.3 Structural Elaboration.....	1 2 1
4.3.1 Changing Society through education	1 2 2
4.3.2 Analysis of Social Elaboration of Adolescent Pregnancy in Honduras	1 3 1
4.4 Analysis of Adolescent Pregnancy in Honduras using the Framework.....	1 3 3
CHAPTER V. DISCUSSION	1 3 7
5.1 The preexistence of great gulf fixed in structural conditioning.....	1 3 7
5.2 The importance of the agency to change society.....	1 3 9
5.3 The effective SRHR education as a positive intervention.....	1 4 4
5.4 The change of the agency through education for social change.....	1 5 0
5.5 Limitation	1 5 4
CHAPTER VI. CONCLUSION.....	1 5 6

REFERENCES	1 5 9
APPENDIXS	1 6 9
Appendix 1. Textbooks in Honduras.....	1 6 9
Appendix 2. List of Example Questions used in the Interview.....	1 7 9
Appendix 3. IRB Documents	1 8 1
Appendix 4. Field Research Photos.....	1 8 7
Appendix 5. Spanish Abstract	1 8 9
국문 초록	1 9 3

LIST OF TABLES

Table 1. The risk of adolescent pregnancy	7
Table 2. Key issues of each SDH by Healthy People 2020	3 4
Table 3. Levels of health literacy (Nutbeam, 2000)	4 3
Table 4. SRHR and legal frameworks (Liliane, 2019)	5 1
Table 5. List of Research Participants	7 0
Table 6. Checklist for Textbook contents in Honduras by International Technical guidance on sexuality education: an evidence-informed approach (UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018).....	9 7
Table 7. Social determinants of adolescent pregnancy in Honduras	1 0 5
Table 8. The content that should be addressed in sex education	1 0 8
Table 9. The content that should be addressed in SRHR education according to the reflexivity	1 1 8
Table 10. The analysis of Agency in Honduras	1 3 2
Table 11. Ideal types of social action (Oh, 2010).....	1 4 3
Table 12. Typology of Reflexivity.....	1 5 2

LIST OF FIGURES

Figure 1. The adolescent birth rate per 1,000 women aged 15-19, 2016	2
Figure 2. The adolescent birth rate in women aged 10-19 years as of 2016	2
Figure 3. Analytical Dualism (MA).....	2 6
Figure 4. The role of reflexive deliberation and social interaction in mediating the influence of both social and cultural structures and personal powers on the progressive specification of courses of (educational) action (Kahn, Qualter, & Young, 2012).....	2 8
Figure 5. Social Determinant of Health.....	3 2
Figure 6. Healthy People 2020 Approach to Social Determinants of Health	3 3
Figure 7. Conceptual Model of Program Theory	3 5
Figure 8. Conceptual Model of Effect Theory.....	3 6
Figure 9. A comprehensive definition of sexual and reproductive health and rights (UNFPA, 2019).....	5 0
Figure 10. Logo of ICSU	6 1
Figure 11. Panorama of ICSU	6 1
Figure 12. Data Analysis in Qualitative Research.....	7 1
Figure 13. Conceptual Framework adapted from the Analytical dualism	7 5
Figure 14. The Rate of Teenage Pregnancy in Honduras	7 7
Figure 15. Adolescent pregnancy in each Department of Honduras from Honduras DHS 2011-2012. (Shakya et al., 2019)	7 8

Figure 16. The picture of child in broken family	9 4
Figure 17. Analysis of Adolescent Pregnancy in Honduras using the framework of Effect Theory	1 3 5
Figure 18. Analysis of Adolescent Pregnancy in Honduras as a social problem based on the Analytical Framework	1 3 6
Figure 19. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Mediating Factor	1 4 2
Figure 20. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Moderating factor	1 4 6
Figure 21. The change of the agency through education for social change....	1 5 4

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOE	Abstinence-Only Education
ASRH	Adolescents Sexual and Reproductive Health
CSE	Comprehensive Sexuality Education
DHS	Demographic and Health Survey
FGI	Focused Group Interviews
GDC	Global Development Cooperation
GEDC	Global Educational Development Cooperation
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICSU	International Christian School Urraco
LAC	Latin America and the Caribbean
MA	morphogenetic approach
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (Centers for Disease Control)
NEJM	New England Journal of Medicine
PoA	Programme of Action
SDGs	Sustainable Developmental Goals
SDH	Social determinants of health
SRE	Sexual and reproductive health education
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and rights
STIs	Sexually Transmitted Infections
UN	United Nations

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER I. INTRODUCTION

1.1 Study Background

Attention paid to education in the field of Global Development Cooperation

There may be no dispute that education plays an indispensable role in every aspect of Global Development Cooperation. Examining Sustainable Developmental Goals (hereafter SDGs) declared by the United Nations (UN), one can definitely realize that educational cooperation is imperative for achieving each agenda. On disparate facets of Sustainable Development Goals (SDGs) – including healthcare, environment, and gender equality – education has functioned as a crucial means of dealing with complex and multifarious predicaments.

Global Development Cooperation through education can play an essential role in the urgency of adolescent pregnancy in developing countries. Governments and civil organizations seek to address the issue of adolescent pregnancy, presenting the urgency of its nature. They have pursued to discover sustainable development. Adolescent pregnancy is a significant challenge to Sexual and Reproductive Health and Rights (hereafter SRHR) for adolescents and young people. While the adolescent birth rate has declined globally, the developing country is still suffering from social problems of adolescent pregnancy. An estimated 21 million girls aged 15-19

years in developing regions¹ get pregnant and approximately 12 million of them give birth every year (Darroch, Woog, Bankole, Ashford, & Points, 2016; UNFPA 2015). At least 777,000 births occur to adolescent girls younger than 15 years old in developing countries² (Blum & Gates, 2015).

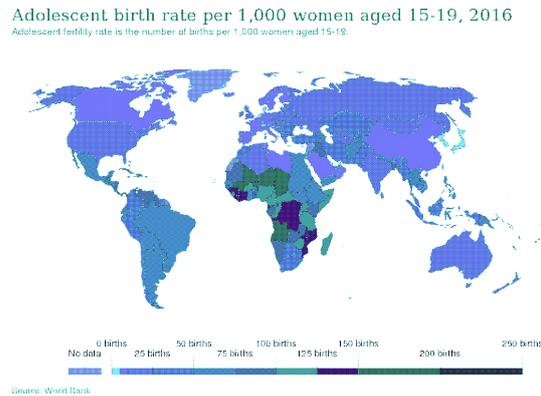


Figure 1. The adolescent birth rate per 1,000 women aged 15-19, 2016

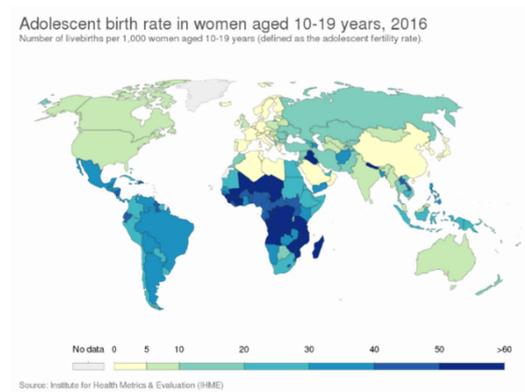


Figure 2. The adolescent birth rate in women aged 10-19 years as of 2016

In Southeast Asia, the rate of adolescent pregnancy remained stagnant or

¹ Refer to this website, you can check the list of developing regions.
<http://hdr.undp.org/en/content/developing-regions>

² Refer to this website, you can check the list of developing country.
<https://isge2018.isgesociety.com/registration/list-of-developing-countries/>

continually increased with the wide-ranging variation across the countries. The average adolescent birth rate in Southeast Asia is 47 births per 1000 females aged 15-19, close to the global average of 44. The following countries have the highest adolescent birth rates at the country levels; Lao PDR(94), Cambodia (57), Thailand (50), Indonesia(48), and Philippines (47) (WHO, 2018). In West and Central Africa, the rate of adolescent birth stood at 115 births per 1000 adolescents aged 15-19, and it is the highest regional rate in the world. Central African Republic, Niger, Chad, Angola, and Mali are the list of countries with the highest rate, above 178 (Azzopardi et al., 2019; WHO, 2016). The rate of adolescent birth in Latin America and the Caribbean is estimated at 66.5 births per 1000 girls aged 15-19 years, which the second-highest following Sub-Saharan Africa in the world (panaméricaine de la Santé, 2016). The countries with the highest estimated adolescent birth rates per 1000 adolescents aged 15-19 in Latin America and the Caribbean (LAC) are Dominican Republic (100.6), Guatemala (92.8), Nicaragua (92.8), Guyana (90.1), Venezuela (80.9), Panama (78.5), and Bolivia (72.6) during 2010-2015.

The 1994 International Conference on Population and Development's (ICPD) Program of Action highlighted the importance of SRHR education. It has affected the implementation of SRHR education at the community level, beyond the school level, at the appropriate age, as soon as possible. Successful SRHR education helps adolescents to make more mature

decisions. This Agenda is considered worldwide as the basis for a policy to promote SRHR for the next 20 years (Ponzetti, 2015). While the efforts to institutionalize SRHR education into the formal school curriculum have been going on for more than a century (Otero, Darré, 2010), it was only the last decade that it had been possible to achieve the level of institutionalization of SRHR education with enough attention and support on this subject (Esteves & Santos, 2013).

Since the 1990s, many Latin American countries have attempted to institutionalize SRHR education in schools. However, these attempts had faced many arguments and obstacles. Despite the sudden increase of plans, projects, and movements to address sexual and reproductive health (hereafter SRH), plentiful pieces of evidence point out the urgent need for long-term national policy implementation in this Adolescent Sexual and Reproductive Health (hereafter ASRH) in Latin America. The pieces of evidence are SRH indicators such as unwanted pregnancies, teenage pregnancies, sexually transmitted infections (hereafter STIs), sexual assault, sexual violence, unsafe abortions, and limited sex education programs (Hunt, Castagnaro, & Monterrosas Catrejón, 2014). In particular, young people in Latin America are at a higher risk of unwanted or unplanned pregnancies, which often lead to unsafe abortion or adverse maternal health outcomes. According to the latest “State of the World Population” report published by UNFPA, adolescent pregnancy faces a concerning proportion of challenges

that require a clear response from all levels of society. The births of girls under the age of 15 years are increasing and are expected to continue to rise through 2030 in Latin America (UNFPA & UN-HABITAT, 2013). The adolescents aged 10-19 years begin to engage in sexual activity at an increasingly earlier age, and only a few take the precautions to prevent STIs or pregnancy (Ali & Cleland, 2005). Thus, effective interventions to improve SRHR for adolescents in Latin American are urgently needed. Adolescent's early and unplanned pregnancies give rise to school dropout, health risk, poverty rate, and societal disapproval and condemnation, which are increasing among unmarried couples. The abortion rate also continues to be increasing.

Honduras has the highest adolescent pregnancy rate in Latin America after Bolivia. 28% of pregnant women are adolescent mothers in this small Central American country. Analyzing the current issues of adolescent pregnancy in Honduras would contribute to improve SRHR education and reduce the rate of adolescent pregnancy. It is necessary to research what needs to be changed in terms of social structure and individual in that society, contributing to the level of micro and macro.

1.2 Statement of the Problem

1.2.1 The risk of Adolescent Pregnancy

To better ASRH, it is necessary to have an awareness of the risk of sexual activity and pregnancy for adolescents. Adolescent sexual activity that does

not presuppose a marriage causes adverse reproductive health outcomes (Dixon & Mueller, 2008). Young women are exposed to unprotected sexual activity, which causes the risks of unintended pregnancy, unwanted childbearing as well as HIV/AIDS and STIs. Along with the explicitly human rights issue, sexual coercion, exploitation, and violence forced or unwanted sexual activity are associated with these adverse reproductive health outcomes (Koenig et al., 2004; Maharaj & Munthre, 2007; Polis et al., 2009.; Williams, McCloskey, & Larsen, 2008; Zablotska et al., 2009). Adolescent pregnancy has been a significant cause of maternal and child mortality, adding to the vicious cycle of disease and poverty. In Latin America, the risk of maternal death is four times higher in adolescents under 16 years old than women in their twenties (WHO, 2014). Girls have suffered from side effects due to a painful and damaging transition to adulthood during lifelong. The complications of adolescent pregnancy include anemia, malaria, postpartum hemorrhage, and mental illnesses such as depression (Hodgkinson et al., 2010). Becoming a mother due to early pregnancy can be physically dangerous. For example, pregnancy and delivery for girls, when physical growth is not yet complete, may lead to a problem during childbirth that adult women generally do not have; 9-86% of women have an obstetric fistula in adolescence, and trauma is accompanied, often lasts whole life (Tebeu et al., 2012).

Furthermore, it impairs adolescent girls' educational achievement and

economic potential. Most pregnant female adolescent's dropout the school or do not concentrate on their studies. More seriously, adolescent pregnancy is associated with low socioeconomic status, substance abuse, the probability of weak and inadequate prenatal care, and the adverse outcomes of adolescent mother's children are noted, including higher rates of preterm birth, low birth weight, asphyxia, perinatal, and neonatal mortality (Chen et al., 2007; Lopez, Grey, Hiller, & Chen, 2015 & Chen, 2015; WHO, 2014). All of these have detrimental impacts on not only an individual's physical and mental health, which lasts for a long time in themselves, their families, and their communities (Hodgkinson et al., 2010; McQueston, Silverman, & Glassman, 2012; Morris & Rushwan, 2015; WHO, 2014), but also impacts on the economic level on national development (Burstein, Griggs, Prestrud, & Temin, 2010).

Table 1. The risk of adolescent pregnancy

Physical & Mental Health	Human Right Issue	Socioeconomic Status
<ul style="list-style-type: none"> • anemia, malaria, postpartum hemorrhage, HIV, STIs • mental illnesses; depression • obstetric fistula • preterm birth, low birth weight, asphyxia, perinatal and neonatal mortality 	<ul style="list-style-type: none"> • sexual coercion, exploitation, and violence forced or unwanted sexual activity • abortion 	<ul style="list-style-type: none"> • the vicious cycle of disease and poverty • low socioeconomic status, substance abuse, and the probability of low and/or inadequate prenatal care, and the adverse outcomes of adolescent mother's children • Impairment of educational achievement and economic potential; drop-out school • Societal disapproval and condemnation (Stigma)

1.2.2 The need for SRHR education that adopted the context of Honduras

The lack of adequate and effective SRHR education is the biggest obstacle for students to make wise choices about their health (Romero, 2015). SRHR is recently representative of the indicator of human well-being and human rights. It plays a role in shaping well-being life, gender equality and future economic development and sustainability of the environment, which leads to a great impact on sustainable health development (Ghebreyesus and Kanem 2018; Starrs et al. 2018). Most importantly, education and policies tailored to the local situation are essential. The educational programs and policy tailored to developed countries, which had been introduced without considering the local situation, did not have much effect in the local situation. After analyzing the context and causes of adolescent pregnancy problems in Honduras, people experienced and knew the solutions themselves. Unfortunately, Machismo culture, where male supremacy dominates, leads to gender discrimination in Latin America. Misunderstanding of SRHR from heterodox beliefs created by the fusion of folk religion and Catholicism or Christianity is also an obstacle to the realization of SRHR. It is necessary to provide correct SRH knowledge and a healthy view of sex. Also, it encourages adolescents to take responsibility to prepare for the future so that young people should open their way to

choices ways other than premature pregnancy and marriage. ASRH strongly connects to the particular social, cultural, and economic environment (Pozo, 2014). Therefore, for the fundamental prevention of adolescent pregnancy, not only students but also teachers, parents, and adult family members of adolescents and health workers should be educated in the proper awareness of ASRH. Individual choice to contribute to a particular behavior is also shaped in social, economic, and cultural perspectives (Kathya Córdova Pozo^{1*} et al., 2015). Therefore, education for the prevention of adolescent pregnancy needs to be considered not only education at schools, but also the improvement of health-education policy considering the situation of non-formal and informal education outside the school site, in case of Honduras (Moll, 2014; Ali, 2005; Caffè, 2017; Dongarwar, 2019; Gage, 2013; Goicolea, 2009; Casas, 2014; Cordova-Pozo, 2018; Neal, 2018; Peter Decat^{1*}, 2013). Therefore, education should be more specific and comprehensive to make adolescent's lives more enriching, considering the local context.

1.3 Significance of the Study

This study will contribute to several ways as it explores the status quo of health education (education on SRHR), which is revealed as an increasing rate of adolescent pregnancy.

First, the quality of SRHR education is one of the important indicators to estimate the progress in achieving the SDGs; it is directly related to SDG3,

SDG4, and SDG5³. In addition to the quantitative growth of education achieved through MDG, the health professionals put their efforts to provide a more comprehensive quality education through the establishment of SDGs. The officials should provide SRHR education to anyone in society to ensure quality education, and in no case should there be discrimination in learning. The demand for SRHR education calls more holistic growth in several SDGs, not only a matter of education; SDG 3.7 and SDG 5.6 reveal the need for SRHR education. In particular, adolescent pregnancy can be a crucial indicator of the achievement index of these three goals.

Second, the current study discusses health education that is a disciplinary convergence of education and health from the perspective of education. Until now, health education has been considered as a branch of health science. Understanding health education not only from a health science perspective but also from the perspective of education and engaging in the discussion of the critical factors are necessary steps for achieving beneficial health education. It is analyzed through Archer's morphogenetic approach based on the Hermeneutic approach of educational sociology. It contributes

³ The 2030 Agenda for Sustainable Development reflects the interdependence and complexity of a changing world and the imperative for global collective action. SDG4 is that Quality Education; Ensure inclusive and equitable quality education and promote lifelong learning. Other SDG with direct reference to education. SDG3 is Good Health and Well-being, targeting 3.7 is that by 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. SDG 5 is Gender Equality, targeting 5.6 is that number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education.

to analyzing health problems from an educational perspective (Keogh et al., 2020). It needs an assessment of SRHR education in developing countries. Still, the researcher finds it difficult due to the lack of research data. Honduras DHS presented in 2012 is the latest data. The DHS data identify the perception and status of sex as a whole in Honduras. Still, it is challenging to grasp the exact and detailed condition of sex education in schools. Also, sex and adolescent pregnancy can be a rather sensitive topic for research; these topics require a more careful investigation. In this regard, the current research has a significance to explore the realities of adolescent pregnancy and its SRHR education through the voices of field participants in Honduras. This study sought to listen to everyday Latin Americans' voices in order to further investigate the current state of adolescent pregnancy in Latin America, its causes, and solutions.

1.4 Purpose of the Study and Research Questions

The purpose of this qualitative study is to understand the unplanned and unintended pregnancy for adolescents and young people in Honduras considering social, cultural, political contexts. At this stage in the research, adolescent pregnancy is generally defined as a health problem to be closely related to education, health, and gender inequity. In particular, education is regarded as one of the significant interventions to resolve health problems (McKenzie, Neiger, & Thackeray, 2009). In the pursuit of social change through education, a positive social change refers to the actualization of a

society in which adolescent pregnancy health problems have been successfully removed. Furthermore, this current research leads to identifying what improvements, complements or new aspects to existing education programs should be introduced for developing an effective health education program for the prevention of adolescent pregnancy and healthy SRHR for adolescents. Specifically, it also highlights the necessity of the development of social services and intervention policy for the prevention of adolescent pregnancy. It is ultimately expected to achieve the improvement in Honduras through qualitative and comprehensive SRHR education for all.

Research Question

- What are the social determinants of health for adolescent pregnancy in Honduras?
- What is the current method or approach of teaching provided for the prevention of adolescent pregnancy in Honduras?
- What educational efforts will be required to decrease adolescent pregnancy as well as to promote adolescent sexual and reproductive health in Honduras?

CHAPTER II. LITERATURE REVIEW

This chapter describes the Morphogenetic approach that is based on the hermeneutic approach of the sociology of education. In addition, it defines the social determinants of health and the effect theory that are included in program theory.

Through the concept of sociology of education, it reviews the theoretical background required to understand what educational efforts are needed for accurate Global Educational Development Cooperation (GEDC). In this regard, it pays attention to the Hermeneutic approach and adopts the Morphogenetic Approach. It is an advanced theory of the former for an analytical framework to analyze the education that leads to social change. In addition, it is required to analyze and interpret the health problem of adolescent pregnancy in the context of social, cultural, and political issues. This analysis will further expand the concept of health diseases and treatments. It leads to taking into account the social determinants of health. Furthermore, the effect theory, which is a part of the Program Theory and the theory analyzes the causal factors and their relations, is used as the framework for interpreting and analyzing the field data about adolescent pregnancy issues.

It also explains the definition of health education and the importance of

health literacy for health promotion. The importance of SRHE in Latin America are precisely described, and the need for education to prevent adolescent pregnancy is demonstrated.

2.1 Education for Social change

Education has been the most prominent area of attention on the scene of Global Development Cooperation (hereafter GDC) because of its potential for social changes. The common aims of divergent activities conducted on the field can be summarized as developing societies into better conditions, which requires social renovation. Education is one of the most powerful methods to develop and transform society.

2.1.1 Three approaches of educational sociology: functionalism, Marxist theory, and hermeneutic approach

In this context, it could be perceived as a natural phenomenon that GEDC focuses on the social characteristics and capacities of education. Nevertheless, most of the projects of GEDC have been carried out based on ill-equipped theories which are not compatible with local situations, consequently diminishing the effects of education rather than realizing its genuine intentions through an in-depth study on education. Given this into consideration, it is not surprising that true meanings of education have regressed, and the development of society has entangled in the field. From now on, GEDC should endeavor for understanding, describing, and explaining meanings of education as social phenomena so as to shift

emphasis from education for GDC to GDC through education. Education as a social phenomenon encompasses not only educational acts of individuals but those of groups that are interpersonal, community, society, and governance. Based on the fact that it also deals with international relationships associated with education, education could more firmly establish its position in the arena of GDC (Oh, 2010)

There are three preeminent theories used for analyzing issues in educational sociology. The functionalist theory proposed by Emile Durkheim underscores a function of education that enables individuals to be assigned to crucial roles for maintaining the daily operation of society (Durkheim, Catlin, Mueller, & Solovay, 1938). On the contrary, Marx criticizes in his theory that the role of education is to maintain existing capitalistic social orders and that education must deviate from this role and serve as a mechanism for attaining social revolution led by the ruled class against the ruling class. The hermeneutic approach of Weber adopts methodological individualism, which focuses on an agent in an attempt to describe changes of social actions, through which one can consequently understand wholistic social reformations. After all, through education, it helps learners to act subjectively, which helps them to pursue not only personal change but also relationship, community, and social and political change. This respects the intrinsic value of the individual and can extend the range of social change from an individual to a relationship, community, and

socio-political. This is because each individual constitutes it at the center of each field.

In his functionalist theory, Durkheim regarded education as playing an essential role in developing an individual into a social being as well as preserving and strengthening homogeneity of society by instructing fundamental social relationships and duties that society requests to each individual. Therefore, both the educational system and curriculum exist for ideologies that society is founded on and constantly pursues (Kim, 2015) Durkheim considered education as an indispensable part of cultivating a society as it possesses a characteristic of an extensively crucial ideology. Marx devoted himself to condemning school education in a capitalist society for injecting concepts of inequality and class stratification under a capitalistic social system. The ultimate purpose of his theoretical paradigm is to revert society by criticizing its systems and establish a socialist and communist society where education aims for the formation of a socialistic man. At the same time, education must not be separated from labor, but “the labor itself consists a part of education,” and it must be combined with the production of materials.

These two theories confront each other, as functionalism regards education as a safe measure of preserving society and stress on conserving a current social system. In contrast, Marxist theory reprimands schooling under a capitalistic social order and expresses an educational ideology required for

the transformation of the social system from a capitalistic to a socialistic state. Durkheim and Marx stand on the opponent's position of each other, yet there are common limitations for both of their theories. Both theories set an ideal type of society in advance, predicts the development of these societies with a positive viewpoint, and in these senses, they emphasized the social function of education. Indeed, they are so concerned with the wholistic approach utilizing social structure as a main analytic framework that they neglected individuals, the most basic units of society, ignoring the competences of individuals and reflections of the real world. Humans are ultimately viewed as socially 'made' beings, with no will or freedom of their own, and like dolls 'moved' by society.

Studies utilizing micro-level and concentrating on each individual were conducted to rebuke functionalism and Marxism theory (Alexander, 1987; Schutz, 1972). Schutz and Alexander prioritized intentions, creativity, and patterns of behavior than structural conditions. However, it was their pitfall to accentuate individuals so much to downplay influences of social structure. In order to overcome the limitations of both methodologically wholistic and individualistic approaches, there emerged a new stream of studies to integrate individual-centered and group-centered ones as well as social actions and structures (Alexander, 1987). In particular, applying the sociological theories of Max Weber in the field of education, academics and practitioners are able to go beyond the confinements of both individualistic

and wholistic approaches and to attempt a consolidating methodology (Saha & Zubrzycki, 1997). Although he did not deny the existence of a direction for a community and struggling conflicts aroused between classes in modern society, he consistently maintained that this is only one aspect of the multifaceted society. A modern society can be mainly conceived as a plural society as Weber depicted, forming disparate categories of groups composed of individuals seeking to maximize their own interests by mobilizing accessible capitals such as classes, pressure, and power. Since he does not set up an ideal society which means ignoring the subjectivity, he seeks the unprejudiced interpretation and the subjectivity of the society, his paradigm is more suitable for analyzing modern societies where social groups organized by multiple properties including classes, gender, race/ethnicity, religion, region, languages, and culture compete, confront, and conflict with each other at times while compromising, negotiating, conniving, and avoiding at other times. It should be possible to explain in light of the social context why they think and act as a member of society, rather than interpreting it only.

Ronald King (1980) argues that an effective way to overcome limitations of functionalism, as well as Marxism, lies in the Weberian approaches. He asserted that through his review, the conclusion that both macroscopic and microscopic approaches are required for pursuing reformation of education and understanding education. However, as Durkheimians and Marxists are

sided with the perspective of the former while phenomenology and symbolic interaction theory grant too much significance on the latter, these paradigms and theories have their own restraints when devising a comprehensive approach for education. In this context, the Weberian paradigm can serve as a proper alternative. As King puts, “the concepts of Weber are applicable to all levels of scope and complexities.”, studies exploiting Weberian methodologies can combine voluntarism, which is of great importance in phenomenology, and subjective meanings of social actions with structural constraints on social actions which functionalists and most of the Marxists accentuate. In <The Methodologies of Social Science>, Weber (1947) defined sociology as “*a science concerning itself with the interpretative understanding of social action and thereby with a causal explanation of its course and consequences.*” In addition, he refers to actions as all categories of human behaviors that an individual acting at the time imposes some meaning to the action itself, reiterating the imperativeness of subjective nature of social action and its understanding (*verstehen.*) Weber’s concept of social action is distinct from the concept of role behavior suggested by Durkheim. Durkheim acknowledged personal differences in role behaviors merely as divergences of personalities, not involving subjective intentions of an actor in-role behaviors. Indeed, he restricted individualistic autonomy since he considered that behaviors induced by personalities could not contribute to retaining the social status of

an individual, subsequently causing obstacles against maintaining a society. On the contrary, as the concept of social action is a combination of expressions of both social perceptions and subjective intentions of an agent, it presents itself in discrete forms according to the social situations and subjective perceptions of them of each individual. In this sense, social action is distinguished from role behaviors triggered by disparities in personalities regarding the assigned role in the functionalistic viewpoint. (Oh, 2010) In other words, voluntary agents broaden the scope of problem consciousness not only to themselves, but also to relationships, communities, societies, and politics that are outside their scope. When social problems are discovered, they respond subjectively and cope with social actions in each area, from individuals to social politics, which leads to change the society.

2.1.2 The necessity of a hermeneutic approach in Global Education Development Cooperation

As seen above, the study of education must diverge itself from a wholistic stance that social structures determine every aspect of education and society as well as an individualistic one which contends that individuals can shape society as they want it to be regardless of social constraints and structures. Rather, it is advisable to adopt an integrative and comprehensive attitude when studying education (Kim, 2015). In particular, in the field of GEDC, there inherently exist unpredictable variables that one cannot even imagine. Especially under the situation of “cooperation,” it is essential to take into

consideration that conditions of the partner country are not the same as what we have learned in academic settings. For instance, one cannot safely assume that the best type of education for an author of a Korean textbook would be accepted as the best one in a partner country; rather, it often exercises detrimental effects on the recipients living there. In this sense, a clear and precise understanding of situations of the partner country is the first and foremost issue to be settled out. Indeed, education in the recipient country is often affected by their living itself. A lack of classrooms, desks, teachers, severe economic and political conditions that makes it impossible to receive an education are the social variables that we must take into account. From this point of view, it is worth paying attention to the Weberian hermeneutic approaches. On the other hand, a Marxist theory exposes its critical standpoint on contradictions in school society, justification of reproduction of inequality, cultural domination and class structures. In an attempt to rebuke theoretical foundations between the 1950s and the 1960s, which are founded on human capital theory and modernization theory and their functionalistic elements, dominant streams of educational cooperation from the 1970s to the 1980s were based on dependency theory and critical theory. Nonetheless, the two theories have not proposed specific and feasible developmental strategies until now (Fägerlind & Saha, 2016), which is the fatal constraint of GEDC. The most probable reason might be that considerations in this field are the practice of

education grounded on concise analyses on realities. Since the focus of education in GEDC is on the practice, in order to determine and apprehend the meanings of education, the process of comprehending complex phenomena must be preceded. An aim of development of global society must surpass an intangible concept of a nation and instrumentalized and materialistic interests and search for ways to enhance the quality of life and change the attitudes toward life in a positive way for each individual, which indicates that large-scale policies ought to thoroughly investigate value systems and interests at individualistic, socialistic, and nationalistic levels. (Yoo et al., 2017). In other words, education policies must be determined in a temporal and spatial context, and for this policy to succeed, a deep understanding of the times and society in which it will be implemented and affected must precede. There can be no universal policy for any era or social situation. To conduct these educational duties effectively, a scholar must comprehend realities by adopting both individualistic and holistic approaches; the former investigates consciousness, intentions, symbols, and actions of individuals and the latter pursue social renovations (Oh, 2010). That is why the scope of change through education should not be limited to individual changes, but beyond it, to the extent of relationships, communities, social institutions, and politics. It is important for agents to help through education in the view of achieving SDG in the Global development field. In the meantime, social change by global development

led by developed countries has caused many limitations. Changes without an individual's subjectivity are likely to produce unexpected results such as inequality or policies that do not fit the society. Therefore, it is necessary for those at the center of the social issue to establish a subjective identity and broaden the problem consciousness to social politics. In the end, there will remain agents who do social action that leads the social development, and they can continue to develop without a donor country. Weber contends that individuals composing a society are inherently human agencies who possess capacities to apply changes in society and those modifications have been being conducted in numerous parts of societies. This argument is supported by the fact that Weber simply defines social structure as a type of repetitive social action rather than a massive social component. (Abercromby, Hill, & Turner, 2006) For these reasons, in order to develop society through education, it should concentrate on enabling individuals who are the members of the society to perceive the real world concisely and on equipping them with bountiful knowledge and imagination for devising a society in the future. Moreover, education should encourage them to acquire creativity, willpower, and confidence to execute and proceed with their plans for the future. By making each individual aware of autonomy and becoming intellectual acting as a subject of social change, a humanistic society can be built. From the discussions above, one can conclude that an integrative educational approach that combines individualistic and wholistic

methods are definite prerequisites for achieving such goals.

2.1.3 Morphogenetic Approach

As an extension of hermeneutic approach of Weber, Archer (1984) stated that in an educational system, the body of structural conditions of society affects the relationships between and among members of society, and, in turn, their actions transform the social structures to form a set of new structural conditions over time. Archer stressed the critical assumptions of critical realism, suggested a more practical framework of social change through individual actions. In her hermeneutical point of view, she emphasized the analytical dualism and reflexivity in the “morphogenetic approach (hereafter MA).” MA theory is a meta-theory, yielding multiple general implicational studies of its study on realism, that analyzes the overall 'social' phenomenon based on ontology and relative epistemology in the realm of critical realism (Lee, 2015). MA, based on critical realism, considers the balance of both “structure” and “action,” in contrast to the ‘reification’ that emphasized the only structure and the ‘reductionism’ that do the only action. Archer defines morphology as follows; Morpho (form, development) and genesis (origin, genesis) mean that society is not a closed-form, but an open system that is continuously formed and changed. The outcomes of social change are categorized into two types. Morphogenesis is a ‘process that tends to elaborate or change a given structure, system or country,’ on the other hand, Morpho-stasis is ‘process is in a complex

system that tends to preserve and unchanged” (Archer, 1995). The rules and resources that are imposed on the agents in a given structure may enable or constrain them to engage in certain acts. This given condition demonstrates “differential malleability”, imposing constraining power and difficulties on agents in changing behavior than others (Archer, 1982). Therefore, the social actions of an agent produce unexpected results.

- Analytical Dualism

Analytical Dualism allows for the analysis of structure and agency separately over chronological time, not emphasizing only the structure or the agency, but the interplay and interconnection that account for the transformation of the social order. That is, it is not mean that each is free and autonomous, or agent is determined by structure (Archer, 2002) It also is based on the following two assumptions; 1) structure necessarily antedates the action(s) that produce the change or elaboration; 2) structural elaboration necessarily follows behind the action which generates it (Archer, 1995). This assumption shows that the morphogenetic approach consists of three stages for T1-T4: 'structural conditioning-social interaction-structural elaboration.' (Figure 3). The time needs to be included to understand the relationship between structure and behaviors, considering the interaction of structure and behaviors over time (Archer, 1995). Structural conditioning means pre-existing social structure and cultural conditions. Structural Elaboration emergent the maintenance or restructuring of society occurs,

which can lead to new structural conditioning.

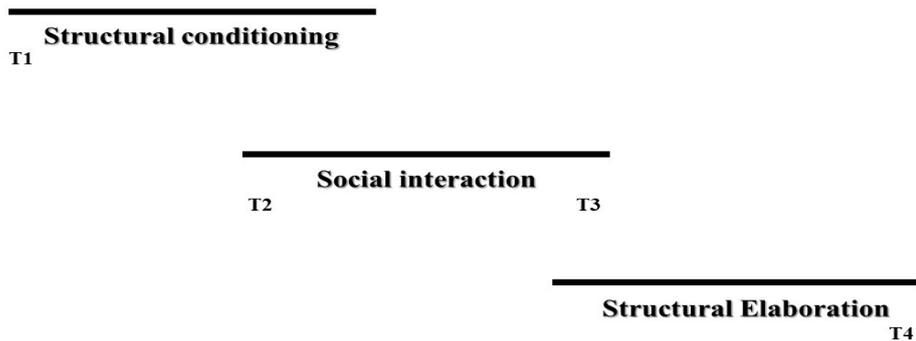


Figure 3. The framework of Analytical Dualism

- Reflexivity

Archer (2007) contends the necessity of reflexivity that is the process of internalization, in terms that the objective structure formed by the interaction of structure and ideological and cultural attributes exerts influence on an individual. Subsequently, the social context exerts an influential or constraining on an individual's life. Archer argues that the object that structure and culture can exert influence on is the reflexivity rather than subjective attributes, actions, and actors that are ambiguous. Individual interest that is subjectivity attributed to actors do not interact directly with structural and cultural objective attributes but interact with each other through reflexivity (Archer, 2012) In other words, only through reflexivity, the power of structure and culture is activated, and the causal power of this social structure affects the subjective interests of the individual in a way that allows the actor to pursue or revise the original.

Archer (2012) contends that reflexivity not only advocates the concept of an active agency who can modify the purpose of life according to the logic of the situation but also explain that human subjectivity can be dynamic according to the social context. The reflexivity implies sociological work as an internal conversation in which people consider the social context related to themselves. In other words, the subject who can do reflexivity is the individual, not the structure or institution (Archer, 2007). The order of internal conversation conceptualized by Archer, ‘concerns-projects-practice-modus Vivendi or way of living’ (Archer, 2012). It explained in detailed each step; 1) Defined and adjust the concerns (dovetailing), 2) develop specific social action from the projects by reference to their social circumstance, 3) establish a satisfactory and sustainable practice. Finally, each individual realizes his or her concerns, which results in build each modus vivendi. Through this reflexivity, agent builds up their identity, contributing to the transformation of society. Figure 3 indicates how, in driving the progressive specification of concrete courses of action, reflexive deliberation and social interaction mediate the influence of the various structures and power.

