

This is a summary of a larger study of the same name. Limited numbers of copies of the complete study are available upon request from FOCUS on Young Adults.

Barriers to Adolescents' Use of Reproductive Health Services in Three Bolivian Cities

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Background

The government of Bolivia has taken a number of policy actions in recent years designed to increase adolescents' access to sexual-reproductive health information and services.¹ However, anecdotal evidence suggests that the use of clinic-based services by adolescents remains low. This study was undertaken to assess the role of physical, economic, administrative/process, and psychosocial barriers in contributing to the low-level use of reproductive health services by adolescents in three large Bolivian cities (La Paz, El Alto, and Santa Cruz).²

Data and Methods

- Both quantitative and qualitative data collection methods were used to gather data from key stakeholders. Those methods included using a Participatory Learning and Action process,³ including a “social mapping” exercise; a structured questionnaire survey of adolescents; focus group discussions with in- and out-of-school adolescents ages 14-19; in-depth interviews with health facility directors, service providers and pharmacists and their staffs; and debriefings of adolescent “mystery clients” who visited health facilities for the purposes of this study. Data were gathered in two health areas or communities per city.

Findings

Characteristics of the Study Population

Some of the characteristics of the study population, adolescents ages 14-19 in three Bolivian cities, include the following. Almost 94 percent of adolescents surveyed are currently studying. The majority (64.9 percent) live with both parents, 15.7 percent live only with their mothers, and the rest live with other relatives, including, in some cases, only the father. Slightly more than 30 percent of these adolescents work, with young

¹ These include, for example, the “National Concerted Plan of Sustainable Development for Adolescence and Youth, 1998-2002” and Bolivia’s 1998 Strategic Health Plan (PES, by its acronym in Spanish). For more about adolescent reproductive health policy development in Bolivia, see the FOCUS publication *Formulating and Implementing National Youth Policy: Lessons from Bolivia and the Dominican Republic*.

² These represent the two most important regions of the country: La Paz and El Alto, the high plains (altiplano) and Santa Cruz, the low plains (llanos).

³ See the Focus on Young Adults publication *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*.

women less likely to be paid for their work than young men. Approximately 25 percent of the sample population acknowledged ever having had sexual relations (36.9 percent of the males and 10.4 percent of the females). Those from Santa Cruz displayed a significantly higher percentage of adolescents who had commenced sexual activity (51.7 percent of males and 18.4 percent of females). Most sexual relations appear to occur sporadically. Knowledge about contraception is often incomplete and/or incorrect, and is not necessarily translated into contraceptive use among those who are sexually active. While 71 percent of respondents said they were disposed to use a method, less than half of those who had had sexual relations in fact used any method to prevent pregnancy or STDs. The method used was primarily the condom, with 44 percent of all those who had had sexual relations having used a condom.

Physical Barriers

- Because the study was undertaken in large cities, physical access to health centers and pharmacies was not a major issue. However, 20 percent of the adolescents interviewed were not aware of the presence of a health center in their community.
- Though 50 percent of the adolescents surveyed reported going to health centers when ill, such centers were not perceived as places to obtain contraceptives. Most (87 percent) preferred pharmacies, and 12 percent indicated that they did not know where they would go for contraceptives.
- All of the health facilities included in the study had adequate supplies of contraceptives appropriate for adolescents, yet many lacked the capacity to provide key services for adolescents (e.g., screening for sexually transmitted infections or treatment of post-abortion complications)

Economic Barriers

- The youth interviewed for the study indicated that the costs of health services were higher than what they could afford to pay. However, the majority of respondents agreed that both condoms and pills were economically accessible to them.

Administrative/Process Barriers

- Little evidence indicated that recent government policies concerning adolescent reproductive health services were being put into action at the local service delivery level. Only one of the service providers interviewed was aware of any specific policies concerning adolescents, and a large majority of the health center directors reported that they were unable to put the policies into effect. Most service providers indicated that they did not see a need for specific adolescent services.
- None of the health centers surveyed used special procedures for adolescent clients, and the only staff that had any specialized training in addressing the reproductive health needs of adolescents had been trained elsewhere. Although all of the health

centers had Information, Education and Communications (IEC) materials, equipment, and supplies available for use with adolescents, such supplies were rarely used during “mystery client” visits by teens who went to the centers for purposes of this study.

- Both health service providers and pharmacy staff displayed significantly different attitudes toward the sexes when providing services to adolescents. They were observed expressing much higher levels of approval when supplying contraceptives to boys than to girls.
- In addition to receiving misinformation (e.g., girls rarely get pregnant the first time they have sex) and feeling that they were being “preached to,” and the sense that adolescents in service facilities are “invisible to service providers,” mystery client visitors reported poor quality of care and several instances of unprofessional conduct by health center staff. For example, in two cases, physicians tried to seduce the mystery clients. Other inappropriate behavior included aggressive tactics and inappropriate intimacy used by the providers.

Psychosocial Barriers

- A number of psychosocial barriers to health facility use were identified. The Bolivian adolescents studied generally appeared uneasy about their sexuality. Feelings of anxiety, shame, and guilt reportedly often accompanied their sexual experiences. The use of health services was seen as an admission of being sexually active and tended to arouse fears of being punished by family and ridiculed by peers,⁴ thus negatively affecting their ability to seek out services.
- Adolescent perceptions of contraceptive use by their partners or peers were found to be both positive and negative. For example, though most of the adolescents surveyed felt that young women who used contraceptives were “responsible” and “cautious,” a significant number labeled them as “easy”; boys who used contraceptives were viewed by some as “womanizers.” A number of incorrect beliefs about the side effects of contraceptive use also were reported.
- Lack of confidentiality was an important underlying reason in explanations for not using health services. Adolescents indicated a reluctance to visit nearby health facilities and preferred to obtain contraceptives from pharmacies located away from their neighborhoods.

Implications

- Considerable work remains to be done in Bolivia to fully implement national policies on adolescent health services. Priorities include ensuring the capacity to provide key services, strengthening quality of care standards, and orienting clinic staff to adolescent sexual and reproductive health care, particularly in the area of counseling

⁴ For more information on this issue in Bolivia, see the FOCUS study “Antecedents of Adolescent Pregnancy in La Paz, Bolivia: Findings from a Case-Control Study.”

and appropriate ethical behavior. This will require special training for clinic staff and pharmacy personnel on adolescent sexual and reproductive health needs, with particular emphasis on the need for confidentiality.

- Some of the more significant barriers to health service use among Bolivian youth appear to be psychosocial in nature. Increasing health service use will require changes in the attitudes and perceptions of youth at the community level, as well as some changes in values held by Bolivian parents and adults in general. The need to enhance sexual-reproductive health education programs—in- and out-of-school—appears urgent to counter the high level of factual misinformation observed regarding reproduction and contraceptive use. This includes educational efforts outside the traditional classroom and clinic realm.
- Beyond the areas listed above, the study findings suggest that special attention needs to be paid to three areas: 1) parent-child communications around adolescent transition/development and sexual and reproductive health; 2) improving inter-gender communications and negotiation skills for both male and female adolescents; and 3) promoting adolescent involvement and participation in defining their needs and in designing and implementing adolescent reproductive health actions and programs.

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