"A strategy for promoting adolescent sexual and reproductive health in Latin America"

Community-embedded Reproductive Health Care for Adolescents in Latin-America - CERCA

A strategy for promoting adolescent sexual and reproductive health in Latin America.

Based on the CERCA experience in Bolivia, Ecuador and Nicaragua

Developed by: The International Centre for Reproductive Health (ICRH) – Ghent University

Belgium, February 2014

"This document is a product of the CERCA project, financed by the FP7 Program (GA 241615) of the European Commission and coordinated by the ICRH from Ghent university, Belgium. The authors assume all the responsibility for this publication. The EC is not responsible for the content."

CERCA Project 2010-2014.

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Introduction

In Latin America, adolescent sexual activity starts early, with little effort made to prevent sexually transmitted infections or pregnancy, resulting in high incidence of teenage pregnancies, unsafe abortions and sexually transmitted infections. Latin American governments and health policy implementers demand sound proof of effective strategies to improve adolescent sexual and reproductive health (SRH). The intervention research project **CERCA (Community-Embedded Reproductive health Care for Adolescents in Latin-America)** has aimed to improve global knowledge about how health systems could be more responsive to the changing SRH needs of adolescents. Implemented by Latin American and European research institutes in Bolivia, Ecuador, and Nicaragua, CERCA tested community-embedded interventions to improve adolescent communication on SRH issues; access to accurate SRH information; use of SRH services in primary health settings; and use of modern contraceptives. One randomised and two non-randomised controlled studies demonstrated the interventions' usefulness. Website: www.proyectocerca.org.

This document presents a description of the global CERCA strategy for promoting adolescent sexual health that was implemented in the three Latin American countries involved in the CERCA project. The document is meant for Latin-American actors involved in the development and implementation of health interventions addressing adolescents' sexual and reproductive health. An additional document has been published on the methodological model that has been used by the CERCA consortium for the development of this global strategy and can be downloaded from the website.

Objectives of the strategy

The **general objective** of the strategy CERCA is to contribute to the sexual health of adolescents by implementing community-embedded interventions targeted at improved access to quality primary health services, a supporting and enabling environment, and strengthened competence to make reproductive health choices.

The specific objectives have been identified based on the results of the situation analysis assessing the SRH of adolescents in each of the study sites (Managua, Cochabamba and Cuenca). The result of the situation analysis was a comprehensive mapping of SRH determinants which helped identify specific health-seeking or health-impacting behaviours that could be addressed with Project CERCA interventions. Discussions in advisory board and with CERCA consortium members led to the identification of a core set of **specific intervention objectives**: 1) adolescents communicate on their SRH with parents, partners and among peers; 2) adolescents access and receive accurate information on SRH; 3) adolescents make use of SRH services within primary health care; and 4) adolescents use consistently modern contraceptive methods.

Objective 1: Improved Communication on Sexual and Reproductive Health

Open and regular communication about SRH issues between adolescents and their parents has a protective effect[1]. Open communication at the family level can help to encourage adolescents to approach health care providers with questions and concerns related to their SRH[2] as well as encourage healthy sexual behaviour more generally[3]. Allen et al. found that adolescent girls who communicate easily with their mothers were considerably less likely to become pregnant[4] and Wilson et al. reported that open communication with parents led to postponed sexual debut and fewer unwanted pregnancies[5]. In semi-structured interviews conducted in the pre-intervention phase of Project CERCA, parents, young people, teachers and health providers in all three project sites acknowledged the difficulty and cultural taboos that prohibit the discussion of sex and sexuality within families, at school, and in the community as a whole. Similarly, other research has shown that in Nicaragua and Bolivia

[1] Martino SC, Elliott MN, Corona R, Kanouse DE, Schuster MA: Beyond the "big talk": the roles of breadth and repetition in parent-adolescent communication about sexual topics. Pediatrics 2008, 121(3):e612–618.

[2] Marcell AV, Ford CA, Pleck JH, Sonenstein FL: Masculine beliefs, parental communication, and male adolescents' health care use. Pediatrics 2007,119(4):e966–975.

