Addressing Adolescent Women's Sexual and Reproductive Health Needs in Mexico: Challenges and Opportunities

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Introduction

- For decades, reproductive health has been of high priority to policymakers in Mexico (1970,1980, 1990)
- More recently, decision makers started to be concerned with the reproductive health of young people (1990)
- Adolescent pregnancy and motherhood (within or outside marriage) have disadvantages to young women in terms of their reproductive health and the future wellbeing of their families.

Objetives

a) To analyze trends of reproductive health of young Mexican women

b) To examine the social and health policies and services directed to improve RH of young people

c) To identify the gap between policies and services and the changes in the reproductive health conditions of young people.

Project goal

To stimulate responsive programs, policies and resource allocation to improve reproductive health of young people, in particular, the prevention of unplanned pregnancies, through documenting the current situation of young people.

Methodology and data

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- Data: ENADID 1997 & ENADID 2006
- Pop. of study: women 15-19 years.
- Estimates provided for: National, urban/rural, region by degree of development*, and state

* Index includes: Education, poverty, health insurance, and household amenities

Results

Context of young peoples' lives

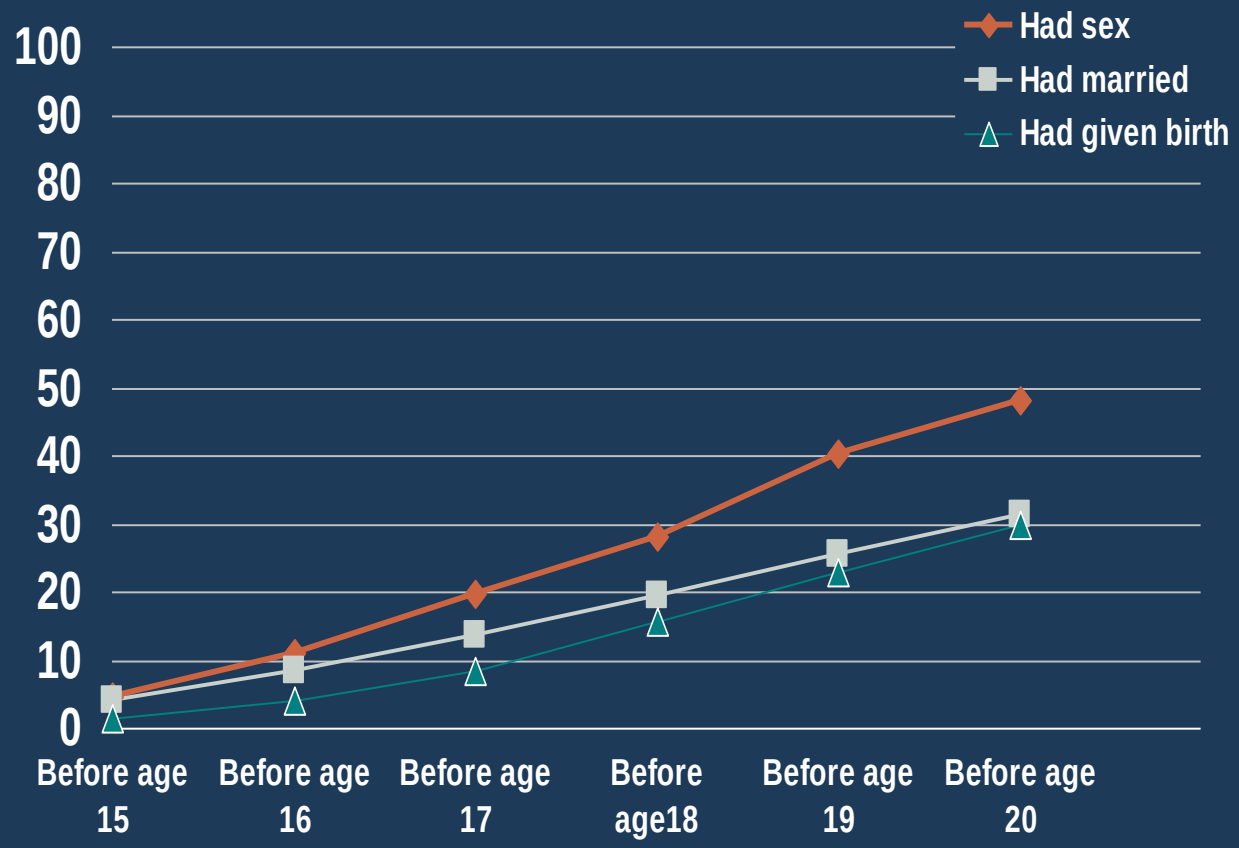
- Mexico continues to have a large youth population -- currently estimated at 27 million young people 15-24 yrs (25% of the total)
- The services of FP are free nationally but are NOT designed for young people
- There have been gains in schooling among young people
- But, great inequalities persist in wealth distribution -- almost half (45%) of workers live in poverty (i.e. earn 2 or less the minimum salary)