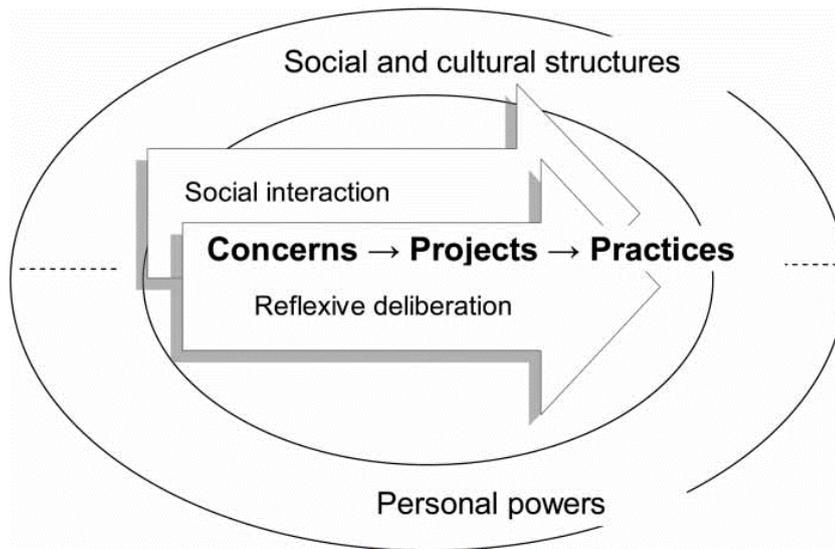


Figure 4. The role of reflexive deliberation and social interaction in mediating the influence of both social and cultural structures and personal powers on the progressive specification of courses of (educational) action (Kahn, Qualter, & Young, 2012).

In this context, Archer argues that reflexivity is “the (human) tendency to the conditions of the modernity that further foster reflection of individuals and social groups” (Dyke, Johnston, & Fuller, 2012). Archer also emphasized the role of an active agency who can rule their lives with the mental ability to contemplate their social context and interests actively. (Archer, 2007) Nevertheless, her ideas do not overlook the role of structure in reflexivity. As already mentioned, Archer is mainly interested in the process of reflexivity that mediates between social structure constraints and autonomous human will. Since social norms or socialization processes that maintain a stable and consistent life have lost their effects as, in modern society, rapid growth and diverse interests coexist, instead, she emphasized

personal identity, which is a matter of “what we care about in the world”, our fundamental concerns (Archer, 2002). Emotions also generate the power to modify cognitive goals. They give birth to the motivation to carry out, to maintain the environment around the agents, or to constrain that relationship. Therefore, Archer (Archer, 2012) argues that both an agency and structures remained in their independence yet interacted with each other. She further explained that any type of various reflexivity could be explained by the formula “social context + personal concerns.”

2.2 Social Determinants of Global Health

Health is closely related to our lives. Health is an essential consideration in individuals, families, friends, schools, workplaces, communities, and countries. It has been taken for granted that the spread of epidemics within and between countries has changed society. Health goes beyond treating incurable diseases with medicine and therapy and has been shown as a variety of well-being lifestyles such as eating healthy, hygiene, immunization, quitting drink, and smoke. The health that comes close to our lives depends on social-economic opportunities. In other words, health is determined through health support for individuals and society, education level, the safety of housing and workplace, supply for clean water and food, air, and the natural environment. They are called Social Determinants of Health (hereafter SDH) defined how circumstances in which people are born, grow, live, work, and age influences their health (Braveman & Gottlieb,

2014). Its condition can be based on the distribution of money, power, and resources at global, national, and local levels. That is, health is applied very diversely, from individuals to population, and also influenced by network, socioeconomics, cultural, environmental, and health systems.

WHO emphasized SDH by the report “closing the gap in a generation: Health equity through action on the social determinant of health” was issued by the WHO Commission on Social Determinants of Health in 2008 (Marmot et al., 2008). The purpose of this report is to understand how health inequality can be resolved from a social justice point of view and what health action eliminates the factors that lead to injustice. Health inequities are quite related in SDH, the unfair and avoidable differences in health.

"This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements [where the already well-off and healthy become even richer and the poor who are already more likely to be ill become even poorer], and corrupt politics."

WHO, 2008

In 2012, the Rio Political Declaration on Social Determinants of Health was issued in the World Conference on Social Determinants of Health. This declaration is aimed to understand that the social conditions in which an individual exists are a key to figure out the health inequity that individuals are experiencing and express to the need for new policies and strategies for

countries to eliminate health inequality, promoting global cooperation between countries. There are two areas about SDH that need to be issued 1) Intermediary Determinants 2) Structural Determinants. The former area consists of structural changes that are more relevant to the individual level; healthy physical environments, access to health care, fair employment, and decent work. The latter includes economy and policy-related approach to dealing with society as a whole; equity in health service, public financing support on the SDH, healthy working conditions, gender equity, political empowerment, the constitution of reserves and a balance of power and prosperity of nations (Marmot et al., 2008).

The following diagram (Figure 5) of social determinant of health (genetics, medical care, social circumstances, environment, and individual behavior) summarizes through data on a health-related organization; NCHHSTP, WHO, Healthy People, Kaiser Family Foundation, NEJM, Health Affairs, Institute of Medicine, New South Wales Department of Health.

DETERMINANTS OF HEALTH

This diagram is a model of all factors correlated with health outcomes for an individual

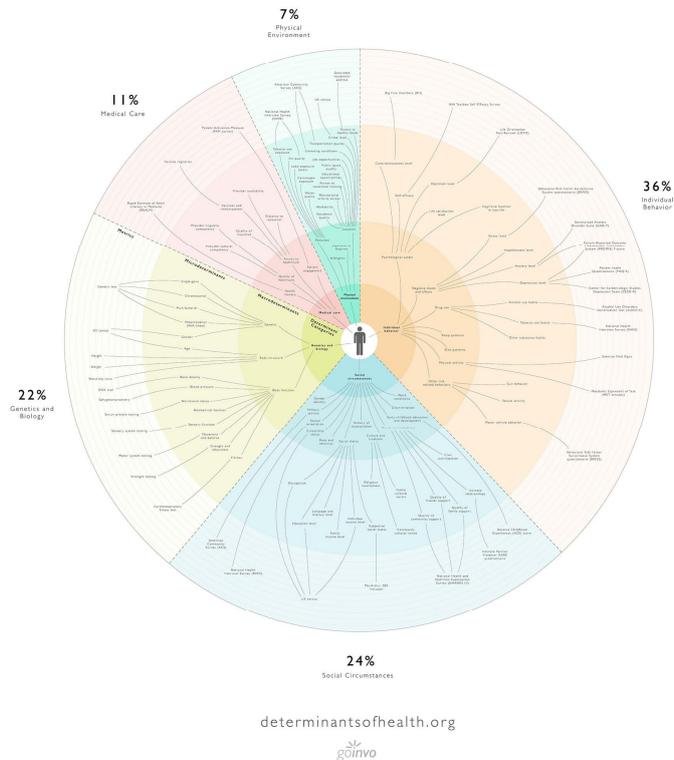


Figure 5. Social Determinant of Health

The adolescent pregnancy in Latin America is not a personal health problem that only one girl may face. The health outcome of adolescent pregnancy occurred due to the social, political and cultural factors surrounding it, and this leads to health inequality (Ali & Cleland, 2005; D. Dongarwar & H. M. Salihi, 2019; Goicolea, Marianne, Öhman, & San Sebastian, 2009; Hall, Garrett, & Barrington, 2014; Kathya Córdova Pozo^{1*} et al., 2015; Neal, Harvey, Chandra-Mouli, Caffé, & Camacho, 2018; Peter Decat^{1*}, 2013; Samandari & Speizer, 2010; Shakya, Weeks, & Christakis,

2019). By identifying what SDH is involved in the problem of adolescent pregnancy under the conditions of Latin America and what is the action strategy to solve it, the health inequality of adolescent pregnancy can be eradicated. In this regard, considering SDH will be used as a core concept in this study.

In this study, the “SDH framework of healthy people 2020” (Figure 6) is adopted to analyze the social and structural conditions of Honduras. (Health, Human Services, & People, 2000).



Figure 6. Healthy People 2020 Approach to Social Determinants of Health

The five areas reflect the various critical issues that each SDH comprises (Table 2).

Table 2. Key issues of each SDH by Healthy People 2020

Economic Stability	Education	Social and Community Context	Health and Health Care	Neighborhood and built environment
<ul style="list-style-type: none"> ▸ Employment ▸ Food Insecurity ▸ Housing Instability ▸ Poverty 	<ul style="list-style-type: none"> ▸ Early Childhood Edu- and Development ▸ Enrollment in Higher Edu ▸ High School Graduation ▸ Language and Literacy 	<ul style="list-style-type: none"> ▸ Civic Participation ▸ Discrimination ▸ Incarceration ▸ Social Cohesion 	<ul style="list-style-type: none"> ▸ Health Literacy ▸ Access to Health Care ▸ Access to Primary Care 	<ul style="list-style-type: none"> ▸ Access to Foods that Support Healthy Eating Patterns ▸ Crime and violence ▸ Environmental Conditions ▸ Quality of Housing

The next chapters deal discusses the effect theory on how SDH affects health problems and organizes the interventions.

2.3 Program Theory

Health problems can be described in a variety of ways. What matters is that they need an analysis of what causes the problems. The analysis allows the facilitators to choose an effective intervention. To clarify the cause and potential intervention, it needs to articulate issues related to health visually and verbally. Through this process, it facilitates the analysis to elaborate on

what causes a health problem and how those causes lead to the problem. The representative theory in the above description is the program theory. Through the Program theory, it is beneficial for developing a more effective and more reliable program, also enabling more convincing arguments of the significance of the program by providing guidelines for creating a successful program. Program theory has two parts; Effect theory and Process theory (Figure 7). The former theory explains how programmatic interventions will affect the causal, moderating, and mediating factors of health problems. The latter also consists of an organizational plan (input), service utilization plan (activities), and by-products of the organizational and service utilization plans (outputs). It is an iterative process that is continually affected by effect theory revised. Process theory also takes time to make adjustments and revisions.

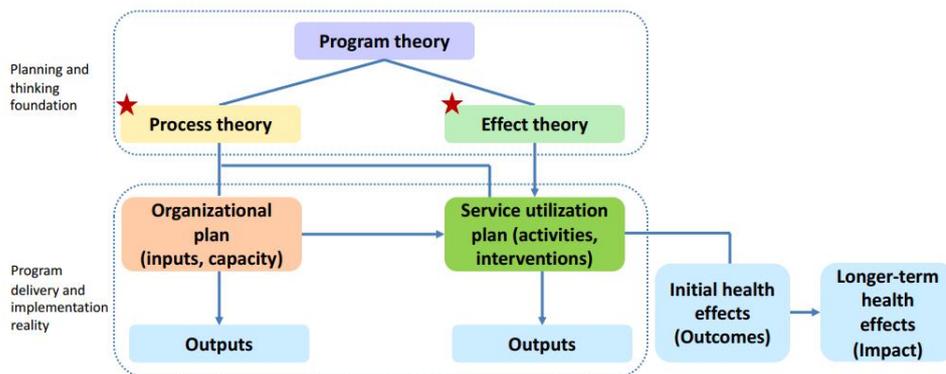


Figure 7. Conceptual Model of Program Theory

In this current research, to navigate the most effective intervention to prevent adolescent pregnancy, it is necessary to analyze the social

determinants surrounding the situation of each agency. Effect theory is adopted to understand the systematic and multifaceted analysis of the causes of adolescent pregnancy and interventions focused on it. The conceptual model based on effect theory explains the relationship between the factors related to the health problem and its intervention. It is a useful model to figure out which problem needs to be addressed, planning the most effective intervention, which strengthens the program and gains confidence, which formed by communication and scientific evidence. It contains three parts; 1) Causal Theory, 2) Intervention Theory and 3) Impact Theory (Figure 8).

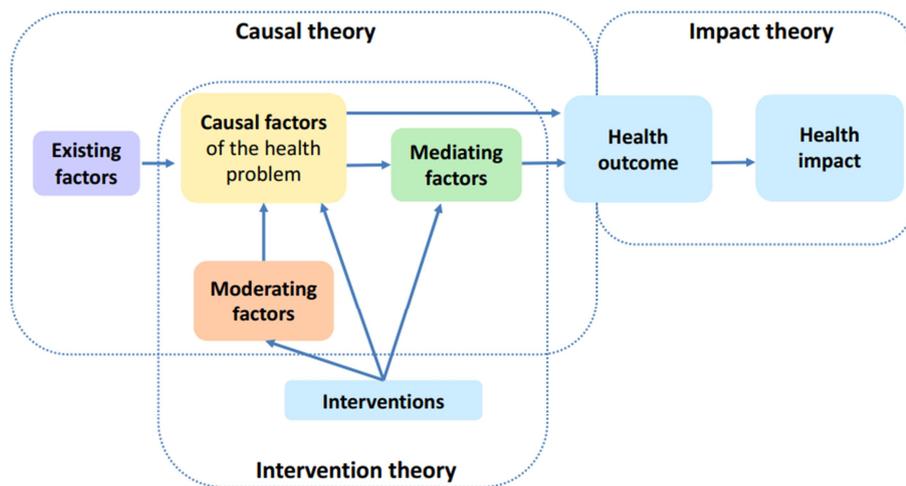


Figure 8. Conceptual Model of Effect Theory

The causal theory consists of existing, moderating, mediating and causal factors. It explains the health problem with statements or hypotheses that describe which causal factors are mainly responsible for the health problem. The theory includes factors identified in the needs of assessment and

scientific literature to justify the causal theory. The existing factor is a prerequisite for health problems to occur, e.g., current conditions, legal or policy conditions. Causal factors affect health problems in the preceding conditions, e.g., health knowledge, the existence of healthy food choices. A moderating factor can either exaggerate or lessen the impact of causal factors. Mediating factors intercede its effects between causes and problems. These factors and their relationships show 1) the scope of the problem, 2) perception of the problem, 3) beneficiaries and 4) existing health program. Therefore, it states or hypothesizes what causal factors directly influence the emergence of health problems.

Intervention theory explains how interventions affect which of the causal(Marmot et al., 2008) factors or possibly moderating or mediating factors. The relationship between interactions and effects on health problems can be identified, thereby improving the quality of interventions. Impact theory also explains how the health outcomes lead to impacts. It has benefit to clarify the number, types and quality of interventions as part of the health program. Effect theory identifies the factors that directly affect health problems, which identified by scientific literature and needs assessment. Impact theory explains the impact of health outcomes.

Since the social action of each individual is not only caused in the individuals, but also in social environment determinants. Therefore, an individual's cognitive, affective, and social environments should be

understood in terms of health behaviors. (Green, 1996; Paasche-Orlow, Parker, Gazmararian, Nielsen-Bohlman, & Rudd; Raphael-Leff).

2.4 Health Education

Health education is an area where education and health strengthen each other to be cross-disciplinary, maintaining their attributes. In global health, prevention can improve health more effectively than after treatment due to the lack of infrastructure. A study proposed that an effective way to prevent disease and deterioration of health is education (McKenzie, Neiger, & Thackeray, 2009). Therefore, health education is being conducted to deliver health knowledge to inspire the empowerment for social change. To raise awareness for health promotion, the concept of health literacy gains attention in academics.

Furthermore, Health education in adolescence is particularly essential to find their identity and vision of their life (Goldman & Bradley, 2001, 2004; Singh, Bankole, & Woog, 2005; Stassen Berger, 2005). Adolescents begin to develop their secondary sexual characteristics during puberty, where educating them about SRH is more critical than any other stage in their lives. Depending on how they learned their changes in SRH, it is time to form the values of their body and life.

2.4.1 The definition of Health Education

Health education is about teaching people comprehensive aspects of health (McKenzie, 2009; Glanz, 2008). Some may consider that health education is

limited to physical health. However, the scope is broader than the expectation; beyond physical education, the spectrum has expanded to environmental, social, emotional, intellectual, spiritual, and sexual and reproductive health education (Donatelle, 2009; Varga-Tóth, 2019). Health education is to learn what changes in behavior are helpful for individuals and groups to improve, maintain, or recover health by increasing their knowledge or motivating their attitudes. Health officials have suggested various definitions of health education, along with multiple fields.

Since the 1950s, various health education concepts have been defined. Griffiths (1972) provided a learning experience focused on an individual's health to create a voluntary change of their own.

The Ottawa Charter for Health Promotion (1986) that issued by WHO leads to shifting the paradigm of health education. The former education that focused on the choice of lifestyle and health risk in individual-level changed by the more attention given to policy and environmental interventions. Subsequently, health education is more involved in the community to achieve a wider range of purposes. Health education empowers people and communities to build public support for changes in public policy. It also needs various contents and ways to face new challenges in health education. Robertson and Minkler (1994), Schwartz, et al. (1995), and Downie, et al. (1996) provided a wider range of health education contexts for health promotion and the changes in the underlying policies, systems and

environmental elements of philosophical practices related to health issues (Robertson & Minkler, 1994; Schwartz et al., 1995). The following describes the definition of health education that has been recently defined.

The World Health Organization defined Health Education as *"comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health."* (Nutbeam, 1998).

Report of the 2000 Joint Committee on Health Education and Promotion Terminology (Gold & Miner, 2002) defined Health Education as *"any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions."*

Among the definitions of more specific and comprehensive health education, the concept of health literacy emerged to the purpose that we must achieve through health education. The concept of health literacy and its significance are examined in the next chapters.

2.4.2 Health literacy

In health education, social context has been important since health behaviors are caused by a combination of an individual's life choices, opportunities, and situations (Wharf Higgins, Begoray, & Macdonald, 2009). Health knowledge and other variables influence intentions, decisions,

behaviors, and outcomes (Paasche-Orlow et al., 2005). Therefore, Health literacy has been rising as an essential public health education ever since it was introduced in the 1970s (Manganello, 2007; Nutbeam, 2000; Simonds, 1974; Sørensen, Karuranga, Denysiuk, & McLernon, 2018). It is crucial not only to acquire health knowledge but also to use the knowledge correctly. According to a study that summarizes the definition of health literacy explored so far, the comprehensive definition of health literacy is as follows: (Sørensen et al., 2012)

“Health literacy is linked to literacy and entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”

Institute of Medicine reported that people with low health literacy are in poor health, even if they are adults or live in a developed country (Satel & Klick, 2005). Education attainment is related to health literacy (Manganello, 2007). It is further related to overall literacy that represents fundamental, communicative literacy and critical literacy. (Zarcadoolas, Pleasant, & Greer, 2003; 2005; 2009). Health literacy leads to improve the empowerment within domains of healthcare, disease prevention and health promotion (Sørensen et al., 2012). The time of education is also considered. The early interventions such as health promotion and disease prevention may improve

health literacy (Kickbusch, 2008). The better health-literate, the healthier results were shown (Manganello, 2007). The attention of health literacy related to health care of adolescents is being focused, as an adolescent is becoming more involved their health care (Gray, Klein, Noyce, Sesselberg, & Cantrill, 2005). Adolescent is particularly a transitional stage in the physical, mental, and social aspects, which is the most crucial period in life (Sprinthall & Collins, 1984; Feldman, 1990). Adolescents develop their intellectual skills by developing information processing and logical reasoning skills (Steinberg, 2005; Feldman, 1990). They also promote independence and autonomy (Steinberg, 2005). These changes in adolescence drive them to be in an excellent time to learn about health, considering health literacy. Improving health literacy at an early age precisely affects health literacy as teenagers acquire knowledge and establish behavioral patterns with them (Modell & Goodman, 1990). Improving health literacy at an early age affects the attitude and behavior of post-adolescent health (Feldman & Elliott, 1990). Through health education, adolescents not only achieve the health knowledge but also cope with other outcomes that voluntarily make a decision, modify behaviors and change social conditions critically to promote behaviors that improve health (Brey, Clark, & Wantz, 2007; Gold & Miner, 2002), and essential health skills (Kickbusch, 2008).

In developing countries, health literacy education is needed to address

and utilize local health knowledge and its related factors. This table summarizes some of the implications for health promotion actions (Nutbeam, 2000).

Table 3. Levels of health literacy (Nutbeam, 2000)

Health literacy level and educational goal	Content	outcome	
		Individual benefit	Community/Social benefit
Functional health literacy: communication of information	Transfer of factual information on health risks and health services utilization	Improved knowledge of risks and health services, compliance with prescribed actions	Increased participation in population health programs (screening immunization)
Interactive health literacy: development of personal skills	As above and opportunities to develop skills in a supportive environment	Improved capacity to act independently on knowledge, improved motivation and self-confidence	Improved capacity to influence social norms, interact with social groups
Critical health literacy: personal and community empowerment	As above and provision of information on social and economic determinants of health, and opportunities to achieve policy and/or organizational change	Improved individual resilience to social and economic adversity	Improved capacity to act on social and economic determinants of health, improved community empowerment

Examples of educational activity	<p>Transmit information through existing channels, opportunistic inter-personal contact, and available media</p>
<p>Tailor health communication to specific need: facilitation of community self-help and social support groups: combine different channels for communication</p>	<p>Provision of technical advice to support community action, advocacy communication to community leaders and politicians facilitate community development</p>

2.5 Sexual and Reproductive Health and Rights Education

2.5.1 The attention of SRHR education for adolescents in the field of global health education.

The global HIV epidemic motivated to create dramatic changes in understanding and policy development about sexuality and sexual behavior (Sandfort & Ehrhardt, 2004; Waxman, 2004). The importance of sexual reproductive and health education was highlighted in 1994 at the International Conference on Population and Development (ICPD) held in Cairo (Nations, 1994). ICPD restates reproductive health as a *“state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process.”* Furthermore, ICPD described that people have the right to *“a satisfying and safe sex life.”* It should have the *“capability to reproduce and the freedom to decide if, when and how often to do so.”* The ICPD programme of Action (PoA) emphasized the SRHR and its relation to adolescents and young people.

“reproductive rights rest on the recognition of the basic right of all

couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of reproductive and sexual health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence as expressed in human rights documents.”

It involves the need for educational and service efforts to satisfy adolescents to deal with their sexuality with responsibility and positivity. The PoA pointed out that the improvement of accessibility to health care serving individuals’ reproductive health needs to be achieved in the realm of the primary health care system as soon as possible, and no later than 2015. This proposed care system should be available to all individuals of all appropriate ages, including adolescents. This program is considered a foundation for policies of promoting sexual and reproductive health throughout the world. (Santhya, 2015; Chandra-Mouli, 2015; Ponzetti, 2015; Health, 2000). The efforts of establishing policy and programs that address SRHR have expanded (Santhya & Jejeebhoy, 2015); Lancet series on adolescent health (Catalano, Kosterman, Hawkins, Newcomb, & Abbott, 1996; Moran et al., 2012; Sawyer et al., 2012; Viner et al., 2012), Reproductive Health Matters (Jejeebhoy, Zavier, & Santhya, 2013 2013), UNICEF’s ‘Progress for Children 2012’ (UNICEF, 2012) and the UNFPA’s ‘State of World Population 2013’ (UNFPA & UN-HABITAT, 2013). In 2014,

the international health and development community reviewed the implementation of the ICPD PoA. In 2015, a post-2015 development agenda established “Transforming our world: the 2030 Agenda for Sustainable Development” (UN, 2015). The following description is the goals associated with Adolescent SRHR and education in the 2030 Agenda.

□ *Goal 3. Ensure healthy lives and promote well-being for all at all ages*

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

▸ *Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*

By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people and children in vulnerable situations⁴

⁴ In the author's opinion, the connection to SRHR education in the goal does not seem to be well revealed, adding details of the goal.

1. Inclusion and equity: All people, irrespective of sex, age, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property or birth, as well as persons with disabilities, migrants, indigenous people, and children and youth, especially those in vulnerable situations or other status, should have access to inclusive, equitable quality education and lifelong learning opportunities. Vulnerable groups that require particular attention and targeted strategies include persons with disabilities, indigenous people, ethnic minorities and the poor.

2. Gender equality: All girls and boys, women and men, should have equal opportunity to enjoy education of high quality, achieve at equal levels and enjoy equal benefits from education. Adolescent girls and young women, who may be subject to gender-based violence, child marriage, early pregnancy and a heavy load of household chores, as well as

▸ *Goal 5. Achieve gender equality and empower all women and girls*
Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

2.5.2 SRHR education

● Definition of SRHR education

Defining sexuality education is a complicated and highly debated project agenda. Yet, many policies assume its true meaning as self-evident and undisputed. The term is used interchangeably with such terms as sex education, sexual health education, or human relationships education (Blair & Monk, 2012; Irvine, 2002; Sorenson & Brown, 2007; Swain, Warne, & Hillel, 2004 2004). In fact, many have confused the concept of sex and sexuality education. First of all, Sex means biological sex, addressing a comprehensive issue related to it. Recently, sexuality is issued to incorporate the comprehensive meaning of sex. Sexuality is a discursive term (Foucault, 1990; Halperin, 1997) In particular, many scholars of public health and sexology have disputed the concept of sexuality and proposed an agreed definition and conceptual framework (WHO, 2000; 2006).⁵ Sexuality may

those living in poor and remote rural areas, require special attention. In contexts in which boys are disadvantaged, targeted action should be taken for them. Policies aimed at overcoming gender inequality are more effective when they are part of an overall package that also promotes health, justice, good governance and freedom child labour.

⁵ For more understanding of definitions and a conceptual understanding of sexuality, please refer to Pan American Health Organization (F7\HO) and WHO. 2000. Promotion of

thus involve the meaning of the understanding of its relationship to the human body; emotional attachment and love; sex; gender; gender identity, sexual orientation, sexual intimacy, pleasure, and reproduction. Sexuality is a complicated term that intertwined with biological, social, psychological, spiritual, religious, political, legal, historic ethical, and cultural dimensions. It needs to be understood in the spectrum of how they intersect and affect particular individuals' lives (Moles, 2017). After the definition of sex education is described formerly, some representative definitions of sexuality are described, which are widely used in the field of global health. Sexuality education refers to a comprehensive personality education based on the spirit of human respect, which aims to accurately understand the differences between men and women's bodies and minds, to convey scientific knowledge about sex, know the characteristics of sex between men and women, and to build and maintain healthy human relationships. It is an activity that helps individuals understanding of their characteristics and roles incorporating with each other based on mutual respect, trust, and self-control, and creating happiness (Kim, 2016; H. W. Kim, 2013).

UNESCO's International Technical Guidance on Sexuality Education policy suggests the definition of sexuality as “*an age-appropriate, culturally*

Sexual Health. Recommendations for Action. Washington D.C., PAHO
<http://www.paho.org/hq/dmdocuments/2008/PromotionSexualHealth.pdf>; and, WHO.
2006a.

Defining sexual health: Report of a technical consultation on sexual health, 28-31
January 2002. Geneva, World Health Organization
http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

relevant approach to teaching about sex and relationships by providing scientifically-accurate, realistic, nonjudgmental information. Sexuality Education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality.”

Another definition of sexuality education, European expert group stated on sexuality education as such: *Learning about the cognitive, emotional, social, interactive, and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being.*

Recently, SRHR education is considered more important, including sexuality education. In the field of global health, the concept of SRHR education is being used in more than sexuality education (Areskoug-Josefsson, Schindele, Deogan, & Lindroth, 2019; Girard, 2007). SRHR has a comprehensive definition according to the report “Sexual and reproductive health and rights: an essential element of universal health coverage” (Figure 9).



Figure 9. A comprehensive definition of sexual and reproductive health and rights (UNFPA, 2019)

It combines four distinctions but connects the concept of sexual health, reproductive health, sexual rights and reproductive rights (Table 4) (Liliane, 2019).

Table 4. SRHR and legal frameworks (Liliane, 2019)

Sexual Health	Sexual Rights
<p>The World Health Organization (WHO, 2006) defines sexual health as “a state of physical, emotional, mental and social well-being related to sexuality: not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.</p>	<p>Sexual rights are a part of the universal declaration of human rights and consist of the right of all persons - including those with disabilities – free of discrimination, coercion, or violence, to seek and receive information related to sexuality, have their bodily integrity respected and to decide whether to be sexually active and to engage in consensual sexual relationships.</p>
Reproductive Health	Reproductive Rights
<p>Reproductive health is complementary to sexual health, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes” according to the United Nations (2017). In order to make these decisions freely and responsibly, it is necessary that people receive accurate information about their reproductive system. The reproductive system not only includes managing fertility with access to safe, effective, affordable and acceptable contraceptive methods, it also includes preventing and managing sexually transmitted diseases, including HIV/AIDS and to manage menstruation in a hygienic way, in privacy and with dignity (Starrs et al., 2018)</p>	<p>Reproductive rights include the right of all individuals to attain the highest standard of reproductive health possible and to decide the number, spacing, and timing of their children. In order to do so, they have the right to receive scientifically accurate and reliable information, free of discrimination, coercion or violence.</p>

However, safe abortion is a controversial issue that some organizations are against it for its physical, mental and social risk (Coleman, 2006) ⁶.

⁶ Refer to this website, you can check the list of anti-abortion organizations in the United

- **Abstinence-Only Sexuality Education vs. Comprehensive Sexuality Education**

This section describes Abstinence-Only Sex Education (AOE) and Comprehensive Sex Education (CSE), which are the two most common forms of sex education. Lindberg & Maddow-Zimet (2012) suggest that both AOE and CSE have a positive impact on sexual behaviors and outcomes, compared to the lack of education. However, CSE has been preferred and widely used as SRHR education.

There are many concerning voices about AOE, but in fact, the definition of AOE is different from the effect of its education. AOE is designed to promote abstinence and self-discipline among adolescents. This is the definition of AOE Under Section 510 of the Social Security Administration (U.S. Social Security Administration, 2007, § b1).

Under Section 510, abstinence education is defined as an educational or motivational program that:

(A) has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Many experts contend that using religious-based AOE in pursuit of prevention of adolescent pregnancy and STIs was failed (Bales, Pfeifer, & Carter, 2004; Barnett & Hurst, 2003; Kirby, Korpi, Barth, & Cagampang, 1997 & Cagampang, 1997; LeCroy & Associates., 2003; Miller, Scarl, & Hauser, 2004; Sather & Zinn, 2002; Sheriff, Krebs, & Boonstra, 2009; Smith, Dariotis, & Potter, 2003 2003; Winner, 2006). As a result of the National Campaign to Prevent Teen Pregnancy (Kirby et al., 1997), AOE had no statistically significant impact on promoting attitudes, intentions, and current sexual behaviors among adolescents and young people. Only a few cases of AOE showed mild success at the earlier attempts, and it did not last long-term positive impact on ASRH over time. Many scholars claimed that the reason for the failure is due to its deviating from the pursuit of good ASRH (Barnett & Hurst, 2003; Dailard, 2006; Sather & Zinn, 2002). In this

respect, it only focuses on the reduction of the high rate of adolescent pregnancy. AOE provides only abstinence itself, which leads youth and young people are uneducated about useful information regarding SRH. It also failed to inform and promote to use contraceptives, which protect the individuals from the adverse sexual outcomes such as STIs and unplanned pregnancy. Although the result of the initial sexual activity is postponed, advocates on abstinence from sexual activity before marriage were disappointed with the failures to prevent sexual risk-taking behaviors and to teach the positive perspectives of sexual health outcomes (Miller et al., 2004; Sheriff et al., 2009).

In contrast, many scholars have argued that CSE provides young people with the necessary information about their bodies and sexuality to reduce misinformation, shame and anxiety. They also have pointed out that CSE improves their abilities to make safe and informed choices about their sexual and reproductive health (Boonstra, 2015; UNFPA, 2013). It reduced the adverse effect of SRH such as adolescent pregnancy, sexual violence and STIs (WHO, 2015). International technical guidance on sexuality education (UNICEF, 2018), defined as *Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop*

respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

CSE concludes gender diversity. Furthermore, everyone lives in a variety of ways that are diverse and situational. However, through different historical and different cultural and social backgrounds, we find a different culture than we have. What significant is that the researcher observes it absurd to deny universal human rights in the name of cultural diversity regarding many other cultural practices, such as female circumcision, early marriage, slavery, and totalitarian regimes. Unless regulations of gender are given to people in the name of fully respecting individual choice and diversity, difficulties will arise in certain ethical issues such as consensual incest. In 2014, Germany's National Ethics Council investigated the case of a man who had sex with his sister. Through their investigation, Germany's National Ethics Council called for an end to incest crimes between siblings. The incest is a crime under Article 173 of the German Criminal Law. However, 14 out of 25 members voted in favor of the abolition of Article 173 in September 2014. The decision can be seen to be consistent with the notion of gender diversity.

The restrictive and negative perspectives of sex are harmful in the light of both conceptual and functional levels (Freitas, 2015). It leads students to hardly understand the sexuality fully at the former level and to attempt

sexual activities rebelliously or secretly at the latter level. Even if the effectiveness of the CSE has been revealed a lot, it is necessary to study whether there are any other bad effects of the CSE and to develop better SRHR education programs.

2.5.3 SRHR education in Latin America

Since the late 1990s, in many Latin American countries, the institutionalization of Sex education continues (Esteves Estefanell & Santos Alarcón, 2013). In this respect, Latin America has undertaken active efforts and has established sex education (Darré, Sosa, Cantarelli, & Jubin, 2010). Even though many systematic actions related to sexual health acknowledged the right of women and men, which is based on trustworthy and scientific information on SRH, most evidence implies that Latin America has the urgent need for long-term state policy. The evidence is unwanted pregnancies, adolescent pregnancies, STIs, sexual violence, gender violence, unsafe abortions, and the lack of SRHR education programs (Hunt et al., 2014). In contrast with the adolescent birth rate has declined globally over the decades, Latin America continues to be the region with the second-highest adolescent birth rate in the world (Ávila, 2017). Teen pregnancy not only puts the health of the mother and the children at risk but also limits their opportunities to achieve educational goals as well as economic potential resulting in a significant burden on their families, society, and nation as a whole (Neal et al., 2018). The percentage of first-time mothers

before the age of 20 years has actually increased since 1990 (D. Dongarwar & H. M. Salihu, 2019). The need to support adolescents with education, resources, and skills to make responsible decisions are unquestionably evident. In this respect, SRH literacy can help adolescents to delay the initial sexual activity, and support them to reduce the chance of unplanned pregnancy to take responsibility for their sexuality (Deepa Dongarwar & Hamisu Mohammed Salihu, 2019)

There are essential characteristics of SRHR in Honduras located in Latin America; Machismo and religious background. Machismo is a complex concept of beliefs, attitudes, values, and behaviors in terms that men and women have been discriminated by their gender roles in society (McGee, Peterson, Mueller, & Sequeira, 2009). It leads to greater freedom for men than women in sexual activity (Giordano, Thumme, & Panting Sierra, 2009 & Martín-Ortiz, 2007). Machismo is related to risky sexual activity (Cáceres, Rosasco, Mandel, & Hearst, 1994 & Hearst, 1994; Caricote Agreda, 2008; da Silva & Guerra; Gutiérrez-Quintanilla, Rojas-García, & Sierra, 2010 2010; Navarro, Yubero, Larrañaga, & Martínez, 2012). It also affects not only formal education; public policy, but also the non-formal SRHR education, such as their communication of sexuality happening in families and society (Jerves et al., 2014), because of the deep belief of machismo (Agreda, 2008; Caricote Agreda, 2008; Faúndez & Weinstein, 2013). Second, Latin America is based on Catholicism and Protestantism. It

emphasized sexual intercourse as exclusively after marriage, chastity, the dignity of life, and the importance of family. Masturbation and homosexuality admonished (Daniluk & Browne, 2008; Hubbard, 1990). In line with this view on sexuality, Hock (2011) stated that CSE has no attention to teaching and promoting religious concepts. The controversial issue in such a program is whether faith-based programs positively encourage chastity or enforce it with the religious notions of adolescents. It needs to be confirmed the choice of students on their sexual decision by whether willingly by themselves or forcefully by the system. Machismo and religious background; Catholicism and Protestantism should be considered for effective SRHR education.

