



National Strategy for

The prevention of pregnancy

In adolescents

Of Honduras

RAMNI

Republic of Honduras, Ministry of Health
National Strategy for the Prevention of
Pregnancy un Adolescents of Honduras
(ENAPREAH)
Tegucigalpa M.D.C. September 2012

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TABLE OF CONTENTS

Acronyms.....	6
Introduction.....	7
General objective.....	9
Goals.....	9
Cross-cutting themes.....	9
Legal Framework.....	10
Situation of the Adolescent Population in Honduras.....	14
Factors related to pregnancy	15
Strategic lines for the prevention of pregnancy in adolescents.....	15
Strategic Line 1: Interventions based on the family, community and education sector to prevent the first pregnancy.....	22
Strategic Line 2: Provision of quality and comprehensive health services for adolescents at outpatient and hospital level directed to the prevention of the first and following pregnancy.....	26
Strategic Line 3: Development of competences of the human resources to respond to the needs in health of the adolescent population.....	33
Strategic Line 4: Generation of strategic information.....	34
Strategic Line 5: Strategic Alliances.....	35
Strategic line 6: Coordination Instances.....	36
Annexes.....	38
Bibliographic References.....	51

Acronyms

CIPD:	Chartered Institute of Personnel and Development 1994
ENDESA:	Encuesta Nacional de Demografía y Salud National Survey of Demographics and Health
ENAPREAH:	Estrategia Nacional para la Prevención del Embarazo en Adolescente en Honduras National Strategy for the Prevention of Pregnancy in Adolescents of Honduras
INE:	Instituto Nacional de Estadística National Statistics Institute
INJ:	Instituto Nacional de la Juventud National Institute of Youth
MDG:	Millennium Development Goals
NGOs:	Nongovernmental Organizations
PAIA:	Programa de Atención Integral a la Adolescencia Program of Comprehensive Attention to Adolescents
RAMNI:	Política Nacional de Reducción Acelerada de la Mortalidad Materna y de la Niñez National Policy for the Accelerated Reduction of Maternal and Child Mortality
SIA:	Sistema Informático de Adolescentes Information System for Adolescents
SIP:	Sistema Informático Perinatal Perinatal Information System
UNS:	United Nations System
SESAL:	Ministry of Health
ULAT:	Local Unit of Technical Support
UNFPA:	United Nations Population Fund

Introduction

Honduras is a country with a population of more than eight million people, the population from 10 to 19 years old is 1,905,610 and it represents 24% of the total population of the country. This adolescent population demands opportunities in education, recreation, jobs and health and it requires responses regarding access and the use of resources for sexual and reproductive health. The needs and human rights during adolescence must be approached urgently, they are considered a relatively “healthy” sector of the population and therefore, their needs in health are often dismissed.

The situation of this population in Honduras does not escape the Latin American reality: they are affected by poverty, the low schooling rate, the lack of opportunities, domestic relationships in conflict, limited access to health services, elevated pregnancy rates, maternal and perinatal mortality, sexually transmitted infections including HIV and violence in general especially based on gender, sexual and domestic.

The Ministry of Health, which is committed to what was established in the Nation Plan and Country Vision¹, acknowledges pregnancy in adolescents as a priority which requires a strategic, comprehensive and urgent approach. According to the official information available 22 per cent of Honduran women between 15 and 19 years old have been pregnant at some point whether they are already mothers or are pregnant (1).

The early beginning of sexual intercourse, the limited access to sexual education, comprehensive health care, the pressure from the social group of reference and the lack of programs according to age to delay the beginning of sexual life or avoid the first pregnancy, locate Honduras as the second country in Latin America with greater fecundity among adolescents, with a rate of 102 per 100,000 live births (1). This pregnancy rate is greater in the adolescents who live in rural areas than the ones living in urban areas, most of these mothers without any education, face difficulty to have access to resources that will enable them to advance toward their empowerment, better education and job opportunities.

It is important to highlight that pregnancy in the group from 10-14 years old deserves special attention, whilst lower is the age of girls who have had sexual intercourse, greater is the likelihood that they may have faced an obliged sexual relation. Overcrowding in households leads to sexual intercourse at an early age and violations of their rights within the family circle, resulting in unwanted pregnancy, high rates of abortion in conditions of risk, school dropouts, low self-esteem and social marginalization which relegates them to poverty or even suicide.

¹Country Vision 2010-2038 and Nation Plan 2010-2022

Pregnancy in adolescents limits them to continue in the education system and along with gender inequalities, it diminishes the possibilities for adolescents to develop their potential and to be inserted into the work market, their lower qualification and income, does not allow them to offer a better nutrition and health for their children, which reflects in the future in their school performance, less opportunities and as a result poverty transmits from one generation to the other.

In general, pregnancy and contraception in adolescence is considered a problem only for females, however, when talking about sexual and reproductive health of the adolescent it is indispensable to take both genders into account. It is imperative to approach the sexualities and masculinities in adolescent men as a strategic and preventive approach that will allow raising awareness in the exercise of responsible sexuality. This is essential in the application of strategies that will avoid pregnancy in adolescence.

To reduce the high levels of pregnancy in adolescents, it is vital to improve the lives of women, families and society in general. To respond to this situation the Ministry of Health through the Program of Comprehensive Attention for Adolescents develops inter-sector and inter-program tasks and presents the National Strategy for the Prevention of Pregnancy in Adolescents (ENAPREAH) which defines the community and institutional actions that must be implemented to contribute to diminish this important health problem.

General Objective

To define the community and institutional actions that must be implemented to diminish pregnancy in adolescents and thus contribution to improve the life quality of the adolescent population and diminish maternal and child mortality in Honduras.

Goals

The following goals have been defined to follow-up on the advances of the country to approach the prevention of pregnancy in adolescents by 2017:

- To increase the assistance of the adolescents to health care
- To reduce the rate of pregnancies in adolescents from 2% to 15.8%
- To diminish the unsatisfied demand² of contraception (adolescents from 15-19 years old)
- To diminish in 10% maternal mortality in adolescents.

Cross-Cutting Themes

Prevention of pregnancy in adolescence must be seen in a comprehensive way and not only related to the health environment or action. The cross cutting themes for the implementation of this strategy are aligned to the ones established in the strategy to achieve the accelerated reduction of maternal and child mortality (RAMNI) and they are the following:

- Reform of the health sector, which includes the following elements: Extension of coverage and Management per outcome
- Sector approach: Creation of inter and extra sector alliances, harmonize and align the investment
- Promotion of health
- Gender equity and equality, rights-based approach and inter-cultural: inclusion and operation in the entire strategy and the instruments that result from it

These cross cutting themes will be present in the development of the actions that are carried out at institutional level to prevent pregnancy in the adolescent population.

² Unsatisfied demands. "Women that are not pregnant, do not want to be pregnant, are in reproductive risk and do not use contraception". The unsatisfied need diminishes with age, from 26 percent for women from 15-19 years old until 9 per cent for those who are between 45-49 years old.

Legal Framework:

There are established commitment at international and national level which define the legal framework that enables and obliges the Ministry of Health as well as other strategic partners to carry out the political, technical and administrative actions that will contribute to diminish this important social and public health problem. They are described as follows:

International and National Commitments

International Commitments

International Convention on the rights of the Child from 1989³ “Develop preventive sanitation assistance, the orientation of parents and education and services in matters of family planning”

Chartered Institute of Personnel and Development (CIPD) - 1994⁴ “It is acknowledged that sexual and reproductive health is essential for the well-being of human beings”.

