



Adolescent access to contraception: perceptions of health workers in Huechuraba, Chile*

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ABSTRACT

Objective. Identify difficulties in adolescents' access to contraceptive care and information, based on perceptions and experiences of health workers in Huechuraba, in the Metropolitan Region of Chile.

Methods. This qualitative, descriptive study incorporated principles of participatory action research, involving health care teams in the survey and data analysis, and generating proposals for improvement. Seventeen (17) semi-structured individual interviews and one group interview were conducted with professionals and technical personnel involved in adolescent care in the commune's health centers.

Results. Health workers perceived that adolescents were having difficulties reaching the centers due to cultural factors, lack of information, lack of health activities in the community, while administrative requirements and procedures hindered access to care. Shortcomings were evident in the management and interpretation of fertility regulation standards and of current legislation, and in the absence of explanatory frameworks recognizing adolescents' gender, sexual, and reproductive rights.

Conclusions. Adolescents and their needs have a low profile and there are conflicts between theory and practice regarding access to contraception and counseling, with a lack of definitions or agreements that take into account social and cultural contexts. It is urgent to provide health workers with training on gender and sexual and reproductive rights, together with opportunities for reflection in order to generate coordinated and effective approaches. Efforts are required to disseminate the program and organize activities in community spaces, together with other community sectors.

Keywords

Contraception; adolescent; pregnancy in adolescence; sexual and reproductive rights; Chile.

In 2012, 14.4% of live births in Chile were to adolescent mothers, with nearly

900 births to mothers under the age of 15 (1). The adolescent fertility rate in 2012 was 26.14 per 1 000 females between the ages of 10 and 19, and 48.6 per 1 000 aged 15 to 19. Although these figures are better than those reported in a large number of countries in the Region (2, 3) and despite declines with respect to previous years, major inequalities hide behind this optimistic picture. In 2010, the difference between the poorest and richest communes in the Metropolitan Region, with respect to the number of children born to

adolescent women, was 18.6 percentage points (20.9% in La Pintana, compared to 2.3% in Las Condes) (1). It is a recognized fact that adolescent pregnancy is a mechanism that perpetuates gender inequity and increases the vulnerability of women (4, 5). The magnitude and social and health implications of this problem explain why it is included in Chile's National Health Objectives for the Decade 2011-2020, which seek to reduce fertility rates in the under-19 population, with strategies aimed at improving

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access to sexual and reproductive health services (6).

Law No. 20 418 (7), enacted in 2010, established information, counseling, and service standards for fertility regulation. Article 1 of this law states that “every person 14 years and older has the right to receive clear, understandable, complete, and if necessary, confidential education, information, and counseling on fertility regulation.” The National Comprehensive Health Program for Adolescents and Young Adults (8) seeks to improve adolescent health and development through multidisciplinary care and integrated interventions. Despite this progress, there are multiple challenges to counseling and contraceptive care for adolescents in terms of implementation at the local level. Various national studies indicate that public health professionals and staff frequently lack information on gender and sexual and reproductive rights, and on the laws and standards governing fertility regulation, identifying as obstacles the existence of prejudice regarding the autonomy of adolescents and the lack of separate facilities for providing appropriate care to this population (9, 10).

Research studies on barriers to and facilitators of adolescent access to sexual and reproductive health care at the international level and in the Region all agree that the biggest problems revolve around a lack of skills on the part of the professionals responsible for adolescent and young adult care (11-17). As for the quality of care provided, these studies mention an absence of empathic and friendly treatment and the availability of clinical care during hours convenient to adolescents, as well as a lack of spaces that ensure confidentiality (13, 14, 16, 18-20). The results of a qualitative evaluation of programs in Argentina, Brazil, and Mexico, published by the Consorcio Latinoamericano de Programas en Salud Sexual y Reproductiva y Sexualidad [Latin American Consortium of Sexual and Reproductive Health and Sexuality Programs], have shown that professionals do not take a gender approach or recognize the sexual and reproductive rights of adolescents (21), and that a limited number of educational and preventive activities take place in the community.

Despite the knowledge gained on this subject and the fact that access barriers have been clearly identified, the aforementioned studies all indicate the need

for more research (11, 18, 22, 23) as well as a more in-depth analysis using qualitative methods (14). The methods used to produce knowledge in the qualitative research paradigm, particularly from the phenomenological perspective, recognize the investigation of personal experience. This same paradigm supports action research as a method, since there is growing evidence that processes of knowledge-building and self-reflection on the part of research teams and program implementers are more likely to trigger effective proposals for improvement (24).