Marriage and fertility in the last decade

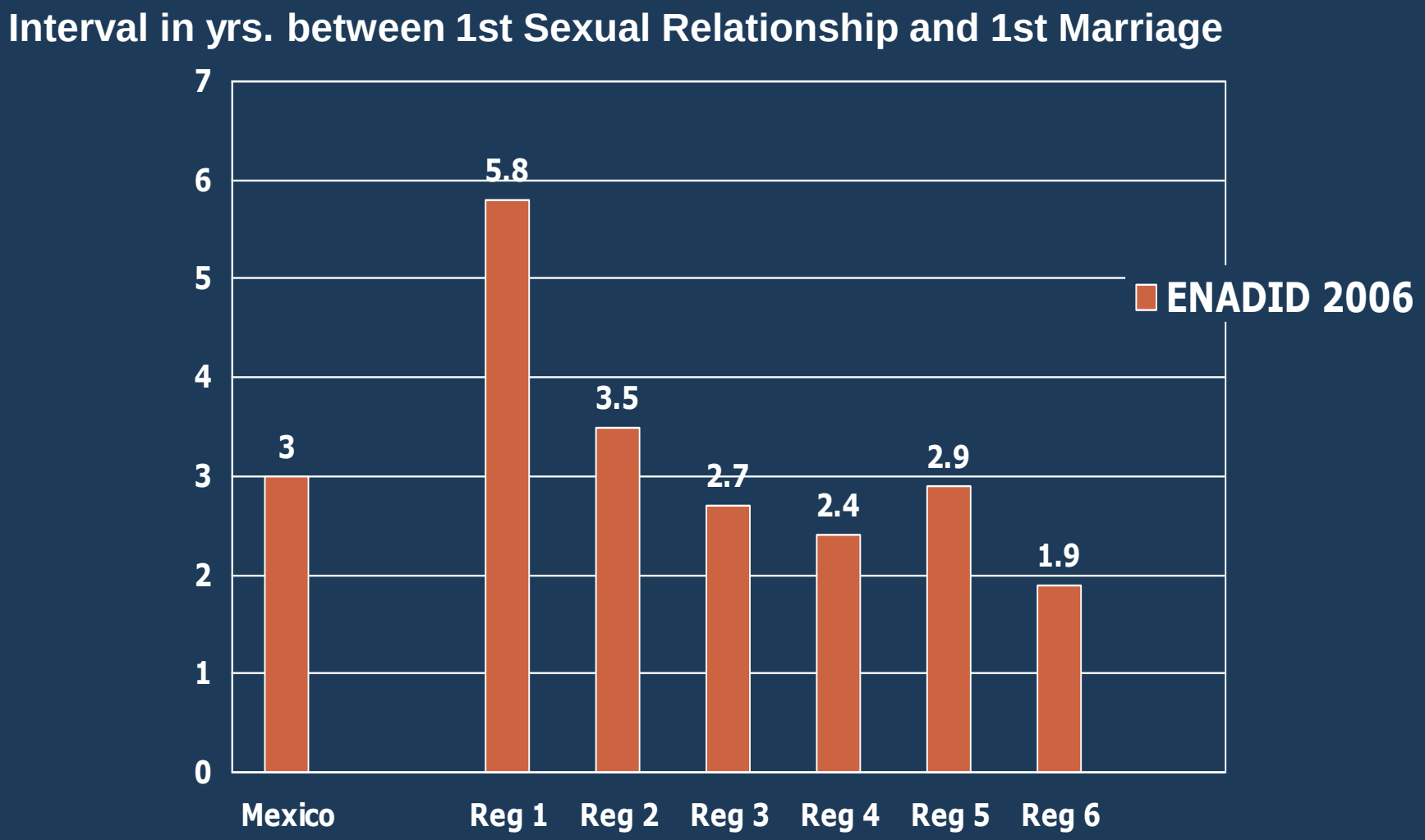
- Marriage is low among adolescent women (15-19 yrs.)
- The adolescent fertility rate has continued to decline (24% over 1997-2006)
- Women are having their first birth at a younger age now than earlier
- Having children before age 18 still is common
- Sexual activity before marriage is increasing in almost all parts of the country

Before their 18th birthday, closely linked to marriage, almost one in five young Mexican women have given birth

