



**GÖTEBORGS
UNIVERSITET**

**All the children that God gives you-
A qualitative study about Sexual and Reproductive Health and
Rights focusing in contraceptives and abortion among university
students in El Salvador.**

**Alla de barn som Gud ger dig-
En kvalitativ studie om Sexuell och Reproduktiv Hälsa och
Rättigheter med fokus på preventivmedel och abort bland
universitetsstudenter i El Salvador.**

Författare: Anna Ekdahl

Program: Folkhälsovetenskapligt program 180 hp
Examensarbete i folkhälsovetenskap VT 2009

Omfattning: 15 hp

Handledare: Annette Sverker

Examinator: Carin Staland Nyman

Sahlgrenska akademien
Enheten för socialmedicin

Svensk titel: Alla de barn som Gud ger dig- En kvalitativ studie om Sexuell och Reproduktiv Hälsa och Rättigheter med fokus på preventivmedel och abort bland universitetsstudenter i El Salvador.

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SUMMARY

Introduction: Improvements in sexual and reproductive health and rights are necessary to accelerate the attainment of the millennium development goals. Lack of contraceptive use increases sexual transmitted diseases and unwanted pregnancies causing public health problems as HIV/AIDS and unsafe abortions. Young people are a high risk group to these problems why it is important to get a deeper understanding of perceptions on contraceptives and abortion in this group.

Aim: To increase knowledge of perceptions among university students to sexual and reproductive health and rights, focusing in abortion and contraception.

Method: This qualitative study used Focus Groups Interviews for the data collection. Four focus groups were performed with 20 university students, ten men and ten women, from the Medicine and Humanities faculties at the University of El Salvador. The data was analysed with qualitative content analysis.

Result: Lack of quality sexual education, bad use and secondary effects of contraceptives were reported as obstacles for increased use of contraceptives. The students were against abortion although some agreed under special circumstances.

Discussion: Although identifying positive outcomes of contraceptive use many disadvantages were reported. Suspiciousness and religious views were influencing the perceptions about contraceptives and abortion.

Key Words: Perceptions, Contraceptives, Abortion, Sexual and Reproductive Health and Rights, El Salvador.

SAMMANFATTNING

Introduktion: Att förbättra sexuell och reproduktiv hälsa och rättigheter är nödvändigt för att uppnå Millenniummålen. Bristen på användandet av preventivmedel ökar sexuellt överförbara sjukdomar och oönskade graviditeter som leder till folkhälsoproblem som HIV/AIDS och osäkra aborter. Unga personer löper högre risk att drabbas av dessa problem varför det är viktigt att få en djupare förståelse för uppfattningar till preventivmedel och abort i denna grupp.

Syfte: Att öka kunskapen kring universitetsstudenters uppfattningar om sexuell och reproduktiv hälsa och rättigheter, med fokus på abort och preventivmedel.

Metod: Denna kvalitativa studie använde Focus Grupps Intervjuer som datainsamlingsmetod. Fyra fokusgrupper med 20 universitetsstudenter, tio män och tio kvinnor, från de medicinska och humanistiska fakulteterna på El Salvadors universitet genomfördes. Data analyserades med kvalitativ innehållsanalys.

Resultat: Dålig kvalitet i sexualundervisningen, bristfälligt användande och bieffekter av preventivmedel rapporterade som hinder för ökat användande av preventivmedel. Studenterna var emot abort även om några var för under särskilda omständigheter.

Diskussion: Trots att positiva effekter av preventivmedel identifierades så rapporterades även många nackdelar. Misstänksamhet och religiösa aspekter påverkade synen på preventivmedel och abort.

Key words: Uppfattningar, Preventivmedel, Abort, Sexuell och Reproduktiv Hälsa och Rättigheter, El Salvador.

TABLE OF CONTENTS

TABLE OF CONTENTS	1
ABBREVIATIONS AND CONCEPTS	3
ACKNOWLEDGEMENT	4
SUPPORTED BY	4
1. INTRODUCTION	5
1.1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THEORY	5
1.2 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN PRACTISE	6
1.3 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN LATIN AMERICA	6
1.4 THE CASE OF EL SALVADOR	7
1.4.1 <i>Sexual and reproductive health and rights</i>	8
1.4.2 <i>Use of Contraceptives</i>	8
1.4.3 <i>Unwanted pregnancies and abortion</i>	9
1.5. THEORETICAL FRAMEWORK AND PREVIOUS STUDIES	9
2. AIM	12
2.1 OBJECTIVE	12
2.2. SPECIFIK OBJECTIVES	12
3. MATERIALS AND METHODS	12
3.1 STUDY DESIGN	12
3.1.1 <i>Focus groups</i>	12
3.1.2 <i>The interview guide</i>	13
3.2 INFORMANTS	14
3.3 DATA COLLECTION	15
3.4 DATA ANALYSIS	16
3.6 DESCRIPTION OF PRE-UNDERSTANDING	21
4. RESULTS	23
4.1 PERCEPTIONS OF SRHR AND PROBLEMS RELATED TO THIS SUBJECT	24
4.1.1 <i>Rights</i>	25
4.1.2 <i>Health</i>	25
4.1.3 <i>Problems</i>	25
4.2 CONTRACEPTIVES	26
4.2.1 <i>Sources of opinions</i>	26
4.2.2 <i>Consequences</i>	27
4.2.3 <i>Obstacles</i>	27
4.3 Abortion	28
4.3.1 <i>Sources of opinions</i>	28
4.3.2 <i>Circumstances</i>	28
4.4 <i>Willingness and importance of theme</i>	29
5. DISCUSSION	30

5.1 RESULT DISCUSSION	30
5.1.1 <i>Perceptions of SRHR</i>	30
5.1.2 <i>Contraceptives</i>	30
5.1.3 <i>Abortion</i>	31
5.1.4 <i>Willingness and importance of the theme</i>	32
5.2 METHODOLOGICAL CONSIDERATIONS	32
5.2.1 <i>The pre understanding of the researcher</i>	32
5.2.2 <i>Focus groups as data collection method</i>	32
5.2.3 <i>Limitations</i>	32
.....	32
5.3 TRUSTWORTHINESS IN QUALITATIVE STUDY	33
5.3.1 <i>Credibility</i>	33
5.3.2 <i>Transferability</i>	34
5.3.3 <i>Dependability</i>	34
5.3.4 <i>Conformability</i>	35
5.3.5 <i>Ethic discussion</i>	35
6. CONCLUSIONS	36
7. IMPLICATIONS FOR FURTHER RESEARCH	36
8. REFERENCES	38
9. APPENDIX	42
ATTACHMENT I.....	42
ATTACHMENT II	43

ABBREVIATIONS AND CONCEPTS

Adolescents	10-19 years ¹
AIDS	Acquired Immunodeficiency Syndrome
CEDAW	Committee on the Elimination of Discrimination against Women
CFFC	Catholics for a free Choice
CIPD	International Conference on Population and Development in Cairo
Contraceptives	The intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures ² .
FG	Focus group
FMLN	Frentzen Farabundi Marti National liberer
HIV	Human Immunodeficiency Virus
IFMSA	International Federation of Medical Student's Association
IM	The Swedish Organization for Individual Relief. (Individuell Människohjälp) Supporting IMU in El Salvador.
IMU	Institution of investigation, capacitation and development on Women (Instituto de Investigacion, Capacitacion, y desarrollo de la mujer) Women organisation aiming to strengthen the situation for the women in the country, especially within the field of sexual rights and reproductive health ³ .
Induced abortion	An abortion that is brought about intentionally. Also called an artificial or therapeutic abortion . As opposed to a spontaneous abortion (a miscarriage) ⁴ .
Machismo	<i>Macho</i> - Aggressive, masculinity ideal, especially associated with ibero American culture ⁵ .
MDG	Millennium Development Goals
NGO	Non Governmental Organisation
PAHO	Pan American Health Organisation
SCOPH	Standing Committee of Public Health
SMR	Swedish Mission Council (Svenska Missionsrådet)
SRHR	Sexual and reproductive health and rights
STI	Sexual transmitted infections
UES	University of El Salvador (Universidad de El Salvador)
UN	United Nations
UNAIDS	The United Nations Joint Programme on HIV/AIDS

¹ World Health Organisation. *Sexual relations among young people in developing countries: evidence from WHO case studies*. Department of Reproductive Health and Research, WHO/RHR/01.8. Geneva 2001.

² "Contraception." Contraception- Definition of contraception. (2008-01-24) Online 2009-01-18 <http://contraception.about.com/od/contraceptionoverview/g/glossery.html>

³ Im's verksamhet i El salvador. IM- Individuell Människohjälp. (2007-04-27) Online 2009-01-22 <http://www.manniskohjalp.se/sv/Har-arbetar-IM---IM-i-varlden/IM-i-varlden/IM-Individuell-Manniskohjalp---arbete-i-centralamerika/IM-Individuell-Manniskohjalp---IMs-arbete-i-ElSalvador/IMs-verksamhet/>

⁴ "Induced abortion." Induced abortion definition. Medical dictionary definitions on popular medical terms easily defined on MedTerms. (2001-07-22) Online 2009-01-20 <http://www.medterms.com/script/main/art.asp?articlekey=17775>

⁵ "Machismo." Machismo Nationalencyklopedin. Online 2009-01-28 <http://www.ne.se/machismo>

UNDP	United Nations Development Program
UNFPA	United Nations Population Fond
Unsafe abortion	A procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both ⁶ .
Young people	10-24 years ⁷
Youth	15-24 years ⁸
WHA	World Health Assembly
WHO	World Health Organization

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⁶ World Health Organisation. *Maternal Health and safe Motherhood Programme, The prevention and Management of Unsafe Abortion*. Division of Family Health. WHO/MSM/92.5. Geneva, 1993.

