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Abortion care for adolescents: What are their needs?

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Abuja, Nigeria
April, 2008

Introduction

- In Mexico, pregnancy rates among women from 12 to 19 years is 79 for every 1,000. It is estimated that between 30% and 60% of these pregnancies end in induced abortions.
- The 13% of all the maternal deaths in 2005 were in adolescents.
- Unsafe abortion and its health complications are considered a public health problem in Mexico. Abortion represents the fifth cause of mortality.
- In Mexico there are no guidelines or specific procedures for adolescents' abortion care.

Ministry of Health, 2007; ONU-México, 2006

Objectives

- **General:**

Identify the care needs of adolescents in abortion situations in public health services in three states of Mexico (Mexico City, Hidalgo and State of Mexico)

- **Specific:**

1. To identify the care needs of adolescents in abortion situation based on their experience in public health services.
2. To get information about health providers opinion with respect to the adolescents' care needs in abortion situation

Methodology

- **Qualitative Approach**

- **In depth interviews with.....**

- 11 female adolescents from 12 to 19 years that have miscarriages
- 8 health providers (6 physicians, 1 nurse and 1 psychology)

Findings

- **The first sexual intercourse**
 - Most of the adolescents interviewed had their first sexual intercourse between 15 and 19 years
 - Their first sexual intercourse was either with the husband, the present partner or with a boyfriend.
 - Half of the adolescents used contraceptives in the first sexual intercourse. The male partner was the one deciding the use of contraceptives.

Findings

- **Adolescents pregnancy**
 - Most of the adolescents did not plan her pregnancies

*“ I did not plan anything, I got pregnant and that was it. I was not using contraceptives and I got pregnant”
(Adolescent, State of Mexico, 19 years old)*
 - Health providers relates adolescents pregnancy with lack of responsibility, lack of capacity to take care of the baby and/or the idea that when an adolescent is pregnant she doesn't want to continue the pregnancy or that it was unintended

Findings (Health Providers)

Barriers for adolescents' abortion health care

- The health providers perception of the adolescents' pregnancy (lack of responsibility, lack of capacity to decide about their lives) influence the way they provide care. (paternalistic)

“When we see an adolescent we are a little bit paternalistic. The way we name them such as “my little daughter” reflect our position toward them. But the true is that it is hard for the adolescents to understand what is happening to them” (Psychologist, Hidalgo)

Findings (Health providers)

● **Barriers**

Lack of communication

- The health providers perceive that the adolescents do not express their questions.
- When adolescents attend the consultation with an adult, this adult is the one asking all questions.
- The health providers do not give direct information to adolescents but to adults that attend the consultation.

Findings (Health providers)

- **Barriers**

- Lack of medicines, material and infrastructure
- Lack of medical providers to fulfill the health service demand

“(In the hospital) sometimes we have overcrowded services because of the clients demand. The solution would be to increase the number of beds and staff(Obgyn, Hidalgo)”

Findings (Adolescents)

- **Barriers**

- ***Lack of confidence***

- The adolescents do not feel confident enough to establish active communication with the health providers. That is why they don't express their needs and expect to obtain the information without asking for it.

“I do not feel confident to ask the doctor about what they were going to do. He only said that they were going to take me to the operating room, but at the end I did not know what they did to me. I did not know how it was”. (Adolescent, State of Mexico, 18 years)”

Findings (Adolescents)

- **Barriers**

- Lack of money (to pay ultrasound, the procedure and the transportation to the hospital).
- The requirement to bring an adult family member
- Lack of health care coverage, which generates that adolescents need to go the different facilities before finally receiving care.

Findings (Adolescents)

- **Characteristics of the care provided to adolescents**

- Paternalistic behavior
- Prejudices toward adolescents sexuality

"The social worker was focused on my age, she told me that I was very young and that I shouldn't be there, that I should be at school. Suddenly I was bother and I thought "I know that, I do not need to be scolded, all the personnel scolded me"" (Adolescent, Hidalgo, 16 años)

Findings (Adolescents)

- **Adolescents needs related to abortion care**

- They need information (procedure, abortion causes, contraceptives, post-abortion care and to know how to prevent pregnancy)
- High – quality care, specially emphatic treatment (kindness, respectful, not being judged because of age)

“Providers need to respect how we feel because they have a bad attitude, they insult us and they act as if we lack of responsibility. They think that because of my age I didn’t want the baby, and it was not true. We need kindness and respect for our lives” (Adolescent, Mexico City, 17 years old)

Findings (Adolescents)

- **Adolescents needs**

- *The health service must provide psychological support for adolescents*

“When we are in bed waiting for bleeding, the health personal would make us feel accompanied. They leave us alone in a corner with our pain. I think this should not happen” (Adolescent, Hidalgo, 19 years old)

Findings (Health providers)

- **Adolescents needs**

- Although the health providers consider there is no difference between health care provided to adult women than the one given to adolescents, they recognize **the need to have specific medical equipment for adolescents.**

“To provide health care to adolescents, in some cases we have to ask for small vaginal mirrors” (Physician, Mexico City)

Findings (Similar thoughts among adolescents and health providers)

- **Adolescents needs**

- The health personal have to use an understandable and friendly language when providing the information to adolescents
- The hospitals must have trained providers to give specific care for adolescents

Findings (Similar opinions among adolescents and health providers)

- Having specific physical areas to provide abortion health care for adult and adolescent women is very much needed

“... There must be a physical area for women experiencing an abortion. There were clients that were depressed and they were next to a client that gave birth to twins. There are not specific areas for them” (Obgyn, Mexico City)

Findings (Similar opinions among adolescents and health providers)

- Adolescents perceived high levels of pain and also feel the need to be controlled with medicine.
- Health providers consider that adolescents have a low level of pain tolerance. For this reason they need stronger medicine or more doses to control the pain.

“Most of the adolescents have a low level of pain resistance...(..) providing care to them always represents something new for us as providers. It generates some anguish, anxiety or fear. In most of the cases we required sedatives as well as a general anesthesia to implement MVA with adolescents” (Obgyn, Hidalgo).

Conclusions y recommendations

- Awareness raising with health providers on physical and emotional stress adolescents experience with a miscarriage.
- Adolescents often lack of confidence to ask their doubts to health providers in services; lack of knowledge about their rights, lack of empowerment.
- For adolescents' abortion care special instrumental is needed

Conclusions y recommendations

- Health providers' prejudices and negative perception of adolescent women experiencing an abortion (irresponsible, immature, incapable) represent a big barrier to provide them a high-quality care.
- Health providers must prioritize the right of the adolescent women to receive sufficient and clear information, before giving any kind of information to any adult person with her.
- Health providers must generate a confident environment with the adolescent woman, which might facilitate the open raising of their doubts and needs.

Conclusions y recommendations

- The lack of information about the procedure (pre-counseling) generated excessive doubts and fears among adolescents
- It is necessary to provide information about post abortion care, with an emphasis on pain management and hemorrhage.
- According to health providers, adolescent women need more psychological support and information than older women

Conclusions y recommendations

- It is necessary to recognize the importance of having specific physical areas for abortion care related situations.
- It is necessary to develop guidelines and procedures focus on adolescents' abortion care.
- Facing with the reality of lacking enough staff and time issues in some health services, developing specific educational and informational materials with information about miscarriage, its causes and consequences, post abortion care recommendations, and contraception information is recommended (e. g. flyers, wall boards, posters).