Millennium Development Goals (MDG) – 2000⁵ “MDG 5 Improve Maternal Health:
Goal 5a: To reduce in 75% the maternal mortality rate between 1990-2015
Goal 5b_ to achieve, by 2015, universal access to reproductive health

³ United Nations General Assembly. (1989). The International Convention on the Rights of the Child. Resolution 44/25. November, 20, 1989. Article 24. <http://www-2-ohchr.org/spanish/law/crc.htm>

⁴ United Nations Population Fund and the Alan Guttmacher Institute (2004) Adding it Up: The Benefits of Investing in Sexual and Reproductive Health. ISBN: 0-939253-66-6

⁵ United Nations System on the Millennium Development Goals <http://www.un.org/spanish/millenniumgoals/maternal.shtml>

⁶ Ibero-American Organization of Youth. Ibero-American convention on Youth Rights. Article 23 <http://www.laconvencion.org/index.php?secciones/convencion>

⁷ Ministry Declaration of Mexico City: “Prevent with Education” fundamental Principles of the Declaration. <http://new.paho.org/hq/dmdocuments/2009/Mexico%20City%20ministerial%20Declaration%20Educating%20to%20Prevent-Spanish.pdf>

Indicator: 5.4 Poverty and the lack of education perpetuate the high rates of births among adolescents”.

Ibero-American Convention on Youth rights – 2005-	“Right to Sexual education. The member states acknowledge that the right to education also includes sexual education as a source for personal development, emotion and communicative expression, as well as the information related to reproduction and its consequences”.
Ministry Declaration “Prevention with Education” Mexico 2008⁷ (State Secretaries on the Education And Health Offices)	“It is a strategic tool to strengthen the efforts of prevention of HIV in Latin America and Caribbean through ensuring access to education in sexuality and sexual and reproductive health services comprehensive and of quality. The Declaration tries to encourage equality amongst all people and fight discrimination, including the one based on the condition of HIV in people, their sexual orientation or gender identity”.
Inter-American Convention on the Elimination of All Forms of Racial Discrimination (Law 49 from February 2nd, 1967)	It establishes the commitment from the States to prohibit and eliminate the racial discrimination in all its forms and guarantee the right of all people to equality before the law in the enjoyment. of different rights, among them, the right to public health, medical assistance, social security and social services.

National Commitments

Constitution of the Republic⁸

“The right to the protection of health is acknowledged. It is everyone’s duty to participate in the promotion and preservation of personal and community health”.

Nation Plan 2010.2022 and Country vision⁹

“Strategic Guideline #1: sustainable development of the population which reduces the rate of pregnancy in adolescents by 2013 to 19.8 and by 2007 to 15.8”.

National Policy of Youth¹⁰ -2010-2010-

“Guideline 5: Comprehensive health and healthy life styles. Action d: Promotion of rights to comprehensive health, life skills and to prevent STD, AIDS and pregnancy in the adolescence at municipal level”.

Law of Municipalities

“Article 91- (according to reform by decree 143-2009)...from this income the municipalities must destine one percent (1%) for the execution and maintenance of programs and projects in benefit of the child and adolescence”.

Social Protection Policy¹¹

“The specific objective of the policy makes reference to the need of “promoting social protection from a comprehensive approach and inclusive according to the life cycle, through the interaction and articulation with social security, social assistance, food security, services of health, education work market and other policies, programs and projects headed toward the attention of the population subject to this policy. The policy includes, as the population subject to attention and rights, the children from 7 to 11 years old and from pregnant or maternity women from 12 to 18 years old”.

⁸ Republic of Honduras. Constitution of the Republic. Article 145. http://www.oas.org/juridico/MIA/sp/hnd/sp_hnd-int-text-const-pdf

⁹ Technical Ministry of External Planning and Cooperation (2010) Country vision 2010-2038 and Nation Plan 2010-2022, Tegucigalpa M.D.C. Honduras, C.A.

Taken from <http://plandenacion.hn/sites/default/files/VISION%20PAIS%20PLAN%20NACION.pdf>

¹⁰ National Institute of Youth (INJ) National Policy for Youth. Guideline 5. www.inj.gob.hn

¹¹ Approved on March 9th, 2012 in the Council of Ministers of Honduras

Special Law of HIV/AIDS

“Title III, Chapter I

ABOUT EDUCATION: ARTICLE 14: It is established for all schools, institutes, high schools, universities and superior education centers, both public and private, to teach sexual education and ethics, according to the education level, without prejudice of the rights and duties about the education of their children corresponding to their fathers and mothers”.

Law on equality of opportunity for women

“ARTICLE 14: The right to the protection of health is

acknowledged. It is the duty of all men and women to participate in the promotion and preservation of personal and community health.

ARTICLE 15: The State through the State Ministry in the Health Office must assist the health of women with a comprehensive approach and establish the inter-relation in the aspects of information, promotion, prevention and attention considering all the stages of the life of women and not only their reproductive function.

ARTICLE 20: The State Ministry in the Health Office, will take the corresponding measures for the prevention or adequate treatment of pregnancy in adolescents and of their risk factors, Likewise it will take the measures to prevent and assist high risk pregnancies for women in reproductive age.

ARTICULE 34: In the education programs of the last few years of basic and medium education, education contents must be incorporated in the population, emphasizing on themes regarding sexuality and reproduction, and scientific information on the prevention of pregnancies and sexually transmitted diseases”.

II Plan of Gender Equity and Equality in Honduras 2010-2022, National Institute of women (II PIEG)	<p>Theme 2: Promotion, protection and guarantee of the health of women during the entire life cycle and of their sexual and reproductive rights.</p> <p>Policy 5: The state formulates and executes the national policy of health for the prevention, attention and assistance of pregnancy in adolescents as well as in the prevention, attention and eradication of sexual harassment and abuse, from a perspective of gender and rights.</p> <p>Strategic objective 5.1: To implement, in all the health units of the country, information diffusion programs of responsible sexuality, risks, ways of protection and HIV Post Exposure Prophylaxis, prioritizing adolescents and youth of both genders</p> <p>Strategic Objective: 5.3 To expand in all the health units, especially in the CESAMOS, comprehensive services of prevention of adolescent pregnancy and specialized assistance for pregnant adolescents, considering the psychological, economic and social impacts of this problem in their personal development.</p>
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Agreement between the Ministry Of Education and the Ministry of Health - 1995¹²	“To establish cooperation mechanisms in education for health”
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Accelerated Reduction of Maternal And Child Mortality Strategy (RAMNI) – 2008 -	“To diminish maternal and child mortality. RAMNI states the approach to adolescent pregnancy as one of its prioritized lines of intervention”.
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¹² state Ministry in the Health Office (2002) Programmatic Bases. National Program of Comprehensive Health of the Adolescent. Tegucigalpa, M.D.C. Honduras C.A.

Situation of the Adolescent Population in Honduras

The situation of the adolescents in Honduras is not different from the reality of Latin America, the available statistical data show the conditions of vulnerability under which the adolescent and youth population is in the country.

An earlier puberty, the earlier beginning of sexual intercourse and the limited access to sexual education and comprehensive health services, the lack of program according to the age to delay the beginning of the sexual life or to avoid the first pregnancy, puts Honduras as the second country in Latin America with greater fecundity among adolescents, with a rate of 102 per 1000 births; According to ENDESA, 22 per cent of Honduran women between 15 and 19 years old have been pregnant at some point. The worst part is faced by the poor adolescents with low education levels and/or adolescents coming from native and afro Honduran towns, whose statistics are tripled that the ones from their counterparts of the wealthier and better educated quintiles.

Information is available on the indicators related to the situation in the adolescence of Honduras which condition the urgent need to develop actions to improve the condition of the adolescent population and specifically for the prevention of pregnancy. These indicators are presented in the following charts:

The starting point is to consider pregnancy in the adolescent population as a social problem, since when an adolescent is pregnant, the entire society must be mobilized; and individually because it affects the development of adolescent women and men, in the fact that they see themselves obliged to face new situations which cut short or modify their life projects, especially regarding their education, recreation, becoming professionals and highlighting their personal goals.

