L'organizzazione dei servizi per l'adolescenza in America Latina

The organization of services for adolescents in Latin America

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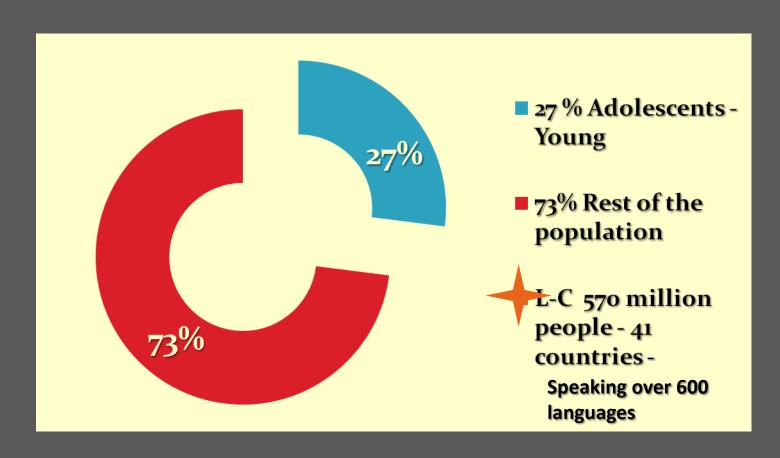






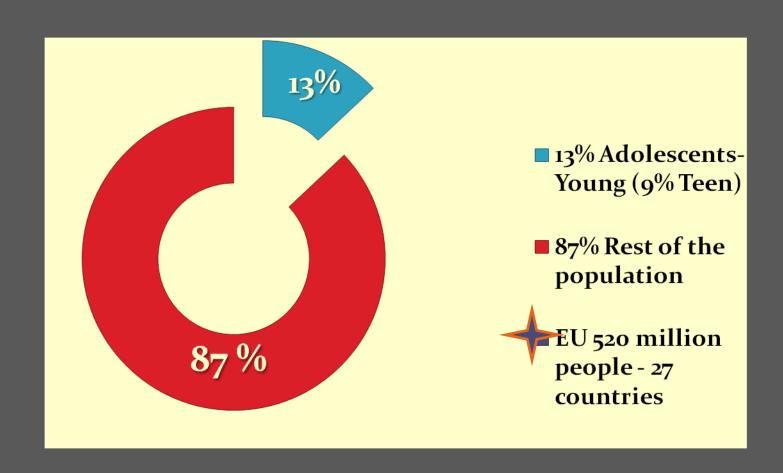
Youth Proportion in Latin America-Caribbean





Youth Proportion in European Union

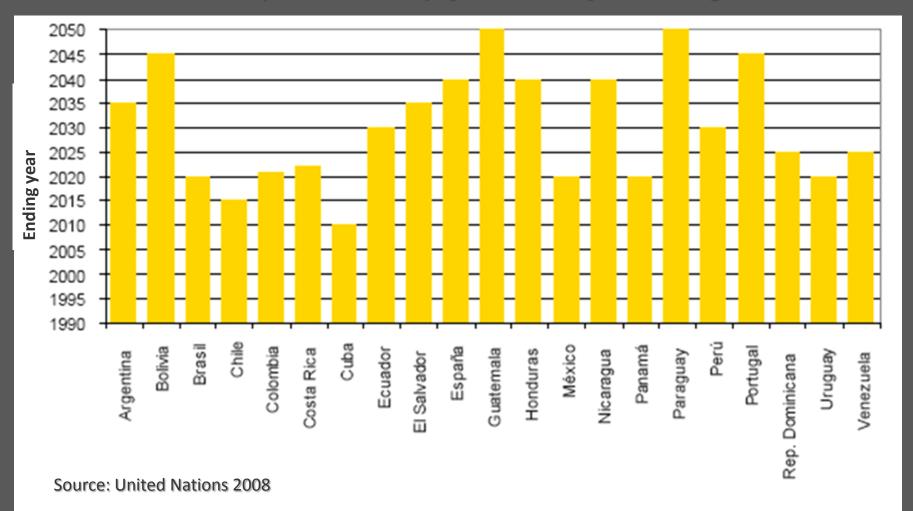




The concept "youth bulge" refers basically to the increase that will be seen in the working population and the decrease of aging people. This trend will be noticed in the next 15 years.