In fact, adolescent pregnancy prevention education was conducted as a short-term project, not as a change in the school education level. It was also done only in limited countries and areas.

Considering the cultural, social, political and religious background for solving the problem of adolescent pregnancy in Honduras, a practical and effective SRHR education is needed for the locals with a long-term perspective.

CHAPTER III. RESEARCH METHOD

3.1 Research Methods

3.1.1 Methodological consideration: Qualitative Research

The qualitative methodology is mainly adopted to comprehend the context of why adolescent pregnancy happens and to explore the needs of participants through their experiences and cultures. By adopting this methodology, the study attempts to contribute to creating an education program on preventing adolescent pregnancy through fulfilling their actual needs discovered by hearing their voices and modifying the existing sexuality education. Qualitative research directly captures the experiences and viewpoints of lives of an individual and states them in a descriptive manner (Patton, 2005). This research describes participants' perceptions and experiences on adolescent pregnancy at school to identify why the adolescent's pregnancy rate is high and keeps increasing in Honduras. It is not an ethnography study but is used its strategy of inquiry and observation in which a researcher explores through social actions of individuals in their lives to describes patterns of their lives. (Buell, Stoddard, Harris, & Baer, 1968; Fetterman, 2019; Wolcott, 2008). It involves a detailed description of the ideas, beliefs, and world views of the individual. (Fetterman, 2019).

This study focuses on apprehending adolescent pregnancy inside and outside of schools in Honduras. It is also to restate what the researcher has learned through on-site experiences in an objective third-person point of view which is not affected by personal, moral, and political prejudices and judgments (Van Maanen, 1995).

3.1.2 Study setting

This study is an in-depth research on educational contexts and fundamental factors that may have an influence on them. International Christian School Urraco (hereafter ICSU), which is located in Urraco, El Progreso, Yoro, Honduras, participated in this research. Yoro is one of the seven departments in Honduras with acute adolescent pregnancy rates (Romero, 2015), and Urraco is a rural area. ICSU is a private school but officially licensed in the country to provide local public education to Honduran students. Approximately 400 students from kindergarten to 12th grade attend this school. Owing to the fact that Honduras is predominantly a Catholic and Evangelical society and that myths, prejudices, punishments, and taboos associated with sex are prevalent in ICSU since it is a Christian school, the school is perceived as a suitable subject for the research.



Figure 10. Logo of ICSU

Figure 11. Panorama of ICSU

3.1.3 Research Process; Field Research

The researcher worked at ICSU as an English teacher, which is the first experience in Global Education Cooperation. At that time, the researcher thought that improving English skills is the most necessary thing for Honduran students, and the researcher focused solely on enabling students to speak and write English. However, no matter how high their English and mathematics scores were, students had no vision and hope due to the uncertainty underlying in their future life. Once, a female student got pregnant and ran away with her boyfriend, which led them to be dropped out of school. The attitude of the school dealing with this problem was even more problematic. One teacher considered it as an ordinary happening. On the other hand, for a principal, it was sorrowful that the school could not do anything to prevent the problem of adolescent pregnancy and treat the matter always in the same ways. The principal showed tears in front of me and confessed that she had so many managerial tasks that she could not afford to be interested in SRHR education.

Education in Global development takes responsibility for providing content linked with what they aspire most in their impoverished conditions and with a lack of infrastructure. Latin America, in particular, has had

significant social problems caused by adolescent pregnancy, which could be attributed to a lack of SRHR education. As the researcher studied education in the context of global development, including on-site experience in Honduras, questions about this issue always arose within me.

Why is sex education challenging to implement even in school? Is it a government-level problem, or is it because of their socioeconomic backgrounds? Or, if education is being implemented at school, why do students get pregnant? What is the reality of sex education in school?

Before commencing research, as a researcher and a foreigner visiting there, the researcher decided to listen to them first to empathize and understand their reality, with an attitude of a learner. The researcher asked the administrators, teachers, and students in school, whether the research topic is appropriate to do there. It is necessary to confirm whether this theme is a truly severe problem in Honduras. Indeed, the researcher must have confidence that it is worth researching, and it would be acceptable to people. They confirmed the necessity of the research, and the researcher has already built enough rapport with them to conduct it. In the stage of the literature review, the researcher determined the direction of the methods for collection and analysis of data, while learning the contexts of Honduras and the conceptual framework. After the proposal, the researcher prepared the IRB approval for two months from mid-June to late-August. With the approval of the Institutional Review Board (IRB) of the Seoul National University

(IRB No. 1908/003-025), field research was conducted between late-August and mid-September for three weeks in the province of El Yoro, Urraco.

The researcher had served as a vice-homeroom teacher for 11th grade. In the first week of the research, the researcher tried to strengthen the existing rapport with all people at first, greeting them and visiting the picnics together with students and community members. Then the researcher introduced the purpose and overview of the research, and they are asked to participate in it in a kindly manner, also presenting the proposal papers. From the second week, interviews were scheduled for participants who understood the purpose of the research and agreed to engage in it. The researcher cooperated with an interpreter who speaks both English and Spanish fluently and who is a teacher in ICSU to carry out the interviews. At the same time, the local college students transcribed the interview contents after having written confidential agreements. Since the school was interested in and supported the research keenly, the principal and teachers could participate voluntarily. One of the school administrators even helped the researcher to arrive at the place where a participant is when there was no public transportation available. He took us to them by car for an hour or an hour and a half. The parents also trusted the researcher and were willing to attend the research, granting their gratitude to the researcher who was interested in education for their children. Even though SRHR and adolescent pregnancy is a sensitive issue, the students and the women also openly

discussed their perspectives and experiences with the researcher. Next, back to Korea, coding, analyzing, and interpreting data and writing process was proceeded.

3.2 Data collection & Participants

Atkinson (2014) and Fetterman (2019) mention the types of data collection methods to present a holistic perspective of the characteristics and environment of the group. They include interviews, observations, symbols, artifacts, and diverse sources of data, which can be retained by engaging with extensive fieldwork to look for the patterns of the culture-sharing group. Considering the field conditions, data collection methods in this study include in-depth interviews, Focus Group interviews (FGI), and field documents (i.e., Natural Science textbooks). SRHR is a very personal and sensitive issue. The researcher, who already had two years of experience in the research field, has built a rapport with the participants to adopt the qualitative method as a critical instrument for collecting data.

1) Documents

Natural Science textbooks were selected for analyzing schooling materials for sexual and reproductive health education. The researcher collected them from 5th grade to 10th grade. Textbooks are classified according to International technical guidance on sexuality education: an evidence-informed approach (UNESCO, UNAIDS, UNFAP, UNICEF, UN Women and WHO, 2018)

2) Interview

In this study, in-depth interviews and Focus Group Interviews (FGI) were conducted. The selected participants who agreed to participate in this study were asked questions in a face-to-face setting to explain their experiences in detail. The in-depth interview involves intensive individual interviews with a small number of participants to explore their perspectives on a particular issue, program, or situation. It is useful for a researcher to access comprehensive information on the thoughts and behaviors of a person or to explore new issues in depth. Descriptions of such interviews provide context to other data, offering a complete picture of what happened in the issue (Boyce & Neale, 2006). The reason for including FGI as a method for data collection is that it is a group process to explore and clarify views of interests that may be difficult to attain in individual interviews (Kitzinger, 1995). Interviews and FGIs were carried out at school or their home, which could be relaxed and accessible for participants. Even though the information has already been given to participants both in written forms and by oral communications, the researcher again explained the purpose of the study, then attained the approval of the subjects. Interviews were conducted without interrupting the school schedule and education and recorded with subjects' consent on the usage of academic purposes. Most of the participants could communicate only in Spanish. Therefore, an interpreter cooperated with the researcher to translate Spanish into English. The

interview questions for each group are listed in the Appendix.

- **Research Participants**

Qualitative research has the advantage of being able to acquire firsthand data by meeting participants directly. This methodology has developed itself in the field where a research problem is examined through interviews, observations, and field documents (Creswell & Creswell, 2017; Hatch, 2002; Marshall & Rossman, 2011). It is worth interviewing firsthand on the perceptions of and real-life experiences of the participants, which are not suggested by school enrollment rates and achievement scores. Since adolescent pregnancy is a sensitive issue concerning sex, it is required to encourage participants to share their perceptions and experiences without any interferences or pressures. Therefore, principals, teachers, parents, students, and women who quit ICSU due to the pregnancy are selected for this research through *purposeful sampling*, a method widely used when analyzing cases with bountiful information in a field of qualitative research (Patton, 2005). There are two criteria required to be achieved in qualitative research in order to select as many research participants as necessary (Seidman, 2006). The first is sufficiency. The number of participants should be large enough to link the experiences of those who are selected as participants and those who are not. The second is the saturation of information. Researchers cannot attain new insights from the moment they start listening to the same information during the interview (Douglas, 1976;

Glaser & Strauss, 1967; Lincoln & Guba, 1990; Rubin, 1995; Weiss). The number of subjects of the research, however, depends on the variables such as the overall process of the interview, the dialogue methods used at each stage, and the characteristics of the study. The criteria of sufficiency and saturation of information mentioned above are critical, but it is also necessary to take practical considerations such as time, money, and material resources into account at the same time. Indeed, even with a relatively small number of participants, in-depth and phenomenological interviews with participants with similar structures and experiences in social conditions can provide meaningful data for research (Seidman, 2006). Consequently, 2-4 participants were selected for each group, considering the two criteria, the condition of the field, and the specificity of the research topic.

1) Principals

Two principals attended this research. A male principal has worked for a long time as a local secondary school principal, and a female principal started her career as a teacher at ICSU and has worked as a vice-principal. The principal at ICSU is responsible for the communications between teachers and administrators, managing teachers, and disciplining students. The principals, who have experience in both inside and outside of a classroom, shared their personal views and experiences about adolescent pregnancy.

2) Teachers

Two male teachers and two female teachers from the ICSU school participated in this research: a male teacher who graduated from ICSU; another male teacher who has other public-school experiences; a female teacher who is a secondary school leader with excellent English proficiency; and a female teacher who teaches Natural Science to secondary school students both in a public school and ICSU. Teachers shared their perceptions and experiences concerning an educational approach to preventing adolescent pregnancy in the context of communicating with students and teaching students inside and outside of the classroom. Furthermore, the instructors already graduated from high school and are studying at universities. Since this is a very high educational level in Honduras, they are expected to understand the purpose and necessity of the research so that they can actively participate in the study.

3) Parents

A father whose three daughters attend ICSU and a mother group was engaged in this research with their passion for nurturing their children. They shared their perceptions and experiences of giving their children sex education related to the prevention of adolescent pregnancy. They were interested in educating their children to a considerable extent. At the moment of the research, they were sending their children to private schools, including ICSU, with paying a significant amount of tuition fees and had established the prayer meeting themselves for their schools.

4) Students

A male and a female student in the 11th grade, who have completed regular Natural Science courses, thereby having received sexual education, attended this research. The students discussed how they regard adolescent pregnancy and which factors and contents they are willing to know and learn.

5) The women who quit school due to adolescent pregnancy

Two adult women who quitted schooling due to pregnancy attended this research. When the researcher had been working at ICSU, one female student had quit school because of her pregnancy. She became an adult and had a boy who was five years old at the time of the research. Unfortunately, her boyfriend left her and her son after her pregnancy. Another woman had quit school only one year before graduation. She had married another male student who already graduated from ICSU and was raising a daughter at the time of the research. The women explained why and how they had become pregnant as an adolescent and what kind of life changes they had experienced after pregnancy to provide a confound understanding of the context of adolescent pregnancy in Honduras. By researching the impacts of adolescent pregnancy on two women living in Honduras, the reality of adolescent pregnancy could be described in detail. The researcher and the participants already formed a rapport so that they were able to share their life experiences and ideas on adolescent pregnancy in Honduras without any prejudices and pressures.

Table 5. List of Research Participants

Grouping	Pseudonym	Sex	Age	Description	Date of interview
Principals	Director	M	60s	work for more than 30years	19.09.03
	Directora	F	30s	Present main Principal	19.09.08
Teachers	Teacher 1	M	20s	Graduated from ICSU 12th Homeroom teacher	19.09.04
	Teacher 2	F	20s	Secondary school leader 9th Homeroom teacher	19.09.04
	Teacher 3	M	20s	Worked at public school and government “Economic department” before. 8th Homeroom teacher	19.09.04
	Teacher 4	F	30s	Natural Science teacher	19,09.11
Parents	Father	M	30s	3 daughters (5 th , 10 th ,11 th) in ICSU	19.09.06
	Mother Group.	F	40s	Has adolescent pregnancy experience and her daughter graduated from ICSU	19.09.09
		F	40s	Her daughter graduated from ICSU	19.09.09
Students	Female Student1	F	10s	11 th -grade student	19.09.06
	Female Students2	F	10s	11 th -grade student	19.09.06
	Male Student	M	10s	11 th -grade student	19.09.11
Women who quit school due to adolescent pregnancy	Woman 1	F	20s	Quit the school at 9 th grade	19.09.02
	Woman 2	F	20s	Quit the school at 11 th grade	19.09.12

3.3 Data Analysis & Analytical Framework

Creswell (2017) suggests several on-going steps for data analysis and interpretation as shown in Figure 12. Even though it proposes a linear, hierarchical approach

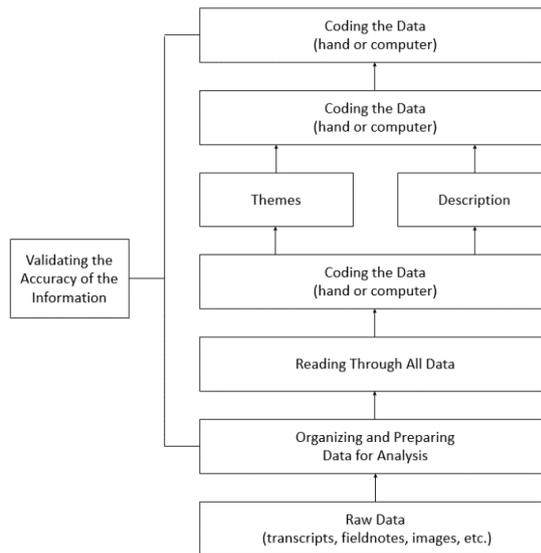


Figure 12. Data Analysis in Qualitative Research

building from the bottom to the top, it is more cooperative in practice; the

various stages are interconnected and are not always visited as in the presented order. (Creswell & Creswell, 2017).

1) *Organize and prepare the data for analysis*; transcribing interviews, optically scanning materials, typing up field notes, or sorting and arranging the data into different types depending on the sources of information.

2) *Read through all the data to provide a general sense of information and a chance to reflect on its overall meaning*; writing notes in margins or recording general thoughts about the data.

3) *Begin a detailed analysis with a coding process*. **Coding** is the process of structuring the data into chunks or segments of texts before bringing signifying to data (Rossman & Rallis, 2011); taking text data or pictures

retained during data collection, segmenting sentences (or paragraphs) or images into categories, and labeling those categories with a term, often based in the actual language of the participant.

4) *Use the coding process to generate a description of the setting or people as well as categories or themes for analysis.* **Description** involves storytelling about people, places, or events in a setting without biases (Wolcott, 1994).

5) *Advance how the description and themes will be represented in a qualitative narrative;* a researcher may refer to a chronology of events, a detailed discussion of several themes, or a discussion with interconnecting themes. It is requested to classify data by utilizing categorical aggregation and establishing patterns of categories; patterned regularities (Wolcott, 1994)

6) *Interpret the findings by asking the question of “what is to be made of them?”* to describe the essence of the idea (Wolcott, 1994) in aspects of ethnography. It includes the researcher’s interpretation, couched in the understanding that the inquirer brings to the study from a personal culture and experiences. According to Stake (1995), an assertion can be perceived as a propositional generalization, which is composed of a summary of interpretations and arguments made by a researcher. It is then combined with the “naturalistic generalization,” or personal experiences of a researcher. While carrying out naturalistic or qualitative research, Lincoln and Guba insisted that “pattern theories” can be evolved as explanations for

such research. Generalizations and pattern theories refer to interrelated portions which are connected to the entity. Definitely, there are several types of researches that do not adopt any of this explicit form of theories or generalizations. Nonetheless, qualitative research is not able to commence from merely an observation, which indicates that theories and methodologies must construct a conceptual structure before launching an observation (Schwandt, 1997) Thus, interpretation in a qualitative research can take disparate forms: be adapted for different types of designs; be flexible to convey personal, research-based, and action meanings.

● **Analytical Framework**

Education is the interaction between teaching and learning. At the center of the interaction, a subject is present. In order to demonstrate educational phenomena, the process of reflection within the social structure should be considered. In this research, it is necessary to analyze the relationship between causality on health issues and educational intervention to prevent adolescent pregnancy. Therefore, the conceptual model based on effect theory explains the relationship between the causality of adolescent pregnancy and social and cultural intervention that influence it. Through the perception and experience of the participants, it is to find out what structural conditions exist in Honduras and what are the causes that are interconnected with them. The final analytical framework is created by adopting analytical dualism based on the morphogenetic theory (Archer, 1995, 1996, 2000,

2003, 2007, 2010a, 2010b, 2013, 2014) with the conceptual effect model. It further applies reflexivity to explain the social and cultural intervention working with personal concerns, which leads to social change. Through the sequence of 'contextual structure existing before the agency-social interaction or reflexivity-result,' the structure and the agency are not fused and can be separated timely to explore the dynamic relationship between them (Lee, 2015). It implies that a change in society is being made through a reflexivity relationship between an individual's ability in a given social structural condition and an improvement in a given social structure.

This analytical framework can occur with each stage overlapping from the real world to T1-T4. For example, social interaction and structural isolation can occur simultaneously rather than sequentially (Leca and Naccache, 2006). This causal mechanism analysis reveals how 'what' behavior caused by 'who' become influence 'what effect' and 'why' of it (Figure 13).

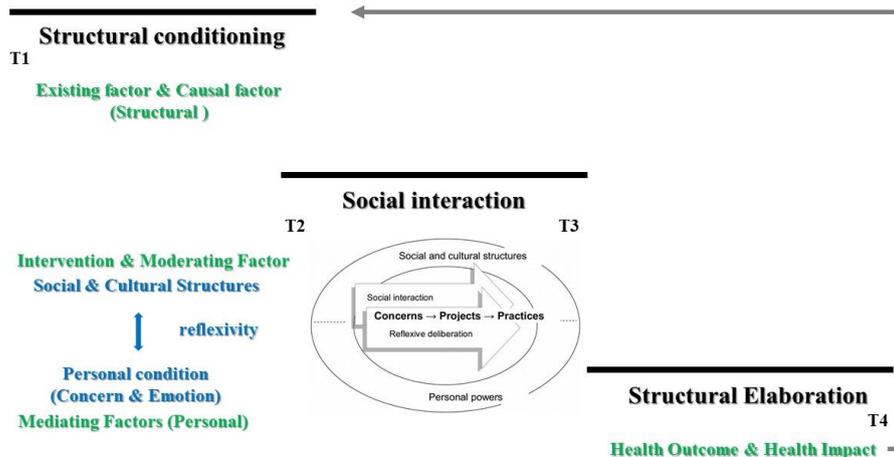


Figure 13. Conceptual Framework adapted from the Analytical dualism

3.4 Ethical Consideration

The ethical issues have been critical since the primary data are obtained from individuals and through FGI, covering a sensitive topic of “Adolescent SRHR” According to IRB approval, it was necessary to collect sensitive personal information. Therefore, Spanish interpreters were encouraged to receive basic training to protect the rights of the participants. To this end, the researcher talked deeply about the research to enlighten her and continued to communicate the meaning of the research questions and the attitude of the interviewer in English. Furthermore, the researcher tried carefully not to be sexually oriented when interviewing male participants. When conducting interviews with teenagers, the researcher collected participants who fully understand the purpose of the study and how to proceed, then revealed their intention to participate. They were given recruitment documents and

informed consent from a week ago to obtain consent from their legal representatives with their relationships specified.

CHAPTER IV. FINDINGS

This chapter includes four sections to organize and describe the collected data. The first section is to explore the causality of adolescent pregnancy, explaining structural and cultural context through the data regarding participants' perceptions of adolescents' pregnancy in Honduras and the individual experience of SRHR education. The second section is to describe the required intervention for the prevention of adolescent pregnancy in the perspectives of participants, explaining what personal concerns and structural interventions are in reflexivity. The third section explains the social changes currently taking place in Honduras, which helps to consider future directions of the intervention required. The fourth section is a

summary of the context related to adolescent pregnancy, analyzing the adolescent pregnancy using a conceptual framework in Honduras

4.1 Structural Conditioning

1.1.1 Ongoing high level of Adolescents' Pregnancy in Honduras

Honduras has the second-highest adolescent pregnancy rate in Latin America. About 28% of pregnant women are adolescent girls in this small Central American country.

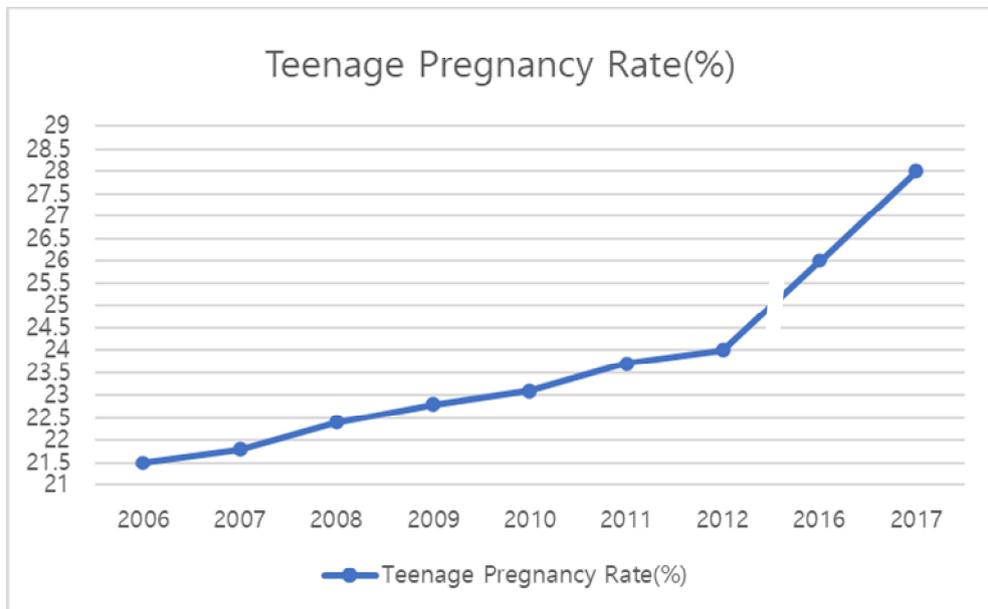


Figure 14. The Rate of Teenage Pregnancy in Honduras

According to the Honduras Demographic and Health Survey (hereafter DHS), in 2011-2012, 23% of adolescent girls aged 15-19 living in rural residences became mothers, compared with 15% in urban residences. More seriously, the east-northern area of the country has 30% to 35 % of adolescent mothers, which is higher than the national average. It also

underpins the consequences of 19 adolescents giving birth each day at the university hospital in Tegucigalpa. More than 19 adolescent mothers are increasing every day, assuming that adolescent conceives and give birth in other regions and rural areas (Ávila, 2017).

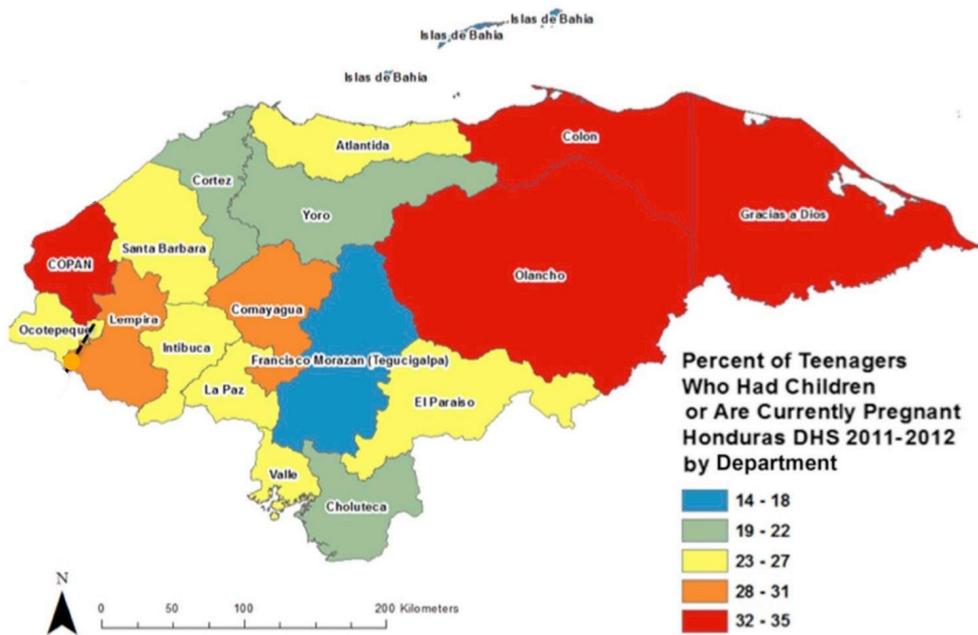


Figure 15. Adolescent pregnancy in each Department of Honduras from Honduras DHS 2011-2012. (Shakya et al., 2019)

As a high rate of adolescent pregnancy, many people in Honduras recognized the seriousness of the adolescent pregnancy problem and that it was a social phenomenon.

It is a big problem in Honduras because many people, especially many young girls, are experimenting be moms at a very young age.

Directora

It is a severe problem that young people pregnant at an early age.

Father

The issue of pregnancy is worrisome, not only are there cases of young pregnant women in rural areas but also urban areas. On one occasion, a nurse from the health center here, "Urraco village," said that every ten women who are attending the health center, 6 of them are teenagers. Many young people fail because they draw themselves out of friendship.

Mother 1

People who have worked in the field of health know that majority of teenagers who arrived at the health center are anxious due to pregnancy.

Mother 2

It is dangerous to have children at a very young age, as there may be complications in the mother, and this can affect the baby.

Male student

The low levels of education and disturbed family background are associated with early pregnancy in Honduras. Adolescents in this condition are at a very high risk of beginning sexual and reproductive activity. It is the beginning of another vicious cycle disguised as another way out for them.

I remembered two cases that two young students obtained a pregnancy at an early age, the ages of 17 and 18. They could not complete the schooling due to their pregnancy that was going through their lives at that time. However, over time, there are many more relevant and more critical cases in this institution.

Teacher 1

In Honduras, teenage pregnancy is almost usual. Many parents are still very young, either because they received no education or because their parents are divorced, or family is separated.

Teacher 2

At the educational level, pregnancy at an early age impedes young women who study and obtain a better-quality education for the future. Having a child implies spending time and above all being prepared to be able to raise them and give them a good education, nowadays young women who become pregnant at an early age are not physically and psychologically prepared.

Teacher 4

The problem with adolescent pregnancy is sexual violence. Women are at immediate risk of sexual violence, which has directly related to adolescent

pregnancy. Honduras is one of the highest sexual violence rates in Latin America. For example, women are raped every three hours and sometimes killed for no reason. Adolescents with sexual abuse had more sexual experiences because their identity was formed around their experience with early sexual abuse (Butler & Burton, 1990; Rainey, Stevens-Simon, & Kaplan, 1995; Stock, Bell, Boyer, & Connell, 1997). They sought the feeling be-loved through a sexual relationship, which means it can be satisfying them and could not refuse unwanted sexual advances, (Butler & Burton, 1990; Rainey et al., 1995) or developed an early interest in sexual behavior (Noll, Trickett, & Putnam, 2003). These can increase the exposure of the risk of sexual violence and adolescent pregnancy (Butler & Burton, 1990; Cinq-Mars, Wright, Cyr, & McDuff, 2004; Rainey et al., 1995; Steel & Herlitz, 2005). Similarly, physically and sexually abused girls may want to get intentionally pregnant so that they make their own family and escape their abused home (Butler & Burton, 1990; Rainey et al., 1995), or affected by cognitive and emotional development. They can repeat their own abused experiences with adverse effects on decision-making and self-esteem (Butler & Burton, 1990; De Bellis, 2001; Salvadoreña, 2004). Honduras has easy access to drugs, alcohol, and gangs, and is in a precarious state of public security. Adolescents in Honduras are exposed to these dangers. The issue of adolescent pregnancy is closely related to social issues, not just individual ones.

Early pregnancy does not just happen because it has a relationship with their boyfriend. In most cases, before getting pregnant, they have been sexual abuse. For example, some girls might want to go to a party, and they drink alcohol, they snort much cocaine into the body. If the boys are drunken, then they are also likely to abuse girls sexually. Even though the girls do not want it, it happened because boys are stronger than girls. So they get pregnant because they are not ready to protect that. ... More seriously, once they enter the gangs, it is much more difficult to get out. They have the children within the gangs, and even their children become a member of the gangs. It is very complicated.
Director

Abortion is also one of the sexual issues in Honduras. According to the Center for the Administration of Justice (Poder Judicial de Honduras), abortion is illegal in the country under all circumstances. According to UNICEF(2013), 12% of teenagers suffer unsafe abortions in underground clinics around the country. Abortions can be much more dangerous in Honduras for teenagers or any woman because of a lack of hygiene. This abortion rate is still an unofficial source, as no one knows for sure how many abortion clinics are in operation without permission from the authorities. Adolescents choose abortion as an alternative to adolescent pregnancy, but inadequate health facilities can cause secondary infectious diseases (Franz, 1992; Strahan, 2000; Reardon, 1994). It has adversely side effect; psychological risk (Gissler, 1996 ;Patterson &Melton, 1986; Sobie, 2001; Somers, 1980), repetitive adolescent pregnancy (Cvejic, 1977; Horowitz, 1978; Joyce, 1988; Wheeler, 2015; Bobrowsky, 2004), physical risks (Burkman, 1984; Burkman, 1977; Cates, 1991; Sorensen, 1992; Institute, 1999; Kochanek, 1991; Brind, 1996), and complications of late-term abortion (Reardon, 1996; Burkman, 1977; Lurie, 1995; Atrash, 1990;

Rooney, 2000)

1.1.2 Social determinants of health for Adolescent Pregnancy in Honduras

These severe situations of adolescent pregnancy in Honduras result from a variety of factors. It is important to bear in mind that teenage pregnancies are factors not only of SRH determinants but also of social, cultural, political, and economic considerations. An accurate cause analysis will help to explore educational strategies as an effective intervention to solve this issue.

- **Economic instability**

Honduras has a severe level of poverty and inequality. 48.3% of people live in poverty, and they almost live in rural areas (60.1%). The inequality is also in the level of the smallest middle classes in LAC (GINI⁷ 52.1 in 2018). Living in Poverty is also determinants of adolescent childbearing (Goicolea et al., 2009)

Honduras also has high levels of violence, with over 41 homicides per 100,000 inhabitants (2017). The 2011 United Nations Office on Drugs and Crime (UNODC) report recognizes Honduras' homicide rate as the highest in the World. Moreover, they are suffering from natural adverse events and

⁷ Gini coefficient, called the Gini index or Gini ratio is a measure of statistical dispersion intended to represent the income or wealth distribution of a nation's residents, and is the most commonly used measurement of inequality (From https://en.wikipedia.org/wiki/Gini_coefficient). A Gini index value above 50 is considered high (Agency, 2014). For more information of Gini index in Honduras, please refer to this website; <https://data.worldbank.org/indicator/SI.POV.GINI?locations=HN>

climate change such as drought, heavy rainfall, and intense cold that excessively affect the poor. Unstable economic growth and high inequality cause repeated low growth due to the high crime rate and high migration rate.

Adolescent Pregnancy is a severe social, economic, and public health problem, with consequences that affect the life of the mother and the baby. If these consequences are not assessed by misinformation, lack of sexual education, and beliefs of being fit for motherhood, it can lead to irresponsible behaviors related to an inadequate perception of risk. In Honduras, the consequences and percentages of teenage pregnancies are more than 65%, considering women between 12 and 18 years of age. It is because they take the sexual act only as pleasure without thinking of the furious consequence.

Teacher 3

- **Social community context (Social norm)**

In addition to the economic instability, the wrong social conception prevalent in Honduras is further encouraging adolescent pregnancy due to the false perception of sex. The social norms that caused adolescent pregnancy in Latin America are machismo and the culture that people are ashamed of the sex.

- 1) Talking about sex is shameful**

Latin America seems seemingly open to sex, but they feel ashamed to talk about sex within people. Physical contact is relatively free among male and female students. They wear revealing outfits. Nevertheless, when openly talking about sex, it seems that everyone pulls back from that. That is why teachers avoid talking about sex with students at school.

Some teachers sometimes are afraid of talking about all they might be shy to talk

about sex. Also, they could ignore the questions because they might not have fully trained that might not be professional in this area.

Directora

Parents, as well as from school teachers, have this tendency. When their children ask about their curiosity and concerns about SRH, parents scold that this questioning is wrong. As a result, the children lost trust with their parents and no longer asks questions anymore.

I do not like to share this kind of story with my mom because I do not trust her, because the more openly we talk about sex, the more my mom worries that I want to have sex.

Female student 2

I want to talk to my mom, but she thinks I'm crazy about this. I could speak with my aunt with confidence, but there were not many opportunities.

Female student 1

Parents often protest without having confidence in their child's learning of sex education in school when teachers deal with SRH during class through textbooks and students' questions, parents' distrust and misunderstand about telling these stories at school.

After the teacher teaches students about SRH, some students explain about this at home. The parents get angry and sometimes denounce the teacher because the teacher talks to them about these issues. It is complicated.

There was another case in 2009. I just started to work for 5th grade. In the textbook, there were some topics about personal hygiene. I told them to go home and ask your parents or grandparents how to take good care of the body. One grandmother was agitated; she did not want her granddaughter to talk about this in school. She told me to stop talking about this topic. I had to explain that chapter about SRH in another way to students. It is only one time to review what they learned with their parents, which could not last. It happens in other schools as well. It is always the same thing.

Directora

In a particular case, I taught my students these types of subjects, and a mother came to complain that I was teaching inappropriate things to her daughter. It usually happens, therefore, demotivate me as a teacher because it can generate problems of provisional nature as a teacher.

Teacher 4

Misunderstandings of parents have led teachers to experience lower morale in education about SRH. It has led to a decrease in the teachers' desire to teach SRH, and eventually, students are not able to learn. This tendency also appears when using health services. It is difficult to obtain the correct information on contraceptives use, other SRH knowledge.

I did not know how to use a contraceptive but know briefly. So, I did not use it, and I felt shame about it. Usually, people are shy, even though they do not know how to use it, it will be shy asking how to use it. How do I use it? People say they know how to use it, but they do not.

Woman

It leads to conceals more about sex, and eventually, students also become tend to be shameful about sex.

2) Machismo

Honduras has historically operated with a patriarchal system like many other Latin American countries. Honduran men claim responsibility for family decisions, including reproductive health decisions (Speizer, Whittle, & Carter, 2005). This culture makes it easy to have sex with women and make them feel guilty about having babies. Surprisingly, even women think that women have more fault for adolescent pregnancy.

In Honduras, when men are married, they tend to believe that they can dominate their wives by the culture of Machismo. They want to beat their wives and even children. Their ignorance of children causes family problems.

Teacher 1

He does not care about my pregnancy because he likes to be with other women. I did not know him very well; when I met him, I made mistakes because we did not have fellowship much. He is a playboy. He did not care about me; No, When I just knew he has a wife, I asked him about it, but he said no. I did not know him very well.

Woman 1

Becoming pregnant, because of the Machismo culture, women have a more significant burden than men. It is considered that women should have used contraceptives when they had sex with men and should have asked for it.

