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Reproductive Health Programs for Adolescents in Three Latin American Cities

Based on the report "Reproductive Health Programs for Adolescents: The Cases of Buenos Aires, Mexico D.F., and Sao Paulo" by Mónica Gogna, María Alicia Gutiérrez, Mariana Romero, Nina Zamberlin, and Dalia Szulik of CEDES, Buenos Aires, Argentina; Claudio Stern, Diana Reartes, and Erica Sandoval of El Colegio de Mexico, Mexico D.F., Mexico; and Maria Coleta Oliveira, Margareth Arilha, Estela Maria G.P. da Cunha, and Jucilene Leite da Rocha of NEPO/UNICAMP, Campinas, Brazil. The research was commissioned under POLICY's Global Policy Research Program. Karen Hardee prepared this brief based on Monica Gogna's synthesis chapter.

Background

Adolescent sexual and reproductive health was the focus of much debate at both the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women. The ICPD *Programme of Action* notes that "the reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services." Existing adolescent programs have been insufficiently documented and evaluated.

The ICPD *Programme of Action* encourages countries to design and implement programs to help adolescents understand their sexuality and to protect them from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility. To that end, countries can benefit from sharing information about existing programs. This brief examines policies and programs in three Latin American cities and is instructive for countries seeking to safeguard and improve adolescent reproductive health.

Findings

The Programs' Origins

This study reviewed the main public sector adolescent reproductive health programs in Buenos Aires, Argentina; Sao Paulo, Brazil; and Mexico D.F., Mexico.[1] The three programs had different origins. In Sao Paulo and Buenos Aires, the programs were based on proposals by professional groups (gynecologists, pediatricians, public health specialists) experienced in working with adolescents in public hospitals linked to medical faculties. In Mexico D.F., NGOs with a record of working with adolescents actively participated in the design of the 1994 National Program for the Reproductive Health of Adolescents.

The political climate for adolescent reproductive health was far more favorable in Sao Paulo and Mexico D.F. than in Buenos Aires.[2] In Mexico in the 1970s, international donors facilitated the creation of adolescent reproductive health services. In Brazil, sustained public discourse regarding health and sexual and reproductive rights, as well as the design and implementation of the PAISM (Women's Integral Assistance Health Program) in the 1980s, facilitated the design and implementation of health programs for adolescents. Concerns about the rights of children and adolescents also prompted the establishment of the nationwide Adolescent Health Care Program (PROSAD) in 1989.[3] In Argentina, the 1993

[1] This study used epidemiological data, content analysis of program documents, and semi-structured interviews with public officials, program managers, providers, and clients to examine national or local adolescent reproductive health programs and selected services. The facilities included in the study were selected for being typical of services in each site and illustrative of the range of programs that make up the current supply of reproductive health services in these three cities.

[2] Buenos Aires does not have an Adolescent Health Program per se, even though adolescent services have been available in public hospitals since the mid-1970s. In 1993, the Ministry of Health and Social Welfare elaborated a National Plan for Adolescent Integral Health; however, it has not been translated into health programs at the national or local levels.

[3] One of the facilities in Sao Paulo, and the oldest of the six analyzed, is the most innovative at reaching adolescents. It truly tries to integrate the disciplines of its providers to approach care holistically.

National Plan for Integrated Adolescent Health is being implemented in an adverse political context: the government took highly conservative positions at both the Cairo and Beijing conferences. In Mexico and Brazil, international organizations continue to have a stronger positive influence on government actions in the field of health care for adolescents and young people than in Argentina.[4]

> ***"… Mexico started breaking barriers, in 1994 we modified the technical norm of the family planning service in order to give teenagers … access to birth control methods by medical prescription; Cairo strengthened this and an avalanche of interest in the work with teenagers resulted."***
>
> —Official, Mexico

Characteristics of the Service Facilities

The services studied—a health care center and an outpatient clinic in Sao Paulo, a primary health care module and an educational program of a hospital specializing in obstetrics and gynecology in Mexico D.F., and adolescent services in two hospitals in Buenos Aires—all share some common features:

- Provision of care based on a holistic health concept focusing on biological, psychological, and social aspects of adolescent health rather than simply on a medical model of care;
- Interdisciplinary teams of providers;
- Emphasis on pregnancy prevention;
- Emphasis on the promotion of "responsible" behavior regarding sexuality and reproduction through the provision of information and contraception;
- Acknowledgment of the need to develop community-based activities; and
- Insufficient attention to the male's role in reproductive health prevention and care.

Factors that Facilitate Providers' Work

In all three cities, adolescent reproductive health services are staffed by interdisciplinary health teams composed of highly motivated and committed people; to a great extent the programs and services survive in difficult conditions thanks to the efforts of these professionals. Such commitment can be seen in some providers' efforts to obtain free medicines and supplies and to refer patients to specialists sympathetic to adolescents. Provider commitment is also indicated in their willingness to perform tasks that exceed those they were hired for.