Situation of the adolescent population in Honduras

Population	Data	Source	Years	Observation
Total population (millions)	8,045,990	INE Projections of Population of Honduras	2012	Urban population 4,380.910 and rural 4,4004,162 57.3 % of the urban population is under 25 years old.
Population 10-19 years old	1,905,610			Represents 22.7% of the total population of Honduras
Total population in the ages of 0 to 14 years old	3,135,457			1,542,947 are women and 1,592,510 are men
Fecundity	Data	Source	Years	Observation
Average of children per woman	3.3	ENDESA	2005-2006	Specific fecundity rate among adolescents from 15 to 19 years old, 102 per 100 thousand live births. 22% of women between 15 and 19 years old were pregnant at some point either because they are already mothers (17%) or are pregnant for the first time (4%).
Births for every 1000 women between 15 and 19 years old	102			
Women between 15-19 years old who have been pregnant at some point	22%			
Pregnant adolescents per every 100 pregnant women	27.4			
Age of the beginning of sexual intercourse	Data	Source	Years	Observation
Women	18 years old	ENDESA	2005-2006	
Men	16 years old			
Pregnancy in Adolescents according to area of Residence	Data	Source	Years	Observation
Adolescents who have ever been pregnant living in the urban area	17.70	ENDESA	2005-2006	
Adolescents who have ever been pregnant living in the rural area	26			
Others	Data	Source	Years	Observation
Prevalence of HIV	1.5%	ENDESA	2005-2006	It is estimated in 1.5% of the adolescents

Pregnancy in adolescents according to the department	%	Source	Years	Observation
Colon	31			in 2005, to 0.61% in 2011, the population from 15 to 29 years old is the most affected by HIV, being sexual intercourse the most frequent way of infection. In Colón, almost one of every three adolescents (31 per cent) are already mothers or are pregnant. The levels of maternity and pregnancy in adolescents are also very high in the departments of Santa Barbara and Atlántida with 29 per cent each and Lempira and Copan (26 per cent each) On the other end we find the adolescents in the department of Cortes with only 16 per cent who have been pregnant (14 per cent in San Pedro Sula) and El Paraíso (17 per cent).
Santa Barbara	29			
Atlántida	29			
Lempira	26			
Copan	26			
Comayagua	23			
Olancho	23			
Yoro	22			
Choluteca	21			
Ocotepeque	21			
Intibucá	21			
Francisco Morazán	20			
La Paz	19			
Valle	18			
Distrito Central	18			
El Paraíso	17			
Cortes	16			
San Pedro Sula	14			
Maternal Mortality	Data	Source	Years	Observation
Maternal deaths per every 100.000 live births	108	Ministry of Health*	1997	Value of the Maternal Mortality rate
Total maternal deaths in adolescents (>19 years old)*	20%	Ministry of Health, General Direction of Health Surveillance**	2010	33 cases in adolescents out of 162 maternal deaths, out of these 64% were direct obstetrician causes and 36% indirect.

*Research of maternal mortality and of women in fertile age, Honduras, CA 1997

**Draft document: Update of the rate of maternal mortality Honduras 2010. DGVS

All these numbers have faces, they belong to the Honduran family, and they are neighbors who lived in neighborhoods and departments in our country.

The adolescents represent the present and future. To invest in this population now is the best opportunity for the Honduran society of tomorrow.

Deliveries in adolescents according to the department Year 2011*	Age group 10-14	Age group 15-19	Total institutional deliveries in adolescents	Total institutional deliveries (Hospitals SESAL)
Atlántida	147	2222	2369	9214
Choluteca	55	1215	1270	7799
Colon	134	1752	1886	5967
Comayagua	90	1663	1753	7257
Copan	54	1476	1530	8400
Cortes	142	4524	4666	24774
El Paraiso	47	1288	1335	6175
Francisco Morazán	142	4704	4846	25201
Gracias a Dios	8	237	245	1043
Intibucá	37	759	796	3745
Islas de la Bahia	6	287	293	1147
La Paz	29	666	695	4254
Lempira	20	492	512	4816
Ocotepeque	17	529	546	2838
Olancho	83	1571	1654	9126
Santa Bárbara	51	1301	1352	5502
Valle	18	450	468	2971
Yoro	131	2333	2464	1070
Total	1211	27469	28680	141011

*Source: Data Base, Information systems area, Ministry of Health, Honduras

Age group	Asymptomatic HIV				Advanced Infection by HIV (AIDS)			
	2009	2010	2011*	Total Acumulad**	2009	2010	2011	Total Accumulated**
10-14	8	3	2	61	7	8	0	171
15-19	34	45	22	668	15	21	19	678

Source: Statistic Report of HIV epidemics in Honduras 1985. September 2011, Department of STD/HIV/AIDS

Ministry of Health. *Cases until September 2011**Total accumulated since 1985

Education and pregnancy in adolescents	Data (%)	Source	Years	Observation
Adolescents without education who have ever been pregnant	46	ENDESA	2005-2006	The greatest percentages of adolescents who are mothers or are pregnant is presented between: -Adolescents without education 46% -Adolescents with barely elementary school 42% -Adolescents with secondary education 11% -Adolescents with superior education 2%
Adolescents with elementary education 1-3 years who have ever been pregnant	42			
Adolescents with elementary education 4-6 who have ever been pregnant	29			
Adolescents with secondary education who have ever been pregnant	11			
Adolescents living together with children enrolled in the education system	14.10	ENDESA	2005-2006	The median at which women without any education begin sexual intercourse is 16.7 years old
Adolescents not living together with children enrolled in the education system	26.9			
Adolescents living together without children enrolled in the education system	27.30			
Adolescents not living together and without children enrolled in the education system	69.10			
Pregnancy in Adolescents and Quintile of Wealth	Data (%)	Source	Years	Observation
Adolescents in the lower quintile of wealth who have been pregnant	31	ENDESA	2005-2006	Adolescents in the lower quintile of wealth are three times more likely of have been mothers, the adolescents of the superior quintile 10% The late beginning of sexual intercourse for females happens in women from the superior quintile of wealth
Adolescents in the intermediate quintile of wealth who have ever been pregnant	27			
Adolescents in the superior quintile of wealth who have ever been pregnant	9.60			

Factors related with pregnancy in adolescents

Overall, the factors associated to pregnancy and maternity in adolescents are:

➤ **Personal:**

- Scarce ability to ask for help, to face social pressure
- Absence of a life project or plan, depression, loneliness
- Background of sexual abuse
- Lack of access to information and use of contraception
- Myths and beliefs that limit access and use of contraceptives
- Scarce or inadequate knowledge about their sexuality
- Wrong beliefs on:
 - The sexuality is an incontrollable bomb and that sexual intercourse is not planned
 - Falling in love only happens once
 - Desire for maternity
- Mental illness
- Consumption of alcohol, tobacco and other drugs

➤ **Couple**

- Make impulsive decisions without measuring consequences
- Unprotected sexual intercourse
- No access to information for the exercise of responsible sexuality
- Difficulty to negotiate with partner, violence in the couple
- Unequal relationship of power and control in the relationship of the couple
- Difficulty to assume the level of sexual intercourse that is being experienced

➤ **Family and social factors**

- No involvement from parents in the affective life of their children
- Absence of sexual education in the family
- Domestic violence, hostile family environment
- Reproduction of the inter-generation pattern of pregnancy
- Conflicts with figures that represent authority
- Social pressure to begin sexual life
- Absence of support sources for the adolescent population
- Imitation of male and female models that idealize inappropriate conducts

➤ Institutional Factors

- Current model of provision of services that does not respond to the guarantee of the compliance of their rights, that does not enable access or respond to their needs
- Human resources that give attention with scarce competences to assist the adolescent population
- Institutional vision that does not consider the adolescent population as subject to rights
- Incompliance of national and international agreements and commitments assumed by the country for the prevention of pregnancy in adolescents.

Knowing about these factors allows us to take a comprehensive approach to the adolescent population, they must be considered in the actions implemented at all levels.

Strategic lines for the prevention of pregnancy in adolescents

The Ministry of Health will drive the actions in the health¹³ sector that will contribute to prevent pregnancy in the adolescence and to assist the pregnant adolescents in the following environments: the Community and in Health services of first and second level.