Latin America (20 countries): year when youth bulge finishes



Fuente: Estimaciones de población de CEPAL/CELADE y División de Población del Departamento de Asuntos Económicos y Sociales del Secretariado de Naciones Unidas, World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision, http://esa.un.org/unpp. a/ No existen proyecciones de población para Andorra que permitan determinar el año de término del bono demográfico, pero de acuerdo a las tendencias actuales, se prevé que sobre pase el año 2050.

b/Relación entre la población de 15 a 59 años (en edad productiva) y la de 0 a 14 años y 60 años y más.

Gini Index:

- Created by Corrado Gini, it measures the statistical dispersion of inequity between salary and health. (Published in 1912 "Variability and mutability")
- The coefficient is 0: minimum inequity of distribution and 1 maximum inequity of distribution.
- It is applied in different fields like: economy, health sciences, ecology, chemistry, engineering.

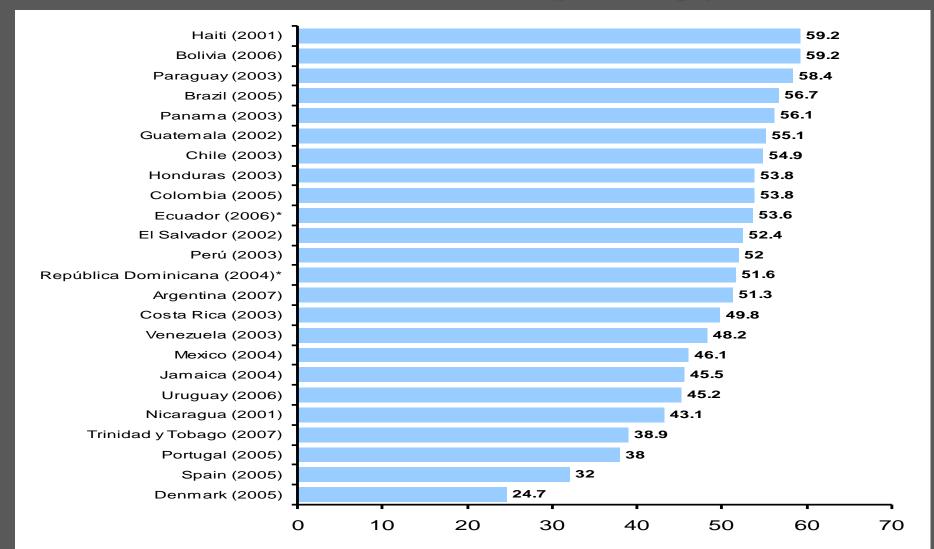
It measures the inequity salary/health

E.g.: Gini Index for Denmark: 0,24 (24%), Switzerland: 0,23 (23%) and

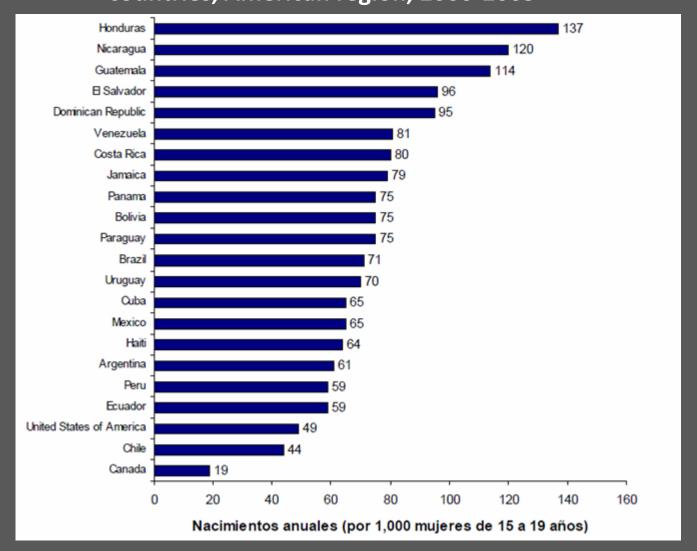
Namibia: 0,70 (70%).