⁷ World Health Organisation. *Sexual relations among young people in developing countries: evidence from WHO case studies*. Department of Reproductive Health and Research, WHO/RHR/01.8. Geneva 2001.

⁸ Ibid.

1. INTRODUCTION

1.1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THEORY

The concept of Sexual and reproductive health and rights (SRHR) were first declared as a human right at the International Conference on Population and Development in Cairo (CIPD) 1994. The definition of reproductive health was adopted which also included sexual health. SRHR have since then been discussed at international conferences and stated in conventions as the United Nations Fourth World Conference for Women in Beijing in 1995. The Programme of Action created was evaluated at the five year follow-up conferences of Cairo and Beijing.⁹ According to the World Health Organisation (WHO) the definition of sexual health is “A state of physical, emotional, mental and social well-being related to sexuality; it is 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, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”¹⁰ Sexual rights are defined as: “human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health care services; seek, receive and impart information in relation to sexuality; sexuality education; respect for bodily integrity; choice of partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life.”¹¹

The definitions of sexual and reproductive rights are overlapping in some parts as the right to information, decisions free of discrimination and the right to attain the highest standard of sexual and reproductive health. The most important part of the reproductive rights, when relating to contraceptives and abortion, is the “basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children”.¹² Even if the conferences in Cairo and Beijing are important landmarks for the SRHR the discussion has not been going on without controversies. One of the most debated themes in Cairo was abortions and some considered the rights of the foetus over the women rights. In the definition of reproductive health from CIPD the term “legal abortion” had to be excluded from the document due to opponents.¹³ When the United Nations (UN) in year 2000

⁹ World Health Organisation. *Reproductive health strategy- to accelerate progress towards the attainment of international development goals and targets*. Department of Reproductive Health and Research. WHO/RHR/04.8. Geneva, 2004.

¹⁰ “Sexual Health.” Gender and reproductive rights glossery. WHO Draft working definition, October 2002. Online 2009-01-26 <http://who.int/reproductive-health/gender/glossery.html>

¹¹ “Sexual Rights.” Gender and reproductive rights glossery. WHO Draft working definition, October 2002. Online 2009-01-26 <http://who.int/reproductive-health/gender/glossery.html>

¹² “Reproductive rights.” Gender and reproductive rights glossery. ICPD Programme of Action, 1994, para 7.3. Online 2009-01-26 <http://who.int/reproductive-health/gender/glossery.html>

¹³ ALIANZA- por la Salud Sexual y Reproductiva. *Estudio y análisis sobre la legislación nacional e internacional en salud, derechos sexuales y derechos reproductivos*. Alianza por la Salud Sexual y Reproductiva. San Salvador, 2007.

created the Millennium Development Goals (MDG), aiming to reduce poverty and improve the global development, SRHR were not included as a specific goal. First in 2004 when the 57th World Health Assembly discussed the progress towards the goals, the importance of the Sexual and reproductive health and rights were emphasized as a requirement and a strategy to reach the MDG in 2005¹⁴.

1.2 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN PRACTISE

The report from the WHA is taking up the serious health problems related to SRHR and according to WHO unsafe sex is the second most important risk factor to ill-health. Social, economic and cultural factors are obstacles for improved sexual and reproductive health and taboos and norms in many developing countries are making it more difficult to reach the population with information and services. Young people and women are more affected of these factors and are at higher risk for sexual transmitted infections (STI) and unwanted pregnancies which causes a great risk of maternal mortality and morbidity. Discrimination, abuse and lack of education are gender issues having a great impact of sexual and reproductive health in women.¹⁵ Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular point in time and is a social construction of roles, behaviors and relationships between and among the two sexes varying within and across societies.¹⁶ Socio economic factors are other important determinants for sexual and reproductive health status and the concept includes factors as "income, ethnicity, sense of community and other such factors"¹⁷. Certain groups as poor, adolescents and women are therefore at higher risk for sexual and reproductive ill-health due to socioeconomic factors, taboos and norms and gender issues¹⁸.

Over 100 million young people are annually transmitted by STI and around half of all new detected HIV cases can be find in this age-group. Estimations are made that about 45 million unintended pregnancies are ending up in abortion every year. Of those 19 million ends up in unsafe abortions and of those 40% are performed on women between 15 and 24 years. The global burden of ill-health due to reproductive and sexual aspects amounts for almost 20% in women and 14% in men.¹⁹ This data of the high proportion of ill-health caused by the lack of use of contraceptives and the performance of unsafe abortions shows that sexual and reproductive health is a serious public health problem.²⁰

¹⁴ World Health Organisation. *Reproductive health strategy- to accelerate progress towards the attainment of international development goals and targets*. Department of Reproductive Health and Research. WHO/RHR/04.8. Geneva, 2004.

¹⁵ Ibid.

¹⁶ World Health Organisation. *Transforming health systems: gender and rights in reproductive health*. Department of Reproductive Health and Research. WHO/RHR/01.29. Geneva, 2001.

¹⁷ "Soico Economic Factors." Socio Economic Factors Environmental Health Houston (2007-01-04) Online 2009-01-30

<http://envirohealthhouston.org/hazards/socioeconomic.html>

¹⁸ World Health Organisation. *Reproductive health strategy- to accelerate progress towards the attainment of international development goals and targets*. Department of Reproductive Health and Research. WHO/RHR/04.8. Geneva, 2004.

¹⁹ Ibid.

²⁰ The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

1.3 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN LATIN AMERICA

Lately sexual and reproductive health issues have been coming up at the political and academic agenda in Latin America with pressure from international organisations and networks. They are fighting for the right to abortion and basic health programmes supporting the use of contraception, but are frequently under attack of the Catholic Church which is having a great impact at the politics in Latin America.²¹ Although another catholic group, Catholics For Free Choice (CFFC), a pro contraceptives and abortion organisation, is fighting for the sexual and reproductive rights to be implemented and defended by the states. They consider SRHR as part of the democracy and the human rights and that neither the state nor the church has the right to violate women's rights to their own body and their own decisions.²² The ongoing debate on SRHR in Latin America is continuing and has had varying outcomes in different countries. El Salvador and Nicaragua are the only two countries where the Penal Code has been restricted since 1998 when another 16 countries have eased the abortion law. In Mexico City abortions are now permitted without restrictions since 2007²³.

According to the Health Report from the Pan American Health Organisation (PAHO) in 2007, the use of contraceptives was 70% in women of childbearing age. Sterilization is widely used as birth prevention but a great amount of women are practising periodic abstinence, rhythm or withdrawal as preventive methods.²⁴ Because of the strictly imitated abortions laws in Latin America and the Caribbean reliable data on abortions is hard to obtain. But estimations are made that four million abortions are made annually and unsafe abortions is calculated to account for 21% of the maternal mortality in the region.²⁵ WHO estimates that 31% of all pregnancies are ending up in abortions²⁶.

1.4 THE CASE OF EL SALVADOR

El Salvador is situated of the pacific coast in Central America and is the smallest but most densely populated country in Latin America. The official language is Spanish and the currency is USD. The Salvadorian population is to 85% Catholics.²⁷ In 2005 the population was estimated to almost 6,900,000 with a

²¹ *Reproductive health and ethics: Latin American Perspectives*. Developing World Bioethics, vol. 7, no. 2, 2007, pp. 1471-8847.

²² Red Latino Americana de Catolicas por el Derecho a decidir. *Queremos mas: comida, diversion y arte. Campana por la convencion de los derechos sexuales y los derechos reproductivos*. Red Latino Americana de Catolicas por el Derecho a decidir. Brasil. 2005.

²³ Boland, R. Katzive, L. [Developments in Laws on Induced Abortion: 1998-2007](#). International Family Planning Perspectives, vol. 34, no. 3, 2008, pp. 110-120.

²⁴ Pan American Health Organisation. *Promoting Health in the Americas. Health in the Americas, 2007 Volume I*. Pan American Health Organisation. 2007.

²⁵ The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

²⁶ Pan American Health Organisation. *Promoting Health in the Americas. Health in the Americas, 2007 Volume I*. Pan American Health Organisation. 2007.

²⁷ Utrikesdepartementet. El Salvador. *Landfakta El Salvador, Juli 2008*. (2009-01-28) Online 2009-02-02

growth rate of 2,1% annually and a fertility rate of 3,0% per woman. The expectant life at birth was 69 years for men and 74 for women. Maternal mortality in 2002 was 173/100,000, which increased from 158 cases per 100,000 live births in the year of 1991. According to the Human Development Index El Salvador is ranked on place 104 out of 177 countries.²⁸

1.4.1 Sexual and reproductive health and rights

The strongest protection for the Sexual and Reproductive Health and Rights for women in the country is the the UN Convention for all Elimination of Discrimination Against Women (CEDAW)²⁹. The Convention was subscribed by El Salvador in 1981. Although ALIANZA, a collaboration between several El Salvadorian organisations, fighting for the Sexual and reproductive health in the country, is reporting the lack of correspondence between the conventions subscribed and the national laws and administration of these rights.³⁰ Sexual and reproductive health is a serious public health problem in El Salvador and the leading diagnosis associated with hospital discharges for all age groups between 15 and 59 years are related to sexual and reproductive health problems³¹.

