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

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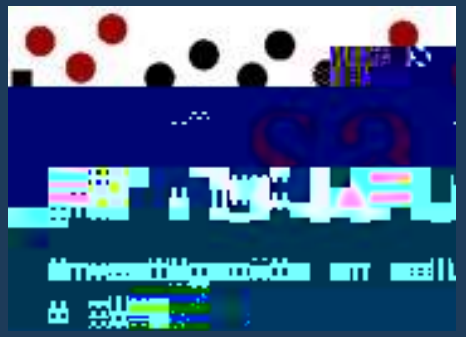


Introduction

- For decades, reproductive health has been

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

Methodology and data

- 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

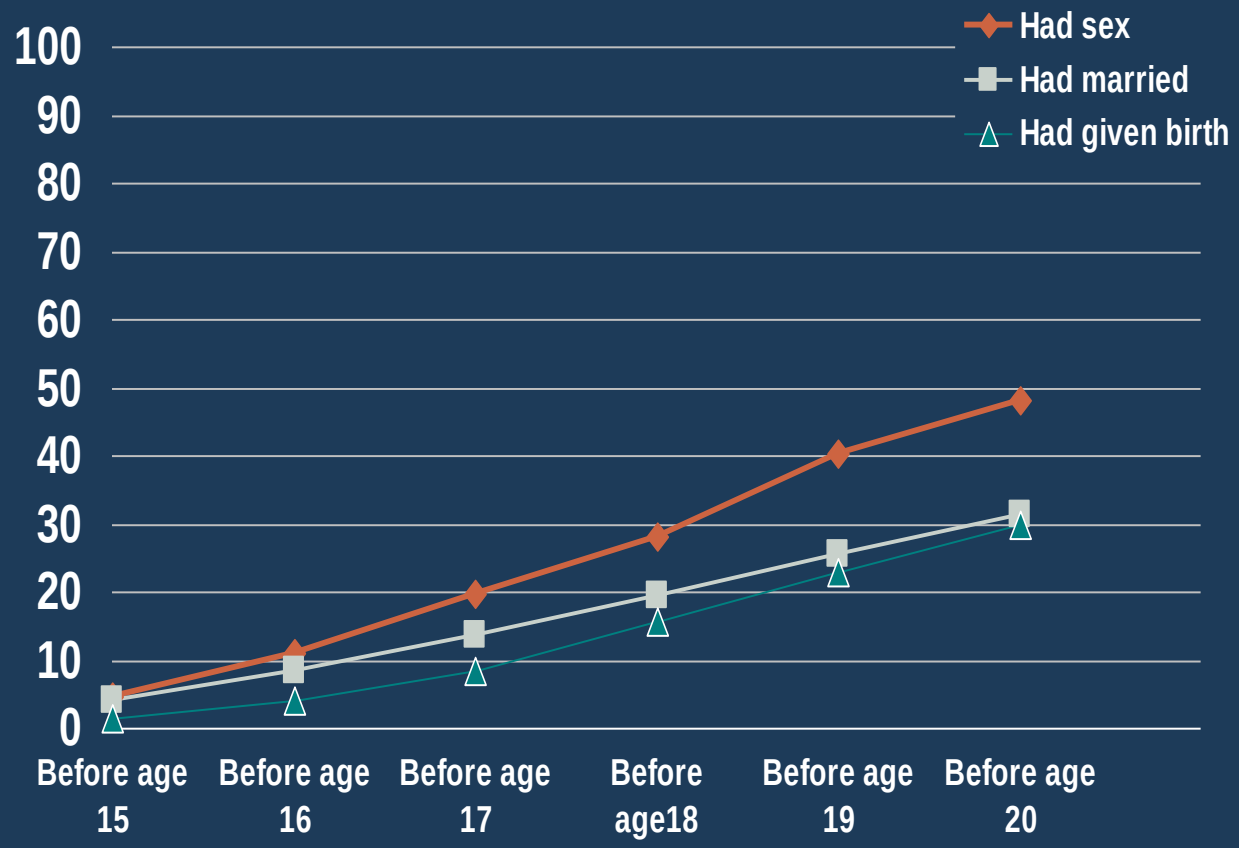
- Mexico continues to have a large youth population -- currently estimated at 27 million young people 15-24 yrs (25% of the total)
- The services of FP are free nationally but are NOT designed for young people
- There have been gains in schooling among young people
- But, great inequalities persist in 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