Inequality in income in Latin America and the Caribbean based on Gini Index (percentage)



Fertility rate specific from 15 to 19 years of age, selected countries, American region, 2000-2005





DA		
PA	1	U

X 10	ths 00 years	pregnancy % X year 15-19 years	Countries Birth X 10 15-19		pregnancy % X year 15-19 years
Argentina	57	6%	• Haití	46	6%
Bahamas	53	6%			
Barbados	43	ND	Honduras	93	9%
Belize	79	8%	• Jamaica	77	8%
Brasil	76	7 %	 Martinica 	30	ND
Bolivia	78	8%	• México	65	6%
Chile	60	4%			
Colombia	74	8%	 Panamá 	78	8%
Costa Rica	67	7 %	Paraguay	72	7%
Cuba	45	7%	• Perú	55	5%
Ecuado	r 83	6%			
El Salvador	83	8%	 Puerto Rico 	54	ND
Guatemala	107	11%	• Re. Domini.	109	9%
Guyana	63	6%		10	World Hoalth

OMS 2008. ND: not available.

PAH	10
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	Country	Maternity mortality before 20 years X 1000		
•	Argentina	77		
•	Bahamas	16		
•	Barbados	16		
•	Belize	52		
•	Brazil	110		
•(Bolivia	290		
•	Chile	16		
•	Colombia	130		
•	Costa Rica	30		
•	Cuba	45		
•	Ecuador	210		
•	El Salvador	170		
•	Guatemala	290		
•	Guyana	470		

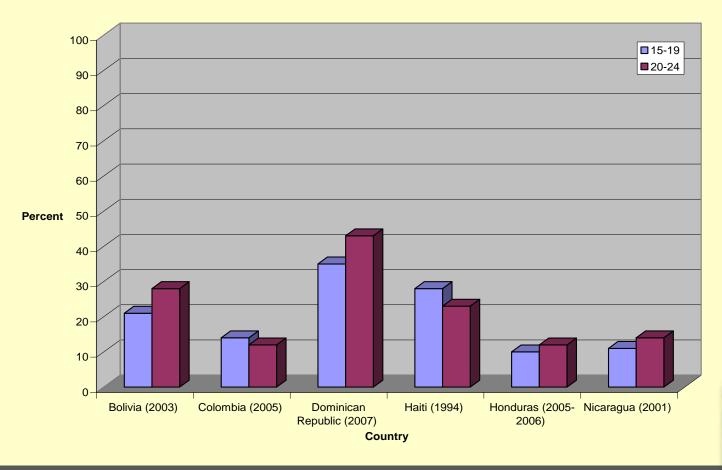
Countries

Maternity Mortality before 20 years X 1000

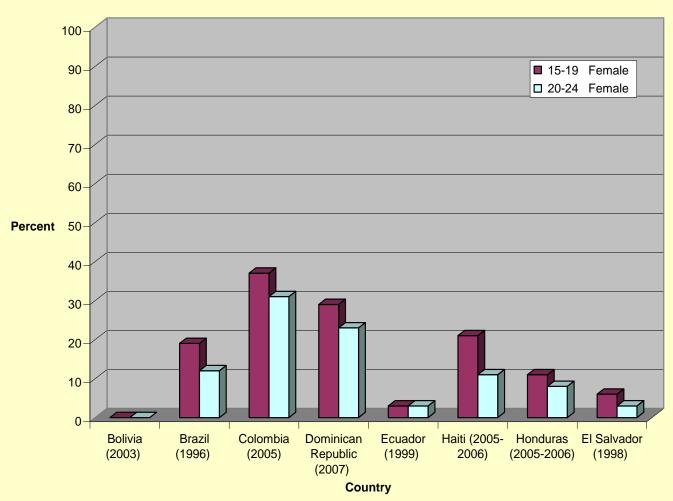
- Haití _____ 670
- Honduras 280
- Jamaica 170
- Martinica ND
- México 60
- Panamá 130
- Paraguay 150
- Perú 240
- Puerto Rico 18
- Domini. Re. 150