The strategic lines for the prevention and attention of pregnancy in adolescence defined for their implementation and development are described in the following chart:

Strategic Lines for the prevention and attention of pregnancy in adolescence

Adolescents

10-14 years old



10-15 years old

1. Interventions based on the family, community and education sector to prevent the first pregnancy
2. Provision of quality and comprehensive health services at outpatient and hospital level directed to the prevention of the first and second pregnancy
3. Development of competences in human resources to respond to the health care needs of the adolescent
4. Generation of strategic information
5. Strategic Alliances
6. Coordination instances

¹³ The Health Sector includes: The Ministry of Health; The ministry of Governance and Justice: the Ministry of Work and social Prevision; The ministry of Public Education; The Ministry of Natural Resources; The Ministry of Planning, coordination and Budget, The Social Security Honduran Institute, the National Autonomous Aqueducts and Sewers Service and the Autonomous agencies to which their own Law entrusts activities in matters of health; The municipalities, regarding the obligations that this code imposes and the public and private, national and or foreign and international agencies which in virtue of Law, agreement or treaty are authorized to develop activities, cooperate or advise in matters of public health.

These strategic lines will be developed approaching the needs of the age groups from 10 to 14 years old and 15 to 19 years old:

Strategic Line 1 Interventions based on the family, community and education sector to prevent the first pregnancy

It is important to remember that, for the prevention of adolescent pregnancy to be successful, it is necessary to achieve a commitment supported by key stakeholders of the community and institutions of the local level to respond to the complex challenges that the adolescents face. The individuals and organizations of our communities have an important role in the reduction of pregnancies in adolescents.

The actions that are carried out in favor of the prevention of pregnancy in adolescents at level of the community, organizations and institutions must be more focused on promoting the comprehensive development of adolescents and not prohibiting a conduct, therefore it is required to carry out actions for adolescents to have access to information and make decisions related to their personal life, the responsible exercise of sexuality.

The actions that will be developed in the community must be innovative initiatives that will potentiate leadership in the adolescent population so there may be an accompaniment on behalf of the youth and adult people.

Specifically the work that the Health Units lead with the families and community must be focused on the prevention of the first pregnancy in adolescents, focusing on actions in the population of greater vulnerability, including those living in rural areas, native and afro-Honduran towns and the ones living on areas of greater population concentration.

Key stakeholders: The family, community, education sector represented by schools and high schools, governmental institutions and nongovernmental institutions.

The health units at local level in coordination with key stakeholders lead the development of the following actions:

Actions with local governments and other stakeholders of the community to prevent the first pregnancy in adolescents:

The ones responsible of the Health Unit will develop actions and carry out management and advocacy with the local government to:

1. To characterize the situation of pregnancy in adolescents¹⁴ so it may be socialized in open towns meetings with the purpose of promoting and driving the development of actions to prevent the first pregnancy in adolescents of the community.
2. To promote along with key stakeholders of the community the generation of information on the situation of pregnancy in adolescents and carry out the analysis of the available information involving the community, including religious leaders from the different religions and the organized groups of adolescents, youth and groups that work with adolescents.
3. To identify the main organizations that work with adolescents in their influence areas to enable the development of promotion actions directed to adolescents.
4. To promote the creation of the committees for the prevention of pregnancy in adolescents of the community (See annex 1)
5. To promote local development strategies for adolescents that will help them avoid pregnancy and other risky behaviors and to guarantee that they have the abilities and competences for citizenship building and responsible decision making in regards to their health.
6. To drive the development of programs in the community with the government agencies, the organized community, faith-based organizations, parents, adolescents and youth to develop skills based on scientific evidence for the prevention of pregnancies in adolescents related with:
 - a) Human rights and sexual and reproductive rights of the adolescents
 - b) Relationships of power, socialization process, gender identity, masculinity
 - c) To teach adolescents how and why they should delay the beginning of sexual intercourse and the measures that must be taken if they begin to have sexual intercourse.
 - d) Safe and responsible sexuality
 - e) To consult with the provider of health services on the beginning of sexual intercourse with protection for the prevention of pregnancies and Sexually Transmitted Infections
 - f) Prevention of the second pregnancy
 - g) Communication with parents about sex, pregnancy, relationships and contraception
 - h) To help parents and adolescents have an effective communication.
7. To identify through the organizations or institutions of the community the adolescents in risk with greater need to receive services for the prevention of pregnancy:
 - a) Adolescents who have already been pregnant
 - b) Adolescent of both genders with parents or siblings who were adolescent parents

¹⁴Based on the guidelines established by the PAIA, Consider as an Annex

- c) Adolescents who live in temporal homes, shelters
 - d) Adolescents who live on the street, who do not study or work
 - e) Adolescents who are sex workers
 - f) Adolescents who suffer from domestic violence
8. To promote the access of adolescents to comprehensive education on sexuality in schools, high schools and community so they may have adequate information and respond to their needs in sexual health during their development.
9. To coordinate with the faith-based organizations, development of activities oriented to delay the beginning of sexual life and prevent pregnancies in adolescents developing actions of prevention directed to:
- a) Groups of adolescents created by these organizations
 - b) Adolescents who live in temporal households or social reinsertion centers
- We must promote for these organizations to give information to families on education in values and communication between fathers, mothers and adolescents.
10. To promote with the media at local level the diffusion of campaigns through radio and/or television that will highlight values and the importance of life plans for the adolescents and messages related to the prevention of pregnancy in adolescents
11. To carry out advocacy and management with the local government and local¹⁵/departmental authorities for the compliance of legal actions oriented to prevent sexual abuse in the 10 to 14 years old group, which conditions pregnancy in this group.
12. To carry out advocacy and management with the local government and local¹⁵/departmental authorities for the compliance of the existing legal framework that will give protection to the population of adolescents of their community.

The development of these actions must be accompanied by the family environment, the massive communication media, cultural groups and faith-based organizations existing in the community, incorporating their opinions and solutions, promoting the development of coordinated processes for the adolescents to have life plans that will benefit their social and family circumstances.

¹⁵ Public Ministry, the Child's Prosecutor's Office, Woman's Prosecutor's Office, Municipal offices for women, Human rights, National Police and others

Actions to be developed with the education sector to prevent pregnancy in adolescents:

There is evidence of the positive impacts of comprehensive education of the sexuality in the sexual behavior of adolescents: Delay in the beginning of sexual intercourse, the efficient use of contraceptives and the diminishing of sexual partners and the construction of a life project.

The staff responsible of the Health Unit will coordinate advocacy and management actions with the education sector (schools and high schools) to:

1. Promote in coordination with the committees for the prevention of pregnancy in adolescents and the Departmental and District direction of Education comprehensive education on sexuality using the "Taking care of my health and my life guides" in schools and high schools.
2. Establish strategic alliances to develop training processes directed to teachers in themes of Sexual and Reproductive Health¹⁶ that will facilitate the orientation and education on the comprehensive education of sexuality and safe sexual behaviors to students.
3. Coordinate, with the staff from the principal's office and teaching staff in schools and high schools, the development of actions to prevent pregnancy in adolescents, through medical clinics/doctor's office working in some education centers, under the responsibility of the Ministry of Education.

¹⁶ According to the themes and instruments developed by the Ministry of Health.

2. Provision of quality and comprehensive health services at outpatient and hospital level directed to the prevention of the first and second pregnancy

The providers of first and second level assistance health services must carry out work coordinated with the local governments, organized groups in the community, organized adolescents, faith based organizations, NGOS, and other government agencies at local level to potentiate the development of actions oriented to prevent pregnancy in adolescents.

Specifically the work developed by the Health units through the service providers will be oriented to:

A-. Carry out actions of promotion of healthy life styles including responsible sexuality to prevent pregnancy in adolescents.

B-. To provide health services for the prevention of second pregnancy in adolescents

The staff responsible of the Health Units, independently of the management model under which they function, must plan and develop actions to guarantee the access of adolescents to health services in order for them to receive information and attention in sexual and reproductive health with quality oriented to the prevention of pregnancy.

The actions that the Health Units carry out must guarantee attention based on the approach of human, sexual and reproductive rights, gender equity and equality and considering culture of the adolescents, prevailing in each and every one of the actions that are implemented.

The incorporation of an attention based on gender approach for the provision of health services directed to adolescents is important and must be operational to ensure the building of equity and solidarity relationships among genders, to achieve the inter-personal and comprehensive development of the adolescent.

Intercultural health constitutes a process of relationships of dialogue, agreement and consensus through which knowledge and experiences of each culture allow the comprehension, respect, exchange, solidarity and global harmony to allow improving the provision of health services to the adolescents according to their needs.