% of women 20–24 who had experienced each event before given age



The gap between age at first sexual relationship and first marriage is large



Contraception

Relevant questions about the use of contraceptives

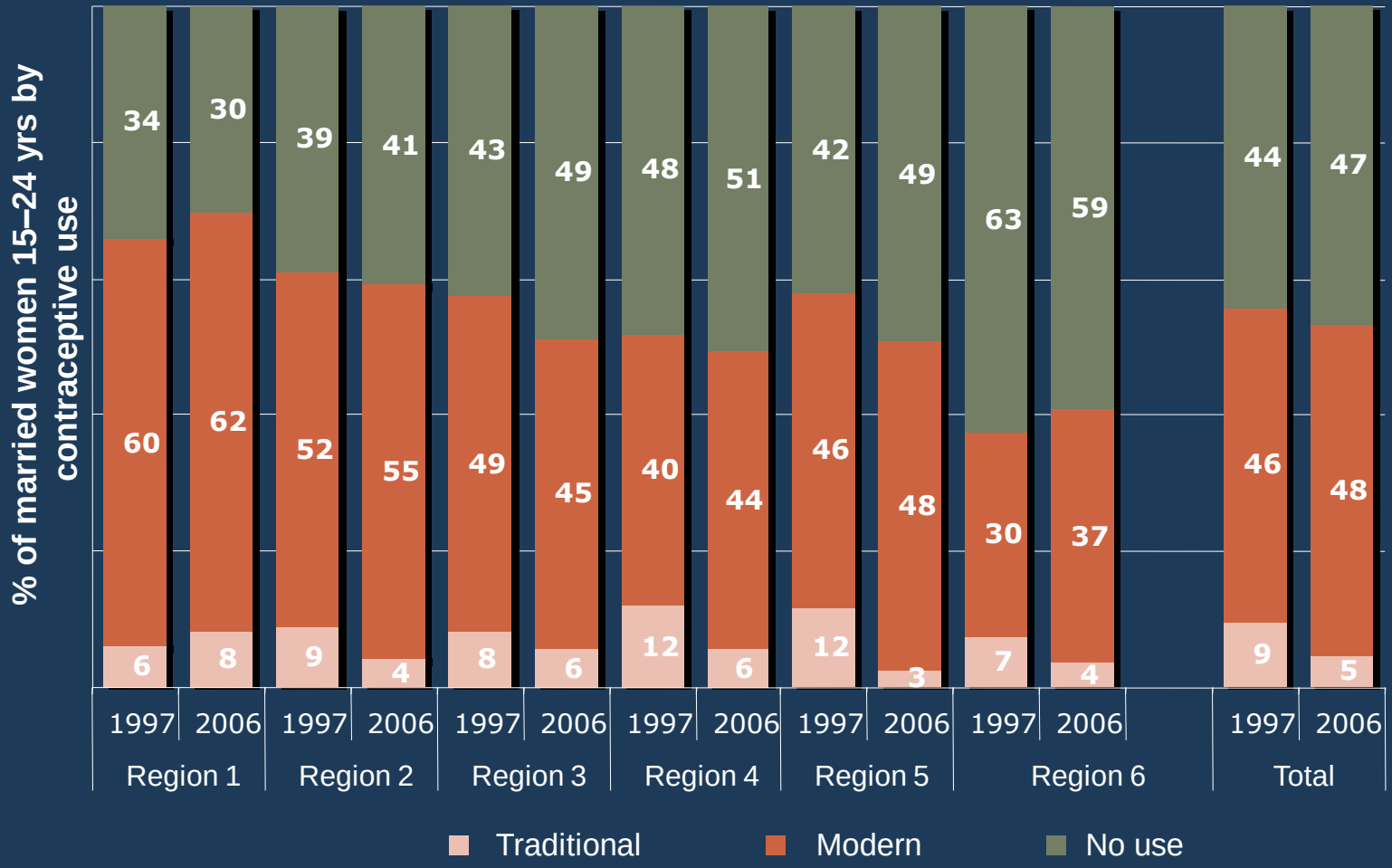
1) How adequate is young people's knowledge about contraception?

2) Are they using contraception?