World Health Organization OMS 2008

Sex before the age of 15

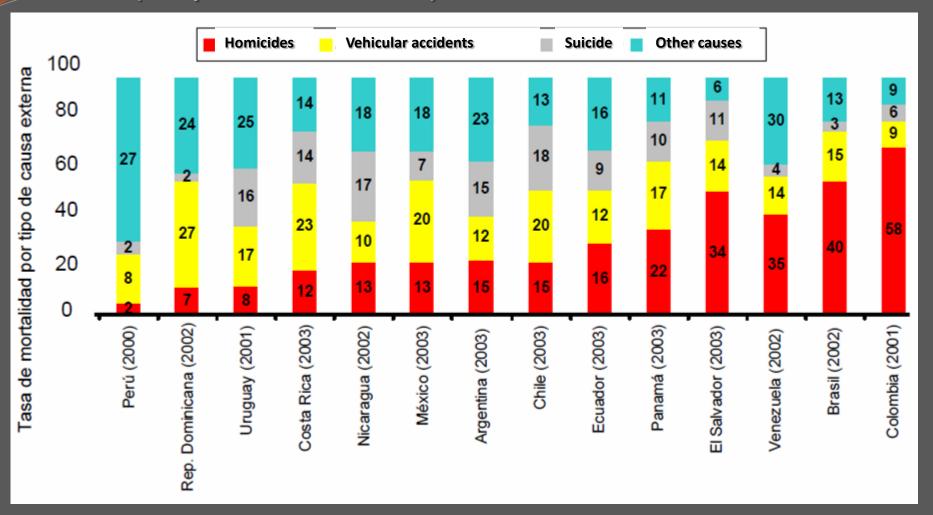


Condom use at first sex (females)





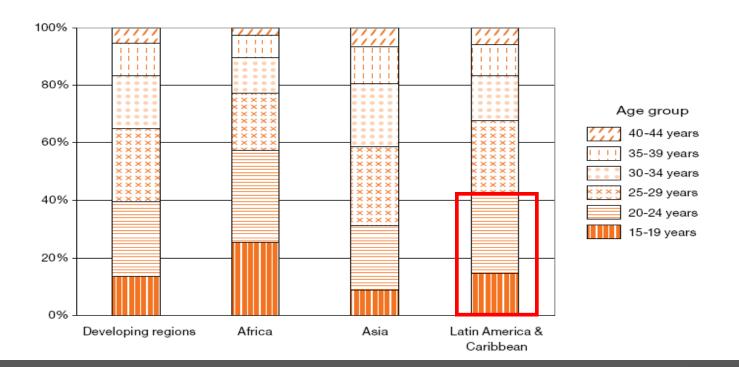
MORTALITY RATE FOR OTHER CAUSES BETWEEN YOUNGSTERS FROM 15 TO 24 YEARS OF AGE, SELECTED COUNTRIES, (every 100.000 inhabitants)



Fuente: Organización Panamericana de la Salud (OPS),"Estadísticas de Salud en las Américas," edición 2006 y edición 2003; y Base de datos de Mortalidad Europea (MDB), Oficina Regional de Europa de la Organización Mundial de la Salud citado en Naciones Unidas en El Salvador, 2008. Situación y desafíos de la juventud en Iberoamérica. San Salvador: United Nations. Puede consultar en: www.pnud.org.sv

Abortion – a cause for maternity morbid-mortality in adolescents

Figure 2. Percentage distribution of unsafe abortion by age-group in the different regions



Source: WHO, 2007, Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003



Factors that risk enjoying a healthy and free sexual health



Myths
Taboos
Misinformation
Illiteracy
ITS ignorance
Low self-esteem
Sexual rights unawareness.

It could be said:

Factors that do not favour fertility decrease are inversely proportional to Gini index.







Latin America and the Caribbean have the highest levels of socioeconomic inequality in the world. The richest 10% receives 48% of total income while the poorest 10% receives only 1.6%

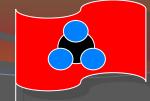
In Latin America, there are 11 million teenagers living on one dollar and 27 million with two dollars

740.000 adolescents and young people (15 - 24) living with HIV / AIDS





Unicef



Regional strategy and Action plan to improve Adolescents and young adults health.