People usually do not criticize men, but women because men are the ones in control. They just say, "Man is a man.", which leads to gender discrimination. Due to Machismo, man is not considered the culprit, but the woman is. People say she should ask men to use contraceptives. People take these situations for granted. Man does not feel guilty; Discrimination can be higher or lesser. Criticism always goes to women. Men are not to be blamed. Instead, the woman is more blamed.

Female Student1

Last year, two girls got pregnant, one girl everybody knows she got pregnant, but she said she got a virus.

Male student

Men left, saying that the baby is not his. This is because it is difficult to identify the paternity for men due to a weak health system.

Nobody knows who the father of the baby is. It is easy to leave for men when women pregnant. Also, man does not want to be with someone who already has a baby or has left another man. I do not want to be with a girl who already slept with another man. In Honduras culture, it is kind of weird someway (strange but good). It is not a usual case, but when girls live with several men, people will call her prostitute or other words they will give her a nickname. However, people will not judge the man who has slept with other women due to Machismo. That is why a man thinks like it is okay, it looks terrible for the girl, but the man is okay. Nobody would discriminate against men.

Male student

In addition to the causes of adolescent pregnancy, even after pregnancy,

there are many harms caused by machismo culture; Family violence, affair, Men does not take responsibility for livelihood.

- **Broken Family**

Machismo may lead to a broken family and Honduras society is causing many problems due to broken families. One of them is adolescent pregnancy. This is because a family is closely related to ASRH. In particular, communication with parents is essential for childbearing. Adolescents who talk with parents about SRH have a low adolescent pregnancy rate and high responsibility for marriage and pregnancy. On the other hand, parents rarely do with adolescents, and some parents reflect on their wrong ways of communication.

We leave the youth alone, and we did not take care of them and guide them correctly about sexual and reproductive health. We did not encourage and support them with this topic. We do not talk enough to children about this topic.

Father

Parents cannot take care of their children because they have to work every day. Children could be left alone at home. They do not have enough time to be with their parents. It is also the pressure for parents because they had never received SRHR education and did not talk about SRHR.

This problem arises because, as parents, we did not take the best education and knowledge about this subject (SRHR). For that reason, we ignore issues that we should teach our children. The teacher needs to talk about this issue. That is why we would rely a lot on the teacher to help us because we are not professional.

Father

Students usually have sexual behavior outside the institution(school). It occurs in their homes or inappropriate places, such as motels near their home. In most cases,

parents do not know sex and do not trust their children. Parents did not take the education, so it is hard to talk with their children

Teacher 1

Another reason is parental indifference, which leads children to leave alone. Children do not feel enough love at home, and they live without any trust with their parents. In the end, children who grow up without discipline are easily exposed to adolescent pregnancy.

Many young people have a dating or have sexual intercourse because their parents do not give any attention to their children; No care, training, and guidance to them.

Teacher 2

It is because parents give their children indulgence. There is no protection from a single parent, even both parents. The daughter disobeys her parents because she does not respect them and do whatever she wants.

Director

At first, I just wanted to date with my boyfriend, but we did adult things that we did not have to in my room ... My mother is in the living room at that time.

Woman 2

Many times, parents no longer want to keep caring for their daughters, so they allow their daughter to run from home so that the boyfriend takes care of her. The daughter cannot feel loved by her parents at home, so she feels alone and seeks love in another.

Female student 1

Without parental attention and proper discipline, children can be in extreme danger such as joining a gang in Honduras. Girls, in particular, risk being targeted easily.

In other cases, when girls do not have hope for their future. They are likely to join gangs. They were not given any attention from their parents, and they are not in a good living condition, they join gangs. Because they feel like they feel loved even in the gangs, it could be sexual abuse later.

Director

Family serves as a secure fence for young people to support their growth. Unfortunately, Most homes are broken families in Honduras. Some of the children lived with their uncles and aunts rather than living with their mother and father. Other children live with a single parent, either because their father makes money to the United States or because their parents divorced. Some children have to watch their mother or father live with another husband or wife in a neighborhood. Young people who are not well care for by their families are often adversely affected rather than living their lives better.

First of all, the father's role is crucial in the family. The father takes responsibility for caring and talking with children. In Honduras, the father has a crucial function as ahead of the family. Without father and mother, it is hard to care and discipline for their children. That is why they(children; adolescents) get pregnant. When there is more freedom given to the young, many times, there are bad companies that influence making wrong decisions that lead to failure.

When parents correct their children, they choose to leave home with their boyfriend. However, they do not know the consequence because most boyfriend does not do it for love, but for a sexual desire. Then the girls fall into that situation and they take the experience. The other thing that If they only live with their mother, then they feel like that "I don't have enough love, my father left me. The guy comes to me and says, I love you. I want to have a relationship with him" The girls tend to believe the boys, and maybe the boy doesn't really mean having real relationship... they just want to play with girls. But girls feel love. they do whatever boy said... finally, they can sex...

Director

One of the factors (for adolescent pregnancy) is family disintegration, so broken relationship with their parents

Directora

Even though parents know the importance of SRHR education for their children, but due to their lack of competence, they place responsibility on

school for SRHR education.

The work (Current sex education) implemented is very little. It is a topic that has been delegated to the educational institutions, and the teachers who can reach students with the importance of SRH. Still, in many places, it is not taught.

Since the teachers are in charge of teaching these topics in many cases, the parents do not spend time with their children to discuss. Teachers should deal with these issues in the most appropriate way for students to open their stories. That is, they can understand certain things they need to know about this type of topic.

Teachers have more responsibility than parents because they spend more time with students, gets spend almost eight hours at school. When they come home, it is really late, so they do not have enough time for parents to talk. They come back and do work and homework and then go to bed and get up again. So teachers should know better Because the student spends more time with the teacher in some cases and when they get home, they only get homework, and there is no broad relationship to talk about it.

Father

● **Insufficient support from the Ministry of Health**

In this difficult economic, sociocultural situation, the Ministry of Health is preparing projects and measures to prevent adolescent pregnancy, but this is not enough. They held the seminar or workshop about SRHR for adolescents. However, it is often offered only to adolescents who are in an urban area. Also, it is difficult for teachers or parents to take these seminars, or the quality of the workshop is too poor to be competent to deliver the contents related to SRHR.

Ministry of public health serves another program; they already have it. So, we held it twice a year with them, and they inform students about prevention measures and adolescent pregnancy. They urge teenage girls not to have sex and emphasize the consequences of having sex at an early age and talk about sexually transmitted diseases.

Director

I worked in the department of economic and social development of the municipality of El Progreso, Yoro. There were Work Units with different objectives,

one of them the Health unit, responsible for promoting the health of the population by training it to prevent diseases of all kinds and especially to reduce teenage pregnancies. The Ministry of Health, through public hospitals in the country, establishes a workshop and seminars on sex education. Furthermore, trained people are responsible for delivering the information to schools, colleges, different social groups, and communities.

Teacher 3

Regarding the seminar, we cannot say that they are fully active. According to statistics, 2.5 % of early pregnancy among Young girls is increasing. It does not seem that it is having an ineffective of decreasing.

Director

- **The lack of Education**

The cause of adolescent pregnancy is the absence of education and inappropriate SRHR education (Ali & Cleland, 2005; Caffè et al., 2017; D. Dongarwar & H. M. Salihu, 2019; Kathya Córdova Pozo1* et al., 2015; Murphy-Graham & Leal, 2014; Neal et al., 2018; Peter Decat1*, 2013; Romero, 2015; Sabonge, Wulf, Remez, Prada, & Drescher, 2006; Samandari & Speizer, 2010; Shakya et al., 2019; Tatum, Rueda, Bain, Clyde, & Carino, 2012). Through the current state of education in Honduras, it examines what factors are causing youth pregnancy. SRHR education officially begins in 5th grade and continues through 6th grade in elementary school during the Natural Science class. In secondary school, the entire Natural Science course is in grades 7-9th, 7th grade teaches SRHR. Through the 10th-grade biology class is the last official class for SRHR.

In the classrooms from 5th grade to 10th grade, we start talking about the male and female reproductive systems. In secondary school, it talks about contraceptive methods and STIs, also the risks and difficulties when an adolescent becomes

pregnant. It also teaches care and feeding that a baby needs as a result of pregnancy.

Teacher 4

Within the subjects established in the academic curriculum of each grade level, it explains the processes of reproduction and the human development stage in the natural sciences class. The social science class deals with the adverse effects caused by pregnancy in youth in society. Meanwhile, each teacher established conversations about sexual relations to raise awareness among students.

Teacher 3

1) Textbooks in Honduras schooling

5th grade _ Natural Science

In 5th grade, the textbook explains that the endocrine system will be different; the male and female reproductive organs and hormones secreted. It includes that the body grows according to different sexes; male and female in the process of growing into an adult after infancy and adolescence.

"Infant - ... there are a few differences between sex."

p. 133-134. 5th Natural Science

Secondary sexual characteristics begin to develop during puberty.

"Adolescence - At this stage, the body changes appearing differences between sexes. The male and female sex organs can already produce sperm and ovules, and other sexual characteristics appear ... Friendship relationships are stronger and romantic relationships begin to be established. "

p. 133-134. 5th Natural Science

As an adult, body growth completed. It is good to marry and have a baby.

"Adult - ... After adolescence, the body has acquired the ultimate features. It determines that he tends to start a family and have children. "

p. 133-134. 5th Natural Science

It also details the characteristics of puberty. During this period, physical and psychological changes occur, and the symptoms of secondary changes

in men and women are described in detail. Also, it describes in detail the characteristics of the fetus according to the gestational months of women. It also highlights references to and prevention of STIs. Although this is the first grade to learn about sexual and reproductive health, it covers from the endocrine system to reproductive systems in detail. The real photographs and pictures are described so that students can understand them well.

6th grade _ Natural Science

It contains details about reproductive health more. From the ovulation of the ovum to the sperm to fertilize, it explains the division of the fertilized egg, pregnancy, embryo, and fetus nutrition with the fetus' picture, weight, and size and the parts that develop according to the number of months in detail. It deals with physical changes to mothers, explaining hormone secretion in detail. It also emphasizes the mother's quitting drinking and smoking, and also discusses the importance of regular prenatal care. It states that having a child is the result of sexual relations(intercourse), and it notes the meaning of being a mother and father.

“Shared responsibility of the father and mother in raising their son or daughter from birth - Parents have this natural function, the happiness of being perpetuated in their children, which arises as a result of sexual intercourse. These relationships must be the product of sincere love between the couple.”

p. 109. 6th Natural Science

It explained the role of the father as well as the mother as a caregiver and their responsibility.

“Motherhood and fatherhood constitute the highest expression of human values since they imply the responsibility of preparing sons and daughters so that in the

future, they will also be sincere, honest, and supportive men and women. Every child has the right to be taken care of by his father and mother with the most significant responsibility.

“Maternity; It represents the feeling of love towards the son or daughter. It does not only mean participating in the conception of a new being, bringing it into the world, and then feeding it. Motherhood lowers the whole life of women

“Fatherhood; The love of a father is also essential.”

“It has resulted in contempt for fatherhood ...continually attending to their needs and rights.”

p. 110. 6th Natural Science

After emphasizing the role of parents, it states the explanation of machismo in Latin America, as well as the negative impact of the broken family. It explains how wrong parents' roles and perceptions affect the family.

“As a consequence of machismo, when men know the pregnancy of girlfriend, they just leave her to fate.”

“it is necessary to prevent children and girls from suffering the consequences of problems among adults.”

The following picture in the textbook tells us about the impact of broken families on children and how much adults are responsible for it.

p. 111. 6th Natural Science



Ruptura Familiar

Figure 16. The picture of child in broken family

The main principles and risks of reproductive health are explained. It explains the maternal care in detailed. Adolescent pregnancy is a severe issue in SRH. Honduras deals with this in-depth because teenage pregnancy is dangerous. So there are some suggestions for how we face and solve this problem. There is also mention of domestic violence. The sixth-grade textbook provides in-depth discussions of the issues we should consider with caution in sexual and reproductive health.

So we will call domestic violence that abuse of power or physical or psychological in family member; above all, it can manifest itself through blows and serious incidents, as well as insults, economic management, threats, blackmail, control of activities, isolation, sexual abuse, the prohibition of working outside the home, emotional abandonment, humiliation or not respecting the opinion.

p. 118-119. 6th Natural Science

It also describes AIDS and other sexually transmitted disease s(STD), their symptoms, the path of infection, and prevention. As a precaution against AIDS and STD, it suggests prohibiting sexual activity with strangers and having sex in a safe relationship. Family planning introduces menstrual cycles, contraception, condoms, and hormone-control drugs. For each contraceptive method, it clearly states the extent of the failure rate.

7th grade _ Natural Science

In 7th-grade textbooks, the use of more specialized terminology increases than in 6th-grade books. There were many details about male and female reproductive organs, women's menstrual cycle, and also about STI and STD.

It mentions that a baby is born by the relationship between different-sex;

male and female.

This kind of reproduction occurs between two different sex (male and female). Human reproduction employs internal fertilization, and its success depends on the coordinated action of hormones, the nervous system, and the reproductive system. The gonads are the sexual organs that produce gametes.

p. 86. 7th Natural Science

It describes STIs and their path of infection and the symptoms of infection and treatment for each disease.

10th-grade_ Biology 1,2

10th-grade biology is the last SRHR class that students learn from textbooks. Unlike previous textbooks, it is characterized by more specialized terminology. e.g., Gametogenesis, Ovogenesis, Spermatogenesis.

It begins to restate the definitions of sex.

"Strictly speaking, sex, is the set of biological characteristics that differentiate the male from the female and that complement each other have the possibility of reproduction."

"Sexuality can be understood how human being manifests as a man or woman, according to the norms and values of their own culture and time."

p. 129. 10th Biologia

STDs is described in a more straightforward way than textbooks in grades 6 and 7, but they also explain how to prescribe and contraception. It emphasized that the only way to avoid STD is prevention, and it also realistically describes symptoms and changes in the body.

The Honduras textbook finally advises on the sex culture of youth. Along with adolescent severe pregnancy problems, it suggests that the youth should think about the sex in open dialogue. It seems to be an effort to

improve sex culture at the Ministry of Education level in Honduras.

“It is necessary to create awareness about the importance of sex education on young people, to prevent the high rate of unplanned or unwanted pregnancies. Up to 65% of young people have expressed having sex without using any contraceptive method because they have none available at the moment... The reasons for using a contraceptive method are mainly: avoid an STI and avoid pregnancy... In Honduras, maternal mortality is a serious health problem, which occurs during pregnancy, childbirth, or postpartum, caused by bleeding, hypertensive and infectious disorders ... As a nation, we must undertake an educational effort aimed at having our youths develop their right perception of sexuality.”

p. 144-146. 10th Biologia

The analysis of contents of SRHR addressed in Honduras school textbooks in accordance with the content table of the report “International Technical Guidance on Sexuality Education; an evidence-informed approach” (UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018)⁸ is shown as Table 4. According to the result of the textbook analysis, the contents of Key Concept 1-5 are not covered. Furthermore, students complained that the contents of Key Concept 6-8 in the textbook are made up of professional biological terms, making it difficult to understand SRH.

Table 6. Checklist for Textbook contents in Honduras by International Technical guidance on sexuality education: an evidence-informed approach (UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO, 2018)

Textbook	Tonic	5th	6th	7th	10 th
----------	-------	-----	-----	-----	------------------

⁸ This research is based on SRHR education, but the report that use the sub concept of SRHR education, Comprehensive Sexuality Education was used as a standard to analyze the contents of textbook. This is because it addresses detailed content descriptions and has credibility with the participation of institutions; UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO

k Key Concept		Natural Science			Biology		
1. Relationships	1.1 Families		o				
	1.2 Friendships, Love and Romantic Relationships	o	o				
	1.3 Tolerance, Inclusion and Respect		o				
	1.4 Long-term Commitments and Parenting		o				
2. Values, Rights, Culture and Sexuality	2.1 Values and Sexuality						
	2.2 Human Rights and Sexuality						
	2.3 Culture, Society and Sexuality						
3. Understanding Gender	3.1 The Social Construction of Gender and Gender Norms	o					
	3.2 Gender Equality, Stereotypes and Bias						
	3.3 Gender-based Violence						
4. Violence and Staying Safe	4.1 Violence		o				
	4.2 Consent, Privacy and Bodily Integrity						
	4.3 Safe use of Information and Communication Technologies (ICTs)						
5. Skills for Health and Well-being	5.1 Norms and Peer Influence on Sexual Behavior						
	5.2 Decision-making						
	5.3 Communication, Refusal and Negotiation Skills						
	5.4 Media Literacy and Sexuality						
	5.5 Finding Help and Support						
6. The Human Body and Development	6.1 Sexual and Reproductive Anatomy and Physiology	o	o	o	o	o	
	6.2 Reproduction	o	o	o	o	o	
	6.3 Puberty	o			o		
	6.4 Body Image	o	o		o		
7. Sexuality and Sexual Behavior	7.1 Sex, Sexuality, and the Sexual Life Cycle	o			o		
	7.2 Sexual Behavior and Sexual Response						
8. Sexual and Reproductive Health	8.1 Pregnancy and Pregnancy Prevention	o	o		o	o	
	8.2 HIV and AIDS Stigma, Care, Treatment and Support		o	o	o	o	
	8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV	o	o	o	o	o	

In the textbooks, there is much scholarly information on SRH. However, due to the difficulty of using a somewhat specialized terminology and the lack of teaching methods, students have difficulty understanding the entire textbook. Therefore, the students were dissatisfied with the text.

Since the book only contains information with professional words, teachers do not deepen the subject with experiences they have seen or obtained or with their terms.

Female student

Textbooks for grades 5 through 10th, deal with systematic educational content on SRH, and teachers are doing their best in class. However, the students who are learning this are not satisfied with this class due to the difficulty.

2) The poor class operation in public school

In general, public schools, there is no homeroom teacher's system, which leads to having difficulty in building a teacher-student relationship. Public schools offer classes in the morning and afternoon classes, where students who choose when they attend classes for a relatively short time. Teachers also do not care about any problems with students in a class at school. No wonder that the wage of a teacher is so low that they work for a second job while working as a teacher.

There is only one time I can ask some curiosity about sexual education to female teachers. She gave them some topics, that was only time to ask. However, it is not enough. Because it is only in the class, besides, it is tough to find people to talk openly about this topic.

The school did not arrange extra-curriculum classes to teach students for SRH, because Natural Science textbooks already consist of SRH. Principals thought that they are fulfilling their responsibility just by instructing teachers to teach “SRH” to their students well by the textbook.

I did not ask teachers directly to teach about these topics, because it is already in the textbook. Teachers do have planning. However, if it does not implement in the classroom, I will rebuke them to should teach. In general, all teachers know what they need to prepare for SRHE.

Director

That is why they encourage and rebuke teachers for preparing these classes. If teachers do not prepare, the best lessons are not available to the students. Even teacher, they should study to answer students’ questions. However, it is challenging for teachers because they did not take this class before.

As a principal, I ask teachers to talk about these topics in depth. It is helpful for the teacher to research useful content and tools for the class. Students have many questions about this subject. Sometimes they ask relevant questions. ... If they do not adequately train themselves in this area, it is hard to answer students’ questions.

Directora

On the other hand, principals are impressed that a foreign teacher teaches the SRE, a foreign teacher stately led the class to the students, and she readily shared openness with the students. The principal feels shame for the lack of capacity of a local teacher.

First of all, her classes work out a little bit more. Because students ask questions, and she was able to answer them. The most important thing is that she was very confident to teach this class. It was because she studied in America. In America, they focus on this topic in detail. However, here in Honduras, we do not like to

focus on this topic. So, as an international teacher, then students more likely to listen because she has the competence of sex education. In Honduras, even a teacher who has learned at the best university does not focus on this subject, so it is not enough to teach on this subject. The teacher who graduates from universities in other countries is experts, unlike others who graduate from universities in Honduras.

Directora

“Too hard to teach; Never taken the class and any seminar.”

Most teachers have never taken sex education in their school days and also no training seminar about ASRH as a teacher. Although some are doing their best through class and personal counseling with students, it is one reason why the absence of SRHR education is the cause of adolescent pregnancy.

I have not received any workshops or classes. I have only focused on developing the topics myself.

Teacher 4

The reason why a teacher does not want to talk about this because it never has a personal experience like training, seminar, or daily talking about this topic. It is a profound difficulty because maybe teachers have not been trained in that area, they do not have the necessary tools to focus it

Directora

“The lack of time and contents in the public school curriculum.”

It has limitations in time and content to teach SRHR education only in Natural science class. A teacher who has been teaching science in Honduras for a long time also recommended the need for an extra curriculum for SRHE, saying that there is not enough time to deal with only the content in the textbooks.

I begin to teach them the basic topics such as human reproduction by showing them videos as they are educated in other countries about sexuality, I would also explain

the Honduras situation that related in sex with the statistics. I talk about the factors that help prevent teenage pregnancies. I would conclude by teaching them how other countries have managed to reduce the number of adolescent pregnancies. However, it is hard to manage time. I think that five classes a week that would be like 20 hours in 4 weeks is needed. Furthermore, 8 to 12hours of seminars for parents are required.

Teacher 3

In school, they mention sexually transmitted diseases, contraceptive methods, and abortion ... we do not have enough time to be educated according to the textbook. The textbook does not have enough topics. Sometimes, the teacher does not explain very well. For instance, last year, 10th grade, there was only one class for talking about sex. Not from the book, it is more like a personal teacher's experience, which was only for one hour.

Male Student

In many cases, the channel for students to gain SRH knowledge was not correct and guaranteed, which they get it from Media and peer talk. Currently, adolescents are receiving SRHR Education through Natural science classes at school. However, this class was not easy to implement fully, and the students expressed regret for insufficient time and materials. It is too short for students to understand full content. Thus, the teachers did not fully cover the contents of the textbooks but riffle through them. The teachers mention only the term, matching the image of an actual contraceptive device, but do not explain how to use it and the details of its advantages and disadvantages.

Sex education in Honduras is a subject that is not taught in-depth, only superficially ... When teachers rarely talk and do not deepen, the content leads to poor lecture. It is necessary and crucial that this subject is taught to high school students. Teachers should deeply talk to students during sex education.

Female student 1

Currently, the way education has been given is not good. Because when teachers do explain this topic, they do not genuinely do it. They should be aware of how to teach well in a better way. There is a lack of communication on this topic.

Female student 2

I learn about the contraception, but just the image and the name. The teacher did not teach about how to use it and the advantage.

Woman 1

3) The Ministry of Education

The quality of the curriculum at Honduras Public Schools is poor. Over the last century, Honduras students have been demonstrated by the fact that instead of improving their reasoning and critical thinking skills, they should memorize useless or impractical data (Moll, 2014). Teachers are low-paid, have no access to use teaching materials, have not been trained on the latest technologies and current teaching methods. Also, teachers were lacking; the average ratio of teachers and students was 1:33 in 2008 (UNICEF, 2011). Honduras has the challenge to meet in responding to the educational needs of its children and adolescents because the education system is still weak. The daunting challenges include literacy in a rural site, access to secondary school, enrollment in post-secondary schools, and overall educational quality. These formidable tasks give rise to the gap between Honduras has an average of four years of education and other countries in the world that has a global average of 12 years of schooling (Orozco, 2017).

As the school itself spends much time on administrative processing and educational research, it is impossible to invest in SRHR education.

Therefore, governmental support for the youth's SRHR is necessary for the improvement of SRHR education.

Nowadays, we sadly do not have much support regarding this topic. The government is failing; lots of schools do not want to talk about this topic. It is tough to get support (for SRHR education) because the government does not focus on the education system but, too much focus on the security system. On the other hand, the security system is only working for some people, not for everyone. Honduras is the second place of adolescent pregnancy, which is the highest percentage of young mothers. That is because they lack education and government support.

Directora

The ongoing rate of adolescent pregnancy prove the vulnerability of schooling

One in 4 girls get pregnant, which is lots of young girls become pregnant, and out of 60% of these girls, they do not have a job, because of low levels of education. All SRH knowledge that is mainly delivered from textbooks is very lack.

Director

Education is not for everyone; only some who have benefit can receive education, which leads to educational inequality.

Public education and home education are essential for cleaning. However, because opportunities do not exist for everyone, some young people do not benefit from education, and they become pregnant with adolescents or get married early.

Director

1.1.3 Analysis of structural conditioning of Adolescent Pregnancy in Honduras

Archer emphasized the premise of the structure in analytical dualism. The structural factors need to be considered as the causality of adolescent pregnancy, which is from the social and cultural context that affects the action of agencies. According to her reflexivity model, which highlights

both objectivity and subjectivity and incorporates their interplay in the process of reflexive mediation, she argued that the condition of structure that the agency faces can constrain or enable their behaviors regardless of their will (Mutch, 2010). It means that adolescent pregnancy should not be considered as a phenomenon from one individual's issue but also as an interface between an individual and social condition that are predetermined.

Table 7 shows the causality of adolescent pregnancy in Honduras in the perspectives of the SDH (Health, Human Services, & People, 2000), which collected from the interviews.

Table 7. Social determinants of adolescent pregnancy in Honduras

SDH	Key issues in Honduras
Economic instability	<ul style="list-style-type: none"> ▸ Severe poverty ▸ Lack of jobs ▸ The unstable security and economic difficulties
Social Norms	<ul style="list-style-type: none"> ▸ A culture that is talking about sex is shameful ▸ Machismo
Broken family	<ul style="list-style-type: none"> ▸ No communication between parents and children ▸ Parent's indifference; No discipline and attention
Insufficient support	<ul style="list-style-type: none"> ▸ The lack of implementation of the health care

from Ministry of Health	seminar
The lack of Education	<ul style="list-style-type: none"> ▸ No extra-curriculum class for sex education ▸ No support of government to teacher and school ▸ Lack of capacity of teacher ▸ Textbook is difficult

Due to social and cultural conditions that cannot be overcome by individual efforts, participants have expressed skepticism about the government and society. Teachers, parents, and students were all unhappy with the government's uncooperative attitude and the lack of jobs in society.

1.2 Social Interaction

1.2.1 Personal concern; What we care about Sexual and Reproductive Health and Rights

- **Curiosity**

There are only a few people in Honduras who have learned well about SRHR. As a result, even teachers and parents are also curious about SRHR. There are a few instructors for SRHR, which leads to the lack of its lecture. Thus, students do not satisfy the SRHR education that implements in

Honduras.

Because many students have many doubts, it needs education and cares so that they have a clearer idea of these issues (SRHR). It needs to be explained in all educational institutions, starting from home through their parents.

Teacher 1

When a young girl may have many questions, they may ask the wrong people. Sincerely, they might believe the false perception of sex. That is why many of them get pregnant at an early age. So the lack of communication between family is the reason.

Directora

However, compared to the curiosity of students, no one could answer this. Parents and teachers did not know how to answer the questions from students, so it is easy to avoid them or to react negatively. In order to resolve their curiosity, students eventually begin sexual activity without considering any consequences of their sexual behaviors, which in turn leads to adolescent pregnancy.

Sometimes young friends want to try out (sexual activity). They want to give it a shot so that they become popular among their peers. They think it is a good thing, and said, "If I am a person who has a sexual relationship, I become famous".

Female Student

When they start realizing the changes in their bodies, they are curious about what all change is. So they want to experiment (sexual activity) before actually knowing the consequences. They want to try out, but they do not know the consequences. So many of them fall into making this mistake of getting pregnant.

Father

- **What contents participants want to learn in SRHR class**

Table 8 is a summary of the contents that should be addressed in SRHR education from each interview group. It includes the contents of the key concept 1-4; 1. Relationships, 2. Values, Rights, culture and Sexuality,

3. Understanding Gender, 4. Violence and Staying safe (refer to table 6) (Karen et al., 2000). Since it described the opinions of interviewees as they are, the selection of words in the contents of “International Technical Guidance on sexuality education: an evidence-informed approach” may be slightly different. Participants contend that the value of sex should be learned.

Table 8. The content that should be addressed in sex education

Group	Contents
Principals	Obedience to parents Recreational activities Prevention of STIs (Contraception) The reality of adolescent pregnancy Attention to Youth (from the family, community)
Teachers	Love Family (The role of parents) The responsibility of students Prevention of STIs (HIV/AIDS)
Parents	Family Sexual Abstinence Sexual relationships Intimacy relationship The right time for marriage Prevention of sexual violence Prevention of STIs (Contraception)
Students	Contraception Sexual abstinence

	Recreational activities How to protect themselves The reality of adolescent pregnancy
Women who have adolescent pregnancy	Contraception Obedience to parents The risk of abortion Overcome the temptation (Abstinence)

● **Students do not have a clear vision of their life**

It is hard to find a reason to study in a harsh environment for young people in Honduras. Usually, they live without a purpose for their lives. That is why it is easier to get interested in sexual curiosity than to invest in studying or other activities for their future.

I just wanted to graduate from school quickly. I just went to school and wanted to finish this, but this(adolescent pregnancy) happened.

Woman1

The economic situation in Honduras is not good. So even if we study hard now, we cannot get a good job. From this point of view, we do not have to do anything hard. Our youth... Most of us do not want to learn something more. We need more value than this (sexual activity). We need motivation for our lives.

Female student1

In Honduras, it is hard for youth to do active. They do not want to learn anything, which leads to ignorance. They do not think about their life carefully. Even though they find interest such as musical instruments, sports, and art, they have a financial problem and no resource of doing them. Another problem is that youth waste their time SNS. On the internet they can research, learn music, art or sports but, the young man does not put interest in keeping his mind doing it. Nowadays, youth only want to be popular in SNS.

Female student2

Many students did not do their homework or got addicted to disturb school

life by going back home and only doing SNS. It is even rampant that youth make girl or boyfriend through SNS, Facebook, Instagram and others.

Young people do not give time and effort unsparingly for their life in Honduras.

People do not have many opportunities, because the economic situation in our country is critical. There is no much work that we can do. That is why people can't study.

Female student 2

It is tough to get support because the government does not focus on the education system, but too much focus on the security system. On the other hand, the security system is only working for some people, not for everyone. Honduras is the second place of adolescent pregnancy, which is the highest percentage of young mothers. That is because they lack education and government support.

Directora

Without such an active attitude toward life, young people are exhausted in their lethargy rather than focusing on their lives to be improved such as dreaming of a better ideal society and continuing the process of reflexivity.

1.2.2 Structural intervention; Quality Sexual and Reproductive Health and Rights Educational strategies

Educational interventions are cited as necessary structural interventions to prevent adolescent pregnancies according to the collected data. Education is not limited to public schooling (formal education), but expanded to non-formal and informational education, requiring efforts to prevent adolescent pregnancy by participants.

- **The need for instructor training for SRHR education**

Regarding adolescent pregnancy due to the lack of SRHR education in

schools, participants explained that they needed experts to teach SRHR education properly. To become an expert, teachers would like to take a seminar on government support. Primarily, teachers have a passion for learning about SRHR to teach their students.

Teachers learn through educational workshops and experience. We also seek to learn educational resources on the internet.

Teacher 2

A teacher needs to consider deeply into this topic because the parents do not want to talk with their children. I have to instruct the teacher to guide the students about sexual and reproductive health. The only we(principals) will do is educating them.

Directora

We need education; training parents and teachers are the most important so that they realize the awareness of sexual and reproductive health themselves and encourage young people to do.

Teacher 1

● **The correct educational contents of SRHR**

Adolescents are easily exposed to the wrong perceptions and consequences of marriage and pregnancy through their friends, SNS, or media. The accurate knowledge of SRHR is required for correct health literacy. Youth need the orientation lecture of marriage and pregnancy according to scientific information of SRHR as well as the positive side of it. They particularly need to know how much responsibility and sacrifice needed as parents with sincere love to family and children. Furthermore, they seriously consider the physical and socioeconomic risks of sexual activity and pregnancy at a young age.

I consider it is very, very important for young people to know about the

consequence of it (Adolescent pregnancy). It is better to talk directly, letting them know the consequence. Knowledge of using like the elementary term is better to explain straight away to them when students do not understand. It needs to let them not understand the result of sexual activities.

It is not good when they(adolescent) get pregnant; they generate a more burden for their family because they are not prepared for getting a job to make a living. The majority of young people who become pregnant did not study, and their partner is the same age. Therefore, both are not prepared to perform a job and generate a burden for their family, and most families are in low economic resources. Then these children are born in parents who are not prepared for the role of parents. In other words, they are brought to this world only by a sexual desire(urge). The majority of young women who become pregnant at an early age are those who have not attended primary education, and women who went to school often fall out of ignorance that they do not know the consequences that the experience(adolescent pregnancy) can bring in the future.

Director

I was able to implement(teach) topics such as early pregnancy about diseases and the use of condoms that many students lack the knowledge and need to know so that they can make the correct use in case of condoms.

Teacher 1

I would like to have conversations with my students about sex in an environment that allows us to freely express the thoughts that each student perceives or believes about sex. The main objective of this conversation would be to make students see the significant consequences of performing the sexual act unconsciously.

Teacher3

First, when practicing sex, they are at risk of becoming pregnant, and it would be very dangerous for them to have a family so quickly and without any experience. Second, they can receive sexual illnesses or even HIV or AIDS when having sex with someone infected.

Teacher4

Women who got pregnant at an early age experienced marriage and pregnancy life that is different from what they expect. They are prone to fall into the wrong fantasy of marriage and pregnancy in dramas and Social Networking Service (SNS). They need to know precisely the realities of adolescent pregnancy.

It has changed a lot because now I have more responsibilities. I already have to take care of a child and keep serving the food and everything. Before pregnancy, I just had to study in school and just sleep, but now I have to take care of my son.

Woman 1

My life has changed dramatically from what I expect the way of thinking and doing. Because I realize that caring for a child is not easy when I realize how much sacrifice it takes to take care of a baby. In short, my life changed that I never thought that I would change.

Woman 2

It is also essential to give students correct SRH knowledge. Students should be aware of and take responsibility for becoming pregnant through sexual intercourse.

...explaining that many of the methods currently used in the world present irregularities in the case of the condom are not always reliable and in the case of the woman who uses the injection methodology that is It entails specific problems that, with the continuous use that is given to it, damages their health and the inability to have children later because they usually leave imperfections in said matrix. Also, emphasizing to my students that every issue of sexuality should be treated to the most significant advantage for our benefit as human beings that we will face at any time.

Director

Young people think it is just enjoyment, but soon they will realize that is why they need to be aware of that. Also, they need to be taught that if they do not want to get pregnant, then they need to learn how to use proper protection. ... once you get your period, the girls get their period that they could get pregnant anytime if they have sex and do not protect themselves. They need to know what the factors are the risks and benefits, in which they come, such as physical development, and know the right time for them to face that responsibility if a pregnancy occurs ...so girls maybe they can at an early age of sex but not get pregnant, but they need to know that physically they are going to have changed by hormones changes. So they really need to be aware of the stages.

Father

I did not imagine that I could get pregnant because I had irregular periods.

Woman2

Students want to learn how to protect themselves. The advantages and

disadvantages of contraception and the rate of failure should be taught. Furthermore, it needs a culture that respects the opposite sex through improved awareness of men and women.

Obligatory, all young people should be aware of sex education. They should also know the consequences or disadvantages of having relationships at an early age. The young man must keep in mind that if they do not make correct decisions, their future will change. They will probably have to leave their studies, leave their families, and above all, they will have the guilty thought.

Female student 1

The young man must raise awareness that their lives will change entirely unless they make the right decisions. They also should have conscious about this topic(SRHR). Because when they do not have consciousness about it, they make many mistakes. They start blaming not themselves, but the pregnant person (woman). So some think that they lose the ability to educate, they might complete the education (if they do not get pregnant). They might lose the support from their parents, and they might not be confident enough to achieve their vision, dream., future that come true. All those excellent opportunities that achieve their future might break when these activities (sexual activity; adolescent pregnancy) happen. It is very important to learn about the consequences; why it will happen if they do not protect themselves. They need to have a conscious what is right, what is terrible, and a cause of adolescent pregnancy.

Female student 2

Adolescents have an intense curiosity about sex and reproduction. They know these results, but they can have sex, failing to overcome their curiosity and sexual desire. So, students need counseling and education on how to cope with these temptations; abstinence.

