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Original Article

## Adolescent Access to Information on Contraceptives: A Mystery Client Study in Mexico

Filipa de Castro, Ph.D. <sup>a</sup>, Tonatiuh Barrientos-Gutierrez, M.D., Ph.D. <sup>a,\*</sup>,  
 Ariela Braverman-Bronstein, M.D., M.P.H. <sup>a</sup>, John Santelli, M.D., M.P.H. <sup>b</sup>, Jean Marie Place, Ph.D. <sup>c</sup>,  
 Marcela Eternod-Arámburu <sup>d</sup>, and Mauricio Hernández-Avila, M.D., Dr.Sc. <sup>a</sup>

<sup>a</sup> Center for Population Health Research, National Institute of Public Health, Cuernavaca, Mexico

<sup>b</sup> Mailman School of Public Health, Columbia University, New York, New York

<sup>c</sup> Department of Nutrition and Health Science, Ball State University, Muncie, Indiana

<sup>d</sup> National Institute of Women, Mexico City, Mexico

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### ABSTRACT

**Purpose:** We aimed to evaluate adolescent access to contraceptive information and quality of care in a sample of primary care clinics and pharmacies in Mexico and their association with health facility and adolescent characteristics.

**Methods:** We selected a random sample of pharmacies (n = 434) and public-sector, primary care clinics (n = 327) in Mexico City to be visited by young women posing as “mystery clients” looking for contraception or emergency contraception. Access to contraception information was measured as the percent of times that women received the information they requested. To assess quality of care, we built an “adolescent-friendly services” (AFS) score based on the World Health Organization framework. Regression models were fitted to evaluate the associations between outcomes and health facility and client characteristics.

**Results:** Twenty percent of women did not receive the information they requested. Clients seeking emergency contraception information had higher odds of obtaining it than clients seeking information on contraception (odds ratio 3.08 95% confidence interval 2.03, 4.67). AFS scores were low, although higher in clinics than in pharmacies (5/9 in clinics vs. 3/9 in pharmacies). Younger age and indigenous appearance were associated with lower quality as measured by the AFS score.

**Conclusions:** Access to information about contraception in pharmacies and clinics is high, but efforts must be made to provide 100% coverage to adolescents. The quality of contraception services in pharmacies and clinics is poor and nonequitable, favoring older and nonindigenous adolescents. Clinics and pharmacies must strive to comply with international AFS guidelines.

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### IMPLICATIONS AND CONTRIBUTIONS

Adolescents often seek contraception information and services in pharmacies. The results suggest that younger and indigenous adolescents face barriers to accessing information about contraception in pharmacies and public clinics in Mexico. The study also provides useful evidence for improving adolescents' sexual and reproductive health care in similar contexts.

**Conflict of Interest:** The authors have no conflicts of interest relevant to this article to disclose.

\* Address correspondence to: Tonatiuh Barrientos-Gutierrez, Ph.D., Center for Population Health Research, National Institute of Public Health, Avenida Universidad 655, Santa María Ahuacatlán, 62100 Cuernavaca, Morelos, Mexico.

E-mail address: [tbarrientos@insp.mx](mailto:tbarrientos@insp.mx) (T. Barrientos-Gutierrez).

Adolescent reproductive health is a major public health concern. Worldwide, adolescents experience 11% of births [1], and 23% of pregnancy- and childbirth-related global burden of disease [2]. In low- and middle-income countries (LMIC), contraceptive use ranges from 6% to 67% for unmarried adolescents [3]. Despite governmental investment to decrease adolescent pregnancy in LMIC, barriers for access to adolescent sexual and reproductive health-care services remain [3,4].

Mexico occupies the first place in adolescent births among Organization for Economic Cooperation and Development countries (77 cases per 1,000 women ages 15–19) [5]. In 2014, only 23% of sexually active adolescents in Mexico used long-acting reversible contraception; its use was highly correlated with a previous birth, indicating the need to strengthen sexual and reproductive health practices in primary care settings [6,7]. In 2015, the government launched the National Strategy to Prevent Teenage Pregnancy, committing to guarantee contraceptive supply and adolescent-friendly services (AFS) in health-care clinics, among other actions [8]. Also, guidelines were updated to allow contraceptive access for adolescents without approval from their legal guardians. Before the National Strategy, only 17.5% of health-care services provided adequate care for adolescents [9], and adolescents reported lower quality of family planning services compared with older women [10].