OPS-OMS 2008-18



Adolescents and young adults health

rimary health care

Health promotion

Social Protection

Information and evidence Gender culture participation

Human Rights
Social Determiners

10 to 19 years

Human development Promotion

Delay of sexual life beginning

Safe Maternity and perinatal care

Responsible sex Education

Rights Approach

Gender Equity

Generation Approach

Social Participation

Multiculturality - Multiethnic

Violence Prevention

Life Project

Family Planning

ITS/VIH

Values and Self-esteem Promotion

Assistance Models

Oro 9 years

RN assistance

- VIF prevention
- ITS/VIH
- **Parents sexual Education**
- **Responsible Parentage**

Form women:

- Sexuality
- Post menopause
- Osteoporosis
- Intra-family Violence
- Self- esteem
- CaCu / mammals Ca
- •ITS/VIH

For men:

- Sexuality
- Self-esteem
- •Intra-family Violence
- Prostate disease and cancer
- Andropause
- ·ITS/VIH

For women:

- Riskless maternity and perinata care
- Obstetrical problems assistance
- •CaCu / mammals Ca
- •Infertility Sterility
- Family Planning
- Climacterc and Menopause
- •Intra-family Violence
- Sexual Education
- Self-esteem ITS/VIH

- For men Self-esteem
- Intra-family Violence
- Sexual Education
- •ITS/VIH
- Masculine Contraception
- Responsible Paternity
- Prostate disease and

Cancer

20 to 60 years

60 years and more

Promote assistance approaches focused on the user and continuous quality improvement, as ideals of health services rendering

How strange! When I was a girl the only thing I wanted was to grow up to dress like my mum, do my hair like her and look like her...

And now that I've grown up it ended up being her the one who wants to dress like me, do her hair like my and look like me...



DERECHO A RECIBIR ATENCIÓN Y CUIDADOS SIN DISCRIMINACIÓN DE NINGÚN TIPO (EDAD, ESTADO CIVIL, NACIONALIDAD/ORIGEN, ORIENTACIÓN SEXUAL)



Adolescence Importance in our development

Many of the unhealthy habits which cause morbility or mortality in adulthood are habits that have been acquired in adolescence (OPS, 1998) Lifestyles acquired in adolescence influence directly in future life quality

The approach focused on promoting the health and prevention is crucial or a healthy adolescence and adulthood

Adolescents needs and rights must be present in the public policies and on the health sector's agendas.



Adolescence Health services current situation

- Lack of specificity in the SS for adolescents' care (healthy population)
- Lack of training and interest by health professionals
- Change in the epidemiologic profile
- Inadequate services in quality, quantity and opportunity, limitation to accessibility and problem solving
- There is not an adolescents assistance culture
- Lack of knowledge about the services available
- Hidden agenda



HE DECIDIDO ENFRENTAR LA REALIDAD, ASÍ QUE APENAS SE PONGA LINDA ME AVISAN

I decided to face reality, so as soon as it is nice, tell me.



ADOLESCENTS ASSISTANCE SERVES ASSISTANCE CHARACTERISTICS

- Integral (Biopsychosocial)
- Comprehensive (Prevention, promotion, healing, rehabilitation)
- Continuous (Until problem is solved)
- Engaging (Negotiation)
- Efficacious (Objective)
- Efficient (Lowest cost)
- Effective (Result)



Confidentiality, consent, individualization

- Permanence
- Polyvalence
- Accessibility





- Geographical
- Economic
- Socio-cultural
- Funtional

A health friendly service, constitutes a "way" of conceiving the daily task inside the health assistance units.

This "way" guides the health services organisation and rendering for the population, (between 10 and 23 years of age, in the case of services for adolescents) and promotes its interrelation and participation to favor the prevention of frequent problems at this developmental stage.





Youngsters friendly services are a process that is gradually implemented, adapted and adequated to the local reality and available resources.

To recognise countries' heterogeneity.

This poses a challenge for the organisation of health services rendering, which obliges a search for flexible scema that take into account the differences and

respond to the epidemiologic, social and cultural needs

of the population.









And our rural youth?

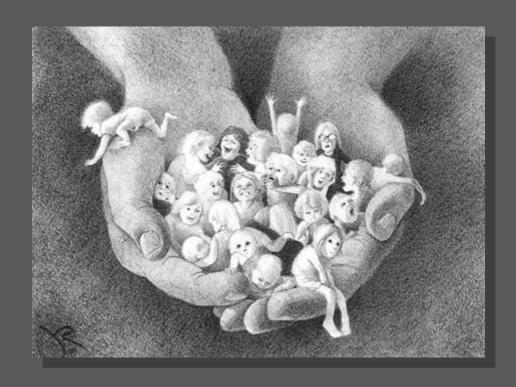


To promote the assistance approaches focused on the user and the quality continuous improvement, as ideals for health services rendering





To allow the design and implementation of different service rendering models, so that its organization caters the specific population's needs and conditions, especially the vulnerable one.