1.4.2 Use of Contraceptives

The results of studies concerning the use of contraceptives varying a lot. The WHO statistics from 2007 estimate the contraceptive use rate in El Salvador to 67,3%, compared to 72,0% in general in America.³² According to another report only 38,3% of women between 15 and 44 years use any contraceptive method, although 97.1% are familiar with these methods. The contraceptive use at first sexual intercourse in young women reported to be to 4,4%.³³ But a national survey from 2002/2003 of women aged 15 to 24 estimated that 18% used contraception at the first sexual intercourse³⁴. A study of youth risk behaviour performed in secondary school students in central departments of El Salvador, including 982 students between 12 to 20 years showed that the use of condoms at last sexual intercourse, was just above 30%³⁵.

The lack of use of condoms are increasing the incidence of sexually transmitted

²⁸ Pan American Health Organisation. *Health in the Americas, 2007. Volume II, Countries. El Salvador*. Pan American Health Organisation. Washington, 2007.

²⁹ Riksförbundet för sexuell upplysning. *Rättighetspraktika, om sexualitet och mänskliga rättigheter*. Riksförbundet för sexuell upplysning. Stockholm, 2007.

³⁰ ALIANZA- por la Salud Sexual y Reproductiva. Estudio y análisis sobre la legislación nacional e internacional en salud, derechos sexuales y derechos reproductivos. Alianza por la Salud Sexual y Reproductiva. San Salvador, 2007.

³¹ Pan American Health Organisation. *Health in the Americas, 2007. Volume II, Countries. El Salvador*. Pan American Health Organisation. Washington, 2007.

³² World Health Organisation. *World health statistics 2007*. World health organisation. Geneva, 2007.

³³ The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

³⁴ Asociacion Demografica Salvadorena. *Encuesta Nacional de Salud Familiar: FESAL-2002/2003: Informe Final*. La Asociacion Demografica Salvadorena. San Salvador, 2004.

³⁵ Springer, AE. Selwyn, BJ. Kelder, HS. *A descriptive study of youth risk behavior in urban and rural secondary school students in El Salvador*. BMC International Health and Human Rights, vol. 6, no.3, 14 April 2006.

diseases and even if El Salvador is classified as a low-prevalence country for HIV, according to UNAIDS, it is an increasingly problem with high under registration. Since 1991 when the incidence was 2,5 per 100,000 it has increased to 17,3 per 100,000 in 2005 and the mortality have risen from 258 cases in 1997 to 549 in 2004. In 2004 it was ranked 13th cause of mortality and in the age group 20 to 30 it was the second leading cause of death³⁶. The prevalence of HIV among the population aged over 15 was estimated to 770/100 000. This is higher than the 481/100 000 cases calculated for all Americas³⁷.

1.4.3 Unwanted pregnancies and abortion

The lack of contraceptive use causes a high rate of unwanted pregnancies and El Salvador accounts for one of the highest teenage pregnancy rates in Latin America. One fifth of all births are in women under 20 and 41,6% of the 20 years old have already had their first child. Unwanted pregnancies are leading to clandestine abortions performed in unsafe conditions placing El Salvador as one of the Latin American countries with the highest maternal mortality rate. High risk abortions are the second leading cause for maternal mortality.³⁸ In the period 1993-2002 the maternal mortality was 173/100,000 live births³⁹. The report on Human rights in El Salvador made by the Ministry for Foreign Affairs in Sweden confirms that the high level of maternal mortality partly depends on unwanted pregnancies in adolescents and illegal abortions⁴⁰. Since 1998 abortion is illegal in El Salvador under all circumstances. The existing Penal Code implies that the pregnant women or the person who induces the abortion can get two to eight years in prison. If the abortion is made without the consent of the woman the penalty is four to ten years and someone who dedicates him or she to such practice risks six- to 12 years penalty. The Code was moved from the section on offences against the human body to the new section to human life and it was stated that the life of a human being starts from the moment of conception⁴¹. This was the position of the Catholic Church supporting the change of the abortion law, considering that abortions are violating the human rights, the national constitution and international treaties. The opinion of the church got most attention in media and had a great impact on the public opinion as well as the government⁴². The previous penal code, liberalized in 1973 when it was obvious that abortion occurred anyway and caused a high level of maternal mortality, had exceptions in three cases. Abortions were permitted when it was the only possibility to save the life of the mother, after rape or statutory rape and in cases of foreseeable serious foetal deformity. The Code also included the concept of *honoris causa* abortions, which is a reduced penalty if a woman, to protect her reputation,

³⁶ Pan American Health Organisation. *Health in the Americas, 2007. Volume II, Countries. El Salvador*. Pan American Health Organisation. Washington, 2007.

³⁷ World Health Organisation. *World health statistics 2007*. World health organisation. Geneva, 2007.

³⁸ The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

³⁹ Pan American Health Organisation. *Health in the Americas, 2007. Volume II, Countries. El Salvador*. Pan American Health Organisation. Washington, 2007.

⁴⁰ Regeringskansliet. *Mänskliga Rättigheter i El Salvador 2007*. Utrikesdepartementet, 2007. Online 2009-01-26 http://www.manskligarattigheter.gov.se/extra/document/?instance=1&action_show_document.527.=1

⁴¹ United Nations. *Abortion policies. A global review. Volume I: Afghanistan to France*. United Nations Department of Economic and Social Affairs. ST/ESA/SER.A/187. New York, 2002.

⁴² The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

causes her own abortion. The honoris causa exception was also removed in 1998.⁴³

1.5. THEORETICAL FRAMEWORK AND PREVIOUS STUDIES

Public Health work is a tool for improving health, prolonging life and improving the quality of life among whole populations through health promotion, disease prevention and other forms of health intervention⁴⁴. The MDG are among the most important documents for the international public health work. When the 57th World Health Assembly (WHA) in 2004 for the first time considered reproductive health as a global strategy for development the importance of the SRHR in a public health perspective was confirmed. This study is analysed from a viewpoint of the importance of the SRHR for accelerating the progress towards the MDG as a public health target. The data presented above indicates that there is a lack of use of contraceptives resulting in ill-health problems as STI and illegal abortions. Before creating public health programs and interventions to diminish these problems it is important to understand the social context and the determinants of sexual behaviour. An holistic approach is needed to get a deeper understanding of perceptions, attitudes and values of SRHR, especially in women and young people.⁴⁵

A review study presenting limitations for contraceptive use in developing countries indicates that young women were aware of contraceptive methods but there were several obstacles for using them. Condoms were seen as an accessible and appropriate method, but considered most for prevention of STI not for family planning. The women had lack of knowledge about the use of modern hormonal contraceptives and in the case of education it was often surrounded by misperceptions. They reported fear of negative consequences of hormonal contraceptives and the most common reason was infertility. Partner's opinion about using contraceptives, especially condoms, were often negative and violence was sometimes used to threaten the woman. Reputation and social status were other causes not to use family planning services since an unmarried women having premarital sex or pregnancy were associated with promiscuity. Alternative methods used for pregnancy prevention were periodic abstinence and withdrawal⁴⁶.

A systematic review of the attitudes to abortion in Latin America shows that the majority neither always disapproved nor always approved abortion. According to the study the opinion on abortion was depending on the circumstances. The most reported reason for accepting abortions is in case of risk to the woman's life, when the pregnancy is due to rape, and because of foetal malformation. The review found that the majority of the studies concerning attitudes to abortion were from Brazil

⁴³ United Nations. *Abortion policies. A global review. Volume I: Afghanistan to France*. United Nations Department of Economic and Social Affairs. ST/ESA/SER.A/187. New York, 2002.

⁴⁴ World Health Organisation. *Health Promotion Glossary*. Division of Health Promotion, Education and Communications. Health Education and Health Promotion Unit. WHO/HPR/HFP/98.1. Geneva, 1998.

⁴⁵ World Health Organisation. *Reproductive health strategy- to accelerate progress towards the attainment of international development goals and targets*. Department of Reproductive Health and Research. WHO/RHR/04.8. Geneva, 2004.

⁴⁶ Williamson, ML, Parkes, A. Wight, D. Petticrew, M. Hart, JG. *Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research*, Reproductive Health Journal, vol. 6, no. 3, 19 February 2009.

and Mexico and that the results partly reflect the national laws. The article is taking up the contradiction that women expressed negative values although performing abortions.⁴⁷ According to the previous research presented the obstacles for contraceptive use in developing countries are many, but a country specific analyse of the problems is needed. A quantitative research about risk behaviour in young people in El Salvador claims that future research should focusing in exploring underlying factors in risk behaviours as low condom use⁴⁸. In the review study about attitudes to abortion 22 of the studies included were from Brazil and Mexico where abortion laws are less strictly than in Central America. To get a greater understanding of the public opinion in the case of El Salvador, where an abortion is totally illegal, more research on attitudes is required.⁴⁹ It is important to increase the knowledge about perceptions related to the use of contraceptives and how the national law and the actual debate in Latin America are affecting the perceptions on abortions in Central America in general and in El Salvador in specific. Since young people runs a higher risk to suffer from problems related to sexual and reproductive health and rights this qualitative study will focus on perceptions of university students⁵⁰.

2. AIM

2.1 OBJECTIVE

To increase knowledge of perceptions among university students to Sexual and Reproductive Health and Rights, focusing in abortion and contraception.