All these issues are given to students, but first of all, they listen to abstinence is the best method to take care of a disease or pregnancy. I taught the class with videos so that they can see and understand better and in a participatory way.

Teacher 4

One of the recommendations especially among the older students they should really be taught about how to actually how to do the sex because they are at the age when their hormones are going crazy, so they need to be aware of the

consequences, so he is saying that in that area they need to be informed. Teach more profoundly, and he said that if he has the chance to talk to about his situation.

Parent

I received sex education from my mother, but it was so hard and challenging to overcome temptation. I did not know how to accept this.

Woman 1

- **The effort for child care in family and community as a non-formal and informal education**

- 1) **Children need the attention of parents as an informal education**

Miller (Miller, 1998, 2001, 2002, 2003, 2005) contends the importance of parenting regarding adolescent SRHR. That is, a family is another learning place for young people about SRHR through even communication (Mayberry, 1995; Steinberg, 1992; Meschke, 2002; de Graaf, 2011).

Although some participants had never received special education before and they are not professional, father knew that they were the best person to talk about SRHR with their children,

As an important topic for her to know, as a father, I do not think anyone can talk about it better than me. I think it would be better for my daughter to speak to me than to speak to someone else. Parents are the most appropriate people to discuss this issue with their daughters so that nobody takes advantage so to speak of their innocence. But I do not know how to talk, so I'm afraid to talk about making mistakes

Father

Many parents, however, have a lot of negative views about SRHR Education for adolescents. Therefore, parents should be trained, and they should work together with teachers for more effective sexual and

reproductive health education.

Just as we focus on students, we should focus on parents. So parents and schools should share everything and parents encourage students to learn about sex in school.

Directora

Another recommendation would be to teach parents, allowing them to get training from professionals so that they can also do a follow-up on their children. Parents are responsible for their children. I really want to educate my children in the best way. In order to do so, parents must be educated first.

Mother

Regardless of what principles exist in the home, abstinence, or Christianity, parents should be educated to understand the importance of preventing adolescent pregnancy in order to avoid disease.

Teacehr4

2) The Role of Community as a non-formal education

Social norms are affecting adolescent pregnancies. Since discrimination against pregnant women is particularly severe, the community needs to effort to overcome this discrimination. Also, education for underprivileged students and adults is required not only for students and parents at school but also for ordinary citizens and students who are not attending school. In this regard, it reveals the importance of the community. In Urraco, Honduras, a village church is taking on this role. Some research insists that in the Christian group, the religiosity plays a role of a protective factor against risky sexual behavior among adolescents and young adults (Adamczyk, 2012; Ahrold, Farmer, Trapnell, & Meston, 2011; Burdette, Ellison, Hill, & Glenn, 2009; Burdette & Hill 2009; Haglund & Fehring 2010; Kirk & Lewis, 2013; Simons,

Burt, & Peterson, 2009).

Going to church is very important. Also, reading the bible is essential; the Bible teaches us to walk away from temptation in also teach us to fear God. Once we know the concept of fearing God, we will be scared to do the wrong things. We must make sure to keep ourselves away from temptation. Because we maintain a distance from temptation, that means we are getting closer to God. We fear God more, and we are just not going to easily wrong things.

Director

As a pastor, I should take a theological seminary. It helps for Youth group to answer their questions. They came and asked me their curiosity, particularly, they want to know what is the right thing to do about SRHR.

Father

- **The adverse effect of Media; Unverified information**

Many adolescents were getting information about SRHR through the media (Miller, 1987; Strasburger, 2010). Students are easily exposed to social media, so they can encounter pornography or unverified information, which leads to a detrimental effect on health behaviors (Brown, 1990; Young, 2013) However, to solve their curiosity that no one tells them, the curiosity about sex makes them come to know or encounter this information. It results in false perceptions and wrong impressions of sex for students.

These media are: Television, the internet has much influence because, in Honduras, many programs are harmful to young people. These programs are novels when watching these programs. Young people are curious even to experiment and fall.

Director

One factor there is that having a bad influence is now technology. Adolescents use technology. Nowadays, if young people have a question or curiosity, they use Social Media and ask other people or try to find out themselves through the Internet. They were not educated the same way with technology, so that is why young people may misuse technology that could be a problem.

Directora

On the other hand, the media is filled with more exciting and sensational content rather than sound materials and programs that solve youth's curiosity, which stimulates only the sexual pleasure of adolescents.

The implementation of sexual education in school is very minimal compared to the education that parents supposed to give their children. However, social media and movies and dramas have all this kind of sexual episode. So young people want to experience if they see this and have curiosity, they try in reality. That is why they fall into the trap of these sexual things.

Director

1.2.3 Analysis of Social Interaction of Adolescent Pregnancy in Honduras

Archer contends that reflexivity occurs in social interaction, which the process of internalization between structural conditioning and agency. Reflexivity is regarded as “the (human) tendency to the conditions of the modernity that further foster reflection of individuals and social groups” (Dyke, Johnston, & Fuller, 2012). According to the interview, Honduras has SDHs of structural conditioning on the issue of adolescent pregnancy (as discussed in 4.1.2). These structural conditions affected SRHR education, resulting in personal concern (Table 9). Through this, the strategy of intervention can be considered by focusing on the structural conditions that are required.

Table 9. The content that should be addressed in SRHR education according to the reflexivity

Group	Contents (Personal Concern)	Structural conditioning
-------	-----------------------------	-------------------------

Principals	Obedience to parents The reality of adolescent pregnancy Attention to Youth	broken family
	Prevention of STIs (Contraception)	education
	Recreational activities Attention to Youth	community
	Love	machismo
Teachers	Family (The role of parents)	broken family
	The responsibility of students, Prevention of STIs (HIV/AIDS)	education
	Family Sexual relationships Intimacy relationship The right time for marriage Prevention of sexual violence	broken family machismo (sex ethics)
Parents	Prevention of STIs (Contraception) Sexual Abstinence	education (sex ethics)
	Contraception Sexual abstinence How to protect themselves	Education (sex ethics)
	Recreational activities	community
Students	The reality of adolescent pregnancy	broken family
	Contraception The risk of abortion Overcome the temptation (Abstinence)	education (sex ethics)
	Obedience to parents	broken Family

First, Honduras has a culture “machismo,” which is a term describing a male dominance. Currently, women also use the term "mucho feo" (very bad)

for men's incompetence, laziness, and misused assertion of authority. It leads to an increase in the hatred toward the opposite sex. Depending on the social situation, there is a need to teach how to relate to the attitude of respect for the opposite sex. Therefore, the members of society need to learn how to make a relationship and understand respect the opposite sex; the attitude for the opposite sex. Latin American cultures seem open to sex because they wear revealing clothes and have physical contact easily with others, but they feel shameful about sex and become silent about it. For example, when they go out to buy contraceptives, they cannot ask how to use it. For another, it requires learning the true meaning of love, friendship, and the restraint against sexual temptation; Sexual abstinence. Finally, it should develop a practical learning method for SRHR education (Donahue et al., 2013; Huebner & Howell, 2003; Shtarkshall, Santelli, & Hirsch, 2007). However, some of the social distractions are present. There are many single-parent families due to financial difficulties. Furthermore, due to the lack of sex education that discussed within the idea of sex, love, and family, the broken family is prevalent as a result of cohabitation, divorce, and adolescent pregnancy. It needs time for students to consider deeply about the meaning of family, cohabitation, divorce, and the steadily increasing number of adolescent pregnancy in Honduras.

Archer explained that the cultural and structural factors could shape the individual's concern and the possibilities for social action related to personal

concern. According to the interview, Honduras has SDHs of social conditioning on the issue of adolescent pregnancy (as discussed in 4.1). However, social interaction is not taking place actively because no active involvement of social projects and policies are present in Honduras, and that leads the agency to be unmotivated to face social problems. As a result of the lack of social interaction, there is not much structural elaboration. Honduras still has the world's second-highest adolescent pregnancy rate, as mentioned earlier.

1.3 Structural Elaboration

The results of social elaboration can be observed from the social interaction between the premised structural conditioning of Honduras and the agency. There are two types of results; Morpho-stasis and Morphogenesis (Archer, 1995). Morpho-stasis means “to remain unchanged, maintaining social conditions.”, which is the situation of Honduras. It was previously addressed in 4.1 and 4.2 through the situation in Honduras due to adolescent pregnancy. When social changes do not occur, Honduras will continue to cause problems with adolescent pregnancy. On the other hand, through the interaction of agency and social structure, the process of Morphogenesis means “to change the given social structure, the system and the whole country” can occur. This section deals with these changes that are currently being made in Honduras. As an agency, parents, teachers, community leaders influence students with their changed attitude through

the interplay between the social structure of Honduras and themselves.

1.3.1 Changing Society through education

● Teacher's Responsibility in schooling

In Honduras, the role of parents is relatively weak due to disturbed family, so the role of teachers in school is essential. In general, public schools, however, there is no homeroom teacher's system, which leads to having difficulty in building a teacher-student relationship. Public schools offer classes in the morning and afternoon classes, where students who take classes for a relatively short time are justified in attending classes. The teachers share the current state of the implementation of SRHR education, the subsequent sound of criticism, and the perception of students about SRHR through a direct and intimate relationship with students. Despite the poor educational environment in Honduras, teachers were trying to teach their students about SRHR. Moreover, they talked about the need for specialists for better education. Students had a common sense about the wrong SRHR due to media and conversations with friends. In particular, the discord of the homes and the economic and social situations are very unstable. It urgently needs a psychologist or health education teacher to deal with more specialized about adolescent SRHR.

I prepare small classes for them on how to take care. So, I wanted to prepare better, but this time, I would like to recommend someone professional like a psychologist, so students can understand and learn better.

Teacher 2

1) In class

Despite the poor educational environment, teachers did their best when meeting students in the classroom. The teachers in the Natural sciences class shared their experiences about SRHR with the students and communicated the prevention of adolescent pregnancy. They teach about the contraception methods and the risk of using them, STIs, HIV/AIDS, and the risk of adolescent pregnancy. They explained more why we should not have sexual relationships at an early age and before marriage based on the textbook and their personal experience.

“Do my best on teaching.”

As an educational teacher, I provided significant knowledge such as prevention, condom use, AIDS, and why we should not have sexual relationships at an early age and before marriage.

Teacher 1

Teachers try to emphasize much on the care and importance of preventing adolescent pregnancy. They advise a lot, using educational videos, small talks, or seminars.

Teacher 2

In addition to school classes, teachers try to solve students' concerns and questions about their SRHR through personal talk. They discuss adolescent pregnancy even not in Natural science class.

As a mother and teacher, I can guide (orient) young people not to have unprotected sexual relationships which can lead these results, pregnancy, and STD. I am looking for how to teach students every day what they need to know SRH and pregnancy. Didactic material or very advanced technology is implemented for a better message to our students.

Teacher 4

If I would like to and I always have conversations with teenagers, since they should receive advice and learn to take care of themselves.

Teacher 2

Although professional knowledge and classes were necessary, it was most effective for teachers and students to meet and consult with students individually and to share their concerns about adolescent pregnancy. It is necessary for the teachers themselves to be more interested in their students and to be prepared to listen to them through individual counseling.

I have met some students who are perhaps curious and want to know how it feels to practice sex. So, I have talked with students about talking sex because they are too young and to know about sex, they must get married. During that time, I felt uncomfortable in my mind because the students asked me how it is better to have sex. I cannot give them such a kind of information, but for sure I would like to give them some advice or reasons why they cannot practice sex (at a young age).

Teacher 2

2) Trust Relationship with the adolescent to talk about SRHR

A male teacher consults student whenever they need it. His students visited and talked about their dating and sexual concerns, and he never stopped the students from coming. He did not receive any support for SRHR education, but he is willing to be the counselor for his students. He also emphasized that to establish sufficient trust with students and communicate with them to solve the adolescent pregnancy problem, teachers and parents must first restore the relationship in a solid trust between them so that the student could feel comfortable sharing their stories. Based on the Bible-based SRHR education he received from his father, who is a pastor, he encouraged

his students with correct disciplines and comfort. He also diligently studies and received SRHR education online or other media to teach students.

When it was my first year in this school, an eleventh-grade boy came to me and told me that he had a girlfriend who wanted to have sex. I was surprised, and he said he wanted me to advise him how he could do this. He said that he did not have the experience but that if he was not careful, there could be a pregnancy in the bride. He could have the risk of contracting an illness. I had no real sexual experience at the time, but I could advise the student with all my heart. If you are not careful, a girlfriend can be pregnant, and he could have the risk of illness. I taught some topics such as early pregnancy, diseases, how to use condoms that many students need to know so that they can make the correct use.

Teacher1

To deal with adolescent pregnancy problems, it must first get close to students. Restoring the relationship is the most important for them to share and solve their problems. Both parents and teachers stand at this crossroads. Students first want to receive love and attention. If parents and teachers first open their hearts and reach out to them, they will open their problems and try to solve the issues together.

Mainly young people want to have trust with their parents to talk about these issues. Educational institutions should talk about sex education as well as have a psychologist or counselor who is responsible for the emotional changes that young people suffer during their development as human beings. On the other hand, young people have an awareness of the problems that can be found by not taking advice.

Teacher3

Teach parents to give their children confidence so that any questions they may have can ask them with confidence.

Teacher4

People find it challenging to make good relationships with young people, but in fact, they can build trust with them in simple ways. It begins with

small talk, giving attention to them.

The first thing is to show friendship and confidence to them(children) to be able to advise about that awkward stage that they will face that they need help from an adult so that adults can guide them or also help with professionals who when it needs especially.

If we are friends, it is easier to talk about the changes that are happening in the body. But if you don't become friends, it becomes more difficult to have trust between each other, and they do not ask the help and talk even when they need to ask for professional advice. Becoming a friend can really help them(children) to express themselves openly.

Father

- **The Importance of Family as non-formal education**

SRHR education should be conducted not only in school education but also in any field where there are teenagers as non-formal and informal education. It is an issue with social responsibility that can be achieved together.

It needs to be explained in all educational institutions, starting from home through their parents.

Teacher 1

In Honduras, the education system is weak. Still, those who have been educated about SRHR by their parents at home later became teachers and parents to teach young people through their experiences and knowledge from family nurturing.

In my experience as a student, I learned very little about this subject (SRHR Education). Still, I had the advantage of being born in a religious background home, and at the age of 8, I was instructed by my father. He talked to me about this subject (SRHR Education)

Father

I gained sexual knowledge from my father when I was 15 and 16 years old. He talked to me a lot about the issue of sexuality, which is of great importance to our lives, emphasizing what is written in the bible.

If it is not raised about the significance of this problem (regarding sexuality) we

face in our daily lives, it will create many problems. Because it has extensive, sufficient contents presented issues such as not having sex before marriage, the prevention of an unwanted pregnancy or a sexually transmitted disease.

It is easier for me to teach and give attention to this issue to students because I taught them in the way my father taught me before. I could understand and mention sexuality.

Teacehr1

My mom is not a Christian. However, my mom taught me about sex education. She emphasized the fear to God and the importance of Chastity in marriage.

Teacher 4

Because the role of the father is essential, so when talking about SRH with his son, he needs to guide him correctly

Teacher 3

Despite the poor educational environment and weak socioeconomic system, they were able to learn from their parents based on the Bible in the background of Christian families. Moreover, they could become parents or teachers who can teach other students SRHR knowledge they learned.

Also, the appearance of the wholesome family has the best effect on adolescents' SRH (Mayberry, 1995; Steinberg, 1992; Meschke, 2002; de Graaf, 2011). Mother and father represent the role of women and men, respectively (Miller, 1998, 2001, 2002, 2003, 2005). The better the marital relationship, the more adolescents' perceptions of other genders, and the functional dynamics in their relationships are the best role models for their future sexual and reproductive health rights.

We (His wife and He) are not the best, but we try to respect each other as a couple and model of parents before my daughters so that we have provided the necessary values to my daughters. I am thankful that my daughters always respect us, and they tell me that they want to meet a husband like me later. I am very happy.

Father

During that time, I taught my students about responsibility they would have as parents at a very young age and young people should avoid sexual intercourse that can become parents even they are not prepared. At the end of the teaching, during that time, I felt calmer because the attitude of students to listen to the teachings was very good, they listened very well, and they were also very interested and curious to learn.

Teacher 2

- **The SRHR seminar in village church as an informal education**

In Urraco, Honduras, the village church plays a role in SRHR education for out of school students and adults as well. Christian discipline can be helpful to learn SRHR and help not to tempted risky sexual behavior (Adamczyk, 2012; Ahrold, Farmer, Trapnell, & Meston, 2011; Burdette, Ellison, Hill, & Glenn, 2009; Burdette & Hill 2009; Haglund & Fehring 2010; Kirk & Lewis, 2013; Simons, Burt, & Peterson, 2009). It deals with the positive effects of getting SRHR education from parents based on the Bible, among teachers who teach students in schools. One female teacher also educated by her mother based on the Bible; she is not Christian, but because Catholicism and Protestantism is a culture of Honduras, she can learn the Bible teaching.

The parents(pastors) teach the seminar to youth group in their village as a pastor. They gathered not only their children but also young people and parents from the community to begin weekly seminars on topics such as sex, dating, and marriage.

As a pastor, I took a theological seminar in advance, and I answered youth group questions with that knowledge. They have many questions. I taught how to enjoy sex correctly, the factors of risk or benefit such as physical development. I emphasized the right time for the marriage and the responsibility that give them if

pregnancy occurs. I advise adults about family to talk about these issues. And contraception can be used when you do not want to pregnant. My wife also leads this seminar with another group.

Father (Pastor)

They know the necessity of education for those who did not receive education out of school. They also understand the importance of the participation of community members to change the wrong perception of sex.

As an important topic for her(daughter) to know, as a father, I do not think anyone can talk about it better than me. I think it would be better for my daughter to talk to me than to speak to someone else. Parents are the most appropriate people to discuss this issue with their daughters so that nobody takes advantage so to speak of their innocence(curiosity)

Father

Activities in the church provide youth with an excellent place to unravel their sexual curiosity and build a healthy self-image. It also has an impact on the delay sexual behavior (Burdette, 2009; Kirk, 2013) and avoidance of risky sexual behaviors (Haglund, 2010).

There is a right way of keeping away from (sexual) temptation by activity that the church prepares. So they(church) can prepare the social activity, getting together, good games, playing, that is also a good way that churches should focus on to help the youth to stay away from temptation.

Director

In the church, the youth will always come to ask more questions that seem like they rely on the church. They want to know what the right thing is to do. In the area as a pastor, we necessarily take classes in different areas, and that has not allowed us to help them with a little knowledge.

Father

Education and spiritual training must be together. No matter where you are living, you always have to have both contexts together; Good education and proper spiritual training. Some people said that I should have a lot of money to have a

good education. It does not matter if you are brilliant or not. If you do not know how to take care of your body. You are a lost case. You have to be intelligent but also you have to be wise. The wisdom, you can only obtain it by spiritual training. Moreover, what about those who do not have money, so they do not have money, they have God. They can also be wise. They also can stay away from all these wrong things.

Directora

Although adolescents have a good knowledge of SRHR, it is difficult to withstand temptation. The community activities like religious activities or other activities like praying the sports and playing musical instruments and others are to overcome these temptations (Penhollow, 2007; Adamczyk, 2012; Kelman, 2006)

- **Advising from women who gave birth as a wounded healer**

Some women who are experienced adolescent pregnancy left alone without any support from the baby's father quit the school. So, they might be suffering from discrimination, stigma from society. The participants were already involved with the social constraints as drop-outs from school and with the experience of adolescent pregnancy. However, they want to continue their studies by attending weekend schools after giving birth. Furthermore, they are playing the role of a wounded healer (Jung, 1969; Nouwen, 1979), who encourages people to inform them about the reality of adolescent pregnancy. Nouwen explained the Wounded healer served others with their woundedness which a source of strength and healing is when counseling others. They also advise them to concentrate more on designing their future and establishing their own identity in adolescence, not being

tempted into fake love with their experience of adolescent pregnancy.

I am attending the school on the weekend, I advise many students as much as I can. When they are talking about a sexual relationship with their boyfriend, I advise them, "You have to be careful, protect yourself, your body and respect You first" I also strongly warn the consequence of the adolescent pregnancy that they do not know. And I encourage them as well. "Don't hurry. God has a plan for you that guides you". My experience is constructive for students not to be pregnant that I did.

Woman 1

I advise adolescents four things; 1) Study hard 2) Obey your parents 3) Protect yourself not to be pregnant 4) Seek God and ask Him to take away all temptations.

Woman 2

1.3.2 Analysis of Social Elaboration of Adolescent Pregnancy in Honduras

Archer (2000) explained that the agency implies an individual's availability to act. Agency affects only through specific actions it performs, which is visible (Maxwell & Aggleton, 2014). Therefore, the agency actively establishes self-reliance actions to solve problems in society that affect one's own life (Archer, 2007). These individual responses sequentially cause society to reproduce, transform, or re-orient. Agency must have both acceptability and resistance to solve social problems structurally (Martin, 2012). From the perspective of the agency, active and autonomous agencies do not accept the influence of structure and culture as solely based on what they have been told but consider and do how they can act under the constraints of given conditions. Table 10 is the summary of agencies that

have a positive impact on adolescent pregnancy in Honduras from the perspective of education.

Table 10. The analysis of Agency in Honduras

Agency	Learning Experience (Past)	Personal concern	Social action (Present)
Teacher (formal education)	Father(pastor)'s a discipline based on the Bible	<ul style="list-style-type: none"> ▸ Critical opinion toward Honduras to improve social change 	Advice (Counseling) Class preparation through online sources
Father (Pastor) (Informal education)	Father(pastor)'s a discipline based on the Bible	<ul style="list-style-type: none"> ▸ Care for others (Service, Sacrifice) ▸ Continuous Efforts (social action) 	Seminar Taking a theological seminar
Woman (Non-formal education)	Schooling Adolescent pregnancy	<ul style="list-style-type: none"> ▸ Constructive attitude toward their life and Honduras ▸ Clear sex ethics 	Advice (Counseling) Attending a weekend school

Each of the three agencies showed different learning experiences and social action, but there is a typical personal concern. This accepted personal concerns could be applied to SRHR education in Honduras. The social actions of the agencies can be adopted as teaching methods and education as training to equip them with the personal concern they have. Through those agencies, structural conditioning that have a positive effect on preventing adolescent pregnancy is available. It has been shown through conversations with teachers in school, SRHR education from fathers and mothers in family, a seminar in religious facilities serving the community, and advising from

women who has experience adolescent pregnancy as a good counselor. Through the successful demonstration of these structural conditions, the special agency can constructively overcome the problems of society and be able to solve them. It expects to educate the autonomous individuals to be an agency who will lead the social change in Honduras. Even though dismal structural conditioning in Honduras, every adolescent has the responsibility and the right to imagine and strive for a better future.

1.4 Analysis of Adolescent Pregnancy in Honduras using the Framework.

According to the interview, Honduras has SDHs of structural conditioning on the issue of adolescent pregnancy (as discussed in 4.1). From the perspective of the agency, active and autonomous agencies do not accept the influence of structure and culture as solely based on what they have been told but consider and do how they can act under the constraints of given conditions (as discussed in 4.3). Figure 17 explains the causality, the causal factor of adolescent pregnancy, and the relationship with the intervention that includes moderating and mediating factors, based on the effect theory. It was conceptualized from collected data; literature, interviews, and textbook. With this concept model, it is easy to realize which SDH is affected by adolescent pregnancy and how intervention work. Further understanding the adolescent pregnancy in Honduras, the data was analyzed by the analytical framework based on the analytical dualism. Each stage consists of existing,

causal, moderating, and mediating factors (Figure 18).

Honduras has not been able to make even progress at these three stages. As seen in Figure 17 and 18, SDH for adolescent pregnancy have been continually revealed, but very few personal concern and social and cultural interventions are found to be trying to solve them. It leads to passive structural elaboration, which results in a continued high rate of adolescent pregnancy.

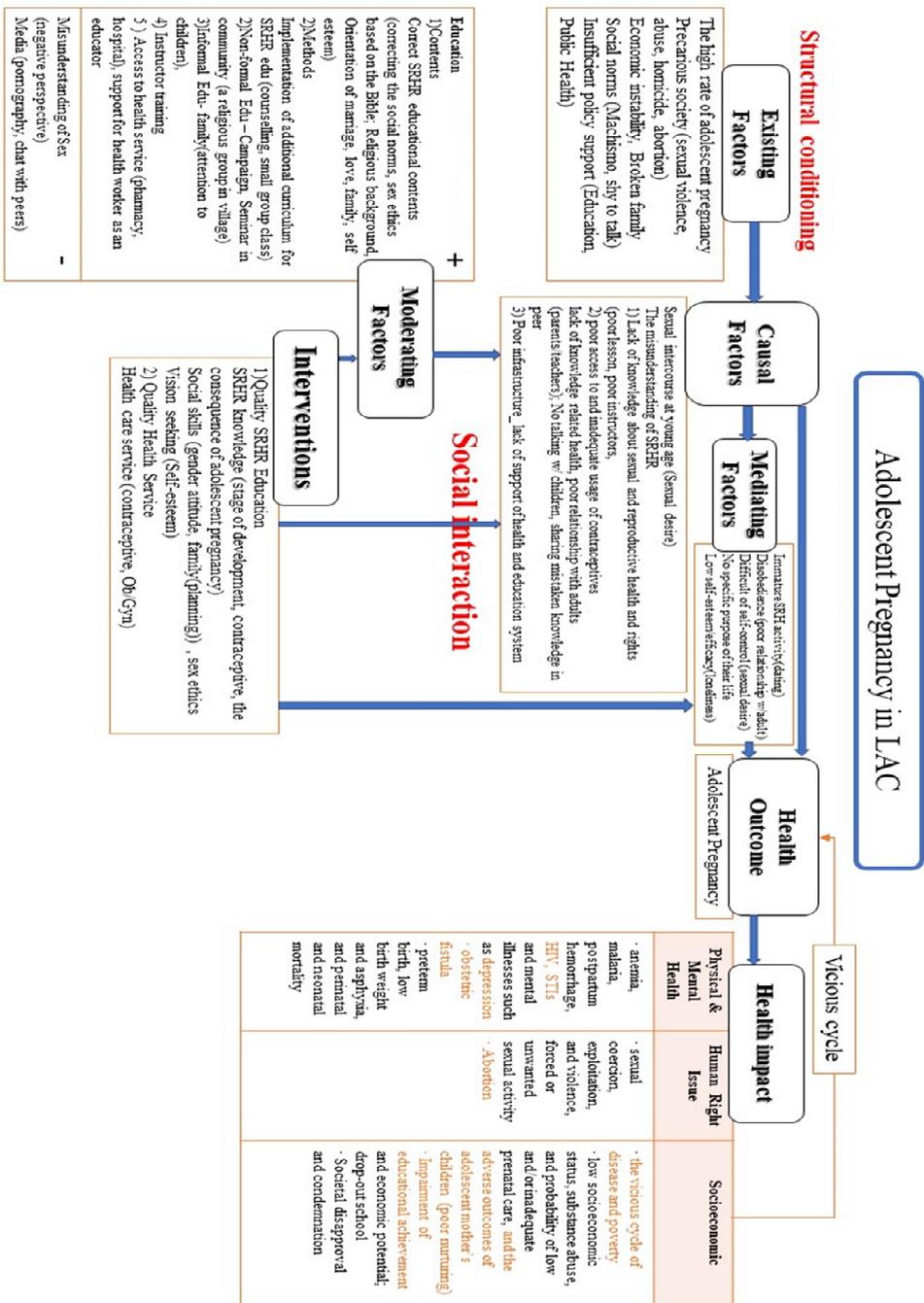


Figure 17. Analysis of Adolescent Pregnancy in Honduras using the framework of Effect Theory

Structural conditioning

T1
Existing factor & Causal factor
(Structural)

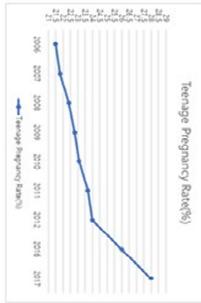


Figure 14. The Rate of Teenage Pregnancy in Honduras -> Second highest rate of Adolescent pregnancy in the World (28%)

Table 7. Social determinants of adolescent pregnancy in Honduras

SDH	Key issues in Honduras
Economic stability	<ul style="list-style-type: none"> Severe poverty Lack of jobs
Social Norms	<ul style="list-style-type: none"> The unstable security and economic difficulties A culture that is talking about sex is shameful Machismo No communication between parents and children
Broken family	<ul style="list-style-type: none"> Parent's indifference. No discipline and attention The lack of implementation of the health care semina
Health and health care	<ul style="list-style-type: none"> No extra-curriculum class for sex education The lack of implementation of the health care semina
Education	<ul style="list-style-type: none"> No support of government to teacher and school Lack of capacity of teacher Textbook is difficult

Social interaction

T2
Intervention & Moderating Factor

Social & Cultural Structures



Personal condition
(Concern & Emotion)

Mediating Factors (Personal)

Table 10. The analysis of Agency in Honduras

Agency	Learning Experience (Fruit)	Personal concern	Social action (Fruit)
Teacher (General education)	Empowerment in descriptor based on de Bible	<ul style="list-style-type: none"> Original response toward Honduras to improve social change 	<ul style="list-style-type: none"> Adviser (Coaching) Class preparation by other
Teacher (Vocational education)	Empowerment in descriptor based on de Bible	<ul style="list-style-type: none"> Care for others (Service, Service) Cooperation Ethos 	<ul style="list-style-type: none"> Senior Taking a ideological toward their life and Honduras
Woman (Sexual education)	Schooling Adolescent pregnancy	<ul style="list-style-type: none"> Cooperation attitude toward their life and Honduras Clear sex ethics 	<ul style="list-style-type: none"> Advise (Coaching) Modeling a maternal model

Structural Elaboration

Health Outcome & Health Impact

Table 9. The content that should be addressed in SRHR education according to the reflexivity

Group	Content	Intentional understanding
Highlight	<ul style="list-style-type: none"> Structure of adolescent pregnancy Adviser in SRHR Adviser 	<ul style="list-style-type: none"> Maternal health Adviser
Table 9	<ul style="list-style-type: none"> Adviser in SRHR Adviser 	<ul style="list-style-type: none"> Adviser
Table 9	<ul style="list-style-type: none"> Structure of adolescent pregnancy Adviser in SRHR Adviser 	<ul style="list-style-type: none"> Maternal health Adviser
Table 9	<ul style="list-style-type: none"> Structure of adolescent pregnancy Adviser in SRHR Adviser 	<ul style="list-style-type: none"> Maternal health Adviser
Table 9	<ul style="list-style-type: none"> Structure of adolescent pregnancy Adviser in SRHR Adviser 	<ul style="list-style-type: none"> Maternal health Adviser

Figure 18. Analysis of Adolescent Pregnancy in Honduras as a social problem based on the Analytical Framework

CHAPTER V. DISCUSSION

5.1 The preexistence of great gulf fixed in structural conditioning

In the Morphogenetic approach (MA), Archer initially considered structural factors from the social and cultural context that affect the action of the agency. In MA, agency and structure are clearly distinguished on a rational basis by assuming ‘structure that exists ahead.’ In this context, Archer argues that the structure is “pre-existence,” does not “decide” our actions, but it is “conditional.” Therefore, by presupposing structures and cultures that are predetermined over the agency, MA provides a more integrated framework for examining the dynamic relationships between material structures, ideological cultures, and agency, including an essential analysis of social structure that often overlooked in a hermeneutic approach. The exploration of the social structure related to adolescent pregnancy in Honduras is not only as a beginning for an accurate understanding of agency and reflexivity to be explored but also is as a cornerstone of the knowledge in effective educational interventions in the context of Honduras and how to overcome them.

The organizations in public health also argue that social determinants surrounding health issues should be considered (NCHHSTP, WHO, Healthy People, Kaiser Family Foundation, NEJM, Health Affairs, Institute of Medicine, New South Wales Department of Health). Based on her argument,

the causality of the structural condition surrounding the issue of adolescent pregnancy should be considered, and in the current research, participants explained the problem of adolescent pregnancy as a level of social and cultural condition. The causality of adolescent pregnancy in Honduras in the perspectives of the SDH are 1) Unstable economy 2) Social Norms; reluctance toward sex, Machismo 3) Broken family, 4) Insufficient support from government and 5) lack of SRHR education. These social conditions were fairly given to all before their efforts and actions. She emphasized the premise of the structure in analytical dualism. According to her reflexivity model, which highlights both objectivity and subjectivity and incorporates their interplay in the process of reflexive mediation, she argued that the condition of structure the agency faces can constrain or enable their behaviors regardless of their will. It means that adolescent pregnancy should not be considered as a phenomenon from one individual's interest but also as an interface between an individual and social condition that are predetermined. In Honduras, many teenagers spend their school lives in lethargy and disloyalty, complaining about the unstable economy and lack of jobs without the motivation to study and to dream about the future. Adolescents are seriously addicted to social media. Furthermore, teachers in poor schooling systems and parents in broken families did not look after their children. This leads adolescents not to strive for their future plan and live together without easily having an adolescent pregnancy or marry. In

particular, many problems with the lack of SRHR education have been revealed, which show the realities of education in Honduras. The lack of competence of instructor and contents of textbook for SRHR education, and the lack of community, social and policy support prove that the most effective education in preventing adolescent pregnancy does not play a proper role. That is, everyone equally faces a demanding environment that is irresistible that man could not control in Honduras. However, in a positive way, social changes depending on how an individual interprets and reacts to the given environment. It also highlights the consideration of structural support against poor structural conditioning that have a positive effect on preventing adolescent pregnancy are also available. Through the successful demonstration of these structural conditions, the special agencies can constructively overcome the problems of society and be able to solve them. In the next section, the role of this particular agent will be thoroughly discussed.

5.2 The importance of the agency to change society

Archer believed that social norms and socialization processes that could lead to a stable and continuous life in a post-modern society have become ineffective as they are rapidly changing and complicating with globalization. Instead, she emphasized the role of agency in looking at various social conditions with multiple interests can lead to social change. In other words, when it focuses on what the agency cares about, it can be expected social

change. Archer (2015) explained that the agency implies an individual's availability to act. Most importantly, the agency can overcome barriers, criticize, or confront the situation of oppression and deprivation. As individuals in society, they may exert the ability to influence and listen to the social community and others around them (Hanmer & Klugman, 2016). Despite the detrimental social structural conditioning in Honduras, the agencies have acted actively to change society positively in where they are.

The researcher met some agencies exhibiting their willingness to solve the problem of adolescent pregnancy. The agency takes an active and positive stance toward the realization of a given social structure (project), through an active and constructive attitude of modifying its own intentions in light of its perception of changing circumstances (Archer, 2007) The intentions of the agencies whose personal identities are based on a series of concerns and priorities are neither uniform, static, nor passive. Social structural policies (or projects) are to pursue the establishments of stable participation of individuals into the constraints and enablement in a given socio-cultural context. Therefore, the performance of the project depends on the role and its degree of each agency's participating in the project. From this point of view, society may have a concern to watch out for. Individual autonomous behavior can maximize selfish interests and can intensify inequality. Through education, it is possible to develop a leader who can extend the change from the individuals to the whole society. However, a leader, who

pursues only his own interest, may generate inequality and corruption in society. Those who have formed false sexual values are more likely to use sex only for their sexual pleasure, and negative consequences are inevitable in those individuals (Koenig et al., 2004; Maharaj & Munthre, 2007; Polis et al., 2009.; Williams et al., 2008; Zablotska et al., 2009). Developing countries tend to maximize their pursuit of selfishness due to the limited resources and poor infrastructure. The analysis of Effect theory confirms that the mediating factors as regards to the causes and results of adolescent pregnancy are related to the behavior of agency according to the sexual values (sex ethics). “What do you most care about the aspects in SRHR?” In other words, action based on values for sex can lead to adolescent pregnancy (Figure 19).