[3] Whitaker DJ, Miller KS, May DC, Levin ML: Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. Fam Plann Perspect 1999, 31(3):117–121.

[4] Allen E, Bonell C, Strange V, Copas A, Stephenson J, Johnson AM, Oakley A: Does the UK government's teenage pregnancy strategy deal with the correct risk factors? Findings from a secondary analysis of data from a randomised trial of sex education and their implications for policy. J Epidemiol Community Health 2007, 61(1):20–27.

[5] Wilson EK, Koo HP: Mothers, fathers, sons, and daughters: gender differences in factors associated with parent–child communication about sexual topics. Reprod Health 2010, 7:31.

adolescents rarely, if ever, talk to their parents or other trusted adults (such as teachers) about sex or sexuality[6][7].

Objective 2: Improved Quality of, and Access to, Sexual and Reproductive Health Information

Interviewees in our study pointed out that sexual education at school is poor. Adolescents perceive what little SRH lessons they receive as negative, heavy on 'scare tactics', moralistic and biologically oriented at the expense of discussions about relationships and communication. An independent assessment of sexual health education in Latin America and the Caribbean carried out by De Maria et al. reports similar findings[8]. According to our interviewees the lack of comprehensive sexuality education and easy access to pornography and other dubious information sources lead to disinformation, poor knowledge on SRH, false beliefs, myths and negative attitudes towards e.g. contraception use. It is clear that young people need both accurate information on SRH, as well as the ability to navigate the overwhelming amount of inaccurate information in order to make healthy and well-informed choices[9].

Objective 3: Improved Access to Existing Sexual and Reproductive Health Services

Ideally, public health services are easily accessible and available to their target populations. However, it remains the case in a Latin American context that adolescents face multiple barriers when accessing public health care services. Access in this region has been shown to be particularly problematic for young and unmarried women[10]. Studies also show that these barriers of access are not limited to the Latin American region specifically, but are in fact global in nature. The difficulties faced in accessing SRH services includes: 1) difficulty securing an appointment[11]; 2) concerns about confidentiality of care[12]; and, 3) concerns regarding communicating with health providers about SRH issues[13]. In addition, adolescents are negatively impacted by the following limitations of public health providers: 1) limited

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[6] Rani M, Figueroa ME, Ainsle R: The psychosocial context of young adult sexual behavior in Nicaragua: looking through the gender lens. Int FamPlan Perspect 2003, 29(4):174–181.

[7] Lipovsek V, Karim AM, Gutierrez EZ, Magnani RJ, Castro Gomez Mdel C: Correlates of adolescent pregnancy in La Paz, Bolivia: findings from a quantitative-qualitative study. Adolescence 2002, 37(146):335–352.

[8] Demaria LM, Galarraga O, Campero L, Walker DM: Sex education and HIV prevention: an evaluation in Latin America and the Caribbean. Rev Panam Salud Publica 2009, 26(6):485–493.

[9] Kesterton AJ, Cabral De Mello M: Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programs. Reprod Health 2010, 7:25.

[10] Atkin LC, Alatorre-Rico J: Pregnant again? Psychosocial predictors of short-interval repeat pregnancy among adolescent mothers in Mexico City. J Adolesc Health 1992, 13(8):700–706.

[11] Jacobson L, Richardson G, Parry-Langdon N, Donovan C: How do teenagers and primary healthcare providers view each other? An overview of key themes. Br J Gen Pract 2001, 51(471):811–816.

[12] Malik R, Oandasan I, Yang M: Health promotion, the family physician and youth: improving the connection. Fam Pract 2002, 19(5):523–528.

[13] Hogan AH, Howell-Jones RS, Pottinger E, Wallace LM, McNulty CA: they should be offering it": a qualitative study to investigate young peoples' attitudes towards chlamydia screening in GP surgeries. BMC Public Health 2010, 10:616.

knowledge and training in the field of ASRH[14]; 2) lack of knowledge of legal provisions for confidential health services for adolescents;[15] and, 3) health provider reluctance to discuss SRH issues with adolescents[16]. The absence of a clear legal context creates an additional obstacle to improving adolescents' access to SRH services in Bolivia and Nicaragua. A study in Nicaragua shows that adolescents who are able to make appointments with health providers are often not given the SRH care that they seek as health providers are unwilling to serve "legal minors" without the accompaniment of an adult guardian. Conversely, once these young women become pregnant their access to health services improves considerably regardless of their age as they can now be served under the auspices of the programma materno infantil (mother and child care programme)[17].