In some Sanitation Regions, the Health Units give attention to adolescents in the framework of the strategy of Friendly Health Services for adolescents that is why they have established a defined

space within the Health Unit, with sensitized and trained staff to give comprehensive attention to the health needs and demands of this population.

The actions that must be developed to prevent the first and second pregnancy in the adolescents are described as follows:

Actions in the first level of assistance:

The health units giving outpatient services must carry out actions to provide attention services for the adolescents developing actions focused on the age group from 10-14 years old and the group from 15-19 years old.

To facilitate the approach to the 10-14 year old group the health unit must have an updated analysis of the health situation of this group of population, which will facilitate focusing actions on prioritized urban or rural areas, responding to needs of this population including the adolescents coming from native and afro-Honduran towns.

The actions in promotion of healthy behavior must be developed:

- Intramural, taking advantage of the permanence of adolescents who demand attention to the Health Unit
- Coordinating at community level, activities of promotion with other agencies

The Health Units that have the Friendly Health Services for organized Adolescents must inform the schools and high schools of the community about their availability and location for adolescents to use them.

The actions in promotion must be driven in the first level of attention: at family and individual level are the following:

Population from 10-14 years old	Population from 15-19 years old
<p>1. To Promote access to health services for their comprehensive attention and receive information on the growth and development in the adolescence, domestic, sexual violence and the prevention of pregnancy</p>	<p>1. To promote the access to health services for their comprehensive attention and receive information on the prevention of the first and second pregnancy, domestic and sexual violence.</p>
<p>2. Promotion of healthy life styles¹⁷</p>	<p>2. Promotion of healthy life styles</p>
<p>3. To develop informative activities on:</p> <ul style="list-style-type: none"> • Roles of gender and relationships of power at home and in the community. • Communication and relationships between the mother, father, daughters and sons and other people in the family. • Healthy behaviors, stimulating the use of free time and the incorporation to youth organizations present in the community • Growth and development • Sexual abuse and gender violence • Rights and sexual and reproductive health: Sexuality for their age. • To delay the beginning of sexual relations. 	<p>3. To develop informative activities on:</p> <ul style="list-style-type: none"> • Roles of gender and relationships of power at home and in the community. • Communication and relationships between the mother, father, daughters and sons and other people in the family • Healthy behaviors, stimulating the use of free time and the incorporation to youth organizations present in the community • Growth and development of the adolescent • The process of socialization where they learn how to be a man and a woman, and responsible mother and father • Sexual abuse, gender violence, violence in courtship • Sexual and reproductive health <ul style="list-style-type: none"> - Sexuality - STD/HIV/AIDs - Delay the beginning of sexual relationships - Information on methods of contraception based on regulations <ul style="list-style-type: none"> • Rights and duties of the pregnant adolescent and their couple.

¹⁷ Based on guidelines defined by SESAL (Ministry of Health)

The actions in promotion that must be driven in the first level of attention: community environment are the following:

Group from 10-14 years old	Group from 5-19 years old
1. Work with key stakeholders of the community for early training of the pregnant adolescent to start their pre-natal assistance according to current regulations	1. Work with key stakeholders of the community for early training of the pregnant adolescent to start their pre-natal assistance according to current regulations
2. Develop follow-up actions of the cases of adolescents who live under circumstances of sexual and domestic violence with the corresponding agencies	2. Develop follow-up actions of the cases of adolescents who live under circumstances of sexual and domestic violence with the corresponding agencies
3. To promote with local governments opening friendly spaces and recreation areas to benefit the adolescents in the community and guarantee an adequate use of their free time.	3. To promote with local governments opening friendly spaces and recreation areas to benefit the adolescents in the community and guarantee an adequate use of their free time.
4. To promote with the local governments, faith based organizations, sports and artistic organizations, the promotion and use of friendly spaces for adolescents.	4. To promote with the local governments, faith based organizations, sports and artistic organizations, the promotion and use of friendly spaces for adolescents.
	5. To develop information and communication actions on the use of contraception to prevent pregnancies ¹⁸

The health services oriented to the prevention of pregnancy, recovery and rehabilitation of health in the adolescent population, must be given in the context of their life, family, education institution and in the community

The Health Units of the first level of attention:

- Carry out gathering and attention of the adolescents that are pregnant for the first time, which is necessary to detect possible obstetrician and neonatal complications and give the proper follow up that will facilitate the counseling process in contraception for the prevention of the second pregnancy.
- Give pre-natal attention to the pregnant adolescents, using the current national regulations.
- Give post-natal attention and continue actions of counseling in contraception for the prevention of the second pregnancy (See Annex 2: Regulations and procedures for: family planning, menopause transition, menopause and infertility)

¹⁸ Using innovative and participative methodologies.

Actions in the second level of assistance:

The units of the second level of attention that give hospitalization services will carry out actions of prevention and intra-hospital attention directed to the adolescent man and woman to prevent, specifically, the second pregnancy.

By providing services for the prevention of pregnancies in adolescents the comprehensiveness of actions must be ensured to satisfy the health needs of the adolescent population, taking into consideration their culture, ethnicity, religion and diversity of the population. Rendering health services in this second level implies the acknowledgment that people have a biological, psychological and social dimension as well as personal, family and community environment that must be considered.

The actions of prevention that are carried out in this second level of attention will be focused on the adolescents assisted after an obstetrician event: post-delivery, post c-section and post-abortion. These actions must be focused on giving attention on sexual and reproductive rights, improve the provision of the traditional services for family planning with new strategies of gathering and counseling on contraception directed to adolescents.

The Ministry of Health has prepared the Regulations and procedures for: Family planning, menopause transition, menopause and infertility which includes a chapter to facilitate the approach to the adolescent population in services of contraception (See annex 3).

[Strengthening of the attention for the prevention and attention of the first and following pregnancy in adolescents](#)

To prevent pregnancy in adolescents the Ministry of Health will continue promoting the organization, adaptation and strengthening of friendly health services for adolescents, which become the mean to guarantee the comprehensive approach of the needs and improve access by the adolescent population to the health services.

The Health Units carry out the adaptation of their services for which they manage necessary human resources, medical equipment and furniture to assist the adolescents, likewise prioritize the development of capacities from the providers assisting this population.

The friendly health services for adolescents, in the places where they currently work, have a special environment designed to assist the needs of physical, sexual and affective health of the adolescents.

[The hospitals where the friendly services work must:](#)

1. Give comprehensive attention for the prevention of pregnancy culturally adapted and oriented to this population, offering:

- a. Gathering and attention of adolescents to receive comprehensive counseling services to prevent pregnancies, STD/HIV/AIDS for man and women.
- b. Provision of sexual and reproductive health services:
 - i. Counseling in effective and affordable contraception for adolescents
 - ii. Contraception services
 - iii. Prevention and treatment of the STD/HIV/AIDS
- c. Detection and management of cases of violence

For the provision of these services the current national regulations must be used; regulations and procedures of attention for family planning, menopause transition/menopause, infertility, manual of regulations and procedures to assist users of the health services due to STD and other current national regulations relate with these topics.

2. To guarantee the supply of critical input to the friendly health services of adolescents and in the other services of the hospital where attention/hospitalization services are given to adolescents to satisfy their needs in sexual and reproductive health always emphasizing on the prevention of the second pregnancy.
3. To comply with the national regulation for maternal-neonatal assistance in the attention of the adolescent during pregnancy, delivery and puerperal, as well as for the attention of the newborn.
4. To implement the reference system to assist the adolescents due to an obstetrician event with the purpose of ensuring the continuity of their attention and give counseling and provision of a method to prevent the following pregnancy and to give puerperal attention for the mother and her newborn.
5. To carry out the necessary coordination actions with the network of services to ensure that the puerperal adolescent that exits a hospital may be given follow up in the community by the Health Unit.
6. To prepare the clinical file of each adolescent that demands attention, using the clinical history of the adolescent and its instruments. (See annex 3)
7. To implement and use the Information System of the Adolescent (SIA) to procure information on the health situation of the adolescents.