2.2. SPECIFIK OBJECTIVES

1. To identify what the students think when talking about Sexual and Reproductive Health and Rights and the problems related to this subject.
2. Identify sources of information which have an impact on perceptions of contraceptives and abortion.

3. MATERIALS AND METHODS

3.1 STUDY DESIGN

When choosing which method to use for the data collection it is always important to consider if it is the best method to answer the study question. In this case qualitative methods were used to obtain the empirical data. Qualitative research has

⁴⁷ Eileen, AY. Dries-Daffner, I. García, GS. *Abortion Opinion Research in Latin America and the Caribbean*. Studies in Family Planning, vol. 37, no. 4, December 2006, pp. 225-240.

⁴⁸ Springer, AE. Selwyn, BJ. Kelder, HS. *A descriptive study of youth risk behavior in urban and rural secondary school students in El Salvador*. BMC International Health and Human Rights, vol. 6, no.3, 14 April 2006.

⁴⁹ Eileen, AY. Dries-Daffner, I. García, GS. *Abortion Opinion Research in Latin America and the Caribbean*. Studies in Family Planning, vol. 37, no. 4, December 2006, pp. 225-240.

⁵⁰ World Health Organisation. *Reproductive health strategy- to accelerate progress towards the attainment of international development goals and targets*. Department of Reproductive Health and Research. WHO/RHR/04.8. Geneva, 2004.

a holistic approach and is focused on human experiences. It aims to get further information of the subject and a deeper understanding of the people's perspectives to reflect the controversial human world. The purpose of this study was to increase knowledge of perceptions of the subject why qualitative interviews was considered as the most relevant method.⁵¹ The initial purpose of this study was to function as a pilot study, generating information for a more extending study.

3.1.1 Focus groups

Focus groups (FG) interviews was chosen as the method for the data collection. According to Morgan focus groups are “a research technique where data is collected by group interaction around a subject decided by the researcher”⁵². This means that time and place are decided in advance and the people included in the Focus Groups are chosen before the interviews take place. The researcher should preferably be the moderator during the session while the interaction between the participants can give information not only about what is said but also how it's said. FG can be more or less structured and the participation of the researcher can vary. The aim of Focus Groups interviews is to get a deeper understanding and to find different opinions about the subject. The method is especially useful within delicate areas and for studies on attitudes and perceptions. The discussion and the interaction between the participants can give important new information in areas rarely discussed in the society⁵³. Sexual and reproductive health and rights are surrounded by taboos in the context of El Salvador why focus groups are a good method for this study.

3.1.2 The interview guide

The questions of the interview guide were developed to answer the study aim in the best way. The interview guide was discussed with employees at the Institution of investigation, incapacitating and development on Women (IMU), the director of the gender unit at the University of El Salvador (UES), Marlene Lozano, and with the supervisor of the thesis, Annette Sverker. The interview guide was also shared with a student from another university to test the comprehensibility of the questions. The interview guide below is a translation of the Spanish version used in the interviews. It shows the division of the questions according to Krueger's classification suggested by Liam Litosseliti. The FG starts with an opening question concerning demographic variables and continues with a broad introductory question to open up the environment and to enter the area of sexual and reproductive health and rights. The transition question is followed by the key questions, focusing at contraceptives and abortion. Ending questions give the participants the last possibility to add information and is closing the interview. The

⁵¹ Kvale, S. *Den kvalitativa forskningsintervjun*. Studentlitteratur, Lund, 2007.

⁵² Morgan, D.L. *Focus Groups as Qualitative Research*. Sage. London. 1997

⁵³ Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund. 2000.

interview guide was semi-structured to keep the focus to the research question but still broad enough for the participants to bring up new angles in the area of sexual and reproductive health and rights.⁵⁴

Interview guide:

1. Opening questions:

Can you tell us your age, where you are from, what you are studying and which year you are attending?

2. Introductory questions:

What do you think about when talking about health and rights related to sexuality and reproductively?

What do you think are the most serious sexual and reproductive health problem in El Salvador?

3. Transition questions:

How do you think improved sexual and reproductive health can improve development in El Salvador?

4. Key questions:

Contraceptives:

Can you think about opinions for and against the use of contraceptives?

Abortions:

Can you think about reasons for why abortion is illegal in El Salvador?

What do you think will happen if abortion is made legally?

5. Ending questions:

Is there anything you would like to add?

Have this discussion raised any important topics?

3.2 INFORMANTS

University students were chosen as informants for the FG. The University of El Salvador (UES) placed in the capital, San Salvador, is the biggest in the country. It was chosen since it is the national university and a public one with low fares why it receives students from all over the country with different backgrounds. Furthermore IMU, had contacts at the gender unit of UES. The university is divided in four campus placed in different cities, with the largest one in San Salvador, including nine of 13 faculties. Medicine and Humanities are two big faculties including a great variety of careers why they were chosen for recruiting informants to the study.⁵⁵ When conducting the focus groups it is important to consider the demographic variables⁵⁶. The aim was to have students from the later years and from different careers included in each focus group however due to logistics difficulties this was not always the case. Both men and women were included in the study. After consideration with employees at IMU, experienced in realizing investigations in the context of El Salvador, a decision was made to separate the

⁵⁴ Litosseliti, L. *Using Focus Groups in Research*. Continuum. London. 2003.

⁵⁵ Universidad de El Salvador. Online 2009-02-10
<http://www.ues.edu.sv/ESTUDIANTES/facultades.html>

⁵⁶ Litosseliti, L. *Using Focus Groups in Research*. Continuum. London. 2003.

sexes. This because the delicateness of the theme could be limiting the possibility to obtain information with mixed groups. Four focus groups were performed, and the 20 informants, described in *Table I*, consisted of ten men and ten women between 18 and 36 years. According to the age classification of WHO three participants were adolescents (10-19 years), and 13 of the 20 informants were included in the young age group (15-24 years)⁵⁷.

⁵⁷ World Health Organisation. *Sexual relations among young people in developing countries: evidence from WHO case studies*. Department of Reproductive Health and Research, WHO/RHR/01.8. Geneva 2001.

Table I
Characteristics of the Informants in the Focus Groups

Criterion	Sex	Age	Residence	Career	Year of the career	Faculty
Subject						
FG1						
1	F	29	San Salvador	Nutrition	5°	Medicine
2	F	27	San Salvador	Nutrition	5°	Medicine
3	F	21	Santa Tecla	Nutrition	5°	Medicine
4	F	25	Santa Tecla	Nutrition	5°	Medicine
5	F	25	San Salvador	Nutrition	5°	Medicine
6	F	23	San Salvador	Nutrition	5°	Medicine
FG2						
1	M	19	San Salvador	Nutrition	3°	Medicine
2	M	21	Santa Tecla	Nutrition	3°	Medicine
3	M	22	San Martin	Nutrition	5°	Medicine
4	M	36	Soyapango	Nutrition	3°	Medicine
5	M	20	Soyapango	Nutrition	3°	Medicine
FG3						
1	M	23	San Salvador	Law	5°	Humanities
2	M	21	San Salvador	Elementary Educacion	5°	Humanities
3	M	23	San Francisco, La Paz	Social Work	5°	Humanities
4	M	27	Morazan	Social Work	5°	Humanities
5	M	19	San Salvador	Elementary Educacion	5°	Humanities
FG4						
1	F	18	Cuscantancingo	Prof. Preschool Education	3°	Humanities
2	F	36	Soyapango	Elementary Educacion	3°	Humanities
3	F	23	San Jacinto	Licensed in Preschool Education	-	Humanities
4	F	21	Zacamil	Education (licensed in	1°	Humanities

3.3 DATA COLLECTION

The researcher was put in contact with Marlene Lozano, director of the Gender Unit at the UES by the director of IMU, Deysi Cheyne. The objectives and the interview guide were explained and discussed with both of them. Marlene Lozano then contacted the docents of the faculties of Medicine and Humanities. At the medicine faculty one of the docents from the Nutrition Department was contacted a meeting was arranged with the researcher. Together with Marlene Lozano an introduction to the study was made for the students in the fifth year of Nutrition. Six women agreed to participate and an Information letter (Appendix I) was distributed. The Information Letter explained the aim of the study, that the participation was voluntary and that all data was going to be presented anonymous. The day after the first focus group was performed in their classroom. Since there was only one man in the class, the docent asked men from other years of the Nutrition career to participate. The same afternoon the men gathered and the researcher gave an introduction to the study before handing out the Information letter. The following day the interview was made at the same place with the six men.

At the Humanity faculty the director of the gender unit contacted the docent of Education, which distributed a list of possible names and phone numbers. Since only two men were suggested in the list, Marlene Lozano contacted three more men from other careers. They were all called by the researcher and asked to participate and told to pick up the Information letter at the Gender Unit before the interviews. The second focus group with men consisted of five persons and even though five women agreed to participate, one did not show up why the last FG of women was performed with four informants. The interviews were made two days later at the office of the director of the Gender Unit. All four focus groups started with an introduction (Appendix II) informing about the aim of the study, the voluntary participation, the right to withdraw whenever wanted, that the interviews were going to be recorded and that all data was going to be presented anonymous and confidential.

The interviews were performed in Spanish and recorded. Notes were taken of the moderator during the interview. The UES had not many available places fulfilling the proper conditions for recorded interviews. The demands when trying to find a decent place for the interviews were the need for the participants to sit down; possibility to close the door and it had to be silent enough to enable the recordings. Time limit for the interviews was one and a half hour. Snacks and drinks were available during the interviews and afterwards condoms were distributed to the participants as thanks for their collaboration.