To recognise the need of exploring and favoring all the possibilities that communities have in order to solve their health problems and articulate health services renderers' responses to their users' needs.

To admit the needs to generate capacities and increase abilities in individuals, groups, organisations, institutions and community, in order to achieve objectives and targets in the health system.

You used to play Doctor, now you go to the doctor.

Take care, you are almost new.

Come to a health center and ask about the changes in your body



When youngsters identify their own needs and present how to solve them, they put at a stake all the richness or strengths, of themselves, their groups and their pairs. The health institution cannot have better allies that youngsters themselves organised.

And these rights... Let's respect them, shall we? Let's hope it doesn't happen like with the ten commandments!

Health is a social right whose appropriation depende on the subject achiveing freedom.



Enrique Pichon Riviere

HEALTH SYSTEMS INTERSECTION AND ASSISTANCE MODELS

There are many ways to transform the current sexual and reproductive health service for adolescents in a friendly one. However, in different experiences, three basic models have been identified:

- Adolescents health friendly service
- Friendly units in adolescents health
- Differentiated consultation.



Adolescents health friendly service:

It is an independent physical space, which has specialized professionals (Interdisciplinary team: doctor, psychologist, social assistant, etc.) and designated specifically for this service. It has a permanent and stable timetable and it is designed to assist adolescents exclusively.







Friendly units in adolescents health:

In this case the infrastructure is shared with the health service, but it counts with a different timetable and some environments are exclusive for adolescents. Professionals assisting the adolescents and young have been specially trained for this task.



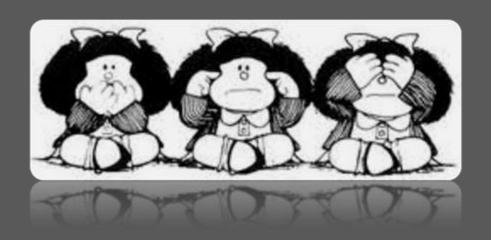
Differentiated consultation.

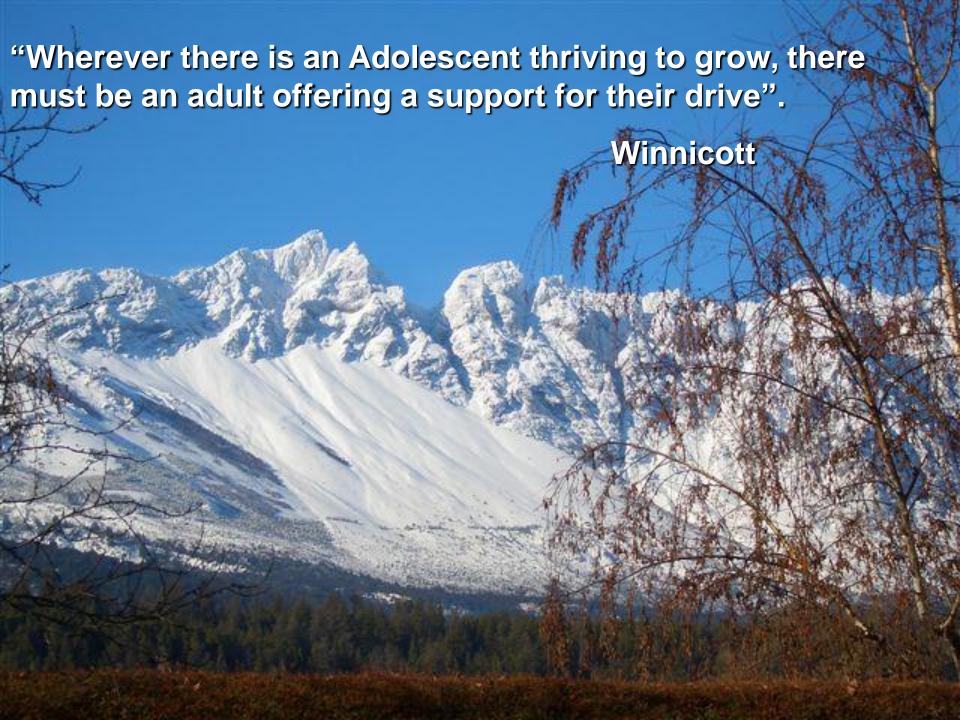
When the health institution does not count with minimum infrastructure to make up a friendly unit, it must have a properly trained health professional who is able to work interdisciplinarily (with psychologists, social assistants, teachers) to offer good quality assistance, within the daily consultation program, but keeping confidentiality and respect to youngsters., including according to heir decision, their family, friends and partner.