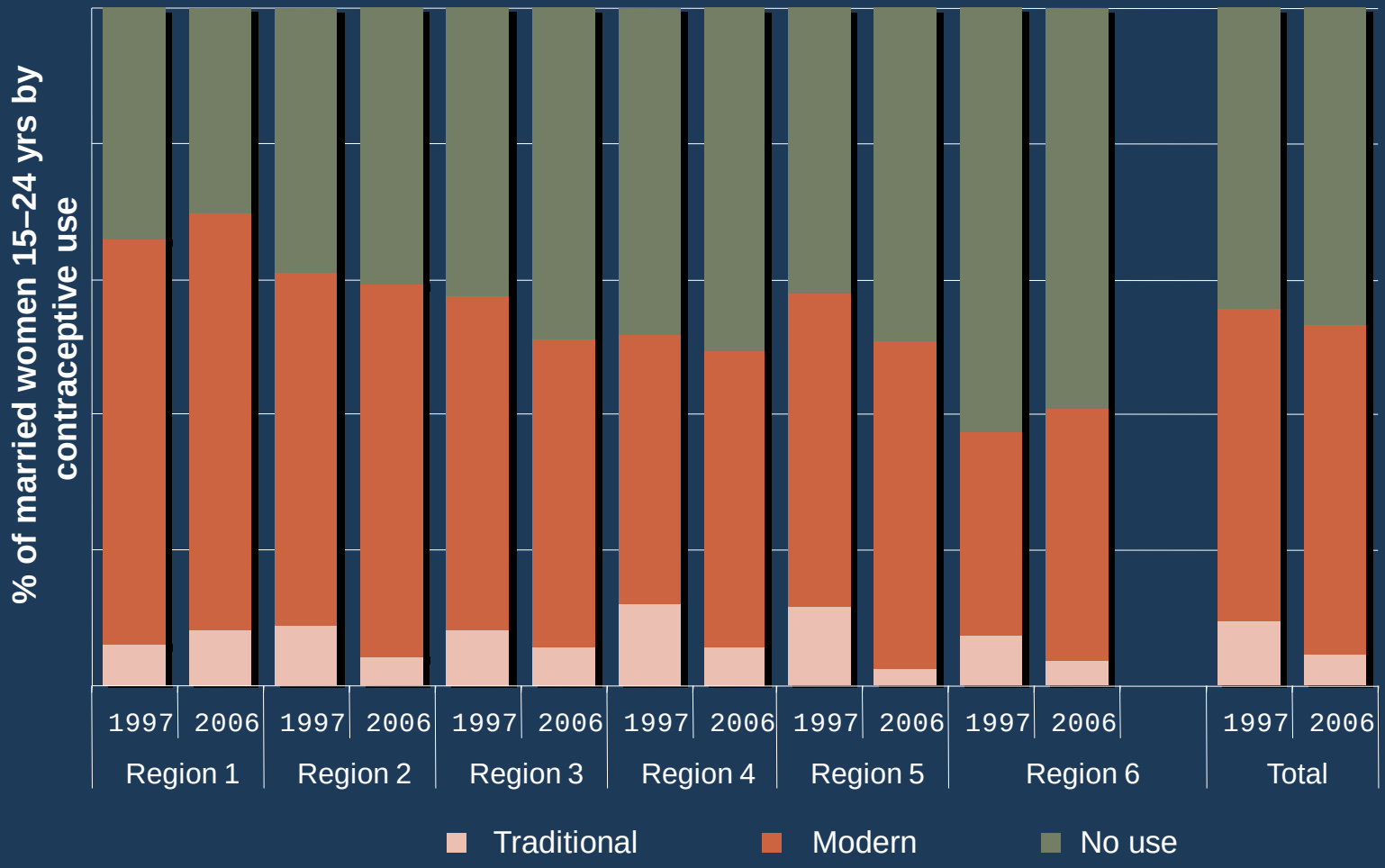
Before their 18th birthday, closely linked to marriage, almost one in five young Mexican women have given birth

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



The gap between age at first sexual

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



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 publicfacraception

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)

Thanks

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