3.4 DATA ANALYSIS

There are different methods when analysing data from focus groups. The aim is to find new things and draw conclusions from the data through analysing patterns,

compare the data and find contradictions within and between the groups.⁵⁸ In this study qualitative content analysis was performed according to the suggestion made by Graneheim and Lundman⁵⁹. In their article they consider the unit of analysis as the interview as a whole and the meaning unit are words or sentences which are related to each other through their context. They argue for the use of the concept *condensation* when talking about shortening the text and *abstraction* when referring to the creations of codes, categories and themes.⁶⁰

The focus groups were transcribed in Spanish and controlled by a Spanish native spoken person. The texts were read through several times before starting the analysis. The transcription of the four focus groups were considered as the units of analysis and the context was a pilot study with qualitative approach concerning university students perceptions on contraceptives and abortion. When analysing the data phrases adding important information according to the research question were selected and abstracted into codes as shown in *Table II*. Sub-categories, categories, sub-themes and themes were created out of the codes. The themes were corresponding to the three content areas of the interview guide: Perceptions on and problems related to SRHR, contraceptives and abortion. Finally the data from the content analysis tables was translated into English.

⁵⁸ Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund. 2000.

⁵⁹ Graneheim, UH. Lundman, B. *Qualitative content analysis in nursing research: concept, procedures and measures to achieve trustworthiness*. Nurse Education Today, vol. 24, no 2, 2004, pp. 105-12

⁶⁰ Graneheim, UH. Lundman, B. *Qualitative content analysis in nursing research: concept, procedures and measures to achieve trustworthiness*. Nurse Education Today, vol. 24, no 2, 2004, pp. 105-12

Table II.
**Example from Content Analysis. Meaning units, codes and sub-categories
(Focus Group 1).**

MEANING UNITS	CODES	SUB-CATEGORIES
There are circumstances that I am pro.	For some circumstances.	Limited cases
I am for abortions depending on the circumstances	Depending on the circumstances.	
If abortions should be approved in the country it must be when fulfilling certain circumstances, not just for everyone who wants, but in cases who deserves it.	Abortions could be legalized under certain circumstances for cases that deserve it.	
The deaths of the mothers practising it, because it is illegal they do it in inadequate places and often the mothers dies.	Mortality due to illegal abortions in inadequate places.	Consequences of unsafe abortions
The death of the mothers provoking abortions.	Mortality due to provoked abortions.	
What they do is to take combinations of pills to provoke abortions; they do not know the future health consequences this could	Health consequences due to provoked abortions.	
There are people thinking that abortion should be permitted in case of violations	Some people are pro abortion in the case of a violation	Violations
Violations of girls 12, 14 years old, that have been violated, then it is not fare that these girls should pay with something like that for decisions taken by others.	It is not fare that violated girls have to pay for others decisions.	
One knows that it could be a child with some deformation.	A child with deformation	Health of the child
If one knows that a child will come to suffer in this world.	The child will suffer in this world.	
The baby has difficulties.	Difficulties of the baby.	
The mother could be dying.	The mother is dying.	Health of the woman
If it is to save the health, to save the life of the mother.	To save the health and life of the mother.	
High-risk pregnancies that the life of the mother has to be saved.	Save the life of the mother in case of high-risk pregnancies.	
The advantage of that could be to avoid traumas.	To avoid traumas	
If there are problems with the economic situation of the mother, she is extremely poor; having four children and one more is	Cases of extreme poverty of the mother.	Socio economic problems
To some extent it will avoid the overpopulation.	Decrease overpopulation.	

3.5 ETHICAL ISSUES

The principal aim when performing research is to receive further knowledge to contribute to better living. Research using people must serve scientific and human interest why it is important to take the ethical aspects into consideration during all stages of the study⁶¹. The basic requirements for humanities and social science are stated by the Swedish research council as *information, informed consent, confidentiality and usage*⁶². The above requirements were reached in the following way. Through handing out the Information Letter the participants were informed about the general objective of the study and the supporting partners in advanced. An introduction was made before starting the interviews informing about the voluntary participation, the right to discontinue at any time, that the interviews were going to be recorded and some general information about the procedure of focus groups interviews. The introduction also included information about the confidentiality assuring that all personal data were going to be codified, that the results were going to be presented anonymous and used only for research purpose. When realizing research with volunteers it is also important to consider wheatear or not to compensate the participants. In this case the students received snacks and drinks during the interviews and condoms were distributed after finishing the focus groups, the student were not told about this in advance.

3.6 DESCRIPTION OF PRE-UNDERSTANDING

The pre-understanding of the researcher is important when planning, conducting and analysing the study⁶³. My previous experience from El Salvador was from a four months stay in 2007 when realizing the course Public Health in practise. The working practise consisted of an evaluation of a health, water and sanitation project at the Salvadorian countryside performed by the Canadian agency for development. For the fieldwork of this study I wanted to obtain an even greater understanding of the context of El Salvador why I participated in various events and meetings. There are several non governmental organisations (NGO) working with SRHR from different point of views. Through the entire process I shared thoughts and concerns with employees from IMU. Together with the organisation I had the opportunity to attend events like the International Womens Day and the left party Frente Farabundi Marti National Liberer's (FMLN) meeting of the project City of women (Cuidad Mujer). IMU are part of the group ALIANZA, and I had the possibility to attain when a draft of the latest investigation on SRHR was discussed. One of IMU's projects at the countryside, aiming to create a net of institutions and professions for HIV/AIDS prevention, was visited. Through contacts at IMU opportunities was given to visit and talk to people working in other non governmental organizations (NGO's), as Las Dignas, concerning SRHR and abortion-related areas.

⁶¹ Kvale, S. *Den kvalitativa forskningsintervjun*. Studentlitteratur, Lund, 2007.

⁶² Vetenskapsrådet. *Forskningsetiska principer inom humanistisk-samhällsvetenskaplig forskning*. Vetenskapsrådet, Humanistiska-samhällsvetenskapliga forskningsrådet. 2002.

⁶³ Kvale, S. *Den kvalitativa forskningsintervjun*. Studentlitteratur, Lund, 2007.

I was also invited of a medical student at the private university Dr. Jose Matias Delgado to attain a forum concerning abortion at the faculty of medicine. It was organised by the International Federation of Medical Student's Association (IFMSA) in El Salvador, the Standing Committee of Public Health (SCOPH) and with support from the Yes to life federation. The representation of professionals was one priest, one doctor and two women from the Yes to life federation. The forum was titled; "Abortion- who decides?" and as a starting point the movie "Punto y aparte", (Paco del Toro 2002⁶⁴) was shown. Posters were distributed with questions as: "Do I deserve the death penal?", "Questionize the abortion!" and "Is this the face of the enemy"- showing the picture of a smiling child.⁶⁵ In addition uncountable informal conversations with friends, family, taxi-drivers, waitresses, service staff, home helps and more increased the general understanding of the Salvadorian context in general and about perceptions on sexual and reproductive health and rights in specific.

⁶⁴ Paco del Toro. *Punto y aparte*. Armagedon Productions. Mexico, 2002.

⁶⁵ Forum organized by IFMSA, SCOPH, Si a la vida. *Abortion- who decides?* IFMSA, SCOPH, Si a la vida. University of Dr. Jose Matias Delgado, Antigou Cuscatlan, San Salvador. 20 March 2009.

4. RESULTS

When analyzing the data with qualitative content analysis sub-categories, categories, sub-themes and themes were found and organised as shown in *Table III*. No major differences were found between the sexes considering subjects brought up although the two groups with men spoke more than the ones with women. Almost all the informants were residences in the surroundings of the capital, and no difference was found between those with origins from other places. The majority of the students attained the fifth year of their career and no distinction was identified between studying the third or the fifth year. Some older students although expressed a more traditional view based on prevention through abstinence until marriage.

Table III.
Themes and Categories of Qualitative Content Analysis

Theme	Sub-theme	Category	Sub-category	
Perceptions on SRHR	Rights	Education	In school	
			At home	
		Family planning	Number of children	
			Time to have children	
		Autonomy	With who	
			Abstinence	
			Free sexuality	
	Gender	Equality		
	Health	Diseases	Protection against diseases	
		Access	Access to sexual health services	
	Problems	Sexual Orientation	In school	In school
				At home
			Mass media	Mass media
				Religion
				Professionals
		Pregnancies	In adolescents	
			Unwanted pregnancies	
		Diseases	Sexual transmitted infections	
		Gender	Violations	
			Sexual abuse	
Maltreat of Women				
Machismo				
Marianismo				
Socio economy	Overpopulation			
	Poverty			
Contraceptives	Source of opinion	Against	The Church	
			The Family	
			The society	
			Gender issues	

		For	Public Health Institutions	
			Women Organizations	
		Consequences	Negative	Effectiveness
				Bad use
				Health
				Promiscuousness
				Gender
			Positive	Avoid diseases
				Avoid pregnancies
				Socio economy
Obstacles	Culture	Myths		
		Alternative prevention		
	System	Not facilitating for youth		
Abortion	Source of opinion	Against	The Church	
			The Government	
			Organisations	
			The society	
		Pro	Places of unsafe abortion	
			Ministries and Institutions	
	Circumstances	Against	Organizations	
			Consequences of abortion	
			Increase of STI	
			Promiscuousness	
Pro		Irresponsibility		
		Limited cases		
		Consequences of unsafe abortions		
		Violations		
	Health of the child			
	Health of the woman			
	Socio economic problems			

4.1 PERCEPTIONS OF SRHR AND PROBLEMS RELATED TO THIS SUBJECT

The introductory questions were made to enter the area of SRHR and were important to answer the first of the specific objectives. Sub-themes found when analyzing the data were *rights, health* and *problems*. It was obvious that the students focused in topics of their career when talking about sexual and reproductive health and rights. However the problems related to SRHR were quite similar. Sexual education was a topic brought up frequently both when discussing SRHR and the problems. Sexual education was seemed as a right and an important factor to diminish health problems.