The research that gave rise to this article was conducted in Huechuraba, a commune located in the Metropolitan Region of Santiago, Chile. In 2015, this commune had a population of 11 020 adolescents (5 562 males and 5 458 females). In December of that year, 950 adolescent women were using birth control and 606 received counseling, and only 17 emergency contraceptives were provided. At the same time, 133 adolescent women came in for pregnancy checkups at healthcare centers in the commune, two of them under the age of 15. Given the fact that, according to national studies, 50% of adolescents become sexually active between the ages of 15 and 19, these figures are quite concerning. It is worth asking what problems, obstacles, and shortfalls of primary care services in the commune of Huechuraba are limiting adolescent access to counseling and contraceptive care. The objective of this article reflects the results of an initial investigation that sought to identify the path to and difficulties of adolescent access to contraceptive care from the perspective of health workers. A second research phase is currently being developed that involves the adolescents themselves.

METHODS

This study is part of the initiative “Improving Program Implementation through Embedded Research (iPIER)” developed by the Pan American Health Organization (PAHO) in collaboration with the Alliance for Health Policy and Systems Research (AHPHSR). The iPIER model places program implementers at the center of the research process in order to understand the barriers in health systems that obstruct implementation, and to identify solutions.

Implementation research, integrated into existing processes, supports the effectiveness of health programs and policies by using research conducted as a part of the implementation process. A detailed description of the use of this research methodology can be found in the iPIER concept paper (25).

The study team was comprised of a technical expert from the Health Department of the Commune of Huechuraba and investigators from the Health and Gender Equity Observatory. To ensure the collective and participatory management of the study, a steering committee was formed comprised of municipal health managers, directors of health care facilities, and community experts involved in adolescent care.

The objectives of this study are consistent with the findings of the first phase of research, which seeks to help improve the implementation of the Women’s Program (26) and the National Comprehensive Health Program for Adolescents and Young Adults (8). The goal was to describe, from the health workers’ perspective, the path adolescents take to access contraceptive care, as well as to identify problems. A qualitative descriptive study was conducted, which incorporated principles of participatory action research (24).

The study was approved by the Scientific Ethics Committee of the North Metropolitan Health Service, and the participants agreed to participate after completing the informed consent process, which ensured confidentiality.

The study sample included 22 people, professionals, and technical personnel involved in managerial, clinical, and administrative activities related to adolescent care at family health centers and at primary urgent care facilities in the commune. Convenience sampling was conducted, seeking maximum discourse variation, and selection through key informants. The technique used was semi-structured, individual, and group interviews (Table 1).

Private interviews were conducted between May and July 2015 at health care centers, at times mutually agreed upon with the interviewees. Based on the study objectives, a thematic script was followed, open to the direction and dynamics of the dialogue conducted with each interviewee. Interviewees were asked about their perceptions and experiences regarding the care and counseling of adolescents at

TABLE 1. Interviewee profile for the study

No.	Position or function	Workplace	Sex	Age (years)	Profession	Type of interview
1	Nurse technician	Primary urgent care facility	Female	40	Nurse technician (senior level)	Individual
2	Nurse technician	Primary health care facility	Female	52	Nurse technician (senior level)	Individual
3	Clinical professional	Primary health care facility	Female	28	Midwife	Individual
4	Clinical professional	Primary health care facility	Female	28	Psychologist	Individual
5	Clinical professional	Primary health care facility	Female	30	Nurse	Individual
6	Clinical professional	Primary health care facility	Female	27	Physician	Individual
7	Clinical professional	Primary health care facility	Female	37	Midwife	Individual
8	Clinical professional	Primary health care facility	Female	33	Midwife	Individual
9	Clinical professional	Primary health care facility	Male	50	Midwife	Individual
10	Clinical professional	Primary health care facility	Female	41	Nurse	Individual
11	Clinical professional	Primary health care facility	Female	58	Midwife	Individual
12	Clinical professional	Primary urgent care facility	Male	29	Physician	Individual
13	Clinical professional	Primary urgent care facility	Male	26	Physician	Individual
14	Chief administrative officer	Primary health care facility	Female	50	Social worker	Individual
15	Chief administrative officer	Primary health care facility	Male	39	Public administrator	Individual
16	Chief administrative officer	Primary health care facility	Male	29	Psychologist	Individual
17	Professional	Community adolescent program	Female	31	Social worker	Individual
18	Director	Primary health care facility	Female	51	Midwife	Group
19	Director	Primary health care facility	Female	51	Nurse	Group
20	Director	Primary health care facility	Female	50	Kinesiologist	Group
21	Director	Primary health care facility	Female	47	Midwife	Group
22	Management professional	Adolescent program	Female	51	Midwife	Group

health centers, particularly regarding contraception and information, as well as how they handled legal issues and sectoral regulations related to adolescent care, their views on adolescents' sexual and reproductive rights, and their suggestions for improvement. On average, the interviews lasted 40 minutes and were recorded and transcribed for analysis. They were conducted by the researchers, all of whom were health professionals with training in public health, gender, and sexual and reproductive health, and experience in qualitative studies. The narrative analysis of content guided a process of categorization and thematic coding, in accordance with the study's conceptual map, with flexibility and sensitivity to the emergence of new categories. Data collection and analysis considered times and intervals that ensured the circularity and reflexivity of the process. The data were analyzed with triangulation in the coding and interpretation phases and in the determination of information saturation, in order to address the study objectives. The process was supported by the use of MaxQda10® software.