> ***"… Although they come to us because of something specific, other things are certainly happening to them and … one professional alone cannot solve all the different problems they are facing in this difficult and changing stage of life."***
>
> —Provider, Buenos Aires

Taking a holistic view of adolescents has been successful. Working in interdisciplinary teams has not been easy, but the services have tried some innovative approaches. At a hospital-based service in Buenos Aires, a physician and a psychologist carry out joint admissions. One service facility in Sao Paulo maintains a single medical record for each

[4] Argentina has never been a priority for donors because of its level of development and early demographic transition.

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patient, thereby enhancing the team's ability to develop a better understanding of patients' needs. These are encouraging examples of interdisciplinary approaches in contexts in which the prevailing culture still emphasizes curative care rather than preventive care and continues to assign different values to the knowledge of various professionals (e.g., doctors, nurses, psychologists, educators, social workers).

The providers mentioned that the satisfaction they derived from their work with adolescents facilitates their job. They enjoyed participating in interdisciplinary work teams and seeing the positive impact of their work For example, in one facility in Sao Paulo, staff indicated that adolescents served by the program participated more at school and exhibited less rebellious attitudes. Providers in Buenos Aires reported that one of the program's achievements is that requests for contraceptive methods are now the primary reason for consultation. In Mexico D.F., providers said their job has had a positive impact: adolescents return to the service after giving birth to request a contraceptive method to avoid having another unintended pregnancy. Patients' thankfulness was also a major incentive to continue work in adverse conditions in a hospital-based service in Buenos Aires.

The Users' Perspective

In general, adolescents were satisfied with the services they received. Their main criticisms included long waiting times that could be eased by using an appointment system, and the lack of privacy in facilities. For the most part, adolescents evaluated their relationship with care providers as highly positive. They were generally satisfied with the treatment and explanations received and the fact that the services were free. In both Mexico D.F. and Buenos Aires, young women expressed a preference for receiving health care from female professionals. In all three cities, unwanted pregnancies and HIV/AIDS were the main concerns among the adolescents interviewed. Most adolescents did not perceive violence and alcohol/drug use as health-related matters or as a health service responsibility.

> ***"For me … it is perfect … . In the other services, you are poorly treated by the doctor, who barely looks in your face. And here they give you so much attention … ."***
>
> —Client, Brazil

Challenges to Program Implementation

In each of the cities, the effective implementation of holistic health care for adolescents is hindered by the following constraints:

- Lack of financial and human resources due to budget and staff cuts;
- Lack of supplies, particularly contraceptives;
- Delays in processing laboratory tests;
- Culture and dynamics of health institutions that stress increased productivity even though consultations for adolescents take longer than those for adults;
- Training received by the health care personnel that does not adequately address adolescent issues. Work overload has also affected the staff's chances of attending training courses;
- Almost exclusive focus on females. Incorporating males into current reproductive health services would require overcoming a number of obstacles. Males do not patronize such services because they are identified as "female services." In addition, providers say that they are not prepared to deal with issues that predominately affect males, such as drug abuse and violence. The issue of how to serve young men deserves further attention;
- Lack of legal regulations regarding provision of reproductive health care for adolescents, particularly in Buenos Aires and Sao Paulo. In Mexico D.F., regulations that govern services to adolescents were modified in 1994 to explicitly acknowledge adolescents' rights to request and receive contraceptive methods;
- Lack of guidelines for providers in dealing with illegal abortion and related counseling and referral for services, in dealing with violence and addiction issues, and promoting dual protection

against unwanted pregnancy and sexually transmitted diseases;

- Expectations and attitudes of the user population. Sometimes adolescents demand rapid responses to manifest needs and do not understand the need for a detailed medical record and/or psychological interview;
- Lack of attention to outreach and prevention activities. Despite their goals, programs reach only a small part of their target population. Providers stressed the need to develop community activities and to coordinate with other government and NGO agencies (e.g., education and employment). However, given human and financial resource shortages, such activities are not feasible in the short term; and
- Lack of program evaluation and little dissemination of findings. Regular program evaluation could contribute to strengthening the programs, particularly if adolescents themselves were involved in the activity. Furthermore, there is a need to improve the availability and quality of epidemiological and socioeconomic data on adolescents.

Policy Implications

This study provides important lessons for other countries embarking on programs to ensure good reproductive health for adolescents. Young people will respond to holistic health care and seek services where they are treated with respect. Providing specialized services to adolescents should be part of all reproductive health programs.

Despite insufficient resources to meet ambitious goals (primary prevention, provision of health care services from a holistic perspective, and community work, among others), providers in the services studied continue to try to meet the reproductive and other health needs of adolescents. The programs have succeeded because of the perseverance of highly motivated professionals who understand that adolescents' lives are complex and take a holistic approach to meet an array of adolescent health needs. Other programs can take note of the need to seek out providers who are motivated to serving young people and to train and support them in their work with both young women and young men. Meeting the reproductive health needs of young people improves their chances of having good reproductive health outcomes later in life.