4.1.1 Rights

Both men and women have the same sexual and reproductive rights in theory however this is not the case in practise. All groups identified the lack of sexual education but they sometimes disagreed on whether it was more important to improve sexual education at home or in school.

*I consider, that the themes of sexual and reproductive education and sexual and reproductive rights. It is basic that our population has the knowledge, and even more the young people.
(Man)*

Some students stated that it is a human right to have a sexual and reproductive life. Additionally it is not only about the right to have children but as well to decide when and with whom to have children and to feel satisfied with the sexual life no matter the sexual orientation. It is also a human right to choose not to have sexual relations.

I am a human being and as well as I have the right to eat, I have the right to have a sexual life that permits me to feel satisfied as a human. This is independent of my sexual orientation, my lifestyle or the material conditions of a person. (Man)

4.1.2 Health

Only one of the focus groups, women from the career of nutrition, talked about the right to have access to health services and everyone's right to protect himself from sexual transmitted infections. However the women studying education raised the right to be educated how to protect from infections.

You need to have access to the different health services that could help both men and women with sexual and reproductive issues. (Woman)

4.1.3 Problems

The sexual and reproductive health problems that were reported of highest concern were sexual transmitted infections, violations, and unwanted pregnancies, especially in adolescents. Lack of and bad quality of sexual education, both in school and at home was again discussed as a major problem. Socio economic issues as overpopulation and poverty were identified as both cause and effect of these problems. Gender obstacles were raised commonly due to the macho culture.

The people could be aware of the sexual situation of their children but if both have to work or if they have to emigrate abroad because of the economic situation, because the problem is socio economic. (Man)

It is a serious problem here in El Salvador that there are people very close to the family environment that tend to violate the children in that family territory, sometimes even the fathers tends to do that. (Woman)

The men are freer, they can have women whenever they want and at whatever age they want they can go to bed with women. (Woman)

The woman no, she has to stay pure until marriage and that is why women are more criticized than men in the aspect of sexuality. (Woman)

4.2 CONTRACEPTIVES

When entering the first key question concerning contraceptives it was asked for opinions for and against the use of contraceptives. Sub-themes found were *sources of opinions for and against, positive and negative consequences* and *obstacles* for the use of contraceptives. The informants identify positive effects of contraceptives as protecting from STI's and unwanted pregnancies. However they argued for the use of contraceptives mainly in stable relations and for married couples. The arguments used for this opinion were that contraceptives have serious secondary effects, principally in women. They considered that nowadays young people use contraceptives in an excessively way. Persons having this opinion were promoting abstinence until marriage.

4.2.1 Sources of opinions

It was obvious that the students think that the church in El Salvador is a powerful institution against the use of contraceptives. Besides the church, some women pointed out that it is almost every time the man who disapproves to use contraceptives. Women organisations, public health institutions and mass media were identified as being for the use of contraceptives. In many cases it was clear that the students did not agree with the promotion of contraceptives. The methods used by governmental institutions were considered as commercial strategies, inadequate for promoting contraceptives.

Against

In some religions they forbid sterilization of the women, she will continue to have all the children that God gives her. This influence of the religion is affecting the family, because they do not use any contraceptive method. (Woman)

The religion is what is influencing most, the family is dependent of the religion promoting that it (contraceptives) should not be used. (Man)

Almost every time it is the man that does not wants to use the condom. (Woman)

For

Inclusive on television, the commercials say that you should use condoms to avoid sexual

transmitted infections; I do not think that is an adequate way. (Woman)

4.2.2 Consequences

Secondary consequences in health and the lack of knowledge how to use the contraceptives are main reasons for not using contraceptives according to the students. Both men and women brought up the severe health consequences, especially affecting women, due to contraceptives as a problem. The effectiveness was pointed out as a disadvantage which the contraceptives. Several students thought that they should be used for family planning in marriages but not as a mean just to have sexual relations, behaviour considered as promiscuous. The positive outcomes of the use of contraceptives were prevention of STI and unwanted pregnancies. Some connected these advantages to socio economic factors as reducing overpopulation and poverty.

Negative

The prolonged use of contraceptives could lead to consistent diseases in the woman as cancer and allergies. (Woman)

If you do not know how to put it on, nor take it off, besides it can break, there can also be other risks. (Man)

The only security is fidelity or abstinence. (Woman)

The contraceptives are made only for women and not for men. It is always affecting the health of the women, not as much in men. (Woman)

To use the contraceptives in the right moments, what it's really good for, if not, they use it only to have free sex. (Woman)

Positive

If you use it in the best way, it will not be a lot of children without to know who is the father, nor a lot children suffering from hunger, and the best thing is that it will protect from transmitting diseases. (Man)

4.2.3 Obstacles

This sub-theme was the last defined about contraception's while there were some important phrases that did not fit in to the existing sub-themes. Those were defined as obstacles, not necessarily from the student's point of view but considered of the researcher as obstacles for using contraceptives. The sub-categories were defined as culture and system issues.

If I have sexual relations, I won't trust in a bag of textile. (Man)

The use of the pill, in the case of marriage, could provoke infidelity because the hormones increase the lust for the women. (Man)

If a girl is going to the health unit for family planning, they shout out in front of everyone, "Who are going for family planning?", they do not know if there are neighbours or friends there. (Woman)

4.3 Abortion

The sub-themes about abortion were found to be *sources of opinions* and *circumstances against and pro* abortion. Several women expressed that abortion is a very delicate topic. When entering the theme all informants were against abortion and disagreed to a change in the penal law. However when discussing consequences due to abortions many were pro abortion but under certain circumstances.

4.3.1 Sources of opinions

According to the students the catholic church has the greatest influence both at the people and the government. However not only the church was reported to be against abortions, in fact the general opinion of the students was that abortion is a crime and should not be approved. All the groups were aware of that abortions are performed anyway. A few said that the government can approve abortions under certain circumstances. Only one women organisation was identified to be pro abortion.

Against

For the government it is not convenient to set up against all the necessities, for example against the religion, I feel that the religion has a huge impact. (Woman)

I am not pro-abortion; the truth is that there are lives, if we are protecting the human rights, if we are protecting the innocents, why are we not going to protect beings that do not have the blame. (Man)

Pro

I think that Las Dignas is an organisation that is pro-abortion, while they fight for the women rights (Woman)

4.3.2 Circumstances

Apart from religious reasons to not perform abortions, the data showed that the

students considered that unwanted pregnancies were due to promiscuity and irresponsibility and should consequently not be approved. No one declared to be pro abortion. Almost everyone could think of special circumstances when abortions could be a possible option. Violations, socio economic factors and cases risking the health of the mother or the child were such circumstances.

Against

*If she got pregnant because of having an immature sexual relation I am not pro abortion.
(Woman)*

Pro

*In my case I prefer my wife alive instead of that both of them are dying, the foetus belongs to my wife and she would also prefer the best solution. Better to save one life than losing two.
Save a life is not a murder because it is better that only one die instead of both. (Man)*

4.4 Willingness and importance of theme

This theme was not analyzed by the content analysis why it was not aiming to answer the research question. Although it could add some information reflecting the willingness of the students to talk about the subject. They expressed further interest to talk about these topics, especially about abortions, and including more students. Some of the participants raised the importance of discussions including both sexes. One group suggested that younger students should be included.

5. DISCUSSION

5.1 RESULT DISCUSSION

The focus group discussions brought up several important findings concerning perceptions of sexual and reproductive health and rights, contraceptives and abortions. It was obvious that according to the informants the catholic church has a great impact in all topics related to SRHR. The quotation in the title of this study, "All the children that God gives you" was an expression used in three of the four focus groups and partly explains the negative perceptions of abortion and contraceptives. The results showed that there was no major difference between the participants due to sex, place of residence or grade attending at the university. Although the focus group with students from mixed careers were discussing the topics from different points of views resulting in a more extended interview and richer data.

5.1.1 Perceptions of SRHR

The problems of unwanted pregnancies and STI identified by the students responded to the most serious health problems in the country^{66,67}. Sexual education was brought up as a right but the existing sexual education was reported to be inappropriate. They expressed the importance of increasing and improving sexual education in school and at home. These results are confirmed by a recently made investigation of ALIANZA there the informants brought up lack of sexual information as one of the most serious problems. The study was performed on university students and used both qualitative and quantitative methods investigating the level and the quality of the sexual education.⁶⁸ Violations of women, and especially adolescents, was other topic of great concern due to the students. This is not of major interest for this study as the focus is on contraceptives and abortions. However violations are causing unwanted pregnancies linking the subject to the abortion theme. Several women organisations, for example IMU, are working with violation related projects in El Salvador⁶⁹.