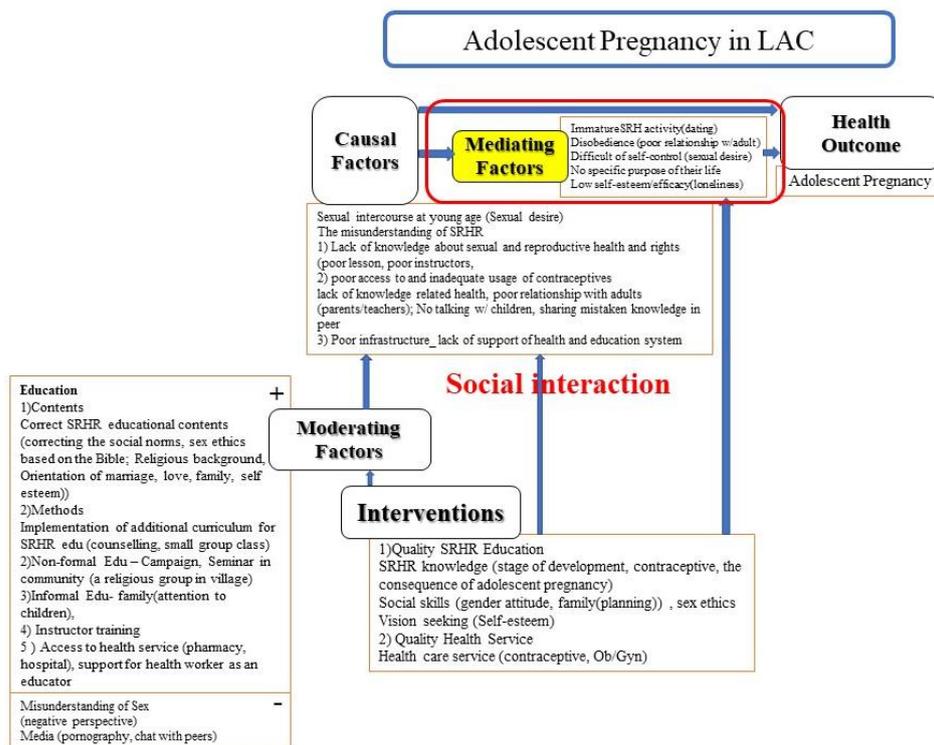


Figure 19. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Mediating Factor

The following actions serve as a mediating factor that lead to the phenomenon of adolescent pregnancy; 1) Immature sexual activity, 2) Disobedience, 3) Difficult of self-control, 4) No specific purpose of life, and 5) Low self-efficacy/esteem. The education, which focuses on what concerns the agency to act on regarding SRHR, could rather serve as a mediating factor that prevents the adolescent pregnancy from its cause and the result.

On the attention and direction of action and concern of the Agency, Archer mentioned the typology of reflexivity (will be discussed in 5.4). Also, Weber

of the Hermeneutic approach classified social action into four ideal⁹ types. (Table 11).

Table 11. Ideal types of social action (Oh, 2010)

	Choice	Orientation	Change of Society
Methodological Individualism in Hermeneutic approach	Rational-purposeful	Maximizing selfish profits	Deepening the hierarchical structure by increasing social efficiency
	Value-rational (Moral)	Justice and equality	Equalization of social structure

He contends the role of education plays a role in leading to the change of volitional choice for social development, not a rational choice, which is the selfish nature. If society entrusts everything to the autonomy of each individual, it will be a mess because of selfish competition and greed. In order to avert this, through education, each individual has a consciousness to pursue public interests rather than their own interests and also needs to recognize that through social development, it is possible to resolve social conflicts and problems caused by pursuing personal interests and leads to a changing society by encouraging people to have the will and make volitional choices. It has shown that conversations with teachers in school, sex education from fathers and mothers in family, seminar in religious facilities serving the community, and advising from the women who have experience of adolescent pregnancy (as discussed in 4.3). As they are agent to change the society in Honduras, they have common characteristics;

⁹ The word "ideal" means typical rather than ideal.

personal concerns; 1) critical opinions toward Honduras to improve social change 2) care for others 3) continuous effort for social action 4) Constructive attitude toward their life and Honduras and 5) clear sexual values (sex ethics).

Adolescent pregnancy in Honduras has become a problem for everyone in communities, as it is a problem for friends, family and neighbors around the ones who are directly engaged in the social problem of adolescent pregnancy. In other words, this focus should be on an agency where everyone can make active intervention through reflexivity; internal conversations. Then, the social-structural project involved becomes a reality. Archer argues that the realization of social structural policies or projects is achieved through the concrete practice of social action of the Agency.

Archer argues that the realization of social structural policies or projects is achieved through the concrete practice of social action of the Agency. Archer thus presented a gradual specification of how an individual behaves, arguing that it is driven through personal consideration of oneself and one's own interests related to society. The following sections describe social structural projects involved in reflexivity, a process of the interplay of agency and social structural project

5.3 The effective SRHR education as a positive intervention

In Honduras, the structural condition itself, which should be defined

clearly by agency, is not promising at all. Reflexivity not only mediates the effect of the structure on the agency but also regulates the individual response to a particular situation. Thus, it is required to consider the social structure. Changes in social structure and active intervention can promote the reflexivity exerted in internal conversation more positively to better structural elaboration. The role of social structural intervention is important because the beliefs, attitudes, and goals of the agency are defined and clarified through reflexivity. It is required to evaluate the social situation and establishes the project based on their primary concerns (Caetano, 2015).

Regarding the collected data, it reveals a desperate need for SRHR education. Effective SRHR education requires consideration of how and what to consider for implementation based on the data. This is all the more necessary in developing countries with limited resources. To this end, it is necessary to analyze moderating factors that have a positive effect on the causal factor. Considering the moderating factor that can directly affect the causal factor can successfully implement effective SRHR education (Figure 20).

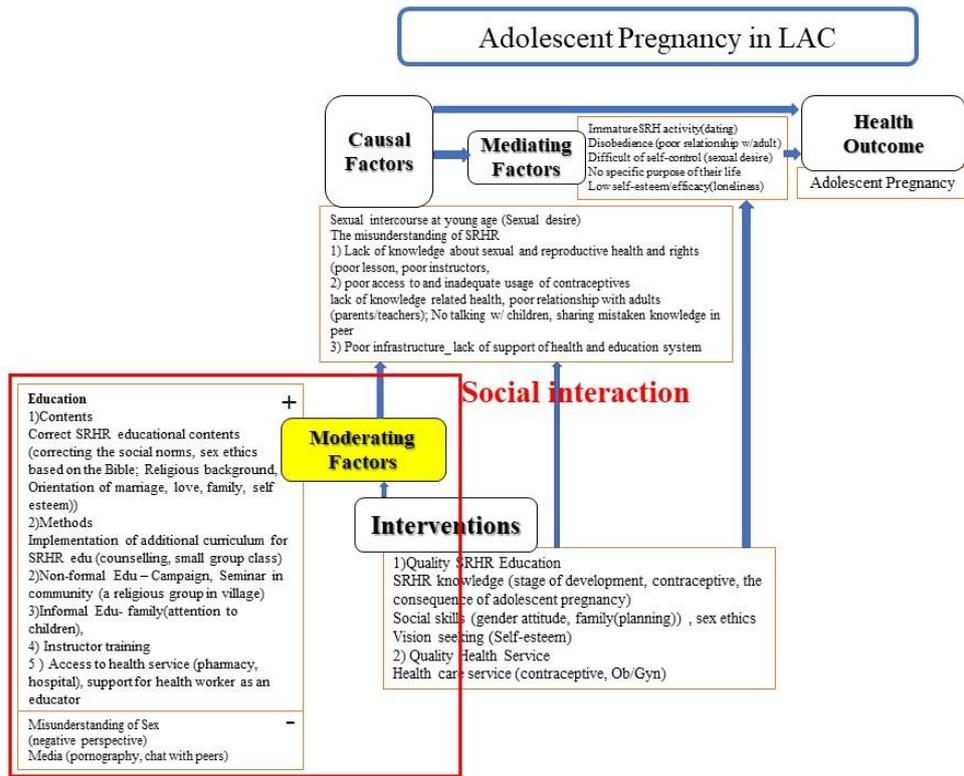


Figure 20. Analysis of Adolescent Pregnancy in Honduras using the framework of Intervention Theory, focusing Moderating factor

The analysis of the data is as follows. In particular, participants required three contents that should be considered in SRHR education as an extra-curriculum class for enough time and contents; 1) Value of sex; sex ethics 2) The realities of adolescent pregnancy, parenting, relationships, and love 3) counseling approach.

In the analysis of the textbook, particularly, the contents of the key concept 1-5 table (refer to table 6) that related to values of sex; sex ethics were not included in the textbook. Furthermore, participants answer the value of sex

that is needed to be learned, reflecting their structural conditioning, particularly social norms. Education is a value-oriented work to seek the desired changes (Oh, 2010). Therefore, it needs to set the goal of education. Further, an idealized social model is required to go beyond the level of changing an individual's attributes through education. However, in Honduras, their value of sex is distorted by social norms; 1) people are shameful about talking sex and 2) Machismo. A woman has more burden for pregnancy, which gender discrimination and social stigma. Under the Christian and Catholic background of Honduras, the following principles help students redefine the value of sex, not the wrong idea of social culture. In Christian group, sex is a God's gift as well as the marriage and virginity (Parida, 2014; Coakley, 2013; Kraft, 1989) Furthermore humans are divinely designed by God with capacities to enjoy sexual pleasure and procreation (Coakley, 2013), Meanwhile, the concupiscence represented a distorted and destructive sexual desire that eventually consumes oneself and others. Luther and Calvin believed that the marital bond was a God-endowed way to fulfill sexual pleasure and procreative purpose, and also a remedy to moderate the sexual desire (Schwarz, 2013). Catechism of the Catholic church clearly denotes human sexuality as a source of God-given joy and marriage as an intimate and noble union that manifests as truly human and godly act in ways of embracing and enriching each other (Libreria Editrice Vaticana, 2003) Freitas and Winner (2008) found that

evangelical students believed in God's forgiveness, healing and deliverance, leads them to make better decisions regarding their sexual attitudes and behaviors. Even though some people have a problem with SRH, it never leads to stigma and discrimination. In other words, sex is nothing to be ashamed of, and it is joyful in a healthy relationship and experience the procreation. Also, students wanted to know the meaning of parenting, relationships and love, not the wrong information from media or peer groups. In the interview, students emphasized taking the orientation (orientación in spanish) of adolescent pregnancy, love, marriage and parents to know the its consequence (consecuencia in spanish). It is very rare to see a good family in Honduras. There are also many couples living together without marriage, so there are rarely good examples of right relationship, love, and marriage. That is why students are always curious about love and marriage. But marriage and pregnancy need a commitment of love to be parents. Practical advice from the experience of women who gave birth to adolescents is of great help to many people.

In this respect, it is also important to encourage small group class that teachers and students have a discussion on the value of sex, not merely teaching, and sopping up the materials. The ideal social establishment also need be pursued through the agency. That is, it is necessary for an agency to voluntarily intervene and understand its social and cultural background and these principles. For this purpose, small group teaching and group

counseling are effective (Boud & Edwards, 1999; Huebner & Howell, 2003). In this perspective, some scholars also argue for this reconceptualization of education. (Freire, 1970; Giroux, 1983; Greene, 1978). Under the conditions that allow the agency to take the initiative in their lives and the planning within, their consent and agreement can help them correctly shape the goals of learning and values of sex, the meaning of relationship, marriage, parenting and others and provide the basis for realizing an ideal future society (Oh, 2010)

Youth is a stage in their lives when hormonal secretion and brain development occur together as well as physical changes in secondary sex, and life values are formed. Healthy self-esteem formation and self-assertive education in SRHR education can help establish the values for their own life, families, and marriages in the future (Europe education group, 2016; Unis & Sällström, 2019). As discussed in 4.3, through the teacher's personal counseling, students shared their concerns and problems related to sex. It is also necessary to form an intimacy with students in advance. (Eisenberg, Madsen, Oliphant, Sieving, & Resnick, 2013). Most teachers advocate the counselling approach, dealing with the issue related in SRHR

Therefore, the effort of social projects and policies that is long-term, comprehensive, and sustainable for the prevention of adolescent pregnancy is needed, which is undertaken. Active intervention and attitude of the agency under social structure are necessary, but the situation in Honduras

shows that the change of social structure is also urgent. The SRHR for adolescent is not an individual issue. Adolescent pregnancy has emerged as a major problem for Honduras. Not only education officials but also parents and community need to attend the SRHR education for adolescents. Through the form of non-formal education, it led to positive changes in Honduras' youth. (Moll & Renault, 2014). Many studies reported the effectiveness of intervention projects of SRH based on participation in the community (Ali & Cleland, 2005; Caffè et al., 2017; D. Dongarwar & H. M. Salihi, 2019; Gage, 2013; Goicolea et al., 2009; Hall et al., 2014; Kathya Córdova Pozo¹* et al., 2015; Neal et al., 2018; Peter Decat¹*, 2013). In particular, these projects are effective in generating the right improvement of social norms. It is time for parents and society to participate in education together in activities that teenagers can do after school. With the adoption of school-based extra-curricula sex education and community-based sex education, it needs more active support from the Ministry of Health and Education.

5.4 The change of the agency through education for social change

To analyze and improve social problems, Archer emphasized the agency and social structure, respectively, and suggested MA. MA implies that society continues to form and change. In the frame of analytical dualism, the final stage of structural elaborate on again becomes the stage of structural

conditioning, indicating changes in a fluid society. The need for SRHR education in school, family, and society has been called out in Honduras. Thus, if SRHR education and social structure change through the established policy of the Ministry of Education and the Ministry of Health, it will form a new structural conditioning, and the resulting reflexivity will occur again. More attention should be paid to what reflexivity should be made for the policies to be implemented in Honduras to capture the realization. That is, the studies need to be conducted on the agency that continues to be active in social change. The aspects of reflexivity to the newly changed social structural conditions depend on different one's own concern and power, which resulted from the free will of a self-reliant agency. As a result, even though the structural conditioning is equally given, it leads to a different structural elaboration, depending on social interactions. Archer pointed out that humans take the initiative in changing their lives by realizing their concerns-what they care about. In this process, a process of reflexivity takes place in which internal conversations are made. In other words, various processes of reflexivity will take place depending on what kind of concerns individuals have. How is reflexivity critical and actively involved in the social structure? Archer (2012) recently conducted research related to this question, particularly in the education field. Archer focused on the centrality of reflexivity in changing society. She conducted research titled "reflexive imperative in late modernity" to analyze how each type of

reflexivity enacts to society. She proposed four typologies of reflexivity; communicative, autonomous, meta and fractured (Table 12).

Table 12. Typology of Reflexivity

Typology	Definition
Communicative reflexivity	internal conversations that require confirmation by others before resulting in specific courses of action
Autonomous reflexivity	self-contained inner dialogues that lead directly to action without the need for validation by other individuals.
Meta-reflexivity	To critically evaluate existing internal conversation through internal dialogue and to be critical of effective behavior in society.
Fractured reflexivity	exercised by individuals whose inner dialogues do not allow them to deal properly with social circumstances.

A closer analysis of the process of reflexivity of the good agencies can have an impact of education in Honduras. They lead to positive social changes in the issue of adolescent pregnancy. An analysis of their subjective characteristics, their attitude toward Honduras society, and how they are translating their reflexivity into action can also influence on education in Honduras. Some may question how an individual can make a social structure change in a country, however, many changes are actually being made gradually and steadily by an agency, only in different sizes and shapes. (as we discussed in 4.3 and 5.2) The inability to recognize this change came from the misunderstanding of the volume of a social structure, that the social structure is simply defined as the recurrent type of social action. In

other words, the argument that a social movement refers to various types of collective action for social restructuring backs it up (Abercrombie, Hill, & Turner, 2006). The importance of education is given to knowing which typology of reflexivity that leads to social change by reacting rationally to a changing society, so that it encourages students to take that typology of reflexivity to respond rationally to social change. The attitude of reflexivity in individuals is important in that it motivates to produce changes in society. In education, the consciousness, will, symbol and act of individuals are directly targeted, which leads to the subjective interpretation of real society (Freire, 1973). In order to change society through education, individuals who are members of society should also be encouraged to have the creativity, will, and confidence to pursue and implement plans and find the knowledge and imagination to make real society aware and plan for the future (Freire, 1973; Oh, 2010) The role of education directly involved in the agency in the process of intervention and reflection of social structure in social change through education is expressed in Figure 21.

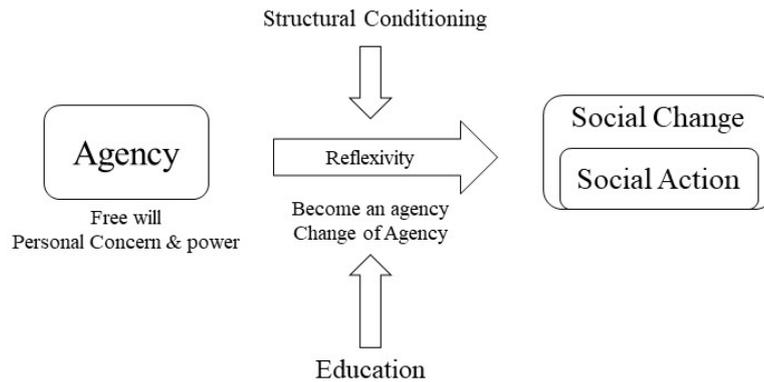


Figure 21. The change of the agency through education for social change

5.5 Limitation

Archer claimed that most people are dominated by one typology of reflexivity in a particular period of time. That is, in reflexivity, it develops in diverse ways depending on the interplay individuals established with their social contexts and their main concerns, not a homogeneous process.

However, this is the limitation that it did not conduct an in-depth study of the type of reflexivity due to the lack of the number of good agencies and time. When investigating what types of reflexivity are taking place against the high rate of adolescent pregnancy, it is necessary to understand how to help this reflexivity occur with the educational strategy. Despite the problematic structural conditions such as the economic crisis, lack of education, and the culture of machismo, some agencies begin with what they could do in their given environment. It needs to analyze these agencies and to take a closer look at SRHR education, which deals with the training

of the typical agency mentioned so far. This is because the three agencies are already having a positive impact on the prevention of adolescent pregnancies in Honduras.

Meanwhile, it is absurd that the agency who has free will and personal concern easily changes one's typology of reflexivity. However, education can help them to form responsible choice by enacting with the valid values of life and seeking a better life. That is, the importance of education is given to knowing which typology of reflexivity that leads to social change by reacting rationally to a changing society so that it encourages students to learn that typology of reflexivity to respond rationally to social change. The attitude of reflexivity in individuals is essential in that it motivates them to produce changes in society. Subsequently, it requires more in-depth research on the characteristics of agency and the process of reflexivity accordingly, which leading to the educational content. Furthermore, the study of the support strategy of the government is needed for the activation of informal and non-formal education.

CHAPTER VI. CONCLUSION

This study adopted one of the qualitative research methods with taking the socio-economic and political situation of adolescent pregnancy in Honduras into account and analyzed social health determinants and identified strategies for developing health education so as to improve adolescent health. It highlights the needs to improve SRHR education and services for adolescents, as well as to ensure political supports to protect them.

It has been demonstrated that Honduras has a difficult environment to be improved if no special social and political intervention had been implemented. SDH for adolescent pregnancy and the concerning rate of it proved the incompetency of the social situations in Honduras; 1) unstable economic situation, 2) social norm; reluctance toward sex, Machismo 3) broken family, 4) insufficient support from government and 5) the lack of SRHR education. These SDHs lead to a situation in which most people are

living in lethargy and laziness, with a negative viewpoint towards their own government and a constructive way of planning their life for a better future.

The researcher interviewed 14 participants and three agencies stood out in their effort to prevent adolescent pregnancy. They have been preventing it through social actions such as counseling and giving seminars and advice on educational sites. Personal concerns that the three agencies share are below; 1) critical opinions toward Honduras to improve social change 2) care for others (service) 3) continuous efforts for social action, 4) constructive attitude toward their life and Honduras and 5) clear sexual values (sex ethics). The educational strategies are building up the learners to have these characteristics. In addition, the educational contents which need to be included in SRHR education based on the context of Honduras are 1) The consequence of adolescent pregnancy 2) the meaning of relationships, love, and family-based on the value of sex (sex ethics), and 3) counseling approach.

The quantitative development of educational opportunities is certainly essential. However, it would be a more efficient way to focus more on qualitative side of development given the comprehensive situations of the country. Education in Honduras requires much effort to improve the status quo, while limitations in social systems and low-quality educational environments distracted the country from developing it. According to the interview, the researcher found that there is a lack of non-formal and

informal types of educational activities. . Nonetheless, according to the interviewed agency, there exists seminars at religious facilities and advices from experienced women, which implies a possibility of qualitative improvement in SRHR education on the prevention of adolescent pregnancy. The participants addressed the necessity for support at both the community and government level as well as their own individual efforts.

To achieve social changes through education, a focus should be on the agencies which are directly influenced by education since they are considered as the main drivers of social change. In particular, their social actions which resulted from the reflexivity between personal concerns and social conditions motivates communities to induce desirable social changes. In this perspective, it is undeniable that education takes a role to help individuals enable their free wills to lead a social change actively and dynamically. Also, an agency which is trained through education will lead the public to participate in social changes. In other words, social changes are led through agencies which reads the world critically with a proper educational perspective and acts to lead change based on it (Freire, 1970,1973; Oh, 2010).

This study presents the strategy of SRHR education which can be adopted not only in Honduras but also in other developing countries in Central and South America. It indeed contributes to focusing on the quality of SRHR education which is one of the key indicators to estimate the progress in

achieving the SDG 3, 4, 5; Health, Education, and Gender equality. The current work also contributes to exploring the realities of adolescent pregnancy and suggesting the implementation of improved health education considering local/social culture and political context in Honduras to solve the problems of adolescent pregnancy.

REFERENCES

- Abercrombie, N., Hill, S., & Turner, B. (2006). Dictionary of sociology 5 th ed. In: Penguin Books: New York.
- Abercromby, N., Hill, S., & Turner, B. S. (2006). The Penguin Dictionary of Sociology. London: Penguin, 1984, 9.
- Agreda, E. C. (2008). Los docentes y la educación sexual en la adolescencia. *Revista Ciencias de la educación*(32), 13-33.
- al, K. e. (2000). Listening to youth teen perspectives on pregnancy prevention.
- Alexander, J. C. (1987). *The micro-macro link*: Univ of California Press.
- Ali, M. M., & Cleland, J. (2005). Sexual and reproductive behaviour among single women aged 15–24 in eight Latin American countries: a comparative analysis. *Social Science & Medicine*, 60(6), 1175-1185. doi:<https://doi.org/10.1016/j.socscimed.2004.07.002>
- Archer, M. (1996). Social integration and system integration: developing the distinction. *Sociology*, 30(4), 679-699.
- Archer, M. (2002). Realism and the problem of agency. *Alethia*, 5(1), 11-20.
- Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (2013). *Critical realism: Essential readings*: Routledge.
- Archer, M. S. (1982). Morphogenesis versus structuration: on combining structure and action. *The British journal of sociology*, 33(4), 455-483.
- Archer, M. S. (1984). *Social origins of educational systems*: Routledge.
- Archer, M. S. (2005). Structure, culture and agency. *The Blackwell companion to the sociology of culture*, 17-34.
- Archer, M. S. (2007). *Making our way through the world: Human reflexivity and social mobility*: Cambridge University Press.
- Archer, M. S. (2009). *Conversations about reflexivity*: Routledge.
- Archer, M. S. (2010). Routine, reflexivity, and realism. *Sociological theory*, 28(3), 272-303.
- Archer, M. S. (2011). Morphogenesis: Realism's explanatory framework: Margaret S. Archer. In *Sociological realism* (pp. 66-101): Routledge.

- Archer, M. S. (2012). *The reflexive imperative in late modernity*: Cambridge University Press.
- Archer, M. S., & Archer, M. S. (1995). *Realist social theory: The morphogenetic approach*: Cambridge university press.
- Archer, M. S., & Archer, M. S. (1996). *Culture and agency: The place of culture in social theory*: Cambridge University Press.
- Archer, M. S., & Archer, M. S. (2000). *Being human: The problem of agency*: Cambridge University Press.
- Archer, M. S., & Archer, M. S. (2003). *Structure, agency and the internal conversation*: Cambridge University Press.
- At the threshold: The developing adolescent*. (1990). Cambridge, MA, US: Harvard University Press.
- Atkinson, P. (2014). *For ethnography*: Sage.
- Ávila Jennifer (2017, June 6). Adolescent pregnancy, a public health problem, *Latinamerica Press*, http://www.lapress.org/objetos/informe/46PI_Dossier%20EMBARAZO%20LP.pdf
- Bales, K. L., Pfeifer, L. A., & Carter, C. S. (2004). Sex differences and developmental effects of manipulations of oxytocin on alloparenting and anxiety in prairie voles. *Developmental Psychobiology: The Journal of the International Society for Developmental Psychobiology*, 44(2), 123-131.
- Barnett, J. E., & Hurst, C. S. (2003). Abstinence education for rural youth: An evaluation of the Life's Walk program. *Journal of School Health*, 73(7), 264-268.
- Blair, A., & Monk, D. (2012). *Sex education and the law in England and Wales: The importance of legal narratives*: Routledge.
- Boonstra, H. D. (2015). Advancing Sexuality Education in Developing Countries. *Evidence-based approaches to sexuality education: A global perspective*, 346.
- Boud, D., & Edwards, H. (1999). Learning for practice: Promoting learning in clinical and community settings. *Educating beginning practitioners: Challenges for health professional education*, 173-179.
- Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input.
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports*, 129(1_suppl2), 19-31.
- Brey, R. A., Clark, S. E., & Wantz, M. S. (2007). Enhancing health literacy through accessing health information, products, and services: An exercise for children and adolescents. *Journal of School Health*, 77(9), 640-645.
- Buell, J., Stoddard, P., Harris, F. R., & Baer, D. M. (1968). COLLATERAL SOCIAL DEVELOPMENT ACCOMPANYING REINFORCEMENT OF OUTDOOR PLAY IN A PRESCHOOL CHILD 1, 2. *Journal of Applied Behavior Analysis*, 1(2), 167-173.
- Burstein, H. J., Griggs, J. J., Prestrud, A. A., & Temin, S. (2010). American society of clinical oncology clinical practice guideline update on adjuvant endocrine therapy for women with hormone receptor–positive breast cancer. *Journal of oncology practice*, 6(5), 243-246.
- Butler, J. R., & Burton, L. M. (1990). Rethinking teenage childbearing: Is sexual abuse a missing link. *Family relations*, 73-80.
- Cáceres, C. F., Rosasco, A. M., Mandel, J. S., & Hearst, N. (1994). Evaluating a school-based intervention for STD/AIDS prevention in Peru. *Journal of Adolescent Health*, 15(7), 582-591.
- Caetano, A. (2015). Defining personal reflexivity: A critical reading of Archer's approach. *European Journal of Social Theory*, 18(1), 60-75. doi:10.1177/1368431014549684
- Caffe, S., Plesons, M., Camacho, A. V., Brumana, L., Abdool, S. N., Huaynoca, S., . . .

- Chandra-Mouli, V. (2017). Looking back and moving forward: can we accelerate progress on adolescent pregnancy in the Americas? *Reproductive Health, 14*(1), 83. doi:10.1186/s12978-017-0345-y
- Caricote Agreda, E. A. (2008). Influencia de los padres en la educación sexual de los adolescentes. *Educere, 12*(40), 79-87. Retrieved from http://snu-primo.hosted.exlibrisgroup.com/82SNU:TN_scielo_sS1316_49102008000100010
- Catalano, R. F., Kosterman, R., Hawkins, J. D., Newcomb, M. D., & Abbott, R. D. (1996). Modeling the etiology of adolescent substance use: A test of the social development model. *Journal of drug issues, 26*(2), 429-455.
- CEPAL, N. (2017). *Social Panorama of Latin America 2015*: ECLAC.
- Charter, O. (1986). *Ottawa Charter for health promotion*. Paper presented at the First international conference on health promotion.
- Chen, X.-K., Wen, S. W., Fleming, N., Demissie, K., Rhoads, G. G., & Walker, M. (2007). Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *International journal of epidemiology, 36*(2), 368-373.
- Cinq-Mars, C., Wright, J., Cyr, M., & McDuff, P. (2004). Sexual at-risk behaviors of sexually abused adolescent girls. *Journal of Child Sexual Abuse, 12*(2), 1-18.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*: Sage publications.
- da Silva, D. R. Q., & Guerra, O. U. Estudios de masculinidades en la región oriental de Cuba: develando imaginarios Masculinities studies in eastern Cuba: imaginaries significations.
- Dailard, C. (2006). Legislating against arousal: the growing divide between federal policy and teenage sexual behavior. *Guttmacher Policy Review, 9*(3), 12-16.
- Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016.
- Daniluk, J. C., & Browne, N. (2008). Traditional religious doctrine and women's sexuality: Reconciling the contradictions. *Women & Therapy, 31*(1), 129-142.
- Darré, S., Sosa, F., Cantarelli, A., & Jubin, M. (2010). El cuidado de sí en niñas, niños y adolescentes. Discursos y prácticas cotidianas sobre sexualidad y derechos en el sistema educativo nacional. In: Montevideo, Uruguay. ANEP.
- De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. *Development and psychopathology, 13*(3), 539-564.
- Dixon-Mueller, R. (2008). How young is "too young"? Comparative perspectives on adolescent sexual, marital, and reproductive transitions. *Studies in family planning, 39*(4), 247-262.
- Donahue, K. L., Lichtenstein, P., Lundstrom, S., Anckarsater, H., Gumpert, C. H., Langstrom, N., & D'Onofrio, B. M. (2013). Childhood behavior problems and adolescent sexual risk behavior: familial confounding in the child and adolescent twin study in Sweden (CATSS). *J Adolesc Health, 52*(5), 606-612. doi:10.1016/j.jadohealth.2012.11.001
- Donatelle, R. (2009). Promoting healthy behavior change. *Health: The basics, 4*.
- Donati, P., & Archer, M. S. (2015). *The relational subject*: Cambridge University Press.
- Dongarwar, D., & Salihu, H. M. (2019). Influence of sexual and reproductive health literacy on single and recurrent adolescent pregnancy in Latin America. *Journal of pediatric and adolescent gynecology, 32*(5), 506-513.
- Dongarwar, D., & Salihu, H. M. (2019). Influence of Sexual and Reproductive Health Literacy on Single and Recurrent Adolescent Pregnancy in Latin America. *J Pediatr Adolesc Gynecol, 32*(5), 506-513. doi:10.1016/j.jpag.2019.06.003
- Douglas, J. D. (1976). *Investigative social research: Individual and team field research*: Sage Beverly Hills, CA.
- Durkheim, E., Catlin, G. E. G., Mueller, J. H., & Solovay, S. A. (1938). *The rules of*

- sociological method* (Vol. 8): Free Press New York.
- Dyke, M., Johnston, B., & Fuller, A. (2012). Approaches to reflexivity: navigating educational and career pathways. *British Journal of Sociology of Education*, 33(6), 831-848.
- Education, E. E. G. o. S. (2016). Sexuality education – what is it? *Sex Education*, 16(4), 427-431. doi:10.1080/14681811.2015.1100599
- Eisenberg, M. E., Madsen, N., Oliphant, J. A., Sieving, R. E., & Resnick, M. (2013). “Am I qualified? How do I know?” A Qualitative Study of Sexuality Educators' Training Experiences. *American Journal of Health Education*, 41(6), 337-344. doi:10.1080/19325037.2010.10599162
- Esteves, A., & Santos, D. (2013). Construyendo un sistema de indicadores interseccionales. *Procesos de armonización en instituciones de educación superior de América Latina. Quito: MISEAL/FLACSO.*
- Esteves Estefanell, A., & Santos Alarcón, D. (2013). Construyendo un sistema de indicadores interseccionales Procesos de armonización en instituciones de educación superior de América Latina. *Quito: FLACSO, MISEAL.*
- Fägerlind, I., & Saha, L. J. (2016). *Education and national development: A comparative perspective*: Elsevier.
- Faúndez, A., & Weinstein, M. (2013). Ampliando la mirada: la integración de los enfoques de género, interculturalidad y derechos humanos.
- Feldman, S. S., & Elliott, G. R. (1990). *At the threshold: The developing adolescent*. Harvard University Press.
- Fetterman, D. M. (2019). *Ethnography: Step-by-step* (Vol. 17): SAGE Publications, Incorporated.
- Foucault, M. (1990). *The history of sexuality: An introduction*: Vintage.
- Freire, P. (1970). *Pedagogy of the oppressed* (MB Ramos, Trans.). New York: Continuum, 2007.
- Freire, P. (1973). *Education for critical consciousness* (Vol. 1). Bloomsbury Publishing.
- Freitas, D. (2015). *Sex and the Soul, Updated Edition: Juggling Sexuality, Spirituality, Romance, and Religion on America's College Campuses*: Oxford University Press.
- Gage, A. J. (2013). Association of child marriage with suicidal thoughts and attempts among adolescent girls in Ethiopia. *J Adolesc Health*, 52(5), 654-656. doi:10.1016/j.jadohealth.2012.12.007
- Giordano, F. G., Thumme, B., & Panting Sierra, G. (2009). The hopes and dreams of Honduran women regarding their daughters' sexuality. *Qualitative Health Research*, 19(7), 996-1009.
- Giroux, H. A. (1983). Theory and resistance in education: A pedagogy for the opposition.
- Glaser, B., & Strauss, A. (1967). Grounded theory: The discovery of grounded theory. *Sociology the journal of the British sociological association*, 12(1), 27-49.
- Goicolea, I., Marianne, W., Öhman, A., & San Sebastian, M. (2009). Risk factors for pregnancy among adolescent girls in Ecuador's Amazon basin: a case-control study. *Revista Panamericana de Salud Pública*, 26, 221-228.
- Gold, R. S., & Miner, K. R. (2002). Report of the 2000 joint committee on health education and promotion terminology. *Journal of School Health*, 72(1), 3-7.
- Goldman, J. D., & Bradley, G. L. (2001). Sexuality education across the lifecycle in the new millennium. *Sex Education*, 1(3), 197-217.
- Goldman, J. D., & Bradley, G. L. (2004). Parents as sexuality educators of their children in the technological age. *Journal of Psychologists and Counsellors in Schools*, 14(2), 233-250.
- Gray, N. J., Klein, J. D., Noyce, P. R., Sesselberg, T. S., & Cantrill, J. A. (2005). Health information-seeking behaviour in adolescence: the place of the internet. *Social Science & Medicine*, 60(7), 1467-1478.
- Green, L. (1996). *Policing places with drug problems* (Vol. 2): Sage Thousand Oaks, CA.

