

**P3.4. Knowledge Practices and Needs Related to Sexual and Reproductive Health Adolescents in Two Low Resource Settings in Mexico City - María Elena Collado Miranda, Ipas Mexico; Laura Villa Torres, Ipas Mexico**  
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**Background/Significance:** There are more than one thousand million of youth in the world and less more than a half are adolescents from 15 to 19 years. In developing countries the proportion of this group tends to be high. In Mexico the 20% of the population has 15 to 24 years (CONAPO, 2000).

The reproductive health of adolescents is relevant for their specific needs and problems related to this stage of life. In Mexico the number of births among women from 15 to 19 years represents 17% of the total births (INEGI, 2003). The early fecundity also could drive to fewer possibilities of formal education and less opportunities to improve quality of life among adolescents.

As well as demographic data among adolescents there are survey and research data that provide relevant information related to knowledge and use of contraceptive methods. This data have showed that adolescents have general knowledge on reproductive health but a low comprehension of the mechanisms or process on how to get pregnant or the way that sexual transmitted infections (STIs) and HIV are transmitted. This lack of information increase adolescents' vulnerability to risky sexual behaviors.

**Main Question/Hypothesis:** The hypothesis of the present study state that adolescents of urban low resource settings have more reproductive risks to early pregnancies, STIs and HIV because of less education, economic and human resources, as well as lack of places to get objective information. For this reason the study is aimed to get information on attitudes, needs and practices of adolescents in two low resource urban settings in Mexico with respect to pregnancies, contraception, ITS and HIV. We deepen in the cultural mandates that have been internalized by adolescents.

**Methodology:** The data of the study was obtained through qualitative and quantitative approaches. For the qualitative phase we applied 4 focus groups with men and 4 with women from 14 to 19 years that have and have not initiated with sexual relations and 9 in depth interviews with women and 7 with men that had had at least one pregnancy experience in each of the study sites.

The quantitative phase consisted on a survey designed by using the findings of the qualitative approach. 534 adolescents participated in the survey (267 in Iztapalapa and 267 in Tlaxcala) from different neighborhoods with low and very low resource level in both sites.

**Findings:**

- There are still myths and believes about how pregnancies and ITSs and HIV are transmitted. Adolescents have general knowledge about contraceptives but they do not know how and when to use it to protect them from unwanted pregnancies.
- Sexuality of adolescent women are constantly controlled, first by their parents and then by their boyfriends, husbands and mother in law. The lost of that control is permitted only if the pregnancy of single adolescents continues if the couple starts living together or if they get married.
- There is a contrast between adolescents' thoughts and actual practices. In one hand they show advanced ideas that deny the traditional gender stereotypes but in the practice they continue with those traditional drives.
- All adolescents in the qualitative study mentioned that their marriages or unions were preceded by pregnancies.
- All pregnancies were reported by adolescents as wanted pregnancies although the reasons of that desire was more related with solving a series of problems such as family violence, lack of family support and communication, accessing to other life condition or seeking independence and leaving their parents control.

**Knowledge Contribution:** Policy recommendations are:

- To promote human rights equality for adolescents living in low resource settings, providing access to education, health and good living conditions. This will provide adolescents with a broader repertory of options giving them the opportunity to choose among different options and not limited for only one option: living with their boyfriends / getting married and having children.
- Put into practice strategies to provide information on sexual and reproductive health issues in the school system. This sector demonstrated (in this study) that they have been effective in giving information.
- In the school strategies we suggest to promote analysis toward the traditional gender roles and to implement interaction school contexts for gender equity.
- In the health sector implement health providers' awareness raising to promote their participation in programs to work with the stigma that providers have with adolescents' sexual behaviors.
- Implement programs for adolescents for doing practical work to analyze their daily life situations and promote sexual behavior anticipation analysis.