5.1.2 Contraceptives

Due to the findings of the the study students do not doubt the positive effect of contraceptives. However the disadvantages of the contraceptives many times are considered to exceed the advantages, especially due to negative consequences in the

⁶⁶ Springer, AE. Selwyn, BJ. Kelder, HS. *A descriptive study of youth risk behavior in urban and rural secondary school students in El Salvador*. BMC International Health and Human Rights, vol. 6, no.3, 14 April 2006.

⁶⁷ The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

⁶⁸ ALIANZA- por la Salud Sexual y Reproductiva. *Sondeo de percepción sobre la situación de la educación sexual en la población salvadoreña*. Alianza por la Salud Sexual y Reproductiva. San Salvador, 2009.

⁶⁹ Im's verksamhet i El salvador. IM- Individuell Människohjälp. (2007-04-27) Online 2009-01-22 <http://www.manniskohjalp.se/sv/Har-arbetar-IM---IM-i-varlden/IM-i-varlden/IM-Individuell-Manniskohjalp---arbete-i-centralamerika/IM-Individuell-Manniskohjalp---IMs-arbete-i-ElSalvador/IMs-verksamhet/>

women's health. These results could partly explain the disparity of the low prevalence of contraceptive use in the young population reported in the national survey⁷⁰ and the great amount of women familiar with contraceptive methods⁷¹. Another suggestion is that the dis-confidence the informants reported about the contraceptives and the institutions promoting them could be due to concept confusion. The Spanish word "cuidarse", which can be translated into the English "take care of oneself", was several times used by the students referring to practising abstinence until marriage. The fact that institutions and representing from the Salvadorian government and professionals working in the public health area used the word when promoting the use of contraceptives was confusing according to the students. This misunderstanding could be the cause for the suspiciousness and dissatisfaction that the students expressed for the methods used by the state when talking about family planning.

5.1.3 Abortion

To talk about abortion in a catholic context where abortion is illegal is not easy even if the students confirmed that they know that abortions are performed anyway. Most of the informants expressed a positive attitude to the abortion penalty law which reflects the results of the investigation of ALIANZA, where the majority of the students were reported to be against abortion. However when discussing abortion it seems to be a rhetoric question since the students in the study mentioned above agreed with the right of the women to decide whether or not to have children and to interrupt a pregnancy⁷². Similar findings were made in this study as the students identified the right to decide if having children or not and several students had a pro abortion attitude for certain circumstances as rape and health issues but also for socio economic reasons. Nevertheless some students are against abortion under all circumstances, an opinion mainly explained by statements used by catholic groups considering abortion as an assassinate and claiming the right to human life from the moment of conception. The position of the Catholic Church in the country and its influence at the students were confirmed at the forum "Abortion- who decides?" which the researcher attained⁷³. The panel was representing the pro-life movement where abortion is seen as a crime and a murder. The essence of the message was that the medical students, as future doctors, had the responsibility to end the sin⁷⁴. If this is the kind of education that the university students in El Salvador obtain, it is obvious for the researcher why people, although well-educated, are continuing to support the national penalty law of abortion.

The data presented of who is against and who is pro abortion are according to the

⁷⁰ Asociacion Demografica Salvadorena. *Encuesta Nacional de Salud Familiar: FESAL-2002/2003: Informe Final*. La Asociacion Demografica Salvadorena. San Salvador, 2004.

⁷¹ The Center for Reproductive Law and Policy, New York. *Persecuted, Political Process and Abortion Legislation in El Salvador: A Human Rights Analysis*. The Center for Reproductive Law and Policy. New York, 2001.

⁷² ALIANZA- por la Salud Sexual y Reproductiva. *Sondeo de percepción sobre la situación de la educación sexual en la población salvadorena*. Alianza por la Salud Sexual y Reproductiva. San Salvador, 2009.

⁷³ Forum organized by IFMSA, SCOPH, Si a la vida. *Abortion- who decides?* IFMSA, SCOPH, Si a la vida. University of Dr. Jose Matias Delgado, Antigou Cuscatlan, San Salvador. 20 March 2009.

⁷⁴ Ibid.

perceptions of the students, nevertheless it is not sure that these corresponds to the real opinion of the identified sources. Although it reflects how the position of these institutions are understood of the people and is a way to increase the understanding of the perceptions of the students.

5.1.4 Willingness and importance of the theme

The students expressed lack of possibilities to discuss the theme, since it was considered difficult to bring up the subject, especially concerning abortions, without a reason. This argues for the importance to more frequently give opportunities for such conversations. It would be interesting to include both sexes when discussing SRHR, contraceptives and abortion. Even though some students argued that it was more important to include younger students, the point of view of the researchers is that further discussions are needed also at the university level.

5.2 METHODOLOGICAL CONSIDERATIONS

5.2.1 The pre-understanding of the researcher

The pre-understanding of the researcher could be changing during the fieldwork process which could affect the results. In this case the researchers pre-understanding on the subject in the context of El Salvador increased during the stay in the country which certainly influenced the study. Although the researcher considers this as a part of the process effecting the study in a positive way. The construction of the aims, the interview questions and the choice of informants were most likely improved by the greater knowledge obtained. These changes were made before performing the focus groups interviews.

5.2.2 Focus groups as data collection method

The method used in the study was chosen to answer the objectives in the best way. Since the aim was to collect data about perceptions of SRHR in general and contraceptives and abortion in specific focus group interviews were considered as the best method. When the investigation has a broad aim focus group interviews increase the possibility to follow up new information coming up during the interviews. This demands a great knowledge and experience of the researcher but gives the participants the opportunity to make their voice heard⁷⁵. The interview guide was constructed before the focus groups to answer the research question in the best way using the Kreuger model, suggested by Lia Litosseliti⁷⁶.

⁷⁵ Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund. 2000.

⁷⁶ Litosseliti, L. *Using Focus Groups in Research*. Continuum, London, 2003.

5.2.3 Limitations

Qualitative methods in research have been criticized for depending on the pre-understanding of the researcher and to the difficulties to generalize the results. However the aim of qualitative studies is not to generalize but to get a deeper understanding of the research topic.⁷⁷ Limitations of focus groups interviews can be power relations between the researcher and the participants or within the group of the participants resulting in that the informants hesitate to speak freely⁷⁸.

5.3 TRUSTWORTHINESS IN QUALITATIVE STUDY

5.3.1 Credibility

The researcher is finalizing the Programme of Public Health at the University of Gothenburg. When realizing this study the importance of sexual and reproductive health and rights for development were considered as a mean for achieving the international public health targets in the MDG. The researcher had previous experience of public health work in the context of El Salvador, however not in the area of SRHR and in urban populations. Therefore the researcher to some extent was dependent on contacts in El Salvador when planning and conducting the focus groups. Characteristics of the informants were set by the researcher but the director of the gender unit together with the docents contacted influenced when finding the informants. The researcher did not observe how the students were asked; nevertheless she spoke to all the informants before starting the interviews asking for their voluntary participation. Even if the students did not actively applied to the study all of them accepted to participate. The researcher assured that the Information letter had been handed out to all the students and started all the sessions with giving an Introduction. They were not informed of the time for the interviews or the compensation for the participation when they accepted, why getting free condoms or a lecture off could not be the reason to participate. Two faculties were chosen to be able to do comparatives and the Medicine and humanities are big faculties with a great diversity of careers. However students from other faculties and careers could have brought up different viewpoints influencing the results. The initially objective was to perform the focus groups with students mixed from different careers to have as many viewpoints as possible. Nevertheless this was not the case in three of the four groups due to logistic problems with schedules and that the docents contacted at the faculties responded to one career. As one group was mixed compares could be done between doing career specific and career mixed interviews. The place for conducting the focus groups can influence the participants. The two focus groups with students from the nutrition career were made in their classroom, since all informants were from the same career it should not have caused any problems. The two other groups, including the mixed group, were performed in a neutral place at the office of the gender unit. One

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Kvale, S. *Den kvalitativa forskningsintervjun*. Studentlitteratur, Lund, 2007.

⁷⁸
2000.

Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund.

aspect when working with interviews is to considerate the power relationships between the interviewees and the researcher. In this case, the participants were at the same age and the same education level as the researcher, why it should not have had great impact. As the participants were all studying at the same university, attending the third to the fifth grade no major power relationship should have been existed between them. In the career specific groups it is possible that the students knew each other and already existing relationships could have been effecting how the students acted.

The data was analysed with qualitative content analysis with a manifest approach, focusing on the obvious and visible outcomes of the interviews, what the text says. In comparation the latent analysis is done with a higher degree of interpretation analysing what the text is talking about. For an inexperienced researcher the first is preferable why this was the method chosen⁷⁹. Another reason was that the researcher was alone when performing the interviews why it was harder to take into account body language, gestures and such as things for a deeper interpreting level of the analysis.

The original documents and the interviews were in Spanish. The report is written in English and all data had to be translated, which was a very time consuming process. This could to some extent influence the results while there sometimes are hard to find appropriate translations for local expressions. Triangulation was done consistently through verifying the results through informal talks with other Salvadorians, especially young people and women working with sexual and reproductive health in non governmental organisations.

5.3.2 Transferability

The aim of qualitative studies is not to generalize the findings to other groups or context why the results can be considered to just reflect the perceptions of the participants in the study. However the results from the four different groups were similar and previous research in El Salvador is strengthening the findings. To some extent it may also be transferred to other Latin American countries sharing the catholic religion and the macho culture. As the review on abortion attitudes found that the public opinion reflected the abortion law this should be taken into consideration if transferring the results to other places⁸⁰. The findings of this study may be similar in countries sharing the penalty law of El Salvador. This study could add useful aspects when constructing other investigations or planning and conducting intervention programmes in sexual and reproductive areas.