Strategic Line 3: Development of competences in human resources to respond to the health care needs of the adolescent

To facilitate the approach for the prevention/attention of pregnancy in adolescents, the Ministry of Health will encourage the development of training programs for human resources that will contribute to the promotion, prevention and health assistance of this group of population.

The Ministry of Health through corresponding national and local agencies will manage along with resource training schools the inclusion of the theme in the education curriculum at undergraduate and graduate level and other levels. That also implies the inclusion of the gender perspective and masculinities, family relationships and work methodologies with adolescents, among others.

The instance corresponding to the national and local level will prioritize the preparation of a training plan that will include topics of prevention of pregnancy, STD, HIV, using strategies like: training of facilitators, exchange of experiences and good practices, exercises of systematization and disclosure of the experiences. The implementation of training processes that contribute to the promotion, prevention and the first and following pregnancy will be prioritized in the first level of assistance. The creation of resources in this topic will allow having trained personnel for the Health Units to have multi-disciplinary organized teams that will give a more efficient action to the needs, health problems and development of the adolescent.

The Health Regions have professional and technical staff with knowledge and experience in the management of themes related with the health of the adolescent population to support the training processes. Technical teams must be defined to update the staff in themes related with: sexuality, gender, masculinities, family relationships and other situations that may be presented in the adolescence.

Strategic Line 4. Generation of strategic information

The generation of evidence for the evaluation and proper surveillance of the health situation of the adolescent population related with pregnancy, is a key element that the Ministry of Health has prioritized. The information generated by the Health Units of the first and second level of assistance as well as the one identified by other national and local sources will allow orienting the design of new strategies, policies and plans on the adolescent population in a general way and for the prevention of pregnancy in particular.

The decision makers at all levels need to have a clear, proper and precise way of quality information about the situation and characteristics of the pregnancy in adolescents, breaking down this information according to age, native and afro Honduran towns and other determining factors that contribute to the happening of this event.

To facilitate the systematization of the information, the Health Units that have friendly services for adolescents:

- Use for the assistance the instruments defined in the information system of the Ministry of Health
- Register the assistance of the adolescent in the defined clinical history of the adolescent (Annex 3)
- Register the information in the Information System of the Adolescent (SIA) and generate the exit charts for the characterization of the assisted adolescent population in the Health Unit to carry out the analysis of information.

The second level services for the assistance of pregnant adolescents in labor:

- Carry out the registry of their assistance in the perinatal base clinical history (HCPB)
- Register the information of the perinatal clinical history in the Perinatal Information System (SIP) and generate the exit charts for the characterization of pregnancy in adolescents assisted in the hospital and facilitate the analysis of the information.

The local and national levels will prepare bulletins to inform the stakeholders developing actions in this topic.

The ministry of Health will incorporate the information generated periodically in the virtual platforms of health available and other related ones available in the country to develop actions that will strengthen the actions of prevention and comprehensive attention of the adolescent.

The agency responsible of the Ministry of Health will lead the preparation of a monitoring and evaluation plan to document the advances in the implementation of this strategy. The coordination and execution of this plan will be the responsibility of the Program of Comprehensive Attention to the Adolescent.

Strategic Line 5: Strategic Alliances

To prevent pregnancy in the adolescent population we require multi-sector strategic alliances. The Ministry of Health in its role of regulator will promote dialogue and the creation of these alliances among strategic partners: governmental, private and nongovernmental sector, civil society, international cooperation, the community, the family, faith-based organizations, the media among others and will promote the participation of these sectors in the development of policies, programs and plans destined to prevent pregnancy and assist the demands of this population.

In this regard one of the most important alliances will be with the media to implement a communication strategy addressed to the prevention of pregnancy in adolescents. The available strategic information on the characterization of pregnancy in the adolescent will be used in the preparation and design of the strategy.

At level of the government agencies the Ministry of Health will carry out Advocacy to:

- Incorporate in the public national and municipal agendas, the theme of social protection of rights, comprehensive education in sexuality, gender and inter-cultural, to prevent the first and second pregnancy as a way of social investment.
- Design effective and creative programs and of wide coverage by the following Secretaries of state: Ministry of Health, Education, National Institute of Youth, Institute of the Woman and others oriented to the adolescent population which is socially neglected and who are vulnerable to pregnancy and maternity.
- Manage the allocation of financial and technical resources on behalf of the government, cooperation agencies and the private sector to develop actions directed to prevent pregnancy in adolescents at local and national level.

The financial resources are necessary to:

- Develop capabilities in the human resource that will guarantee the implementation and sustainability of the process
- Develop proposals in the framework of the Promotion of Health and generation of healthy environments
- Guarantee the assistance of adolescents in the Health Units to respond to their demands
- Execute the communication strategy directed to the prevention of pregnancy in the adolescents
- Execute specific projects generated in the community that will contribute to the prevention of pregnancy in adolescents.

The coordination between the Ministry of Health and the National Institute of Youth, Youth Programs of the municipal corporations and other youth organizations will be important to guarantee the prominent participation of the adolescent population in creating support policies oriented to the prevention of pregnancy.

The coordination with local governments must be focused on the creation and strengthening of the committees for the prevention of pregnancy in adolescents of the community to guarantee that they may have the knowledge, skills and technical resources to approach the work on the prevention of pregnancy in this population.

Strategic Line 6: Coordination Instances

The conduction of this strategy will be lead by the Secretary of State in the Health Office, which will delegate, for its execution, the corresponding agencies for the development of actions that will ensure their implementation, monitoring and evaluation with the purpose of reaching the established goals.

To facilitate the implementation and follow up to the development of this strategy the Ministry of Health will use the health technical table for adolescents. This table is a technical instance that will drive and will seek for the implementation of this strategy and will enable the harmonization and alignment of the main defined actions.

This technical table is created by representatives from the Secretaries of State, cooperation agencies, representatives from NGO, schools which train resources, medical and nurse societies, organized groups of adolescents, faith-based organizations and others related to the topic. At level of the Ministry of Health, there will be the participation of different programs, departments and units that execute actions oriented to the adolescent population.

Within the Ministry of Health the coordination agencies will be strengthened at the different levels which will allow the execution of the established strategic lines, as well as the request and accountability that will ensure their compliance.

ANNEXES

Annex 1: Guidelines for the creation of the Committee for the Prevention of Pregnancy in Adolescents

The national strategy for the prevention of pregnancy in adolescents (ENAPREAH) establishes the creation and organization of a Committee for the Prevention of Pregnancy in Adolescents which is transcendental to advance in its prevention at local level.

This committee will be the one responsible of driving in coordination with the different stakeholders of the community the main actions to influence in the social determining factors identified that favor the happening of pregnancies in the adolescent population, since its prevention not only depends on the Ministry of Health.

This agency will supports the actions that will be carried out in the health sector at community level.

Organization of the committee:

The Committee will be created by the main stakeholders of the community who carry out actions linked to adolescents. A coordination and organization structure will be named according to the characteristics of the community. In its creation groups of organized adolescents must be included.

Functions of the committee:

2. Guarantee that the actions that are carried out may respond to the needs and demands of the adolescent population and that will contribute to the prevention of pregnancy.
3. To use the situation assessment on pregnancy in adolescents, including maternal deaths in adolescents, child mortality of adolescent mothers to propose interventions.
4. To advocate for local institutions or organizations to develop actions oriented to diminish the causes that condition pregnancies in adolescents.
5. To promote local organizations to develop actions of leadership and youth empowerment using participative work methodologies between adolescents emphasizing on women adolescents, with the accompaniment of youth, fathers and mothers and adult population properly articulated.
6. To propose to the local stakeholders, procedures, strategies, lines of action for the implementation of the ENAPREAH.
7. To advocate for the Health Units of their community to have the human resources, the structure and input necessary to meet the actions defined in the ENAPREAH.
8. To encourage the exchange of experiences and good practices between the different stakeholders working in this topic.
9. To carry out social audit to guarantee the development and impact of the ENAPREAH.