RESULTS

There were three separate times when interviewees saw problems in adolescent access to contraception: difficulties in finding care and getting to health

centers, difficulties in receiving care at the center, and difficulties in the health care process itself.

Difficulties in finding care and getting to health centers

There was a consistent perception that a low number of adolescents seek care at the centers, and males in particular. It is women who most often seek care.

At the forefront are contextual factors, with recognition of the tremendous social vulnerability of adolescents in the commune. Significantly, drug addiction, abandonment, crime, and violence characterize family situations marked by a lack of time on the part of the adult population to support the development and needs of youth. Health workers believe that part of the reason why adolescents rarely come to health facilities involves the absence of family networks, as well as cultural contexts far removed from the health system and its institutions. These problems appear to be concentrated in certain sectors that are easily identified by workers. Some people pointed out the presence of a conservative discourse on sexuality in the communities and little recognition of the sexual and reproductive autonomy of adolescents, especially females.

Healthcare professionals and technical personnel recognized the early onset of

sexual activity among adolescents in the territory; however, they said they have little self-perception of health care needs. In the health workers' opinion, adolescents are unaware of the services offered at the centers: provision of contraceptives, birth control, and disease care, particularly consultations for sexually transmitted infections. They mentioned preventive evaluation using the special clinical health record for adolescents created by the Latin American Center for Perinatology (CLAP) (27). Not all of them had witnessed counseling sessions, which were mostly described by midwives.

In the interviewees' experience, adolescent men most often come in when they are ill. Regarding sexual health, most of the visits stem from internal referrals, after sexual activity is discovered through the use of the CLAP clinical health record. They all agreed that most visits are to see a midwife for pregnancy reasons or to request contraceptives, and that they mostly see young women accompanied by their mothers.

Finally, their perception was that adolescents view health centers as being distant and bureaucratic. The clinic's regular hours are the same as the school day, and unfriendly spaces are an obstacle to young adults who seek care. They also perceived confidentiality problems that

are presumably shared with peers, discouraging them from coming to the centers. All of this is exacerbated by a lack of strategies and activities in the community geared to young adults.

Some of the interviewees' comments are reproduced verbatim below. [I = interview; GI = group interview]

Social and cultural context. *"There is no communication; because of the way people are here, they are almost all super dysfunctional. A child goes from the house to school and there is no communication, families do not educate their children, and many of them are not even there* with the children."* I18 Nurse
* [they are not interested in them]

"They are very precocious children who are responsible for the home, which causes them to get involved in activities at a young age such as drug use (...) the truth is that they become sexually active before they are 14 years old (...)" I13 Midwife

"Adolescents at that age are kicked out, so to speak, of the health centers and they have a lot of questions... And they don't have anyone to ask because they are often too embarrassed to ask their parents." I19 Nurse

*"Also, we live in a male chauvinist society, the subject of women is quite derogatory, even in the way the chiquillas ** talk, which creates an impediment for them. Even when they talk about it with their mothers, it's not uncommon for the mothers to chastise their daughters."* I17 Social worker

** adolescent females, young women, girls.

System obstacles. *"I think that the coverage of adolescents is way too low, it's like the missing stage of the life cycle, because as I said, they don't have access to the "consultorio"*** unless they have a disease."* I16 Physician

***health center

"[Adolescent males] rarely come in, they don't want anyone to see them with a midwife ... we tell their sister to bring them along, we admit them and even provide counseling on sexual and reproductive health and guidance on condom use, but it is rare when they come... only one or two young men come in each year." I1 Midwife

*"It is not a place where adolescents like to come, because the neighbor might be there, and around here copuchenteo**** is very hot among the neighborhood women, so I think the kids are too embarrassed by it."* I3 Psychologist

****gossip, scuttlebutt

"We don't go and seek them out, we don't go meet them or put ourselves in their world. So how do we expect them to become part of a system if we don't recognize them and are not accepted in their environment?" GI1 Directors

Difficulties in receiving care at the health center

Once they are at the center, there are barriers related to administrative procedures prior to receiving professional care. The requested documentation, questions about the reason for the visit, and the need to be accompanied by an adult are all roadblocks that complicate and impede access. The stories reveal that these situations leave adolescents by the wayside: after arriving at the health center, they just give up when faced with these obstacles.