Objective 4: Healthy and Safe Sexual Behaviours

A comparative analysis of data from Demographic and Health Surveys indicates that the percentage of sexually-active unmarried young women (ages 15 to 24) using modern contraceptive methods is 11.4% in Nicaragua and 19% in Bolivia[18]. A study among high school students in urban (Quito) and rural areas (Amazon Jungle) of Ecuador reported that 43% of the respondents had sexual intercourse of which 50% never used condoms and 70% did not use condoms at last intercourse[19].

[14]Jaruseviciene L, Levasseur G, Liljestrand J: Confidentiality for adolescents seeking reproductive health care in Lithuania: the perceptions of general practitioners. Reproductive health matters 2006, 14(27):129–137.
[15] Jaruseviciene L, Lazarus JV, Zaborskis A: Confidentiality and parental involvement in adolescent sexual and reproductive health care: a crosssectional study of Lithuanian general practitioners. Scand J Public Health 2011, 39(5):484–491.
[16] Meuwissen LE, Gorter AC, Segura Z, Kester AD, Knottnerus JA: Uncovering and responding to needs for sexual and reproductive health care among poor urban female adolescents in Nicaragua. Trop Med Int Health 2006, 11(12):1858–1867.
[17] Meuwissen LE, Gorter AC, Kester AD, Knottnerus JA: Can a comprehensive voucher programme prompt changes in doctors' knowledge, attitudes and practices related to sexual and reproductive health care for adolescents? A case study from Latin America. Trop Med Int Health 2006, 11(6):889–898.
[18] Ali MM, Cleland J: Sexual and reproductive behaviour among single women aged 15–24 in eight Latin American countries: a comparative analysis. Soc Sci Med 2005, 60(6):1175–1185.
[19]Park IU, Sneed CD, Morisky DE, Alvear S, Hearst N: Correlates of HIV risk among Ecuadorian adolescents. AIDS Educ Prev 2002, 14(1):73–83.

Characteristics of the strategy

There is substantial scientific evidence to support a multifaceted and community-centred approach when seeking to improve ASRH, both in terms of encouraging healthy behaviours[20] and improving access to existing SRH services[21]. The CERCA strategy implemented in the three sides met with following characteristics:

Complexity

A public health problem is determined by a series of factors[22]. Therefore, an effective strategy tackles a studied situation with a multifocal approach, taking into account the complexity of health problems and acting on different determinants. Nevertheless, at the same time it is crucial to weigh the viability of the strategies and avoid losing oneself in the abundance of determinants.

Participation

There is a universal consensus that active participation of the involved parties is a necessary condition for strategies to be successful[23]. A core principle of the CERCA strategy is "community-embeddedness", which means developing and implementing project objectives in close collaboration with adolescents, parents/grandparents and family members of adolescents, health providers, teachers, local leaders and public health authorities in each of the selected project sites. In practice, the degree of local stakeholder participation has varied due to the different degrees of previous participatory-approach experience among consortium partners. However, all consortium partners have endeavoured to develop and implement project activities with the support and input of community members with the aim of increasing the efficacy and sustainability of project interventions. To this end, community advisory boards have been established in all three CERCA sites. At the national level, staff from Ministries of Health, experts and members of international and local NGOs participated in community board meetings. Community leaders, adolescents, youth educators, and parents involved at the local level. Monthly (local boards) and twice a year (national boards) discussions strengthen intervention uptake. Participation of national and community stakeholders in the advisory committees established purposely for CERCA enabled the feeling of ownership.

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[20] Kesterton AJ, Cabral De Mello M: Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programs. Reprod Health 2010, 7:25.