Annex 2: Clinical History of the adolescent

SECRETARÍA DE SALUD - HONDURAS - HISTORIA DEL ADOLESCENTE										ESTABLECIMIENTO		H.C. Nº	
APELLIDOS Y NOMBRES _____										Nº identidad			
DOMICILIO _____										LOCALIDAD _____		FECHA DE NACIMIENTO	
LUGAR DE NACIMIENTO _____										Código _____		dia mes año	
COBERTURA Y/O PROTECCIÓN SOCIAL _____										TEL: _____		SEXO <input type="checkbox"/> f <input type="checkbox"/> m	
CONSULTA PRINCIPAL Nº _____										FECHA _____		EDAD _____	
ESTADO CIVIL _____										ETNIA _____		ACOMPANANTE _____	
Motivos de consulta según adolescente:										Motivos de consulta según acompañante:			
1 _____										1 _____			
2 _____										2 _____			
3 _____										3 _____			
Descripción de motivo de consulta													
ANTECEDENTES PERSONALES										PERINATALES normales		CRECIMIENTO normal	
ACCIDENTES										INTOXICACIONES		CIRUGIA HOSPITALIZAC.	
OBSERVACIONES													
ANTECEDENTES FAMILIARES										CARDIOVASC. (HTA, cardiopatías, etc.)		ALERGIA	
DIABETES										OBESIDAD		INFECCIONES	
OBSERVACIONES													
FAMILIA										NIVEL DE INSTRUCCIÓN		DIAGRAMA FAMILIAR	
VIVE										Padre o sustituto		Madre o sustituto	
CONVIVE CON										TRABAJO		Ocupación	
VIVIENDA										Apoyo social o subsidio		PERCEPCIÓN DEL ADOLESCENTE SOBRE SU FAMILIA	

Ejecutor significa ALERTA

H04E3/A04-12.09 Secretaría de Salud, Honduras

CLAP/SSR-OPS/OWS

EDUCACION
 ESTUDIA sí no
 Nivel: No escolariz Prim Técnico Sec Univ
 Grado curso:
 Años aprobados:
 Problemas en la escuela: no sí
 Años repetidos: Causa:
 Violencia escolar: no sí
 Deserción/exclusión: no sí
 Educación no formal: no sí
 Causa:
 Cui?:

Observaciones:

TRABAJO
 ACTIVIDAD: trabajo pasante busca 1ª vez desocupado no y no busca no trabaja y no está
 Edad inicio trabajo: años
 Horas por semana:
 Trab. juvenil: decente precario
 Trab. infantil: pocas formas no
 Horario de trabajo: mañanas todo el día tarde noche n/c
 Razon de trabajo: económica autonomía me gusta otra
 Trabajo legalizado: sí no n/c
 Trabajo insalubre: no sí n/c
 Tipo de trabajo:

Observaciones:

VIDA SOCIAL
 Aceptación: aceptado rechazado ignorado
 Pareja: sí no
 Edad de la pareja: años meses
 Amigos: sí no
 Actividad grupal: sí no
 Actividad física: horas por semana
 TV: horas por día
 Computadora: horas por día
 Juegos y redes sociales:
 Otras actividades: sí no
 Cuales?:

Observaciones:

HABITOS
 Sueño normal: horas
 Comida adecuada: sí no
 Comidas por día con familia:
 Comidas por día:
 Tabaco: frecuente
 Edad de inicio: años meses
 Alcohol: frecuente no
 Edad de inicio: años meses
 Episodios de intoxicaciones: sí no
 Otra sustancia: frecuente no
 Edad de inicio: años meses
 Episodios de intoxicaciones: sí no
 Conduce vehículo: no sí
 Cui?:
 Seguridad vial: no sí

Observaciones:

GINECO-UROLOGICO
 Menarca/espermarcha: años meses
 Fecha de ultimamenstruacion: No conoce no corresp.
 Ciclos regulares: sí no n/c
 Dismenorrea: no sí n/c
 Flujo patológico/ secreción feneana: no sí
 Infecciones: no sí
 Cui?:
 Embarazos:
 Hijos:
 Abortos:
 Tratamiento: no sí

Observaciones:

SEXUALIDAD
 Relaciones sexuales: no hetero homo ambas
 Pareja sexual: pareja única varias parejas n/c
 Edad inicio rel. sex: años
 Bajo coersión: sí no
 Dificultades en rel. sex: no sí n/c
 Anticoncepción: condón no sí
 Inicial MAC: no sí
 Conesjerite: no sí
 ACO: píldora inyectable implante
 pref. aced.: otro hormonal (anillo vaginal, parche, AD) otro método (barrera, ritmo)
 ACO de Emergencia: no sí

Observaciones:

SITUACION PSICO-EMOCIONAL
 Imagen corporal: conforme otra preocupación impide relación con demás
 Estado de ánimo: alegre triste retraído
 Referente adulto: madre padre fuera del hogar
 Referente adulto: madre otro fem. ninguno
 Vida con proyecto: claro confuso ausente
 Redes sociales de apoyo: sí no
 Referente adulto: Cui:
 Tel:

Observaciones:

EXAMEN FISICO
 Aspecto general: normal anormal
 Peso (kg):
 Centil peso:
 IMC:
 Piel, faneras y mucosa: normal anormal
 Cabeza: normal anormal
 Agudeza visual: normal anormal
 Agudeza auditiva: normal anormal
 Boca y dientes: normal anormal
 Cuello y tiroides: normal anormal
 Torax y mamas: normal anormal
 Cardio-pulmonar: normal anormal
 Presión arterial: /
 Centil PA:
 Abdomen: normal anormal
 Genito-urinario: normal anormal
 Tanner: mamas vello pub. genitales
 Columna: normal anormal
 Extremidades: normal anormal
 Neurológico: normal anormal

Observaciones:

IMPRESION DIAGNOSTICA INTEGRAL:

INDICACIONES E INTERCONSULTAS:

Responsable: Fecha próxima vista: día mes año

Este color significa ALERTA
 Secretaría de Salud, Honduras
 HOAES/SA-08/09

CLAPSR-OPS/OMS

SECRETARÍA DE SALUD - HONDURAS - HISTORIA DEL ADOLESCENTE														ESTABLE CUMENTO		H.C. Nº	
EVOLUCION Nº			EDAD		ACOMPANANTE					ESTUDIOS		ESTADO CIVIL		FECHA DE ÚLTIMA MENSTRUACION			
FECHA			años meses		solo <input type="checkbox"/> madre <input type="checkbox"/> padre <input type="checkbox"/> ambos <input type="checkbox"/> pareja <input type="checkbox"/> amigo/a <input type="checkbox"/> pariente <input type="checkbox"/> otros <input type="checkbox"/>					ninguno <input type="checkbox"/> primaria <input type="checkbox"/> secund. <input type="checkbox"/> univers. <input type="checkbox"/>		soltero <input type="checkbox"/> unión estable <input type="checkbox"/> separado <input type="checkbox"/>		No conoce <input type="checkbox"/> no corresponde <input type="checkbox"/> día mes año			
PESO (kg)		Centil peso/edad		TALLA (cm)		Centil talla/edad		Centil peso/talla		PRESION ARTERIAL mmHg		FRECUENCIA CARDIACA latidos/min		TANNER			
														mamas <input type="checkbox"/> vello pub <input type="checkbox"/> genitales <input type="checkbox"/>			
Motivos de consulta según adolescente:					Motivos de consulta según acompañante:												
1					1												
2					2												
3					3												
CAMBIOS RELEVANTES/OBSERVACIONES																	
DIAGNOSTICO INTEGRAL																	
INDICACIONES E INTERCONSULTAS																	
Responsable														Fecha próxima visita			
														día mes año			
DIAGNOSTICO INTEGRAL																	
INDICACIONES E INTERCONSULTAS																	
Responsable														Fecha próxima visita			
														día mes año			

FC0069A - 04/2011
 Secretaría de Salud, Honduras

CLAP/BSR-OP/CIOM8

EVOLUCION		Nº		EDAD		ACOMPANANTE				ESTUDIOS		ESTADO CIVIL		FECHA DE ULTIMA MENSTRUACION				
FECHA		dia mes año		años meses		ado	madre	padre	ambos	ninguno	primaria	años en el mayor nivel	soltero	unión estable	separado	No concibe / no corresponde		
PESO (Kg)		Centil peso/edad		TALLA (cm)		Centil talla/edad		Centil peso/talla		PRESION ARTERIAL mmHg		FRECUENCIA CARDIACA latidos/min		TANNER				
														manos vello pub. genitales				
Motivos de consulta según adolescente:						Motivos de consulta según acompañante:												
1						1												
2						2												
3						3												
CAMBIOS RELEVANTES/OBSERVACIONES																		
DIAGNOSTICO INTEGRAL																		
INDICACIONES E INTERCONSULTAS																		
Responsable																		
Fecha próxima visita																		