First of all, they are asked to show documents proving that they are registered with the center. The adolescents often say they do not know if their family is registered and are not able to bring documentation themselves. They say that the centers require them to be accompanied by an adult in order to receive care, especially if they are under the age of 14, for reasons related to the legal protection of healthcare professionals. At times, a technical staff member may offer to accompany them to get around this requirement. Professionals who have already established a relationship from previous visits reported experiences with adolescents who went directly to see them in their offices.

Administrative personnel say that when an adolescent comes in, they must decide what type of care is needed, so they have to inquire about the reason for the visit. Their stories demonstrate the problems they have communicating with adolescents and reveal interpretations indicating prejudice with respect to their sexuality. These interactions are perceived by professionals and technical personnel as moments when adolescents feel their confidentiality is at risk and feel exposed, since this frequently occurs in open areas next to waiting rooms where other people are present.

Some of the interviewees' comments are reproduced verbatim below.

Requested documentation and clinic hours. *"Adolescents are required to show the same documents as everyone else: certificate*

of residence or proof of address, personal identification card, and proof that they are registered in FONASA, these are the requirements you must fulfill under the system, that's how it is."* GI1 Directors

* National Health Fund [Fondo Nacional de Salud]

"Adolescents will not come in to see a doctor or midwife if they have to get up at 7:30 a.m. in order to get an appointment with these professionals, and if they have to present all the documents required of them, they prefer to just not go." I4 Administrative professional

Exposure and lack of confidentiality.

*"In general, adolescents first describe their problem to the administrative person that makes the appointment, for example "yesterday I had a problem, I had sex with my pololo ** and I didn't take precautions," then after saying what they need, the midwife is notified."* I4 Administrative professional

** lover, fiancé, suitor, partner, boyfriend

"I imagine that some adolescents come in to be directly seen by a professional, because making them first describe their problem to the receptionist... and the receptionist tells them to go see the nurse technicians and after that a professional will see them... after all that, their privacy has been greatly jeopardized." I3 Psychologist

"Their mother, father, and siblings are all in the clinical health records so they [adolescents] are afraid they might see their family members or a neighbor there." I13 Midwife

"I think they are embarrassed to come in when they are 13 years old. Like these adolescents [who directly asked me for condoms]: 'You ask—No, you ask!' They are embarrassed, they don't dare." E7 Nursing technician

Accompanying adult in the reception area.

"I said, 'so how old are you?' Seventeen—So I told him, 'you have to come with an adult to request an appointment, because I cannot let you see the doctor—this [was] a minor under the age of eighteen—because the law says that a minor can't come in because of confidentiality issues, and the doctor or the professional could be accused of things, but then that boy did not come back and did not say anything to me." I4 Administrative professional

"Usually we prohibit and turn away people who come in by themselves unless you describe the problem and talk directly with the

midwife and the midwife is the one who makes the decision and says we're going to do this and this, we have to tell your parents." I4 Administrative professional

"They [adolescents] don't come in alone, they are accompanied unless they are 18 or 19 years old, then they come in alone." I9 Nurse

Difficulties in the health care process

Regarding their experiences providing care to adolescents, the interviewee's stories reveal heterogeneity in terms of professional behavior. There are different perspectives, based on the professional's knowledge and values, generally lacking a gender and/or rights approach (Figure 1). A technical or biomedical perspective is prevalent in their stories, where the protection of professional action is very important. Although they refer to the situations young adults live in that illustrate the social problems impeding access, nothing is said about any mutually agreed upon actions for addressing them.

Health workers recognized a lack of knowledge and certainty in the interpretation of health laws and regulations that underlie and regulate adolescents' access to the services offered at the center (Figure 1). This is even more critical for younger females. Providing contraceptives to minors under the age of 14 is one of the situations where clinical professionals expressed the most uncertainty, since the law stipulates that suspected sexual abuse must be reported. This was also problematic for technical and administrative personnel when adolescents came to the clinic unaccompanied by an adult.