[21] Sorsdahl K, Flisher AJ, Ward C, Mertens J, Bresick G, Sterling S, Weisner C: The time is now: missed opportunities to address patient needs in community clinics in Cape Town, South Africa. Trop Med Int Health 2010, 15(10):1218–1226.

[22] Braveman PA, Egerter SA, Mockenhaupt RE. Broadening the focus: the need to address the social determinants of health. Am J Prev Med. 2011;40(1 Suppl 1):S4-18.

[23] World Health Organization (WHO): Preventing HIV in young people: a systematic review of the evidence from developing countries WHO Technical Report Series, No. 938. Geneva. 2006

Evidence based

A lot of scientific evidence exists on many topics of public health. However, there is still a gap between the scientific theory and the practical implementation of health strategies.

In order to achieve CERCA intervention objectives, consortium partners identified relevant theoretical models and strategies. Specifically, the Theory of Planned Behaviour (TPB) and the Social Cognitive Theory (SCT) frameworks were used to develop and design intervention strategies. Recent studies have demonstrated the ways in which both theories can successfully promote safe sexual behaviour. TPB has proven effective for influencing adolescents' behaviour with regard to modern contraceptive use and health seeking behaviours[24]. SCT helped in the development of strategies to improve interpersonal communication about sex and adolescent sexuality in families, communities and within public health services. Stakeholder discussion groups in the three project sites helped identify promising interventions.

Contextualization

The approach towards a health problem depends a lot on the surroundings. One strategy for the same problem can differ widely in its implementation according to among others its geographical, cultural, socio-economic, political environment. It is neither possible nor advisable to implement identical interventions in different realities. The objective of this document is to present a strategy framework that allows implementing contextualized interventions in a systematic and logical way.

The nuances of local cultural norms and site-specific power dynamics related to socio-economic, racial and gender hierarchies must be taken into account for a given public health intervention to succeed. For example, preliminary to the implementation of the CERCA strategy, ethnographic research consisting of one-to-one interviews, focus group sessions and participatory research methods revealed significant, though subtle, distinctions in local attitudes towards sexual diversity, abortion, acceptable female and male sexual behaviours, perceptions of existing health services and sex education.

Another aspect of the contextualization is the need to develop intervention activities in line with existing health system structures and government policies. Given the diverse nature of health systems and policies in each of the three CERCA countries, the interventions at the level of health facilities adopted look quite different.

Lastly, as the contexts are changeable over time the nature of the implementation process was dynamic. There was a continuous need for monitoring and evaluating the interventions in order to adjust the actions.

[24] Armitage CJ, Conner M: Efficacy of the Theory of Planned Behaviour: a meta-analytic review. The British Journal of Social Psychology / the British Psychological Society 2001, 40(Pt 4):471–499.

Gender focus

Gender was a transversal topic throughout the intervention process as there is evidence that the more gender considerations are integrated and explicitly addressed within programmes, the greater is the likelihood of improved SRH outcomes for both young men and women[25]. In practice considering the gender topic within the project referred mainly to the improvement of the equality between boys and girls and taking into account the different perspectives and experiences of both girls and boys, women and men. Between countries, there were methodological and content differences in treating the gender topic. This is a logical consequence of the different perspectives and experiences that exist among and within local teams which reflects the societal diversity. During consortium meetings gender aspects and other ethical issues were repeatedly discussed. This resulted in a progressive evolution towards more converging attitudes and viewpoints.

Multidisciplinary approach

The CERCA strategy has drawn on multiple disciplines, including western medicine, epidemiology, sociology, anthropology, demography and political sciences, in the design and development of the city-specific interventions. While the content and the focus of each intervention strategy varied according to the disciplinary strengths of the local teams, all members of the CERCA consortium have worked to incorporate multiple perspectives on ASRH in their decision-making processes. This has required team members to stretch outside of disciplinary comfort zones and think in new ways about the challenges of ASRH specific to their target areas.

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[25] Pulerwitz J, Michaelis A, Verma R, Weiss E: Addressing gender dynamicsand engaging men in HIV programs: lessons learned from Horizons research. Public Health Rep 2010, 125(2):282–292.