5.3.3 Dependability

All four focus group interviews were recorded. The first two interviews were

⁷⁹ Graneheim, UH. Lundman, B. Qualitative content analysis in nursing research: concept, procedures and measures to achieve trustworthiness. *Nurse Education Today*, vol. 24, no 2, 2004, pp. 105-12

⁸⁰ Eileen, AY. Dries-Daffner, I. García, GS. *Abortion Opinion Research in Latin America and the Caribbean*. *Studies in Family Planning*, vol. 37, no. 4, Dec 2006 pp. 225-240

performed in a classroom where some noise from outside were making the transcription harder. Although notes were taken during all focus groups sessions minimizing the loss of data due to technical difficulties. The other interviews were done in a quieter place and there were no problems with the transcriptions. These two interviews were also downloaded to a computer.

Focus groups have been performed once before of the researcher, although not enough to be considered as an experienced focus group moderator. To compensate the lack of experience of the data collection method literature concerning focus group interviews was studied⁸¹. The methodological part of the thesis was supported through mail contact with supervisor in Sweden and contextual questions were discussed with employees at IMU. The researcher had previous experience from El Salvador visiting the country in 2007. To increase the knowledge in SRHR previous research were reviewed before starting the data collection. No decisions were made after the first interview in changing the procedure for the upcoming focus groups except for the above mentioned change of place to perform the interviews.

The researcher had to both take notes and function as the moderator during the interviews which could make it difficult to follow up interesting traces at the same time. It could be argued for the need of an observer or an assistant; however a local person could have been affecting the willingness of the students to share their opinions about such a delicate theme.

The interview guide, the Information letter, the Introduction and the interviews were made in Spanish. The transcription was also made from the recorded interviews in Spanish to Spanish texts. While the native language of the researcher is Swedish, Salvadorians were controlling the language of all the documents in Spanish as well as the transcriptions to minimize misunderstandings.

In one focus group some of the participants referred the concept "anticonceptivos" (contraceptives) as the pill. However the researchers aim was to include all types of contraceptives. Continuing questions were made by the researcher to explore differences of perceptions in hormonal contraception and condoms. When analysing the data from the other interviews this was taken into consideration but the researcher found that both hormonal and condom contraceptives were taken up of the participants.

5.3.4 Conformability

The scholarship from SMR and IM and the collaboration with IMU has not had any influence for the result of the study. The conduction of the interviews was done separately from all the three organisations. Although the demands from SMR when planning the study was to do researching in topics where the religion could be taken into consideration. When studying SRHR in a catholic country that is not a problem. It was also requested that both IM and IMU had to consider the study relevant for future research, investigations or programmes of the organisations. This

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Litosseliti, L. *Using Focus Groups in Research*. Continuum. London. 2003.

Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund. 2000.

is also important from an ethic perspective and a general requirement when using people in research is to assure the usage of the study⁸².

5.3.5 Ethic discussion

The basic requirements of *information, informed consent, confidentiality and usage* were all fulfilled and explained above⁸³. One can argue that focus groups are more ethical than personal interviews because the participants can choose to answer or not answer a certain question. Secondly the themes are broad which gives the opportunity for the students to raise topics they consider as important.⁸⁴ The questions were constructed in a way that the participants were asked for their perceptions of others opinions, but anyone could as well express their own point of view. This was partly due to the fact that personal experiences of illegal abortion may not have been expressed and could harm the informants if being shared with other participants. To have a more general stimulus material is a way to avoid talking about personal experiences within delicate themes⁸⁵.

⁸² Vetenskapsrådet. *Forskningsetiska principer inom humanistisk-samhällsvetenskaplig forskning*. Vetenskapsrådet, Humanistiska-samhällsvetenskapliga forskningsrådet. 2002.

⁸³ Ibid.

⁸⁴ Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund. 2000.

⁸⁵ Wibeck, V. *Fokusgrupper- om fokuserade gruppintervjuer som undersökningsmetod*. Studentlitteratur. Lund. 2000.

6. CONCLUSIONS

The aim of this study was to increase the knowledge about perceptions on SRHR focusing in contraceptives and abortion by performing Focus Groups with university students. The data shows that there are many underlying factors for the perceptions of the use of contraceptives and on abortions. The catholic church seems to have a big influence on the perceptions on SRHR, contraceptives and abortions. Even if positive outcomes of contraceptives were identified, obstacles as secondary effects, religious views and dis-confidence were reported and contraceptives were mainly considered to be used in family planning. El Salvador's penalty law of abortions seems to be supported of the students, mainly due to religious reasons and the definition of the moment of conception, although special circumstances could be a reason to accept abortions.

Sexual education was found to be an important factor for preventing these problems but there is a need to evaluate the content, extent and effectiveness of the education. In conclusion there is still a great need for further research and public health work in the area of sexual and reproductive health and rights concerning contraceptives and abortions. After getting a deeper understanding of the underlying factors it is now important to consider how this knowledge can be used to change perceptions for improved public health related to SRHR and accelerate development to achieve the MDG targets to 2015.

7. IMPLICATIONS FOR FURTHER RESEARCH

The aim of the study was to perform a pilot study to be used in the future when planning bigger focus group investigations about perceptions of SRHR. Although the four focus groups interviews resulted in extensive data and the findings from this study may be used for other investigations, interventions and projects. Since the students expressed a need to further discuss SRHR it is important to develop projects and investigations where SRHR related issues as contraceptives and abortion can be discussed in allowing environments. It is urgent to present scientific data on secondary effects of contraceptives in an excessive way to young people. The researcher suggests that myths, data on effectiveness of contraceptives and a practical guide how to use contraceptives are included in the information. According to findings the religion is having a great impact in the population and the politics, but the opinion is not that homogeneous as it is presented in the mass media. Catholic groups as "Catholics For Free Choice", could be used as an opposite pol to the traditional catholic opinion, when discussing SRHR with young people. It would be interesting to perform a national survey on perceptions to the abortion penalty law to investigate if it reflects the general public opinion. Non governmental women organisations could be important to change the attitudes since they were identified to work for the rights and the development of the women, even if only one organisation was identified as pro abortion. Sexual education was seen as an important tool for decreasing problems related to SRHR. However before increasing the sexual education the quality of the information and the messages given must be evaluated for all institutions and

organisations working with incapacitation of sexual education. Otherwise the risk is that the sexual education instead contributes to increased gender differences, taboos and myths in the population.

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9. APPENDIX

ATTACHMENT I

Information of the study

The aim of the study is to increase knowledge of perceptions among university students to sexual and reproductive health and rights.

The the investigation I will writing my thesis within the Programme of Public Health at the University of Gothenburg, Sweden. The supervisor of the study is Annette Sverker reached on cellphone 0046706697944. The fieldwork is supported by The Swedish Mission Council who is collaborating with the Swedish organisation IM and the Salvadorian organisation IMU.

The study is qualitative and will consist of four focus groups with university students from the faculties of medicin and humanity of the university of El Salvador. In each group there is a need for six participants.

Participation in the groups are voluntary and can be ended whenever wanted. The results will be presented confidential with all personal data codified. The focus groups will be recorded and transcription will be made and an analysis of the principal findings. The duration of the focus group will not exceed one and a half hour.

If you are interested, please contact the docent of your faculty.

San Salvador, March 2009
Anna Ekdahl
annaekdahl@gmail.com

ATTACHMENT II

Introduction to the interviews

First of all very welcome and thank you for taking the time to participate in this focus group.

I am studying Public Health at the University of Gothenburg in Sweden. I have been focusing my studies in international public health and that is why I got to know El Salvador in 2007 realizing another project. With this investigation I will be writing my thesis.

The fieldwork is supported by The Swedish Mission Council who is collaborating with the Swedish organisation IM and the Salvadorian organisation IMU.

The aim of the study is to increase knowledge of perceptions among university students to sexual and reproductive health and rights. The study is qualitative and will consist of four focus groups with university students from the faculties of medicine and humanity of the university de El Salvador.

As university students, you have been chosen as target group because the opinions of the youth is importante for the future. The faculties of medicine and humanity were chosen why they have a great variety of careers which could lead to professions that in the future can be related to the topic of sexual and reproductive health and rights. The University of El Salvador is the biggest within the country and has a great variety of careers and is a public university.

The focus group do not aim to control your personal sexual or reproductive experiences, but to obtain greater information of your perceptions in the area of sexual and reproductive health and rights in the context of El Salvador. There is neither a correct or a false answer, only different point of views and what you think is important information!

You should feel free to talk open-minded about the themes and share your opinions because the idea of a focus group is to be able to talk in an informal and relaxing environment. Do not hesitate to think different. As a moderator during the interview I will lead the discussion in the themes for the investigation. I would like to ask you please not to interrupt each other, that you speak just one person at time and that you let all of you the time to express themselves. Your opinions are important for the study and whatever question you have about the study feel free to ask after the focus group.

Participation in the groups is voluntary and can be ended whenever wanted. The results will be presented with all personal data codified. I have asked for your permission to record the focus group to facilitate the work of the transcription and the analysis. The recording will be transcribed and an interpretation will me made of the findings.

The duration of the focus group will not exceed one and a half hour. Before starting I would like you to present yourself and I will give you a personal code. When we start the recording one can present the code, your age, where you are from, in which career you are studying and why you wanted to participate in this interview.