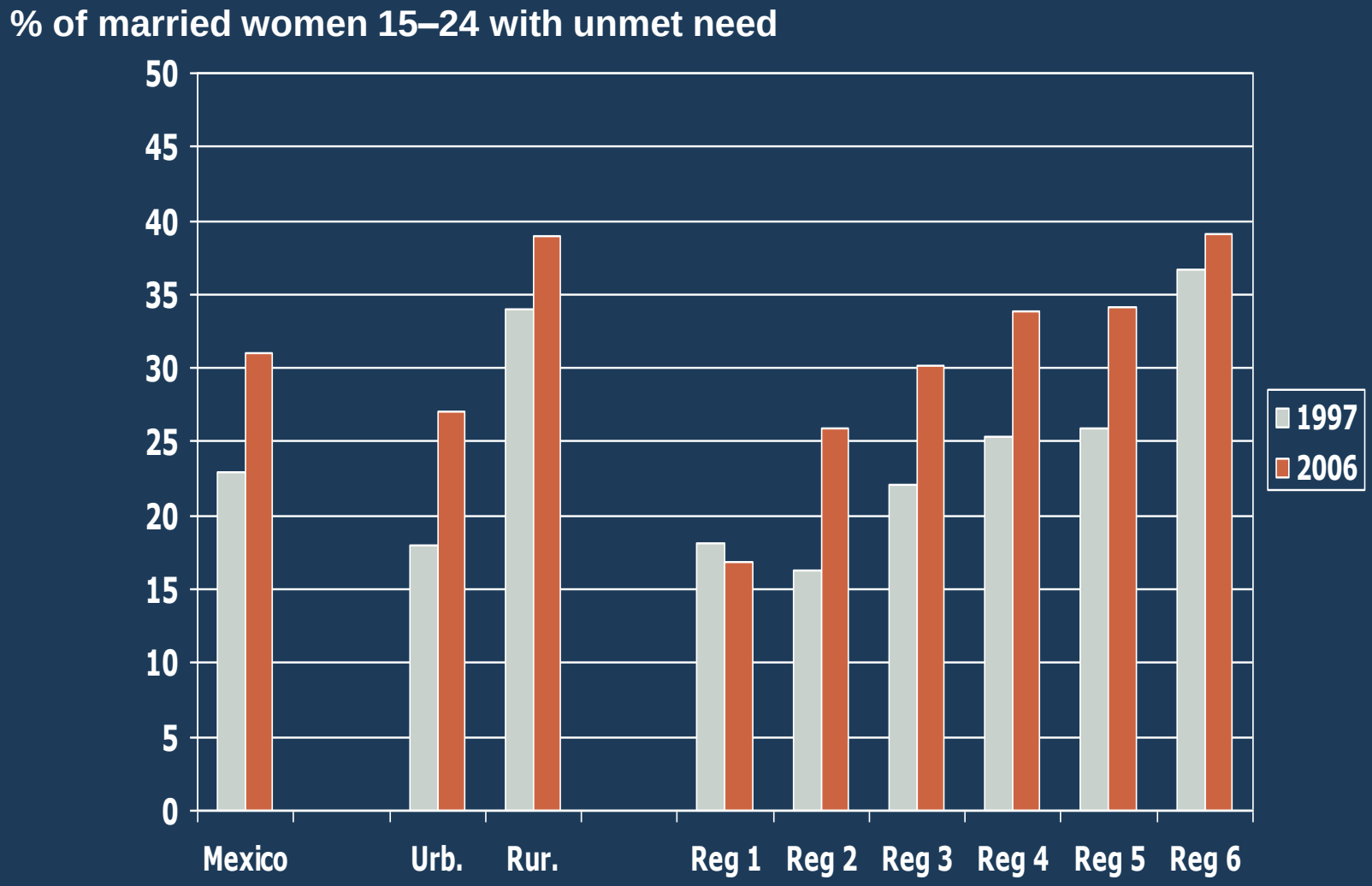
3) Does their use vary by socio-economic level of the region?

4) Where do they obtain services and methods?

About half of married young women were not using a method in 2006



Between 1997 and 2006, unmet need for contraceptives among married women 15-24 increased substantially



The role of the public sector as provider of modern contraceptive methods has dropped

Where the method was obtained	% of 15–24 year-old users of modern methods		
	1997	2006	% Change 1997-2006
Public sector	**70.5**	**59.9**	**-18.1**
Private medical sector	6.4	8.8	**32.7**
Pharmacy or Store	22.2	30.5	**32.6**

Conclusions and Recommendations (1)

The most acute problems identified among young people are:

- High level of unprotected sex
- High and rising unmet need for contraception
- Reduction of the public sector as provider of services and contraceptive methods

But the most dramatic finding is the large difference observed between the more developed and less developed areas of the country in terms of level of poverty, schooling, general conditions of life and sexual, marital and reproductive behavior.

Conclusions and Recommendations (2)

Key obstacles identified:

- Services of FP are free of charge in the country but are not designed for young people; lack of youth friendly services and inadequate sex education.
- The lack of communications through mass media. (banned)
- Since decentralization, lack of compulsory budget line by local governments to warranty FP services and free contraceptives.

Conclusions and Recommendations (3)

Cont. Key obstacles identified:

- The lack of institutional consolidations of policies in this field. Changes of administration and personnel have resulted in cancelation of activities and instability of certain programs.
- And the worse consequence is the lack of a complete geographical coverage of adolescent programs of sexual and reproductive health. (NGOs)

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