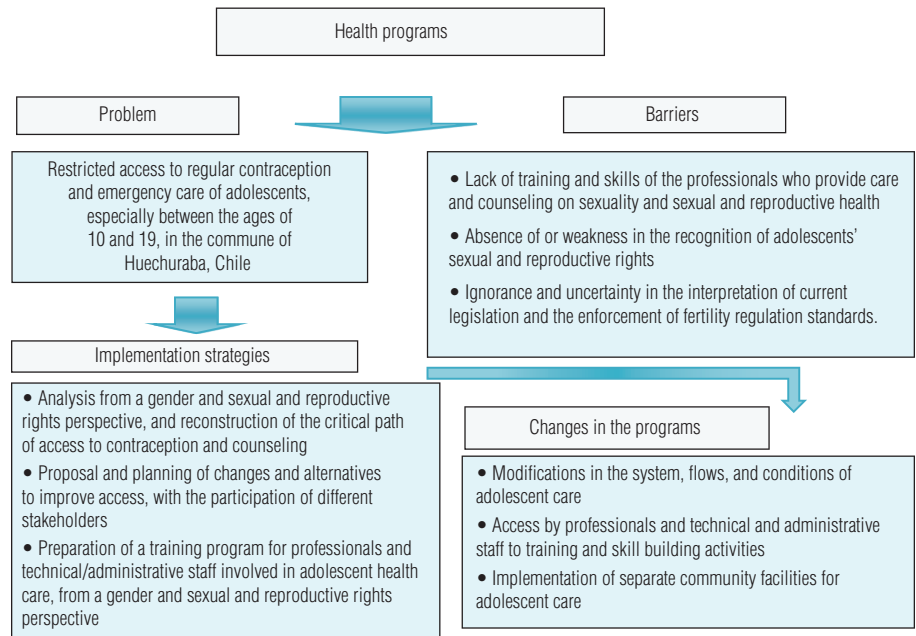
The use of the CLAP clinical health record is viewed as a facilitator of access to care; however, although it allows sexually active adolescents to be identified, it does not appear to guarantee access to contraceptive methods or follow-up.

Some of the interviewees' comments are reproduced verbatim below.

Lack of training in sexual and reproductive rights

"Sexual and reproductive rights? I'm not familiar with them ... I know talks on sex education are given by technical personnel and nurses, but given the little time we have to see an adolescent, we always try to address that subject" I14 Physician

FIGURE 1. Flow chart of problems, diagnosed barriers, and strategies for program improvement within the framework of the study based on the iPIER model.



Ignorance and heterogeneity in their approach. "With the morning-after pill [emergency contraception] the problem was that we did not know whether or not we could give it to an adolescent because she came in with the daughter-in-law ... And what did we have to do ... look on the Internet, google it. And that's where we found out it had to be given regardless." I5 Technician

"We have the obligation to give it to her [emergency contraception] after providing education, we can't say no. But there is ignorance about this, because they think that we are going to call their parents because they are asking for the pill and that's not true." I8 Nurse

Reporting of sexually active minors under the age of 14. "Yes, a report always has to be filed because maybe she's being abused at home, or if she has a 14 year-old boyfriend. The district attorney's office has to investigate, that's one way they protect them." I6 Midwife

Being accompanied by an adult at the clinic. "More often than not, women [come in] alone or with friends, and we provide counseling and talk to them about whatever method they choose. For minors under the age of 15, we tell them to come with a responsible adult such as their grandma or mom." I1 Midwife

"If [an adolescent under the age of 14] openly comes in, it's because she needs a

contraceptive method, so we refer her to the midwife, and I think the midwife turns her over to a technician so that there's a record that she didn't come by herself, because we cannot see minors without a responsible adult ... because that's what the law says ... when I do a physical examination, I have her go with her mother or whoever is with her, because I can't take off her clothes unless the parents are there." I9 Nurse

DISCUSSION

The results show that there is no clear agreed-upon path to care and counseling on sexual and reproductive health for adolescents living in the commune of Huechuraba. Cultural, information-related, and administrative obstacles limit and discourage access, which, according to testimonials, particularly affects the most vulnerable youth, who are not in a position to successfully deal with administrative requests and the requirement to be accompanied by an adult. In this context, the workers have contradictory views when they say that adolescents don't come in because they don't see the need, they don't have information on services, or due to vulnerability conditions, yet at the same time they acknowledge participating in actions that clearly impede the adolescents' access to care. This is critical in the case of females under the age of 14,

who can only come in if they are accompanied by an adult; in those conditions, the professionals could refuse to provide clinical care to them. So it is paradoxical when they say that adolescent girls do not spontaneously come in by themselves.

The lack of knowledge about current fertility regulation standards and laws and how to properly interpret them, as well as how gender and sexual and reproductive health rights are handled, demonstrates weaknesses among the professionals and administrative staff in terms of the essential skills needed to work with adolescents. The results of this study coincide with other diagnostic assessments and national and international studies regarding the difficulties faced by the most vulnerable adolescents in accessing contraception (28), particularly girls under the age of 14, due to uncertainty and lack of information about legal frameworks and regulations related to their care (29). Weaknesses in professional training with respect to confidentiality, sexual and reproductive health, gender, and sexual and reproductive rights have also been observed as a relevant problem in other contexts (12-14, 16, 22, 30).