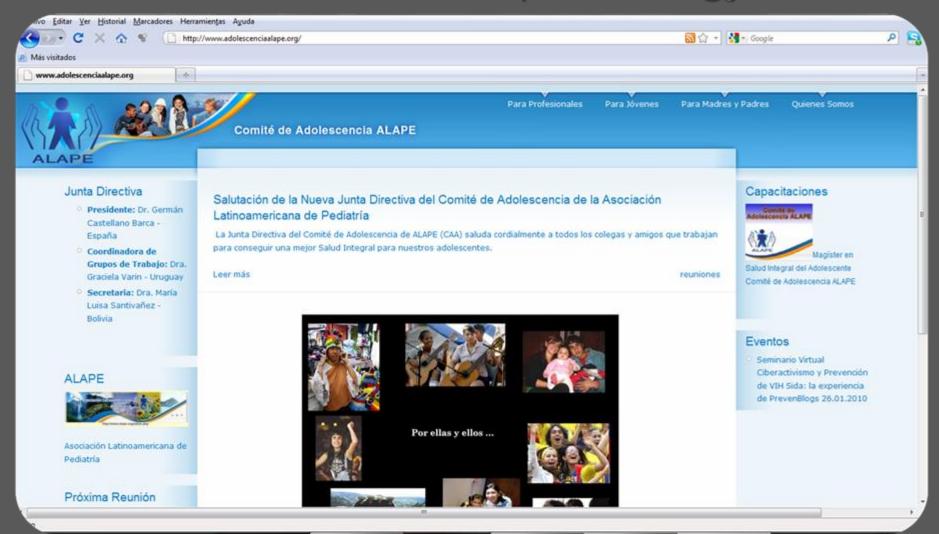
Shall we go on answering like this to our youngsters differentiated assistance needs?



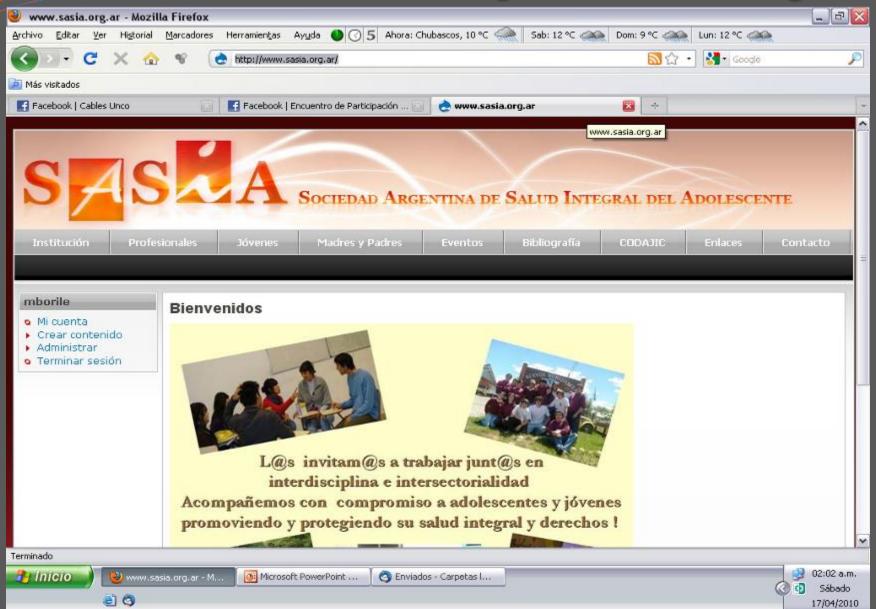


http://www.adolescenciaalape.org

Contact : Comité Adolescencia Alape: alapeadolescencia@gmail.com



http://www.sasia.org.ar/



Gracias ♥ Grazie ♥ Thanks ♥ Obrigada ♥ Merci ♥ Bedankt ♥ Vielen Dank ♥ Efharisto ♥Shokrán ♥ αιτα ♥ ευχαριστίες



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