The interventions

Interventions targeting Adolescents

In Managua, due to the relatively high incidence of young people out-of-school in the selected low-income target neighbourhoods, consortium partner ICAS chose to carry out intervention activities at the community level (e.g. mobile cinemas, sporting events, door-to-door outreach and education campaigns). In Cuenca and Cochabamba, consortium partners University of Cuenca and South Group both chose a high school-focused intervention strategy, conducting SRH workshops and facilitating youth groups in classrooms and school auditoriums. In Managua Friends of Youth (FoY)[b] were selected. FOY are young adults, intensively trained in SRH [38]. They served as mentors of the adolescents in their community, helped them building their competence to make deliberate choices and when needed they referred and eventually accompanied adolescents to an appropriate health provider. Besides the one-to-one interaction with adolescents, the FoY also supported community activities including workshops, exhibitions, street theatre, movie showing and awareness campaigns. The FoY were supervised by the programme implementers of the research team. They received small financial incentives. In Cuenca and Cochabamba there was not a FoY strategy in place. Young professionals, psychologists and social workers, organized similar activities as the FoY did in Managua. In Cuenca young people participated in capacity building exercises so that they might provide peer support on SRH issues with their friends and schoolmates. New media were also extensively used in the intervention strategy to reach adolescents, particularly Facebook and cell-phone messages. "Adolescent-friendly" mobile phone text (SMS) messages were used for cost-effective and efficient adolescent outreach, resulting in significant response by adolescents[26]. This brings preventive health care to adolescents who do not access health centres due to stigma, taboo, costs or waiting time. Those communication methods were used to a lesser extent in Managua compared to Cuenca and Cochabamba, as adolescents from low income neighbourhoods in Nicaragua have less access to those new media.

Intervention Strategies Targeting Parents and Adult Family Members

In each of the three project sites, consortium partners brought the message of Project CERCA to the parents, grandparents and significant adults of adolescents through a combination of media campaigns, workshops (at schools, health centres and community centres,) and discussion groups. In Managua, ICAS creatively negotiated the initial resistance to open discussion of ASRH issues by carrying out home visits and informal talks in target neighbourhoods. Similarly, in Cuenca, the University of Cuenca recruited parents following blanket workshops at local high schools to participate in discussion groups and share information on the project with friends and neighbours.

[26] Kathya Cordova Pozo and Arnold J.J. Hagens Information and Communications Technology in Sexual and reproductive health care for Adolescents: A Bolivian Case Study, GSTF digital library.

Intervention Strategies Targeting Health Providers and Health Centres

Interventions included workshops and virtual learning activities. Health providers were trained in patient centeredness focusing on characteristics of a good provider-patient communication such as empathy, courtesy, friendliness, reassurance, support, encouraging patients' participation, giving explanations, positive reinforcement, shared decision making and patient-centred verbal styles. An educational program with role plays, videotaped vignettes of simulated patient and feedback on own recorded consultations has been implemented to teach communication skills. In order to improve other competences among providers, existing national and international guidelines on providing sexual health care services to adolescents were presented and discussed during workshops. In peer sessions they were encouraged to reflect on own attitudes, values and beliefs on adolescent sexuality and how these may affect their work with adolescents. In case of casual problems with the supply chain Project Cerca ensured the permanent availability of contraceptives in the health centres. Concurrently, outreach activities were intensified. Health providers realized visits to schools and communities and offered counselling and family planning methods to adolescents.

Intervention Strategies Targeting Local Authorities

In order to better involve local authorities in the interventions (public health officials, religious leaders, school prefects, municipal and regional government representatives) consortium partners have conducted continuous information and outreach campaigns. Specifically, they have carried out both formal and informal visits to discuss objectives, organized information events, produced and disseminated newsletters and reports, and in Cuenca and Cochabamba, helped to form an SRH advocacy and advisory committee. These actions endeavoured to increase knowledge of the intervention objectives and actions and to encourage pro-adolescent SRH decision-making and policy changes at the local, municipal and regional level. Outreach activities and on-going dialogue with local decision-makers contributed to increase awareness of the key issues and to reduce resistance to ASRH education and services.