Information on what health centers can offer adolescents is relevant even before they come in: actions to disseminate this information in the community could help to make the center seem less distant, and places to receive care could be set up in a different type of space. Parra and Domínguez (31) emphasize the need to step up activities to disseminate information on sexual and reproductive health, and recommend that these activities take place somewhere close by, such as educational facilities and community centers.

The study results obtained from the experience with this project, together with other community initiatives, helped with the formation of an intersectoral work group to formulate and implement a consensus-based communal policy for working with adolescents in the territory. Adolescent access to care was a priority in the Communal Health Plan for the year 2016, and the creation of a separate space for the commune's adolescents is currently being promoted, which would be intersectoral, integrated, and separate from the regular health center facilities, and would focus among other things on promotional and preventive sexual and reproductive health care. Other activities included training on gender and sexual and reproductive rights through a course for professionals and technical and administrative personnel, and work is being done on the participatory design of an admittance protocol for adolescent care and the provision of contraceptive care. To facilitate access to condoms, free dispensers have been installed in all health facilities, libraries and youth centers located in places that are easy for adolescents to visit. To complete this diagnostic assessment, a second study phase is currently in progress, which will collect information based on the experiences of the adolescents themselves. The results are expected to influence strategic definitions and lead to greater inclusion of adolescents in participatory forums.

Conclusions

The study found an inadequate institutional response to the cultural and social changes identified by the teams, where the sexual health needs of adolescents appear to be undervalued and misunderstood. A

lack of any thoughtful reflection on effective access to contraception and counseling for adolescents was evident, particularly for girls under the age of 14 and for males. Current conditions impede access, attention, and response to adolescents' sexual and reproductive health needs, as well as the development of promotional and preventive actions. Open doors, greater connection with the community, and multiple paths are needed. In addition to providing training for all health center staff, opportunities for reflection are needed in order to come up with responses to the identified problems. Research involving adolescents themselves is necessary and urgent. This research should incorporate their views and realities and ensure effective access now and in the future, with due respect for the autonomy and sexual and reproductive rights of adolescents.

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REFERENCES

1. Chilean Ministry of Health. Situación actual del embarazo adolescente en Chile [Current situation with teenage pregnancy in Chile]. Santiago: Ministerio de Salud de Chile; 2013.
2. Pan American Health Organization (PAHO). Adolescent and Youth Regional Strategy and Plan of Action, 2010–2018. Washington D.C: PAHO; 2010.
3. Latin American and Caribbean Demographic Center (CELADE). Population Division of the Economic Commission for Latin American and the Caribbean (ECLAC). La transición de la salud sexual y reproductiva en América Latina 15 años después del Cairo 1994 [The transition of sexual and reproductive health in Latin America 15 years after the 1994 Cairo conference]. Santiago de Chile: CELADE; 2011.
4. Palma I. Consideración de la salud y derechos sexuales y reproductivos de los adolescentes y jóvenes en el contexto de la reforma a la salud en Chile [Consideration of health and sexual and reproductive rights of adolescents and young adults in the context of health reform in Chile]. Santiago de Chile: Ministerio de Salud de Chile, Servicio Nacional de la Mujer; 2001.
5. United Nations. Committee on the Elimination of Discrimination against Women. Concluding Observations on the Fifth and Sixth Periodic Reports of Chile, Adopted by the Committee at its Fifty-third Session (1-19 October 2012); 2012.
6. Chilean Ministry of Health. Estrategia Nacional de Salud para el cumplimiento de los Objetivos Sanitarios de la Década 2011-2020 [National Health Strategy to