- Greene, M. (1978). *Landscapes of learning*: Teachers College Press.
- Griffiths, W. (1972). Health education definitions, problems, and philosophies. *Health Education Monographs*, 1(31), 7-11.
- Gutiérrez-Quintanilla, J., Rojas-García, A., & Sierra, J. (2010). Comparación transcultural de la doble moral sexual entre estudiantes universitarios salvadoreños y españoles. *Revista Salvadoreña de Psicología*, 1, 31-51.
- Hall, M. G., Garrett, J. J., & Barrington, C. (2014). La situación económica: Social determinants of contraceptive use in rural Honduras. *Global Public Health*, 9(4), 455-468.
- Halperin, D. M. (1997). *Saint Foucault: Towards a gay hagiography*: Oxford Paperbacks.
- Hanmer, L., & Klugman, J. (2016). Exploring Women's agency and empowerment in developing countries: where do we stand? *Feminist Economics*, 22(1), 237-263.
- Hatch, J. A. (2002). *Doing qualitative research in education settings*: Suny Press.
- Health, D. o., Human Services, W., DC., & People, H. (2000). *Healthy people 2010: Understanding and improving health*: US Department of Health and Human Services.
- Health, U. D. o., Services, H., Prevention, O. o. D., Promotion, H., Health, U. D. o., Services, H., . . . Promotion, H. (2010). Healthy people 2020. In: Washington, DC:.
- Hock, R. R. (2011). *Human Sexuality Mydevelopmentlab Standalone Access Card*: Prentice Hall.
- Hodgkinson, S. C., Colantuoni, E., Roberts, D., Berg-Cross, L., & Belcher, H. M. (2010). Depressive symptoms and birth outcomes among pregnant teenagers. *Journal of pediatric and adolescent gynecology*, 23(1), 16-22.
- Hubbard, R. (1990). The political nature of human nature. *Theoretical perspectives on sexual difference*, 63-73.
- Huebner, A. J., & Howell, L. W. (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health*, 33(2), 71-78.
- Hunt, F., Castagnaro, K., & Monterrosas Catrejón, E. (2014). Evaluation of the implementation of the ministerial declaration preventing through education: From commitment to action: Advances in Latin America and the Caribbean. *International Planned Parenthood Federation, Western Hemisphere Region. Demysex. Mexico*.
- Irvine, J. (2002). *In search of wholeness: African American teachers and their culturally specific classroom practices*: Springer.
- Jejeebhoy, S. J., Zavier, A. F., & Santhya, K. (2013). Meeting the commitments of the ICPD programme of action to young people. *Reproductive Health Matters*, 21(41), 18-30.
- Jerves, E., López, S., Castro, C., Ortiz, W., Palacios, M., Rober, P., & Enzlin, P. (2014). Understanding parental views of adolescent sexuality and sex education in Ecuador: a qualitative study. *Sex Education*, 14(1), 14-27. doi:10.1080/14681811.2013.814034
- Kahn, P., Qualter, A., & Young, R. (2012). Structure and agency in learning: a critical realist theory of the development of capacity to reflect on academic practice. *Higher Education Research & Development*, 31(6), 859-871. doi:10.1080/07294360.2012.656078
- Kathya Córdova Pozo1*, V. C.-M., , P. D., , E. N., , S. D. M., , Jaruseviciene5, L., . . . Michielsen3, a. K. (2015). Improving adolescent sexual and reproductive health in Latin America_reflections from an international Congress.
- Keogh, S. C., Stillman, M., Leong, E., Awusabo-Asare, K., Sidze, E., Monzón, A. S., & Motta, A. (2020). Measuring the quality of sexuality education implementation at the school level in low- and middle-income countries. *Sex Education*, 20(2), 119-137. doi:10.1080/14681811.2019.1625762
- Kickbusch, I. (2008). Health literacy: an essential skill for the twenty-first century. *Health*

- Education*, 108(2), 101-104. doi:10.1108/09654280810855559
- Kim, H. W. (2013). Gender differences in knowledge and health beliefs related to behavioral intentions to prevent human papillomavirus infection. *Asia Pac J Public Health*, 25(3), 248-259. doi:10.1177/1010539512444307
- Kim, S. (2015). *교육사회학* (제5판. ed.). 파주: 파주 : 교육과학사.
- King, R. (1980). Weberian perspectives and the study of education. *British Journal of Sociology of Education*, 1(1), 7-23.
- Kirby, D., Korpi, M., Barth, R. P., & Cagampang, H. H. (1997). The impact of the Postponing Sexual Involvement curriculum among youths in California. *Family Planning Perspectives*, 100-108.
- Kitzinger, J. (1995). Qualitative research: introducing focus groups. *BMJ*, 311(7000), 299-302.
- Koenig, M. A., Zablotska, I., Lutalo, T., Nalugoda, F., Wagman, J., & Gray, R. (2004). Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*, 156-163.
- LeCroy, & Associates., M. (2003). Final report Arizona abstinence only education program 1998–2003. In: Arizona Department of Health Services, Office of Women's and Children's
- Lilian Foundation. (2019). *Sexual and reproductive health and rights*. <https://www.lilianefonds.org/uploads/media/5d91c46cd43c0/sexual-reproductive-health-rights.pdf?token=/uploads/media/5d91c46cd43c0/sexual-reproductive-health-rights.pdf>
- Lincoln, Y. S., & Guba, E. G. (1990). Judging the quality of case study reports. *International Journal of Qualitative Studies in Education*, 3(1), 53-59.
- Lindberg, L. D., & Maddow-Zimet, I. (2012). Consequences of sex education on teen and young adult sexual behaviors and outcomes. *J Adolesc Health*, 51(4), 332-338. doi:10.1016/j.jadohealth.2011.12.028
- Lopez, L. M., Grey, T. W., Hiller, J. E., & Chen, M. (2015). Education for contraceptive use by women after childbirth. *Cochrane Database of Systematic Reviews*(7).
- Maharaj, P., & Munthre, C. (2007). Coerced first sexual intercourse and selected reproductive health outcomes among young women in KwaZulu-Natal, South Africa. *Journal of Biosocial Science*, 39(2), 231-244.
- Manganello, J. A. (2007). Health literacy and adolescents: a framework and agenda for future research. *Health Education Research*, 23(5), 840-847. doi:10.1093/her/cym069
- Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., & Health, C. o. S. D. o. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661-1669.
- Marshall, C., & Rossman, G. (2011). Managing, analyzing, and interpreting data. C. Marshall & GB Rossman, *Designing Qualitative Research*, 5, 205-227.
- Martin, S. P. (2006). Trends in marital dissolution by women's education in the United States. *Demographic Research*, 15, 537-560.
- Maxwell, C., & Aggleton, P. (2014). Agentic practice and privileging orientations among privately educated young women. *The Sociological Review*, 62(4), 800-820.
- McGee, J. E., Peterson, M., Mueller, S. L., & Sequeira, J. M. (2009). Entrepreneurial self-efficacy: refining the measure. *Entrepreneurship theory and Practice*, 33(4), 965-988.
- McKenzie, J., Neiger, B., & Thackeray, R. (2009). Health education can also be seen as preventive medicine (marcus 2012). *Health Education and Health Promotion. Planning, Implementing, & Evaluating Health Promotion Programs*, 3-4.
- McQueston, K., Silverman, R., & Glassman, A. (2012). Adolescent fertility in low-and middle-income countries: effects and solutions. *Center for Global Development Working Paper*, 295.

- Miller, C. T., Scarl, J., & Hauser, M. D. (2004). Sensory biases underlie sex differences in tamarin long call structure. *Animal Behaviour*, 68(4), 713-720.
- Modell, J., & Goodman, M. (1990). Historical perspective. *At the threshold: The developing adolescent*, 93-122.
- Moles, K. (2017). Teaching sexuality and Christianity for perspective transformation: Suggested resources and strategies. *Teaching Theology & Religion*, 20(2), 175-188.
- Moll, A., & Renault, L. (2014). Rebirth, empowerment, and youth leading social change: non-formal education in Honduras. *Gender & Development*, 22(1), 31-47. doi:10.1080/13552074.2014.889345
- Moran, P., Coffey, C., Romaniuk, H., Olsson, C., Borschmann, R., Carlin, J. B., & Patton, G. C. (2012). The natural history of self-harm from adolescence to young adulthood: a population-based cohort study. *The Lancet*, 379(9812), 236-243.
- Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *Int J Gynaecol Obstet*, 131 Suppl 1, S40-42. doi:10.1016/j.ijgo.2015.02.006
- Murphy-Graham, E., & Leal, G. (2014). Child marriage, agency, and schooling in rural Honduras. *Comparative Education Review*, 59(1), 24-49.
- Navarro, R., Yubero, S., Larrañaga, E., & Martínez, V. (2012). Children's cyberbullying victimization: Associations with social anxiety and social competence in a Spanish sample. *Child indicators research*, 5(2), 281-295.
- Neal, S., Harvey, C., Chandra-Mouli, V., Caffè, S., & Camacho, A. V. (2018). Trends in adolescent first births in five countries in Latin America and the Caribbean: disaggregated data from demographic and health surveys. *Reprod Health*, 15(1), 146. doi:10.1186/s12978-018-0578-4
- Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of consulting and clinical psychology*, 71(3), 575.
- Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, 13(4), 349-364.
- Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259-267. doi:10.1093/heapro/15.3.259
- Oh, U. H. (2010). *베버 패러다임 교육사회학의 구상 : 교육현상의 이해와 인본주의 사회의 구현을 위하여*. 서울: 서울 : 이화여자대학교 출판부.
- Otero, S. D. Cuando el saber no tiene lugar: la difícil implementación de la educación sexual en el sistema educativo uruguayo. *FLACSO, Sede Ecuador*, 199.
- Paasche-Orlow, M. K., Parker, R. M., Gazmararian, J. A., Nielsen-Bohlman, L. T., & Rudd, R. R. (2005). The prevalence of limited health literacy. *Journal of general internal medicine*, 20(2), 175-184.
- Patton, M. Q. (2005). Qualitative research. *Encyclopedia of statistics in behavioral science*. Peter Decat^{1*}, E. N., Sarah De Meyer¹, Lina Jaruseviciene³, Miguel Orozco⁴, Zoyla Segura⁵, Anna Gorter⁵, Bernardo Vega⁶, Kathya Cordova⁷, Lea Maes⁸, Marleen Temmerman¹, Els Leye¹ and Olivier Degomme¹. (2013). Community embedded reproductive health interventions for adolescents in Latin America: development and evaluation of a complex multi-centre intervention. *BMC Public Health*, 13(31).
- Polis, C. B., Lutalo, T., Wawer, M., Serwadda, D., Kigozi, G., Nalugoda, F., . . . Gray, R. (2009). Coerced sexual debut and lifetime abortion attempts among women in Rakai, Uganda. *International Journal of Gynecology & Obstetrics*, 104(2), 105-109.
- Pozo, K. C. (2014). Improving adolescent sexual and reproductive health in Latin America: reflections from an International Congress.
- Rainey, D. Y., Stevens-Simon, C., & Kaplan, D. W. (1995). Are adolescents who report

- prior sexual abuse at higher risk for pregnancy? *Child abuse & neglect*, 19(10), 1283-1288.
- Raphael-Leff, J. (1996). Pregnancy—Procreative process, the “placental paradigm,” and perinatal therapy. *Journal of the American Psychoanalytic Association*, 44, 373-399.
- Robertson, A., & Minkler, M. (1994). New health promotion movement: a critical examination. *Health education quarterly*, 21(3), 295-312.
- Romero, M. V. (2015). Etiology of Adolescent Pregnancies In Honduras.
- Rossman, G. B., & Rallis, S. F. (2011). *Learning in the field: An introduction to qualitative research*: Sage.
- Rubin, B. R. (1995). *The search for peace in Afghanistan: From buffer state to failed state* (Vol. 168): Yale University Press New Haven, CT.
- Sabonge, K., Wulf, D., Remez, L., Prada, E., & Drescher, J. (2006). Early childbearing in Honduras: a continuing challenge. *Issues in brief (Alan Guttmacher Institute)*(4), 1-23. Retrieved from <http://europepmc.org/abstract/MED/17152658>
- Saha, L. J., & Zubrzycki, J. (1997). Classical sociological theories of education. *International Encyclopaedia of the Sociology of Education*. Oxford: Pergamon.
- Salvadoreña, A. D. (2004). Encuesta Nacional de Salud Familiar: FESAL 2002/03: Base de Datos.
- Samandari, G., & Speizer, I. S. (2010). Adolescent sexual behavior and reproductive outcomes in Central America: trends over the past two decades. *International Perspectives on Sexual and Reproductive Health*, 36(1), 26.
- Sandfort, T. G., & Ehrhardt, A. A. (2004). Sexual health: a useful public health paradigm or a moral imperative? *Archives of Sexual Behavior*, 33(3), 181-187.
- Satel, S. L., & Klick, J. (2005). The Institutes of Medicine Report: Too Quick to Diagnose Bias. *Perspectives in biology and medicine*, 48(1), 15-S25.
- Sather, L., & Zinn, K. (2002). Effects of abstinence-only education on adolescent attitudes and values concerning premarital sexual intercourse. *Family & community health*, 25(2), 1-15.
- Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S.-J., Dick, B., Ezeh, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. *The Lancet*, 379(9826), 1630-1640.
- Schutz, A. (1972). *The phenomenology of the social world*: Northwestern University Press.
- Schwandt, T. A. (1997). *Qualitative inquiry: A dictionary of terms*: Sage Publications, Inc.
- Schwartz, R., Goodman, R., & Steckler, A. (1995). Policy advocacy interventions for health promotion and education: Advancing the state of practice. In: Sage Publications Sage CA: Thousand Oaks, CA.
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*: Teachers college press.
- Shakya, H. B., Weeks, J. R., & Christakis, N. A. (2019). Do village-level normative and network factors help explain spatial variability in adolescent childbearing in rural Honduras? *SSM - Population Health*, 9. doi:10.1016/j.ssmph.2019.100371
- Sheriff, M. J., Krebs, C. J., & Boonstra, R. (2009). The sensitive hare: sublethal effects of predator stress on reproduction in snowshoe hares. *Journal of Animal Ecology*, 78(6), 1249-1258.
- Shima Islam (2018, April 16). Addressing the patterns of child marriage, early union and teen pregnancy in Southeast Asia: A matter of urgency; Governments, UN agencies and civil society partners strategise on steps needed to reverse current trends. *UNICEF East Asia and the Pacific*. Retrieved from <https://www.unicef.org/eap/press-releases/addressing-patterns-child-marriage-early-union-and-teen-pregnancy-southeast-asia>
- Shtarkshall, R. A., Santelli, J. S., & Hirsch, J. S. (2007). Sex education and sexual socialization: Roles for educators and parents. *Perspectives on sexual and*

- reproductive health*, 39(2), 116-119.
- Simonds, S. K. (1974). Health education as social policy. *Health Education Monographs*, 2(1_suppl), 1-10.
- Singh, S., Bankole, A., & Woog, V. (2005). Evaluating the need for sex education in developing countries: sexual behaviour, knowledge of preventing sexually transmitted infections/HIV and unplanned pregnancy. *Sex Education*, 5(4), 307-331.
- Smith, E., Dariotis, J., & Potter, S. (2003). Evaluation of the Pennsylvania Abstinence Education and related services initiative: 1998–2002. *Philadelphia: Pennsylvania Department of Health, Maternal and Child Health Bureau of Family Health*. Retrieved November, 4, 2006.
- Sorenson, A., & Brown, G. (2007). Report on the sexual health education of young people in WA. *Perth, Australia: WA Health*.
- Speizer, I. S., Whittle, L., & Carter, M. (2005). Gender relations and reproductive decision making in Honduras. *International Family Planning Perspectives*, 131-139.
- Sprinthall, N. A., & Collins, W. A. (1984). *Adolescent psychology: A developmental view*: Random House New York, NY.
- Stake, R. E. (1995). *The art of case study research*: Sage.
- Stassen Berger, K. (2005). *The developing person through the life span*: New York Bedford, Freeman and Worth.
- Steel, J. L., & Herlitz, C. A. (2005). The association between childhood and adolescent sexual abuse and proxies for sexual risk behavior: A random sample of the general population of Sweden. *Child abuse & neglect*, 29(10), 1141-1153.
- Steinberg, L. (2005). Cognitive and affective development in adolescence. *Trends in cognitive sciences*, 9(2), 69-74.
- Stock, J. L., Bell, M. A., Boyer, D. K., & Connell, F. A. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives*, 200-227.
- Sørensen, K., Karuranga, S., Denysiuk, E., & McLernon, L. (2018). Health literacy and social change: exploring networks and interests groups shaping the rising global health literacy movement. *Global Health Promotion*, 25(4), 89-92. doi:10.1177/1757975918798366
- Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: a systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80.
- Swain, S. L., Warne, E. M., & Hillel, M. L. (2004). Ignorance is not innocence.
- Tatum, C., Rueda, M., Bain, J., Clyde, J., & Carino, G. (2012). Decisionmaking Regarding Unwanted Pregnancy among Adolescents in Mexico City: A Qualitative Study. *Studies in family planning*, 43(1), 43-56. Retrieved from <http://www.jstor.org/stable/23409379>
- Tebeu, P. M., Fomulu, J. N., Khaddaj, S., de Bernis, L., Delvaux, T., & Rochat, C. H. (2012). Risk factors for obstetric fistula: a clinical review. *International urogynecology journal*, 23(4), 387-394.
- UN. (1994). *International conference on population and development programme of action*. Paper presented at the International Conference on Population and Development: 1994.
- UN. (2015). Transforming our world: The 2030 agenda for sustainable development. *General Assembly 70 session*.
- UN. (2017). *Reproductive Health Policies 2017*
https://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf
- UNFPA, U., & UN-HABITAT, I. (2013). Population dynamics in the post-2015 development agenda: Report of the global thematic consultation on population

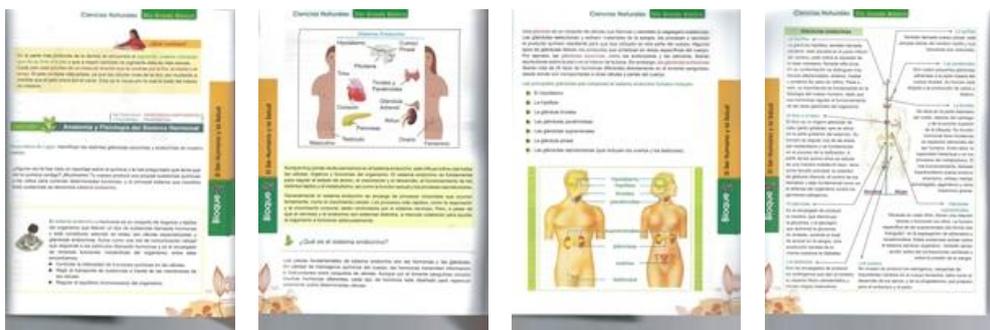
- dynamics. *United Nations*. URL <http://www.worldwewant2015.org/file/313464/download/340868>.
- UNFPA (2013) Adolescent Pregnancy: A Review of the Evidence. *United Nations Population Fund*.
https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf
- UNFPA. Girlhood, not motherhood: Preventing adolescent pregnancy. New York: UNFPA; 2015.
- UNFPA. (2019). *Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage; Background document for the Nairobi Summit on ICPD25 – Acceleration the promise*.
https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf
- UNICEF. (2011). *The state of the world's children 2011-executive summary: Adolescence an age of opportunity*: Unicef.
- UNICEF. (2013). *Statistics Honduras*. UNICEF
http://www.unicef.org/infobycountry/honduras_statistics.html
- UNICEF. (2018). *International technical guidance on sexuality education: an evidence-informed approach*: UNESCO Publishing.
- Unis, B. D., & Sällström, C. (2019). Adolescents' conceptions of learning and education about sex and relationships. *American Journal of Sexuality Education*, 1-28. doi:10.1080/15546128.2019.1617816
- Van Maanen, J. (1995). An end to innocence: The ethnography of ethnography. *Representation in ethnography*, 23, 12.
- Varga-Tóth, A. (2019). *Reproductive health information, behaviour and sexual education of adolescent girls in Hungary*. szte,
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, 379(9826), 1641-1652.
- Waxman, H. (2004). The content of federally funded abstinence-only education programs. *Washington, DC: US House of Representatives Committee on Government Reform—Minority Staff Special Investigations Division* <http://oversight.house.gov/documents/20041201102153-50247.pdf>.
- Weber, M. (1947). Marx Weber: The Theory of Social and Economic Organization. ed. In: Talcott Parsons, NY: The Free Press.
- Weiss, R. S. (1994) Learning From Strangers: The Art and Method of Qualitative Interview Studies. In: New York: The Free Press (MacMillan).
- Wharf Higgins, J., Begoray, D., & Macdonald, M. (2009). A Social Ecological Conceptual Framework for Understanding Adolescent Health Literacy in the Health Education Classroom. In (Vol. 44, pp. 350-362). Boston.
- WHO. (2000). *The world health report 2000: health systems: improving performance*: World Health Organization.
- WHO. (2006). *The world health report 2006: working together for health*: World Health Organization.
- WHO. (2014). *Global status report on noncommunicable diseases 2014*: World Health Organization.
- WHO. (2015). *Global status report on road safety 2015*: World Health Organization.
- WHO, U., UNFPA, U., & UN, W. (2019). *The World Bank Group. Survive, Thrive, Transform. Global Strategy for Women's, Children's and Adolescents' Health: 2018 report on progress towards 2030 targets*. Geneva: World Health Organization; 2018. Retrieved from
- Williams, C. M., McCloskey, L. A., & Larsen, U. (2008). Sexual violence at first intercourse against women in Moshi, northern Tanzania: prevalence, risk factors,

- and consequences. *Population Studies*, 62(3), 335-348.
- Winner, L. F. (2006). *Real Sex*: Brazos Press.
- Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation*: Sage.
- Wolcott, H. F. (2008). *Writing up qualitative research*: Sage Publications.
- Yoo, S. S., 정봉근, & 강규원. (2017). *국제교육개발협력 : 이론과 쟁점*. 과주: 과주 : 교육과학사.
- Zablotska, I. B., Gray, R. H., Koenig, M. A., Serwadda, D., Nalugoda, F., Kigozi, G., . . . Wawer, M. (2009). Alcohol use, intimate partner violence, sexual coercion and HIV among women aged 15–24 in Rakai, Uganda. *AIDS and Behavior*, 13(2), 225-233.
- Zarcadoolas, C., Pleasant, A., & Greer, D. S. (2003). Elaborating a definition of health literacy: a commentary. *Journal of health communication*, 8(S1), 119-120.
- Zarcadoolas, C., Pleasant, A., & Greer, D. S. (2005). Understanding health literacy: an expanded model. *Health Promotion International*, 20(2), 195-203.
- Zarcadoolas, C., Pleasant, A., & Greer, D. S. (2009). *Advancing health literacy: A framework for understanding and action* (Vol. 45): John Wiley & Sons.
- 김신일. (1985). *敎育社會學*. 서울: 서울 : 敎育科學社.
- 김춘경. (2016). *상당학 사전*. 서울: 서울 : 학지사.
- 우남식. (2015). *성심리 : 대학생의 성의식*. 시그마프레스
- 이성희, 정. (2015). 아처의 형태발생론적 접근(Morphogenetic Approach)에 대한 탐색적 연구: ‘성찰’의 재개념화를 중심으로. *교육사회학연구*, 25(1), 189-210. Retrieved from http://snu-primo.hosted.exlibrisgroup.com/82SNU:TN_kyobo_s4050026585045

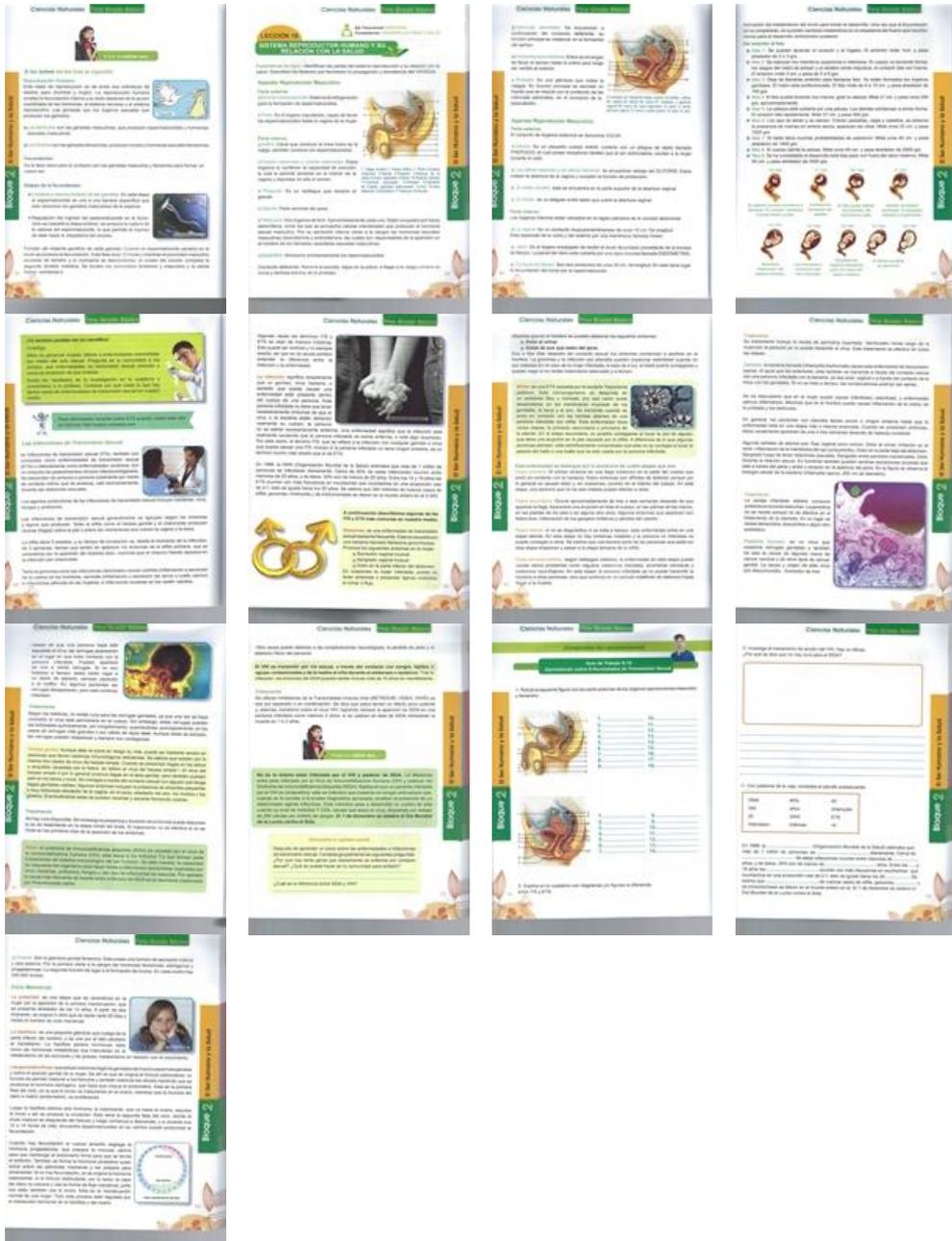
APPENDIXS

Appendix 1. Textbooks in Honduras

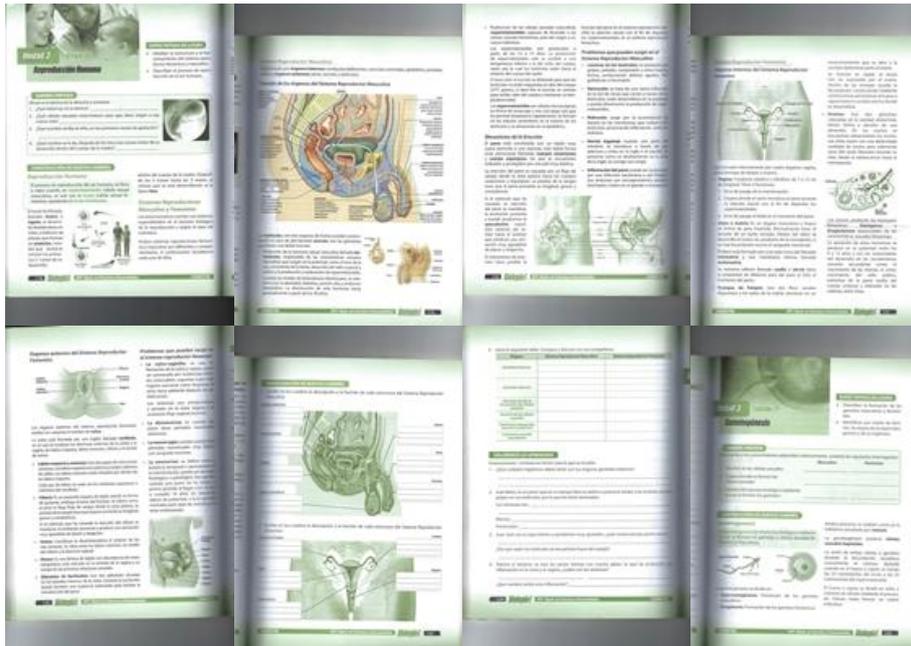
1) 5th grade Life Science Textbook



3) 7th grade Life Science Textbook

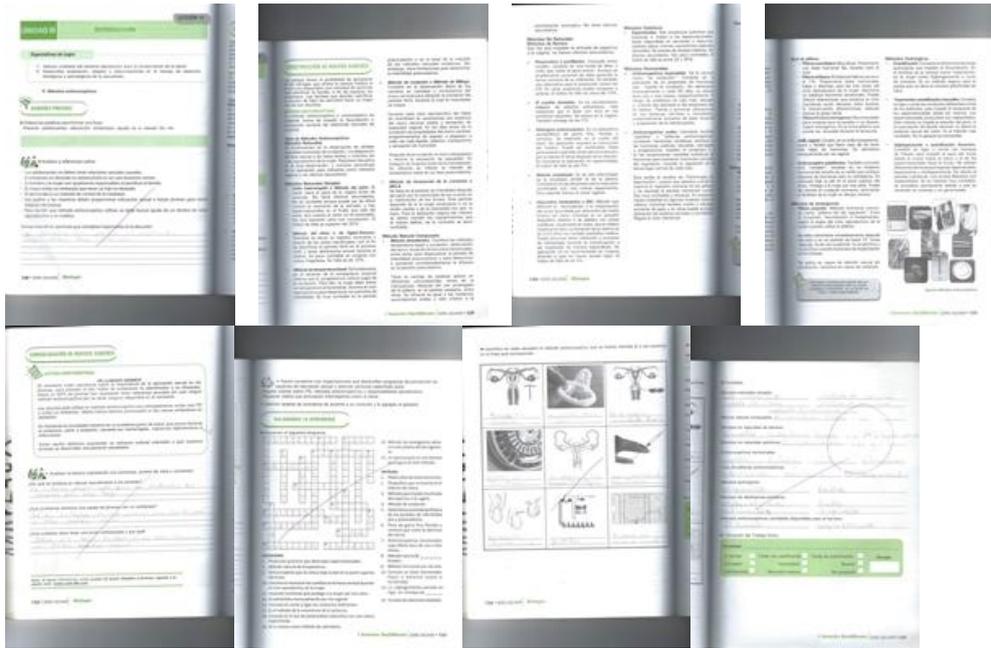


4) 10th grade_Biology1 Textbook





5) 10th grade_Biology2 Textbook



6) Adolescent Pregnancy in Sixth Grade Textbook at Honduras

Ciencias Naturales **6to Grado Básico**

Más del 10% de todos los nacimientos anuales se registran entre mujeres de 15 a 19 años de edad. Incluso cuando el embarazo de las mujeres jóvenes casadas es planificado, los riesgos de la salud de las madres adolescentes y sus bebés pueden ser graves. Dado que el organismo no ha madurado completamente, el riesgo de mortalidad materna es entre dos y cuatro veces más alto en las adolescentes embarazadas que en las embarazadas mayores de 20 años de edad.

La mortalidad infantil también es mayor entre las madres adolescentes; generalmente 30% más elevada en los recién nacidos de madres de 15 a 19 años de edad que en los nacidos de mujeres de 20 años de edad o mayores.

Aproximadamente dos millones de adolescentes de los países en desarrollo se someten a abortos en condiciones de riesgo cada año, y la tercera parte de las mujeres que acuden al hospital para recibir asistencia médica por complicaciones a causa del aborto, son menores de 20 años. Entre las jóvenes que se someten a abortos en condiciones de riesgo, los problemas de salud a corto plazo pueden incluir infecciones o lesiones a causa del procedimiento mismo, como perforaciones del útero, laceraciones del cuello uterino o hemorragia. Entre las complicaciones a largo plazo figuran el riesgo mayor de embarazo ectópico, infección pélvica crónica y tal vez infertilidad.

En los párrafos que se presentan a continuación se examinan varias cuestiones que influyen en la calidad de los servicios de salud de la reproducción:

- Las percepciones de género, determinadas en gran medida por condiciones sociales y culturales, configuran la forma en que los adolescentes perciben la sexualidad y desempeñan una función importante en el acceso a la información y los servicios.
- La educación de salud sexual generalmente retrasa el inicio de la vida sexual activa entre las jóvenes, y les ayuda a evitar comportamientos de riesgo cuando comienzan a tener relaciones sexuales.
- Los programas para la juventud que tienen éxito suelen compartir ciertas características, como la participación de los adultos jóvenes, la presión y los mensajes consistentes durante la planificación.

Bloque 2 **El Ser Humano y la Salud**

116

More than 10% of all annual births are registered among women 15 to 19 years of age. Even when the pregnancy of young married women is planned, the health risks of teenage mothers and their babies can be serious. Since the organism has not fully matured, maternal mortality risk is between two and four times higher in pregnant adolescents than in pregnant women over 20 years of age. Infant mortality is also higher among adolescent mothers: generally 30% higher in newborns of mothers 15 to 19 years of age than in those born to women 20 years of age or older.

Approximately two million teenagers in developing countries undergo risky abortions every year. And a third

of the women who go to the hospital to receive medical assistance for complications due to abortion, are under 20 years. Among young women who undergo abortions at risk, short-

term health problems may include infections or injuries due to the procedure itself, such as perforations of the uterus, lacerations of the cervix or bleeding. Long-term complications include the increased risk of ectopic pregnancy, chronic pelvic infection and perhaps infertility.

The following paragraphs examine several issues that influence the quality of reproductive health services. Gender perspectives, largely determined by social and cultural conditions, shape the way adolescents perceive sexuality and play an important role in access to information and services. Sexual health education generally delays the onset of active sexual life among young people, and helps them avoid risky behaviors when they start having sex. Successful youth programs often share certain characteristics, such as the participation of young adults, parents and community leaders during planning. The psychological and social pressures that young people often face are important considerations when reproductive health services are provided. The media, including posters, dramatizations, broadcasts and publications, can inform young people about important reproductive health issues and where they can get services.

Appendix 2. List of Example Questions used in the Interview

Group	Questions
Common	<ol style="list-style-type: none"> 1. What is your experience with adolescent pregnancy and sex and reproductive health in Honduras? 2. How is the current sex education for the prevention of adolescent pregnancy at school? 3. As a “ ”, How would you like to talk about sex and reproductive health with young people? and for them to have sex awareness? 4. What is the most important thing for sex education to prevent adolescent pregnancy? 4-1. What do the needed factors for education in preventing adolescent pregnancy?