Intervention Strategies Targeting Community Members

CERCA consortium partners in all three cities have sought to create an environment conducive to health adolescent sexual and reproductive behaviours by encouraging positive changes in attitudes, knowledge and practice at the community level. Specific intervention strategies include the organization of sports and cultural events where information on the CERCA strategy is distributed and promoted; the implementation of SRH education and awareness media campaigns and community health fairs, and by continuously seeking the involvement of local community members in activities. In Managua, ICAS sponsored a soccer tournament involving competing target neighbourhoods, garnering significant local media coverage in the process. In Cuenca, University of Cuenca sponsored events such as a 10k

running race and a youth SRH video competition to build awareness and support for the project. In Cochabamba, the South Group collaborated with other local SRH-focused NGOs to host an HIV/AIDS and SRH awareness fair for all area high schools. In addition to these on-the-ground activities, Project CERCA partners have used Facebook, text messaging and radio campaigns to keep community members up-to-date on project activities.

Overview of interventions per city

Interventions in Cuenca Bolivia

Target Groups	Type of activity	Number	Benefi ciaries	Target Groups	Type of activity	Number	Benefi ciaries
Health Authorities	Meetings	161	1238	Adolescents	Sport events	3	64301
	Round tables	3			Workshops	127	
	Debates	3			Debates	49	
	Cultural events	2			Meetings	24	
Health providers	Workshops	58	3040		Cine forum	6	
					Health fair	3	
	Debates	2			Facebook contacts	204 messages	
	In service training	7			Help line	202 contacts	
Parents	Debates	18	15571		SMS	1200	
	Workshops	41			Email	9685	
	Meetings	15			Radio novel	8	
	Cultural events	1			TV Messages	184	
	Supply of promotional material	600 pieces			Radio messages	336	
Teachers	Workshops	23	1409		Supply of promotional material	17252 pieces	
	Meetings	77			Medical consultations	292 days	
	Health fair	1		Community	Cine Forum	1	19314
	Cultural event	1			Meeting	8	
Community authorities	Meeting	64	583		Concert	2	
					Health fair	15	
					Supply of promotional material	200 pieces	
					Sport events	2	

Interventions targeting adolescents from secondary schools in the city districts Quintanilla and Sarcobamba, Cochabamba, Bolivia

Type of activity	Number	Number of beneficiaries
Workshops on sexual awareness, communication and search for information, self-esteem, decision taking and conflict management	4 types of workshops in the 4 last classes of 12 schools	2774 students, 102 classes and 405 workshops in total
e-mails with information on sexual and reproductive health promoting healthy behaviours	8 types of e-mails sent to 5 schools	500 students received the 8 e-mails
SMS with information on sexual and reproductive health promoting healthy behaviours	8 types of SLS sent to 9 schools	1823 students received 8 SMS
In school consultations by physician and psychologist offering counselling and family planning methods	1 time every two weeks during 7 months	283 students

Interventions promoting peer communication on sexuality among adolescents in Managua, Nicaragua

Action area	Performance objective	Activities
Attitude modification	Adolescents consider communication about SRH among peers as necessary and important (awareness)	Friends of youth (FoY) talk informally with adolescents about the importance of communicating about SRH Awareness raising during workshops and group discussions Awareness raising campaign on communicating about SRH (TV, radio, brochure, video presentation, movie showing, events and happenings in neighbourhoods, street theatre)
Self-reflection	Adolescents reflect upon their communication about SRH with peers.	Friends of youth (FoY) reflect individually with adolescents about communication behaviour Monitoring of own behaviour and social comparison during workshops and group discussions Testimonies
Skills	Adolescents have the skills to communicate with each other about SRH	Skills training in workshops Individual training by FoY
Cultural context	Social and cultural obstacles (existing myths, taboo, machismo and marianismo) are addressed.	Support by peers during workshops and focus groups Individual support by FoY

Video on interventions in Nicaragua: http://www.youtube.com/watch?v=cXzx5rzdlc8