- Meet Health Objectives for the Decade 2011-2020]. Santiago: Ministerio de Salud de Chile; 2010.
7. Chilean Ministry of Health. Sub-Secretariat of Public Health. Law No. 20 418. Available at: <http://www.leychile.cl/Navegar/?idNorma=1010482&idVersion>
 8. Chilean Ministry of Health. Programa Nacional de Salud integral de Adolescentes y Jóvenes. Plan de acción 2012-2020 [National Comprehensive Health Program for Adolescents and Young Adults. Plan of action 2012-2020].
 9. Schiappacasse V, Vidal P, Casas L, Dides C, Díaz S. La salud y los derechos sexuales y reproductivos en Chile: 1999-2003 [Health and sexual and reproductive rights in Chile: 1999-2003]. Santiago de Chile: Instituto Chileno de Medicina Reproductiva-Corporación de Salud y Políticas Sociales; 2003.
 10. Sadler M, Obach A, Luengo M, Biggs M. Estudio barreras de acceso a los servicios de salud para la prevención del embarazo adolescente en Chile [Study on barriers to health services for the prevention of teenage pregnancy in Chile]. *Culturasalud*. Santiago de Chile; 2010.
 11. Denno D, Hoppes A, Chandra-Mouli V. Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. *J Adolescent Health*. 2015;56: S22-S41.
 12. Geary R, Gómez-Olivé F, Kahn K, Tollman S, Norris S. Barriers to and facilitators of the provision of a youth-friendly health services programme in rural South Africa. *Health Serv Res*. 2014;14:259.
 13. Geary R, Webb E, Clarke L, Norris S. Evaluating youth-friendly health services: Young adults's perspectives from a simulated client study in urban South Africa. *Glob Health Action*. 2015;8:26080.
 14. Agampodi S, Agampodi T, UKD P. Adolescents' perception of reproductive health care services in Sri Lanka. *BMC Health Services Research*. 2008;8:98.
 15. Geary R, Gómez-Olivé F, Kahn K, Tollman S, Norris S. Barriers to and facilitators of the provision of a youth-friendly health services programme in rural South Africa. *Health Serv Res*. 2014;14:259.
 16. Chilind I, Hourahane G, Pindani M, Chitsulo C, Maluwa A. Attitude of health care providers towards adolescent sexual and reproductive health services in developing countries: a systematic review. *Health*. 2014;6:1706-13.
 17. Pérez L, Sheridan J, Nicholls A, Mues K, Saleme P, Resende J, Ferreira J, Leon J. Professional and community satisfaction with the Brazilian family health strategy. *Rev Saude Publica*. 2013;47(2):403-13.
 18. Tilahun M, Mengistie B, Egata G, Reda A. Health workers' attitudes toward sexual and reproductive health services for unmarried adolescents in Ethiopia. *Reproductive Health*. 2012;9:19.
 19. Cusihamán H, Gonzales M. Factores que limitan el acceso a los servicios de salud sexual y reproductiva en escolares adolescentes en el I. E. María Parado de Bellido [Factors that limit access to sexual and reproductive health services among adolescent students in the I.E.] María Parado de Bellido; 2010 [Post-graduate thesis]. Lima; 2011.
 20. Soto F, Andrew L. A qualitative evaluation of Elev8 New Mexico school-based health center. *J Pediat Health Care*. 2016;30(6).
 21. Gogna M. Programas de Salud Reproductiva para Adolescentes. Los casos de Buenos Aires, México D.F. y San Pablo [Reproductive Health Programs for Adolescents. Cases in Buenos Aires, Mexico City, and San Pablo]. Consorcio Latinoamericano de Programas en Salud Sexual y Reproductiva y Sexualidad. Buenos Aires: Centro de Estudios de Estado y Sociedad (CEDES)-Talleres Gráficos Leograf; 2001.
 22. Bearinger L, Sieving R, Ferguson J, Sharma V. Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *Lancet*. 2007;369:1220-31.
 23. Tilee A, Haller D, Graham T, Churchill R, Sanci R. Youth-friendly primary-care services: how are we doing and what more needs to be done? *Lancet*. 2007;369: 1565-73.
 24. Loewenson R, Laurell A, Hogstedt C, D'Ambruoso L, Shroff Z. Participatory action research in health systems: a methods reader. Training and Research Support Centre (TARSC), Alliance for Health Policy and Systems Research (AHPSR), World Health Organization (WHO), International Development Research Centre (IDRC) Canada, Regional Network on Equity in Health in East and Southern Africa (EQUINET), Harare; 2014.
 25. Tran NT, Langlois EV, Reveiz L, Varallyay I, Mancuso A, Elias V, Becerra-Posada F, Ghaffar A. Embedding research to improve programme implementation in Latin America. *Rev Panam Salud Publica*. 2017;41:e75.
 26. Chilean Ministry of Health. Programa de Salud de la Mujer [Women's Health Program]. Available at: <http://www.minsal.cl/salud-de-la-mujer/>
 27. Centro Latinoamericano de Perinatología, Salud de la Mujer y Reproductiva [Latin American Center for Perinatology] (CLAP/SMR). Sistema Informático de adolescentes (SIA): historia clínica de adolescentes y formularios complementarios: instrucciones de llenado y definición de términos [Adolescent information system: clinical health records for adolescents and supplementary forms: instructions for filling out and definition of terms]. Montevideo: CLAP/SMR; 2010.
 28. Instituto Nacional de la Juventud [National Youth Institute]. Sexualidad, jóvenes entre 15 y 29 años [Sexuality, young adults aged 15-20]. Santiago de Chile: Instituto Nacional de la Juventud; 2013.
 29. Leal I, Luttgés C, Troncoso P, Leyton C, Molina T, Eguiguren P. Conocimientos y práctica clínica de los proveedores de salud para la prevención del embarazo adolescente según marco legal chileno [Knowledge and clinical practice of health providers for the prevention of teenage pregnancy under Chilean law]. *Rev Med Chile*; 2016;144:577-84.
 30. Viada E, Batista J. Caracterización de la salud reproductiva de adolescentes [Description of adolescent reproductive health]. *Correo Médico Científico de Holguín*. 2015;19:76-84.
 31. Parra J, Domínguez J, Maturana J, Pérez R, Carrasco M. Conocimiento y percepción de adolescentes sobre el servicio de planificación familiar en Chile [Adolescents' knowledge and perception of family planning services in Chile]. *Universidad Nacional de Lanús. Salud Colectiva*. 2013; 9(3):391-40.