Principals	<p>5. As a principal, have you ever asked other teachers to teach or conduct classes related to sex education (adolescent pregnancy prevention education)?</p> <p>5-1. What would be expected if you had no experience or experience at that time?</p> <p>6. What is your opinion on conducting sex education (adolescent pregnancy prevention education) considering school classes and the situation of teachers?</p>
Teachers	<p>5. Have you talked about sex when you meet students personally? How was your experience?</p> <p>6. Have you ever taught students the areas of adolescent pregnancy problems and sex and reproductive health education in class or in school? What did you teach, and how did you feel and how did your students react?</p> <p>6-1. What did you teach, and how did you feel and how did your students react?</p> <p>7. Have you had any workshops or government guidelines for implementing the class about this issue? How did you prepare for this class? If you do not have this experience, how do you plan to prepare?</p>
Parents	<p>5. Have you ever heard what your child is educated in school about sex and reproductive health education and the prevention of adolescent pregnancy? How was education?</p> <p>6. How openly are you talking about sex and reproductive health (prevention of adolescent pregnancy) at home with your children? How do you let your children know about their questions?</p> <p>7. How is your relationship with your spouse in front of your children?</p>
Students	<p>5. Have you talked to teachers, parents or adults about sex? Can you share your experience?</p> <p>6. Has your class friend been pregnant? How did the students react?</p>
Women who quit school due	<p>** Not include all the common questions</p> <p>1. Can you share your situation when you are pregnant?</p>

<p>to adolescent pregnancy</p>	<p>2. How has your life changed since you were pregnant?</p> <p>4. What would you like to share about sex and reproductive health and the prevention of adolescent pregnancy?</p> <p>4-1. Do you have any knowledge and perceptions about sex that you hope to should have known when you were a youth?</p> <p>5. What is the most important thing for sex education to prevent adolescent pregnancy?</p> <p>5-1. What do the needed factors for education in preventing adolescent pregnancy?</p>
---	--

Appendix 3. IRB Documents

- **Approval document of Institutional Review Board**

심의결과 통보서

수신

책임연구자	이름: 김슬	소속: 서울대학 글로벌교육협력학과	직위: 석사과정
지원기관	해당없음		

과제정보

승인번호	IRB No. 1908/003-025		
연구과제명	온두라스에서의 청소년 임신 예방 교육 프로그램 개발에 필요한 요소 탐구를 위한 사례연구		
연구종류	학술 연구, 학위 논문 연구, 면담(FGI 포함), 참여관찰		
심의종류	재심의		
심의일자	2019-08-26		
심의대상	연구계획서(재심의), 연구참여자용 동의서 또는 동의서 면제 사유서, 재심의 답변서		
심의결과	승인		
승인일자	2019-08-26	승인유효기간	2020-08-25
정기보고주기	12개월		
심의의견	<ol style="list-style-type: none"> 1. 심의결과 제출하신 연구계획에 대해 승인합니다. 2. 연구자께서는 승인된 문서를 사용하여 연구를 진행하시기 바라며, 만일 연구진행 과정에서 계획상에 변경사항 (연구자 변경, 연구내용 변경 등)이 발생할 경우 본 위원회에 변경 신청을 하여 승인 받은 후 연구를 진행하여 주십시오. 3. 유효기간 내 연구가 끝났을 경우 종료 보고서를 제출하여야 하며, 승인유효기간 이후에도 연구를 계속하고자 할 경우, 2020-07-26까지 지속심의를 받도록 하여 주십시오. 		
검토의견	<p>계획서 검토 의견</p> <p>- 연구책임자와의 관계를 고려할 때 rapport형성을 잘 되어 있는 듯합니다. 하지만 대부분 심층면접이 스페인어로 이뤄질 가능성이 큰 바, 본 연구가 청소년의 성이라는 민감한 개인정보를 수집하는 것이기 때문에 Patricia의 경우 피험자 권리 보호를 위한 기초교육을 받도록 하는 것을 권장합니다.</p> <p>- 현지 학생 중 2명은 남학생 1, 여학생 1명으로 되어 있습니다. 면접자가 여성이기 때문에 청소년 남학생에 대한 면접에서도 젠더지향성을 갖지 않도록 주의하여 주시기 바랍니다.</p> <p>동의서 검토 의견</p> <p>- 법정대리인 동의란을 추가하였음을 확인하였습니다. 법정대리인란에 "관계"를 반드시 적시하도록 고지하여 주시기 바랍니다. * "관계"를 적시하지 않을 경우 변동위반사항에 해당됩니다.</p> <p>기타 검토 의견</p>		

2019년 08월 26일

● **Participants Recruitment Document (Spanish)**

Convocatoria para participantes de la investigación

Se invita a organizaciones(colegios) a formar una parte de la investigación.

<p>Nombre de investigación</p> <p>Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: estudio de caso de una escuela secundaria en Honduras</p> <p>Nombre de Director de Investigación</p> <p>Sol Kim (Universidad Nacional de Seúl)</p> <p>Supervisora</p> <p>Sun-young Kim (Universidad Nacional de Seúl)</p>
--

Propósito de la investigación : El propósito de este estudio es investigar los hechos sobre la ausencia de la educación sexual correcta (educación de salud pública) que se señala como la causa principal del embarazo en adolescentes en Honduras en América Latina e investigar los factores educativos y la no discriminación. Factores educativos que lo complementan y que proporcionan

Version 1.1(2019.8.26.)



IRB No. 1908/003-025

유효기간: 2020년 8월 25일

Duración y lugar de participación.

- 1) **Periodo:** 2019. 08. 28 (miércoles) ~ 2019. 09. 12 (jueves)
- 2) **Lugar:** Escuela Cristiana Internacional de Urraco or algún lugar que el participante quiera

Recompensa por la participación : Un pequeño recuerdo de alrededor de 60 lempiras se presentará en agradecimiento por su participación en su investigación.

Método de Participación : Comuníquese primero con el investigador, y programaremos y realizaremos la participación en el taller o una entrevista en profundidad.

Para consultar sobre el contenido de este estudio, comuníquese con el siguiente investigador.

Nombre: Sol Kim TEI: + 82-10-5583-8077

Version 1.1(2019.8.26.)



un programa integral y sistemático de educación sexual (educación en salud pública).

Criterios de selección de participantes :

- 4 profesores con más de 1 año de experiencia en la Escuela Cristiana Internacional de Urraco.
- 2 padres (padre y madre) con hijos en 11 y 12 años en la Escuela Cristiana Internacional Urraco
- 2 estudiantes de la Escuela Cristiana Internacional de Urraco en los grados 11 y 12
- 2 mujeres adultas que han abandonado la escuela debido a su experiencia de embarazo adolescente

Contenidos de participación :

Maestros y padres participarán en un taller de tres sesiones durante una hora con el director para compartir sus percepciones y experiencias de educación sexual y sexo en Honduras. Luego podrá participar en dos entrevistas adicionales en profundidad basadas en el taller.

Los estudiantes y las mujeres tendrán una entrevista en profundidad de 1 a 1 hora y media de diferencia en lugares separados. Compartirás tus percepciones y experiencias de educación sexual y sexo en Honduras.

Version 1.1(2019.8.26.)



● Consent Form for Research Participants

<Informed Consent Form (Principal) English >

*Also, Prepared it for others (Teachers, Parents, Students, Women) with different questions.

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Informed Consent Form (Principal)

Research Title : Exploring the factors to develop Public- Health Education Program for Prevention of Adolescents' Pregnancy: A case study of Secondary school in Honduras
Principal Investigator : Sol Kim (Seoul National University, Mater of Arts candidate)

This research is the study of exploring educational and non-educational factors to develop educational programs for juvenile pregnancy prevention in Honduras. You are the Principal of International Christian School Urraco, so you are encouraged to participate in this study because you manage the International Christian School Urraco. A principal investigator at Seoul National University (Sol Kim, # 82-10-5583-8077) who will conduct this study will explain the study to you. This study will be conducted only for those who voluntarily participate, and it is important for you to understand why this study is carried out before deciding to participate and what the research is related to. Please the following carefully and let the principal investigator know what you intend to do, and if necessary, talk with your family or friends. If you have any question, the principal investigator will explain in detail.

1. What is the purpose of this study

The purpose of this study is to investigate the facts about the absence of the right sexual education (public-health education) which is pointed out as the main cause of adolescent pregnancy in Honduras in Latin America and to investigate the educational factors and the non-educational factors that complement it and to provide a comprehensive and systematic sexual education program (public-health education)

2. How many people will participate?

14 people will participate.

- 2 administrators who have more than one year experience working with International Christian School Urraco
 - 2 principals with over a year of experience working with International Christian School Urraco
 - 4 teachers with more than 1 year experience at International Christian School Urraco
 - 2 parents (Father and mother) with children in 11 and 12 the grade in International Christian School Urraco
 - 2 International Christian School Urraco students in 11 and 12th grade
- Currently, 2 adult women who have quit school due to their teen pregnancy experience

Version 1.1(2019.8.26)

- 5 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

be discarded immediately.

6. Is there any risk factor?

When sharing personal experiences, the investigators will separated the boys and girls separately for the inconveniences that may be felt, or the investigator will separate the school administrators, principals, teachers, and parents separately to prevent the side effects of the research process. You do not have to share experiences that feel the burden of your mind.

7. Is there any benefit by participating?

There is no immediate benefit to your participation in this study. However, the information you provide will help you develop an education program for youth prevention in Honduras.

8. Is there any disadvantage by not participating?

You are free to participate in this study. There is no disadvantage to you if you do not participate in this study. Also, there will not be any disadvantage by participating the research because it is not a study for evaluation of the class in particular.

9. Is the confidentiality of all personal information obtained guaranteed?

Personal information manager is Kimsol of Seoul National University. Personal information collected in this study is age, education, and experience. This personal information will only be accessible to the researcher Kimsol and her supervisor Kim Sun-young, and will be kept in a way accessible only to researchers and supervisor by putting a password on the external hard drive. The consent form will be retained for three years in accordance with the relevant laws and regulations. We will do our best to ensure the confidentiality of all personal information obtained through this study. Your personal information will not be used when this information is disclosed to the society or the society. However, if the law requires it, your personal information may be provided. In addition, monitor personnel, inspectors, and bioethics committee can directly read the research results to verify the reliability of the procedure and data of the study within the scope of the related regulation without infringing the confidentiality of the personal information of the participant. There is. By signing this consent form, you acknowledge that you have been informed in advance and will be deemed to have consented to it.

10. Will any gratuity be paid for the participation?

Version 1.1(2019.8.26)

- 7 -

3. What is the process of research participation?

If you are willing to participate, the following process will proceed. The interview process will be recorded, and the workshop process will be recorded as needed. After the recording, the recording and recording data will be discarded at the same time as the purpose of supplementing it for the interpretation of the recorded data. At the same time, with the help of the local coordinator (Patricia) And will be stored in an encrypted external hard drive accessible only to the researcher (Kim Sol) and the supervisor (Kim Sun Young). At this time, the personal identification data will be discarded as soon as the research is finished for the purpose of contacting during the research process, and other non-identifiable data will be kept permanently even after the end of the research.

- 1) You will be participating in a three-hour, three-hour workshop.
 - 2) Participate in each workshop and respond to each question and participate in the workshop as a school principal.
 - 3) After the workshop, if necessary, you can conduct in-depth interviews for about 30minutes to 1 hour and share opinions you have not given or given in the workshop.
 - 4) During the course, both the researcher and the local teacher, Patricia, work together to conduct the workshop and interviews, all of which will be done at the school.
- Here are the questions to ask in the workshop and in-depth interviews.

- 1. What experiences have you experienced in Honduras regarding gender and gender in adolescent pregnancy?
 - 2. How is sexual education currently being done to prevent teen pregnancy?
 - 3. As a school principal, do you want to have a conversation about sex with teenagers and would you like teenagers to have awareness of these sexes?
 - 4. Youth What do you need most in sex education to prevent pregnancy?
- 4-1. What are the educational and non-educational factors you need?

All courses will be held at school.

4. How long should I participate?

You will be asked to attend twice for two days. The first one will take three hours of workshops and the second one will take an hour to an hour and half of in-depth interviews.

5. Will it be possible that I quit while participating?

Of course yes, you can quit as at any time without any disadvantage during your participation. If you want to quit participating in the research. Please tell to the principal investigator (Sol Kim) immediately. If you quit, ni fo,ma,ic of ,e,co,d,e' fil,e: will

Version 1.1(2019.8.26)

- 6 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

A small souvenir of around 60 Lempiras will be presented in appreciation of your participation in your research.

11. What should I do to ask about the research?

If you have any questions about the research or if you have problems while participating, please contact to the principal investigator.

Name : Sol Kim 전화번호: +82-10-5583-8077

If you have any questions about your rights as a research participant at any time, please contact to Institutional Review Board at Seoul National University.

Seoul National University Institutional Review Board (SNUIRB)

Contact: +82-2-880-5153

Version 1.1(2019.8.26)

- 8 -

<Informed Consent Form (Principal) Spanish >

*Also, Prepared it for others (Teachers, Parents, Students, Women) with different questions.

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

Formulario de consentimiento informado (Director)

Título de la investigación: Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: un estudio de caso de una escuela secundaria en Honduras
Investigador principal: Sol Kim (Universidad Nacional de Seúl, candidato a Mater of Arts)

Esta investigación es el estudio de exploración de factores educativos y no educativos para desarrollar programas educativos para la prevención del embarazo juvenil en Honduras. Usted es el administrador de la Escuela Cristiana Internacional de Urraco, por lo tanto, le recomendamos participar en este estudio porque administra la Escuela Cristiana Internacional Urraco. Un investigador principal de la Universidad Nacional de Seúl (Sol Kim, + 82-10-5582-8077) que llevará a cabo este estudio le explicará el estudio. Este estudio se llevará a cabo solo para quienes participan voluntariamente, y es importante que comprenda por qué se realiza este estudio antes de decidir participar y con qué se relaciona la investigación. Por favor, haga lo siguiente con cuidado y deje que el investigador principal sepa lo que piensa hacer, y si es necesario, hable con su familia o amigos. Si tiene alguna combustión, el investigador principal le explicará detalladamente.

1. ¿Cuál es el propósito de este estudio?

El propósito de este estudio es investigar los hechos sobre la ausencia de la educación sexual correcta (educación de salud pública) que se señala como la causa principal del embarazo en adolescentes en Honduras en América Latina e investigar los factores educativos y la no discriminación. Factores educativos que lo complementan y que proporcionan un programa integral y sistemático de educación sexual (educación en salud pública).

2. ¿Cuántas personas participarán?

Participarán 14 personas.

- 2 administradores que tienen más de un año de experiencia trabajando con International Christian School Urraco
- 2 directores con más de un año de experiencia trabajando con International Christian School Urraco
- 4 profesores con más de 1 año de experiencia en la Escuela Cristiana Internacional de Urraco.
- 2 padres (padre y madre) con hijos en 11 y 12 años en la Escuela Cristiana Internacional Urraco

Version 1.1(2019.8.26)

- 5 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

talleres y el segundo tomará entre una hora y una hora y media de entrevistas en profundidad.

5. ¿Será posible que renuncie mientras participo?

Por supuesto que sí, puede renunciar como en cualquier momento sin ninguna desventaja durante su participación. Si quiere dejar de participar en la investigación. Por favor dígaselo al investigador principal (Sol Kim) inmediatamente. Si sale, todos los formatos de archivos grabados se descartarán de inmediato.

6. ¿Hay algún factor de riesgo?

Al compartir experiencias personales, los investigadores separarán a los niños y niñas por separado por los inconvenientes que puedan sentir, o el investigador separará a los administradores escolares, directores, maestros y padres por separado para evitar los efectos secundarios del proceso de investigación. No tienes que compartir experiencias que sientan la carga de tu mente

7. ¿Hay algún beneficio por participar?

No hay un beneficio inmediato para su participación en este estudio. Sin embargo, la información que proporcione le ayudará a desarrollar un programa de educación para la prevención de la juventud en Honduras.

8. ¿Hay alguna desventaja por no participar?

Eres libre de participar en este estudio. No hay ninguna desventaja para usted si no participa en este estudio. Además, no habrá ninguna desventaja al participar en la investigación porque no es un estudio para la evaluación de la clase en particular.

9. ¿Se garantiza la confidencialidad de toda la información personal obtenida?

El gerente de información personal es Kimsol de la Universidad Nacional de Seúl. La información personal recopilada en este estudio es edad, educación y experiencia. Esta información personal solo será accesible para el investigador Kimsol y su supervisor Kim Sun-young, y se mantendrá de manera accesible solo para los investigadores y el supervisor al colocar una contraseña en el disco duro externo. El formulario de consentimiento se conservará durante tres años de acuerdo con las leyes y regulaciones pertinentes. Haremos todo lo posible para garantizar la confidencialidad de toda la información personal obtenida a través de este estudio. Su información personal no se utilizará cuando esta información se divulgue a la sociedad o la sociedad. Sin embargo si la ley lo exige, su información personal puede ser proporcionada. Además, el persona de monitoreo, los inspectores y el comité de bioética pueden leer directamente los

Version 1.1(2019.8.26)

- 7 -

2 estudiantes de la Escuela Cristiana Internacional de Urraco en los grados 11 y 12

Actualmente, 2 mujeres adultas que han abandonado la escuela debido a su experiencia de embarazo adolescente

3. ¿Cuál es el proceso de participación en la investigación?

Si está dispuesto a participar, se procederá con el siguiente proceso. El proceso de la entrevista se grabará y el proceso del taller se grabará según sea necesario. Después de la grabación, los datos de grabación y grabación se descartarán al mismo tiempo con el propósito de complementarios para la interpretación de los datos grabados. Al mismo tiempo, con la ayuda del coordinador local (Patricia) Y se almacenará en un disco duro externo encriptado accesible solo para el investigador (Kim Sol) y el supervisor (Kim Sun Young). En este momento, los datos de identificación personal se descartarán tan pronto como finalice la investigación con el fin de contactar durante el proceso de investigación, y otros datos no identificables se mantendrán permanentemente incluso después del final de la investigación.

- 1) Participará en un taller de tres horas y tres horas.
 - 2) Participe en cada taller y responda a cada pregunta y participe en el taller a medida que se acerca el director.
 - 3) Después del taller, si es necesario, puede realizar entrevistas en profundidad durante unos 30 minutos a 1 hora y compartir opiniones que no haya dado o dado en el taller.
 - 4) Durante el curso, tanto la investigadora como la profesora local, Patricia, trabajan juntas para llevar a cabo el taller y las entrevistas, todo lo cual se realizará en la escuela.
- Aquí están las preguntas para hacer en el taller y entrevistas en profundidad.

1. ¿Qué experiencias ha experimentado en Honduras con respecto al género y al género en el embarazo en la adolescencia?
2. ¿Cómo se está haciendo actualmente la educación sexual para prevenir el embarazo adolescente?
3. Como director de la escuela, ¿quieres tener una conversación sobre el sexo con adolescentes y te gustaría que los adolescentes tengan conciencia de estos sexos?
4. Juventud ¿Qué es lo que más necesitas en educación sexual para prevenir el embarazo?

4-1. ¿Cuáles son los factores educativos y no educativos que necesita?

Todos los cursos se llevarán a cabo en la escuela.

4. ¿Cuánto tiempo debo participar?

Se le pedirá que asista dos veces durante dos días. El primero tomará tres horas de

Version 1.1(2019.8.26)

- 6 -

IRB No. 1908/003-025

유효기간: 2020년 8월 25일

resultados de la investigación para verificar la confiabilidad del procedimiento y los datos del estudio dentro del alcance de la regulación relacionada sin infringir la confidencialidad de la información personal del participante. Al firmar este formulario de consentimiento, usted reconoce que ha sido informado con anticipación y se considerará que ha dado su consentimiento.

10. ¿Se pagará alguna propina por la participación?

Un pequeño recuerdo de alrededor de 60 Lempiras se presentará en agradecimiento por su participación en su investigación.

11. ¿Qué debo hacer para preguntar sobre la investigación?

Si tiene alguna pregunta sobre la investigación o si tiene problemas mientras participa, comuníquese con el investigador principal.

Nombre: Sol Kim 전화 번호: + 82-10-5583-8077

Si tiene alguna pregunta sobre sus derechos como participante de investigación en cualquier momento, comuníquese con la Junta de Revisión Institucional de la Universidad Nacional de Seúl.

Junta de Revisión Institucional de la Universidad Nacional de Seúl (SNUIRB)

Contacto: + 82-2-880-5153

Version 1.1(2019.8.26)

- 8 -

<Consent Form (Research Participants_Student) English /Spanish>

*Also, Prepared it for others (Teachers, Parents, Students, Women)

*Guardian or Parents agreement is included for Students

IRB No. 1908/003-025 유효기간: 2020년 8월 25일
Consent Form (Research Participant_student)

Research Topic : Exploring the factors to develop Public- Health Education Program for Prevention of Adolescents' Pregnancy: A case study of Secondary school in Honduras
Principal investigator : Sol Kin (Seoul National University, Master of Arts candidate)

- I have read this manual and discussed it with my researcher.
- I have heard about risks and benefits and have received satisfactory answers to my questions.
- I voluntarily agree to participate in this study.
- I consent to the researcher's collection and processing of information obtained from this study to the extent permitted by current legislation and bioethics committee regulations.
- I will confirm my personal information kept confidential in case the researcher or authorized representative conducts research or results management, the national institution specified by law, and the bioethics committee of Seoul National University I agree with you.
- I can withdraw my participation in this study at any time and I know that this decision will not make any sense to me.
- I agree that the material collected may be used for research purposes by other researchers and other researchers.
- My signature signifies that I have received a copy of this consent form and I will keep a copy containing the signature of the researcher who agrees with me.
- I agree to proceed during the course of the study (recording, recording, recording photography).
- I am the parent of the study participant, and allow minors to participate in the study.

Participant Name _____ Signature _____ Date _____

Statutory Representative Relationship _____ Signature _____ Date _____

Researcher Name _____ Signature _____ Date _____

Version 1.1(2019.8.26.)

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Formulario de consentimiento (participante de la investigación)
Estudiante

Tema de investigación: Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: estudio de caso de una escuela secundaria en Honduras
Investigador principal: Sol Kin (Universidad Nacional de Seoul, candidato a Master of Arts)

- He leído este manual y lo he discutido con mi investigador.
- He escuchado sobre riesgos y beneficios y he recibido respuestas satisfactorias a mis preguntas.
- Acepto voluntariamente participar en este estudio.
- Do my consent for the researcher to collect and process the information obtained from this study in the extent that it permits the current legislation and the regulations of the bioethics committee.
- I will confirm that my personal information will be kept confidential in case the researcher or the authorized representative conducts the research or the results management, the national institution specified by law, and the bioethics committee of the National University of Seoul. I agree with you.
- I can withdraw my participation in this study at any time and I know that this decision will not have any sense for me.
- I agree that the material collected may be used for research purposes by other researchers and other researchers.
- My signature signifies that I have received a copy of this consent form and I will keep a copy with the signature of the researcher who agrees with me.
- I agree to continue during the course of the study (recording, recording, recording, photography).
- I am the parent of the study participant and I permit the minors to participate in the study.

Nombre del participante _____ Firma _____ Fecha _____

Representante estatutario Relación _____ Firma _____ Fecha _____

Nombre del investigador _____ Firma _____ Fecha _____

Version 1.1(2019.8.26.)

IRB No. 1908/003-025 유효기간: 2020년 8월 25일
Consent Form (Research Participant)

Research Topic : Exploring the factors to develop Public- Health Education Program for Prevention of Adolescents' Pregnancy: A case study of Secondary school in Honduras
Principal investigator : Sol Kin (Seoul National University, Master of Arts candidate)

- I have read this manual and discussed it with my researcher.
- I have heard about risks and benefits and have received satisfactory answers to my questions.
- I voluntarily agree to participate in this study.
- I consent to the researcher's collection and processing of information obtained from this study to the extent permitted by current legislation and bioethics committee regulations.
- I will confirm my personal information kept confidential in case the researcher or authorized representative conducts research or results management, the national institution specified by law, and the bioethics committee of Seoul National University I agree with you.
- I can withdraw my participation in this study at any time and I know that this decision will not make any sense to me.
- I agree that the material collected may be used for research purposes by other researchers and other researchers.
- My signature signifies that I have received a copy of this consent form and I will keep a copy containing the signature of the researcher who agrees with me.
- I agree to proceed during the course of the study (recording, recording, recording, photography).

Participant Name _____ Signature _____ Date _____

Researcher Name _____ Signature _____ Date _____

Version 1.1(2019.8.26.)

IRB No. 1908/003-025 유효기간: 2020년 8월 25일

Formulario de consentimiento (investigador investigador)

Tema de investigación: Exploración de los factores para desarrollar un programa de educación de salud pública para la prevención del embarazo en adolescentes: estudio de caso de una escuela secundaria en Honduras
Investigador principal: Sol Kin (Universidad Nacional de Seoul, candidato a Master of Arts)

- He leído este manual y lo he discutido con mi investigador.
- He escuchado sobre riesgos y beneficios y he recibido respuestas satisfactorias a mis preguntas.
- Acepto voluntariamente participar en este estudio.
- Do my consent for the researcher to collect and process the information obtained from this study in the extent that it permits the current legislation and the regulations of the bioethics committee.
- I will confirm that my personal information will be kept confidential in case the researcher or the authorized representative conducts the research or the results management, the national institution specified by law, and the bioethics committee of the National University of Seoul. I agree with you.
- I can withdraw my participation in this study at any time and I know that this decision will not have any sense for me.
- I agree that the material collected may be used for research purposes by other researchers and other researchers.
- My signature signifies that I have received a copy of this consent form and I will keep a copy with the signature of the researcher who agrees with me.
- I agree to continue during the course of the study (recording, recording, recording, photography).

Nombre del participante _____ Firma _____ Fecha _____

Nombre del investigador _____ Firma _____ Fecha _____

Version 1.1(2019.8.26.)

Appendix 4. Field Research Photos

● Participants



Principal



Principal



Teacher



Father



Teachers



Woman



Woman



Mothers



Youth Group



Female Students



11th gr Students



3rd gr Students in the field



Translator

● EDUCÁNDONOS TRANSFORMAMOS HONDURAS

Educated people can transform Honduras



Bulletin Board in the Classroom

ABSTRACTO

Explorando los factores para desarrollar un programa de educación sanitaria para la prevención del embarazo adolescente - Basado en datos cualitativos de una escuela secundaria en Honduras -

Sol Kim

Mayor de cooperación educativa global

Escuela de Graduados de Educación

Universidad Nacional de Seúl

Honduras tiene la segunda tasa más alta de embarazo en adolescentes (28%) en América Latina (OMS, UNFPA, ONU, 2019), lo que tiene un impacto duradero, no solo en los riesgos de salud física y mental para adolescentes, sino también en problemas individuales y familiares como: El abandono escolar, la pobreza y el estigma más allá de los problemas de la comunidad; la recesión económica y la discriminación de género (Hodgkinson, Colantuoni, Roberts, Berg-Cross y Belcher, 2010; Morris y Rushwan, 2015; OMS, 2014). Los objetivos de esta tesis son triples. Este primer objetivo es

entender el embarazo no planificado y no deseado para adolescentes como un problema de salud considerando el contexto social, cultural y político de Honduras. En base a eso, el segundo es sobre ¿ Qué mejoras y complementos o nuevos aspectos de los programas educativos existentes deberían introducirse para desarrollar un programa efectivo de educación sanitaria para la prevención del embarazo adolescente y para promover la salud sexual y reproductiva de los adolescentes? Específicamente, también destaca la necesidad del desarrollo de servicios sociales y políticas de intervención para la prevención del embarazo en adolescente.

Basado en el dualismo analítico en el enfoque morfogenético de Archer, se formó el marco teórico. En otras palabras, el trasfondo teórico es que el cambio social es impulsado por la acción social causada por la reflexividad entre las condiciones sociales y la agencia dada sobre el tema del embarazo en adolescente. Esta tesis adopta una metodología cualitativa. Los datos utilizados en este estudio se recopilan de las entrevistas de grupos focales (FGI) y documentos de campo (libros de texto). La tesis recabó de 14 participantes: dos directores, cuatro maestras, tres padres de familia, tres estudiantes y dos mujeres de la comunidad que han experimentado un embarazo adolescente.

Los principales resultados son los siguientes: Los determinantes sociales de la salud del embarazo adolescente que preexisten en Honduras: 1) Situación económica inestable, 2) norma social; reticencia hacia el sexo,

machismo 3) desintegración familiar, 4) apoyo insuficiente del gobierno y 5) falta de educación DSSR. Desafortunadamente, la tasa de embarazo en adolescente continúa aumentando. Sin embargo, a pesar de las malas condiciones sociales, se han descubierto cambios para prevenir el embarazo en adolescente en una agencia que tiene su propia experiencia de aprendizaje e interés personal; 1) opiniones críticas hacia Honduras para mejorar el cambio social 2) cuidar a los demás (servicio) 3) esfuerzos continuos para la acción social, 4) actitud constructiva hacia su vida y la sociedad 5) valores sexuales claros (ética sexual). Además, los contenidos educativos que deben incluirse en la educación sobre derechos sexuales y reproductivos y de salud basados en el contexto de Honduras son: 1) La consecuencia del embarazo adolescente 2) El significado de las relaciones, el amor y la familia en función del valor de la sexualidad (ética sexual), y 3) enfoque de asesoramiento. Además, el apoyo a las políticas es esencial para ampliar la reforma de la educación en derechos de salud sexual y reproductiva, basada en las preocupaciones de estas agencias para incluir la educación formal e informal. Además, la participación comunitaria y el apoyo político son esenciales para expandir la educación reformada de derechos de salud sexual y reproductiva basada en la preocupación personal de la agencia que tiene impactos positivos y los contenidos requeridos en el contexto de Honduras para la educación formal y la educación no formal.

Este estudio se centra en el papel de la educación en derechos sexuales y

reproductivos y de salud, que puede demostrarse como un indicador de educación, salud e igualdad de género entre los objetivos de desarrollo sostenible. También contribuye a sugerir la implementación de una educación sanitaria mejorada teniendo en cuenta la cultura local, social y el contexto político en Honduras para resolver el embarazo en adolescente

Palabra clave: educación en salud pública, embarazo adolescente, derecho a la salud sexual y reproductiva, educación sexual, América Latina

Número de estudiante: 2017-28628

국문 초록

청소년 임신 예방 목적 보건 교육 프로그램 개발을 위한 요인 탐색 - 온두라스 중등학교 사례 기반 질적 연구 -

서울대학교 사범대학 협동과정

글로벌 교육협력 전공

김 솔

온두라스는 라틴아메리카에서 두번째로 높은 청소년 임신률 (28%)을 기록하고 있다 (WHO, UNFPA, UN, 2019). 청소년 임신은 청소년의 신체적 정신적 건강상 위험요인으로 작용할 뿐만 아니라, 학교 중퇴, 빈곤의 악순환 및 사회적 스티그마와 같은 개인과 가족의 문제에서부터 경기침체, 양성차별과 같은 지역사회의 문제로까지 확대되어 지속적인 영향을 끼친다. (WHO, 2014; Hodgkinson SC et al., 2010; Morris, 2015). 본 연구는 온두라스의 높은 청소년 임신률에 영향을 미치는 요인들을 질적자료 분석을 통해 폭넓게 탐색하고, 이를 바탕으로 청소년 임신 예방과 청소년들의 성생식건강 증진을 위해 어떠한 교육적 노력이 필요한지를 파악하는 것을 목적으로 한다. 구체적으로, 효과적인 청소년 임신 예방 교육 프로그램을 개발 하기 위해서는 기존 교육 프로그램이 어떤 개선, 보완을 거쳐야 하는지 또는 어떤 새로운 측면이 도입되어야 하는지를 파악한다. 또한 청소년 임신 예방을 위한 사회적 서비스 개발 및 정책적 개입의 필요성을 강조하고자 한다.

본 연구에서는 Archer의 형태발생론 접근법(Morphogenetic Approach)의 분석적 이원론(Analytical dualism)을 바탕으로 이론적 틀을 구성하였다. 즉, 청소년 임신문제 관련해 주어진 사회적 조건들과 이에 대한 주체적 개인(Agency)의 성찰(reflexivity)로 야기된 사회적 행동(Social action)을 통해 사회변화가 이끌어 진다는 점을 이론적 근거로 삼았다. 본 연구는

질적연구 방법론을 채택하였으며, 연구에서 활용된 데이터는 인터뷰, 초점그룹 인터뷰(FGI) 및 현장문서(textbook)를 통해 수집하였다. 총 14명의 참여자들(교장 2명, 교사 4명, 학부모 3명, 학생 3명, 여성 2명)을 대상으로 수행되었다.

본 연구의 주요 결과는 다음과 같다. 온두라스에 이미 존재하고 있는 청소년 임신의 결정요인으로 1) 불안정한 경제 상황, 2) 사회규범_성에 대한 거부감, 남성우월주의 문화 3) 붕괴된 가정 4) 정부의 불충분한 지원, 5) 성과 생식 건강 권 교육의 부족이 꼽혔다. 이로 인해, 온두라스에서는 청소년 임신율이 계속해서 증가하고 있다. 하지만 열악한 사회적 조건에도 불구하고, 자신의 학습경험을 비롯하여 1) 온두라스의 사회변화를 위한 비판적 시각, 2) 봉사정신, 3) 사회적행동 실천력, 4) 온두라스와 자신의 삶에 대한 건설적인 태도 5) 분명한 성가치관(성윤리)를 가진 주체적 개체로서의 인식에 기반하여 청소년 임신 예방을 위한 사회변화가 진행되고 있음도 발견할 수 있었다. 또한, 온두라스의 상황에 맞게 개편된 성교육에 포함되어야 할 요소로 1) 청소년임신의 신체적, 정신적, 사회적 어려움, 2) 성가치관(성윤리)에 바탕을 둔 관계, 사랑, 가족의 의미 3) 교육상담에 대한 요구가 있었다. 앞에서 다룬 내용들을 근거로 하는 개편된 성교육에는 비형식, 무형식 교육으로 까지 확대 시행하기 위해서, 지역사회 참여 및 정책적 지원 역시 수반 되어야 할 것이다. 본 연구는 지속가능한 개발목표 중 교육, 건강, 양성평등의 지표로 볼 수 있는 성교육의 역할에 주목했으며, 청소년 임신 문제를 개선된 성교육을 통해 해결하기 위해, 현지의 사회문화, 정치적 상황 및 기타 요인들을 포괄적으로 고려한 성생식보건 교육 프로그램의 이행을 제시하고 있다는데 중요한 의의를 갖는다.

주요어: 보건 교육, 청소년 임신, 성과 생식 건강, 성교육, 라틴 아메리카,

학번: 2017-28628

ACKNOWLEDGEMENT

Praise the Lord, who strengthens me so that I can do everything (Phil 4:13). First and foremost, I would like to express my sincere gratitude to God, who accompanied with me from the beginning to the end of my master's course.

It is impossible to express my gratitude in human words to my beloved father, mother, younger brothers Sam and Haneul, and aunts for believing in me and always encouraging me until the end.

While working my master's thesis, Prof. Sun-young Kim gave me a great support by continuous questioning, which provided me with great insights and immense knowledge. Her guidance helped me throughout the entire research and writing processes. I could not have imagined having a better advisor and mentor for my M.A. study than her. Her devotion reminds me of 1 Corinthians chapter 13 in the Bible.

Also, I would like to thank Prof. Sung-sang Yoo who led me during my master's course in GEC, and Prof. Cheol-il Lim who gave me the best lectures; ISD. I thank them not only for their insightful comments and encouragement, but also for the challenging questions which inspired me to widen my research from various perspectives.

My sincere thanks must also go to Prof. Bong-Gun Chung, Dr. Moon Suk Hong, and Dr. Ji Hyang Lee for their gentle and insightful advice. Their devotion to GEC members also encouraged me tremendously.

I am deeply grateful for all GEC members who always gave me both encouragement and a great help in studying. I am so happy that we shared brilliant moments together in GEC. Special thanks to sisters who study in a Ph.D. course, who always gave me advice, encouraged me, and guided my study whenever I ask or was in need. In addition, I would like to say to my colleagues in the M.A course, that we are warriors who can overcome any obstacles residing in researches.

I must acknowledge all the LDI family with my sincere gratitude. Special thanks to Prof. Kyung Cheol Lim and Hye Won Park who are my best spiritual mentors. Their teaching from the Bible has always touched my heart and has given me meaningful life challenge. Their lives have set the standard of my life. Without their teaching, I could not have been able to complete this thesis. I would also like to give my gratitude to my beloved mentor, Jina Kim and Da-eun Jung who gave me devotional services every

time, the leader sisters who is a good example, sisters of Fruits Vision Home whom I lived with for a period and Wisdom Vision Home whom I am currently living with and during my M.A, course, my adorable mentee sisters, the Bible study group; Group Tree(Namu) and Group Obedience(Bokjong), and LDI SNU team.

There is no way to express how much it meant to me that my friend, Eun-Ji Han and Sharon Kim helped the English proofreading. I really appreciate their efforts for me.

Indeed, without the ICSU family whom I miss a lot, this thesis would never even begin. I would like to express my sincere gratitude to ICSU where I first started Global Educational Development Cooperation and where I could find out my vision in the field of global health education. Special thanks to missionary Thomas Hwang and Eunice Hwang who served as my parents at the place, Principals and teachers, parents, workers, and Renovare Church members who always gave me a big smile from their sincere hearts and supports, even though I am not enough for them. Indeed, I owe a lot to the research participants and my good friend, Paty, who served as a co-worker as well as a translator, I would really appreciate her passion and devotion. Special thanks to go to Principal Teofilo who helped me to translate from English to Spanish, Xiomara, Keila and Seily who helped to transcribe the record of the interview in Spanish. Also, I would like to thank Amanda Moon who helped my research in ICSU. Last but not least, I thank to my adorable students, who are my loved daughters and sons. you will be in my heart forever in my life.

Even though I do not mention your names here respectively, I would like to thank you all who always helped and encouraged me.

I pray that through this research, many people would discover the beauty and joy of the sex which was originally created by God. I will pray with humility every day for those suffering from the corruption of sexual ethics not only in Latin America but also everywhere.

⁶being confident of this, that He who began a good work in you will carry it on to completion until the day of Christ Jesus.

Philippians 1:6, AMEN