Pharmacies have emerged as an accessible option for adolescents to get contraception [11]. U.S. studies reveal that offering emergency contraception (EC) over the counter increased EC use, and could open an opportunity for contraceptive counseling [12]. In Mexico, similarly to other Latin-American countries, contraceptives are provided over the counter, and half of the adolescents rely on pharmacies to meet their contraceptive needs [13]. However, most pharmacy personnel have no health-care background or training to provide contraceptive counseling [14]. Also, there are no guidelines about the information pharmacies must provide to adolescents and the quality of services is unknown.

Adolescents require access to high quality, age-appropriate, and culturally relevant reproductive health services [15,16]. The World Health Organization (WHO) developed a framework to assess AFS [17]. In this study, we used a mystery client methodology to assess (a) adolescent access to contraceptive information in pharmacies and primary care clinics, and (b) the quality of sexual and reproductive health care provided according to the ASF framework [17]. We also explored whether access and quality of care are associated with health facility and client characteristics.

## Methods

### Design

Mystery client methods have been used in marketing to evaluate provider to client interactions, and were recently adapted to evaluate health-care services [18]. This methodology minimizes observation bias [19] and is particularly useful evaluating sensitive health-care issues [20], including access to contraception [21,22]. Mystery clients provide first-hand information on patient-centered attention and the interaction with providers, which is rarely assessed using other methods [23].

For our study, we selected a random sample of pharmacies ( $n = 434$ ) and public-sector, primary care clinics ( $n = 327$ ) in the Mexico City metropolitan area to receive one visit from a young woman posing as “mystery client” looking for contraception or

EC. We used simple random sampling to select health clinics from the census of 525 clinics across the 22 municipalities in the Mexico City metropolitan area [24]. Pharmacies were randomly selected from a universe of 8,220 private establishments in the same area using the 2014 Economic Census of the National Institute of Economy, Geography and Informatics [25].

Mystery clients followed standardized scripts to simulate real-world inquiries and to uniformly observe or elicit information on four of the five WHO criteria for “AFS”: accessibility, acceptability, effectiveness, and appropriateness [17]. Equitability (meaning that all adolescents, irrespective of their background or characteristics, should be able to obtain all health services available) was evaluated by including client’s characteristics as independent variables in multivariate analyses. After each visit, mystery clients debriefed their field coordinator and recorded all data in a standardized form. To reduce bias, health facilities were not warned about the study. Mystery clients agreed to participate in the study; if under 18 years, parental consent was obtained. Procedures were approved by the ethics committee board of the National Institute of Public Health in Cuernavaca, Mexico.

### Mystery clients and scripts

Over the course of 8 weeks in 2015, 13 adolescent women ages 16–18 with and without indigenous appearance were recruited to pose as clients looking for any contraception or specifically EC (Supplementary Table S1). One visit per facility was attempted on weekdays between 9 AM and 6 PM. If a client was not able to contact a provider, she was instructed to inquire about times when they would be available and reasons of unavailability to record that information on a standardized form.

Clients’ assignment to EC or contraception was randomized at each visit. Clients’ assignment to facilities was based on convenience. Some areas of Mexico City are highly segregated, making it unlikely for a nonindigenous adolescent to seek services in highly marginalized areas (and vice versa). Thus, randomizing clients to facilities could have endangered the validity of the study. At each visit, the client systematically followed a script to seek either EC or contraception (Supplementary Material S2). Scripts included a personal profile and background information depending on the type of contraception sought. Given that the criteria being evaluated included the spontaneous delivery of information on sexual health, HIV, and sexually transmitted infections, as well as an adequate inquiry on sexual history, the client began the encounter with an open-ended question designed to engage the health-care professional in a dialogue, followed by prompts to elicit more information. If seeking contraception, clients indicated they were interested in any contraceptive method to avoid getting pregnant. If prompted for more information, they added the following: they became sexually active a year ago, had intercourse with variable frequency, and did not have a stable partner; they were in good health, were sporadic smokers and drinkers, and nondrug users. As for contraceptive preferences, they did not like oral contraceptives because they needed to be taken every day; also, they were looking for the best option to avoid getting pregnant and to be protected against HIV. The purpose behind defining clients’ contraceptive preferences was to analyze if providers recommended dual contraception and/or long-acting reversible contraception as first-line contraceptives. If seeking EC, clients said they had unprotected sex 2 days ago and needed help to avoid getting pregnant. Upon request, they

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