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Acceso a anticoncepción en adolescentes: percepciones de trabajadores de la salud en Huechuraba, Chile

RESUMEN

Objetivo. Identificar dificultades para el acceso a atención e información en anticoncepción de adolescentes desde percepciones y experiencias de trabajadores de la salud de Huechuraba, en la Región Metropolitana de Chile.

Métodos. Este estudio cualitativo y descriptivo incorporó principios de investigación acción participativa involucrando a equipos de atención en el levantamiento y análisis de información, con generación de propuestas de mejora. Se realizaron 17 entrevistas individuales semiestructuradas y una entrevista grupal, con profesionales y técnicos involucrados en la atención de adolescentes en centros de salud de la comuna.

Resultados. Trabajadores de la salud percibían dificultades en la llegada de adolescentes a los centros por razones relacionadas a factores culturales, falta de información y de actividades de salud en la comunidad. Existen requisitos administrativos y tramitaciones que obstaculizan el acceso a la atención. Se evidenciaron falencias en el manejo e interpretación de normas de regulación de la fertilidad y de la legislación vigente y ausencia de marcos explicativos que reconociesen el género y derechos sexuales y reproductivos de los adolescentes.

Conclusiones. Existe poca visibilidad de los adolescentes y sus necesidades, y contradicciones entre los discursos y las prácticas, con ausencia de definiciones y acuerdos para el acceso a anticoncepción y consejería que consideren contextos sociales y culturales. Urge la implementación de acciones de capacitación para trabajadores de la salud en género y derechos sexuales y reproductivos, junto con espacios de reflexión para generar abordajes articulados y efectivos. Se requieren esfuerzos de difusión del programa y realización de actividades en espacios comunitarios, junto con otros sectores comunales.

Palabras clave

Anticoncepción; adolescente; embarazo en adolescencia; derechos sexuales y reproductivos; Chile.

Acesso aos métodos anticoncepcionais entre adolescentes: percepções dos profissionais de saúde em Huechuraba, Chile

RESUMO

Objetivo. Identificar dificuldades de acesso à atenção e informações relacionadas aos métodos anticoncepcionais entre adolescentes com base em percepções e experiências dos profissionais de saúde de Huechuraba, na região metropolitana de Santiago, Chile.

Métodos. Estudo qualitativo descritivo realizado segundo os princípios de pesquisa-ação participativa envolvendo pessoal da saúde na coleta e análise das informações, com a produção de propostas para melhoria. Foram realizadas 17 entrevistas semiestructuradas individuais e uma entrevista em grupo com profissionais e pessoal técnico que prestam atenção a adolescentes em centros de saúde comunitários.

Resultados. Os profissionais de saúde perceberam dificuldade na chegada dos adolescentes aos centros por fatores culturais e pela falta de informação e de atividades de saúde na comunidade. Existem requisitos administrativos e diligências que são obstáculos ao acesso à atenção. Foram evidenciadas falhas na gestão e interpretação das normas de regulação da fertilidade e da legislação vigente e a ausência de enquadramentos explicativos que reconhecessem o gênero e os direitos sexuais e reprodutivos dos adolescentes.

Conclusões. Os adolescentes e suas necessidades têm pouca visibilidade e existem contradições entre os discursos e as práticas, com a falta de definições e acordos para o acesso a métodos anticoncepcionais e orientação que levam em consideração os contextos socioculturais. É premente a implementação de ações de capacitação para os profissionais de saúde em gênero e direitos sexuais e reprodutivos, assim como de espaços de reflexão para elaborar enfoques articulados e efetivos. São necessários esforços para divulgar o programa e realizar atividades em espaços comunitários, junto com outros setores da comunidade.

Palavras-chave

Contracepção; adolescente; Gravidez na adolescência; Direitos sexuais e reprodutiva; Chile.