EVOLUCION		Nº		EDAD		ACOMPANANTE				ESTUDIOS		ESTADO CIVIL		FECHA DE ULTIMA MENSTRUACION				
FECHA		dia mes año		años meses		ado	madre	padre	ambos	ninguno	primaria	años en el mayor nivel	soltero	unión estable	separado	No concibe / no corresponde		
PESO (Kg)		Centil peso/edad		TALLA (cm)		Centil talla/edad		Centil peso/talla		PRESION ARTERIAL mmHg		FRECUENCIA CARDIACA latidos/min		TANNER				
														manos vello pub. genitales				
Motivos de consulta según adolescente:						Motivos de consulta según acompañante:												
1						1												
2						2												
3						3												
CAMBIOS RELEVANTES/OBSERVACIONES																		
DIAGNOSTICO INTEGRAL																		
INDICACIONES E INTERCONSULTAS																		
Responsable																		
Fecha próxima visita																		

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SECRETARÍA DE SALUD HONDURAS		HdA - FORMULARIO COMPLEMENTARIO DE SALUD SEXUAL Y REPRODUCTIVA		ESTABLECIMIENTO	H.C. Nº
APellido y Nombre _____ SEXO: masculino <input type="checkbox"/> femenino <input type="checkbox"/>					
Nº Consulta de Salud Sexual y Reproductiva _____		EDAD (años) _____		Fecha de última consulta principal _____	
FECHA día mes año _____		Relato por: _____		ESTUDIOS ninguno <input type="checkbox"/> primaria <input type="checkbox"/> secundaria <input type="checkbox"/> universitarios <input type="checkbox"/> años en el nivel _____	
Motivos de consulta: 1 _____ 2 _____ 3 _____		ACTIVIDAD trabaja <input type="checkbox"/> no, y no busca <input type="checkbox"/> desocupado <input type="checkbox"/> horas por semana _____		ESTADO CIVIL soltero <input type="checkbox"/> unión estable <input type="checkbox"/> separado <input type="checkbox"/>	
Fecha última menstruación <input type="checkbox"/> no <input type="checkbox"/> coincide <input type="checkbox"/> no coincide _____					
DESARROLLO PUBERAL MUJER			HOMBRE		
TALARQUIA <input type="checkbox"/> no <input type="checkbox"/> sí _____ años		PUBARQUIA <input type="checkbox"/> no <input type="checkbox"/> sí _____ años		VELLO AXILAR <input type="checkbox"/> no <input type="checkbox"/> sí _____ años	
MENARQUIA <input type="checkbox"/> no <input type="checkbox"/> sí _____ años		PUBARQUIA <input type="checkbox"/> no <input type="checkbox"/> sí _____ años		VELLO AXILAR <input type="checkbox"/> no <input type="checkbox"/> sí _____ años	
POLLUCION desde <input type="checkbox"/> no <input type="checkbox"/> sí _____ años					
RITMO MENSTRUAL _____ días		CANTIDAD excesa <input type="checkbox"/> regular <input type="checkbox"/> abundante <input type="checkbox"/> n/c <input type="checkbox"/>		COAGULOS <input type="checkbox"/> sí <input type="checkbox"/> no	
DOLOR MENSTRUAL <input type="checkbox"/> no <input type="checkbox"/> sí _____		premenstrual <input type="checkbox"/> sí <input type="checkbox"/> no		postmenstrual <input type="checkbox"/> sí <input type="checkbox"/> no	
MASTODINIA <input type="checkbox"/> sí <input type="checkbox"/> no		Otras molestias: _____			
SEXUALIDAD Fuente de información: _____ Calidad de la información: <input type="checkbox"/> suficiente <input type="checkbox"/> insuficiente <input type="checkbox"/> Ninguna					
PAREJA ACTUAL <input type="checkbox"/> no <input type="checkbox"/> sí		TIEMPO DE RELACION _____ años _____ meses		EDAD PAREJA _____ años	
ACTIVIDAD DE LA PAREJA trabaja <input type="checkbox"/> busca 1ª vez <input type="checkbox"/> no, y no busca <input type="checkbox"/> desocupado <input type="checkbox"/>		TRABAJO DE LA PAREJA _____ horas por semana		ESTADO CIVIL DE LA PAREJA soltero <input type="checkbox"/> unión estable <input type="checkbox"/> separado <input type="checkbox"/>	
NIVEL DE EDUCACION DE LA PAREJA no escolariz. <input type="checkbox"/> secundario <input type="checkbox"/> primario <input type="checkbox"/> universitario <input type="checkbox"/>		EDAD INICIO DE RELACIONES SEXUALES _____ años		TIPO EXPERIENCIA SEXUAL no <input type="checkbox"/> vaginal <input type="checkbox"/> oral <input type="checkbox"/> anal <input type="checkbox"/>	
Parreja sexual _____ años		NIVEL ACTIVIDAD SEXUAL (pareja actual) no <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Petting <input type="checkbox"/>		FRECUENCIA COITAL (pareja actual) _____ veces / _____ día _____ semana _____ mes	
NIVEL ACTIVIDAD SEXUAL (pareja pasado) no <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Petting <input type="checkbox"/>		NUMERO DE PAREJAS SEXUALES (petting IV) _____		MASTURBACION <input type="checkbox"/> no <input type="checkbox"/> sí _____ años (inicio) _____ veces / _____ día _____ semana _____ mes	
ABUSO SEXUAL <input type="checkbox"/> no <input type="checkbox"/> sí		Edad agresor _____ años		Cantidad de agresores _____	
Edad inicio del abuso _____ años		Tiempo _____ años		TRATAMIENTO <input type="checkbox"/> No <input type="checkbox"/> En curso <input type="checkbox"/> Cumplido	
Denuncia nic del abuso <input type="checkbox"/> no <input type="checkbox"/> sí _____		¿Dónde? _____		Observaciones: _____	
METODOS ANTICONCEPTIVOS					
EMBARAZO CON USO de METODOS ANTICONCEPTIVOS <input type="checkbox"/> no coincide <input type="checkbox"/> no sabe <input type="checkbox"/> sí		¿CUAL? _____		CONOCE M.A.C. sí <input type="checkbox"/> no <input type="checkbox"/>	
Coito interrumpido		HA USADO ANTES no <input type="checkbox"/> siempre <input type="checkbox"/> a veces <input type="checkbox"/>		USO ACTUAL sí <input type="checkbox"/> no <input type="checkbox"/> a veces <input type="checkbox"/>	
Ogino-Knauss (Calendario)		FRACASO sí <input type="checkbox"/> no <input type="checkbox"/>		TEMOR AL USO sí <input type="checkbox"/> no <input type="checkbox"/>	
Temperatura basal		INDICADO POR: médico <input type="checkbox"/> enfermero <input type="checkbox"/> amiga <input type="checkbox"/> otro <input type="checkbox"/>		OTROS: _____	
Billings		Razón de su NO uso en adolescentes con experiencia sexual: _____			
Condón					
Diaphragma					
Espermicidas					
Horm. Oral (píldora)					
Horm. iny. mensuales					
Horm. subcutáneos					
Antic. emergencia					
D.I.U.					
Esterilización fem.					
Esterilización masc.					
Lavado vaginal					

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I.T.S. ¿Conoce alguna? no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuáles? _____ _____ Pareja actual ¿tiene alguna? no <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____ Pareja actual ¿ha tenido alguna? no <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____	¿Tiene alguna? no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____ Pareja actual ¿tiene alguna? no <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____ Pareja actual ¿ha tenido alguna? no <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____	¿Ha tenido alguna? no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____ Pareja actual ¿tiene alguna? no <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____ Pareja actual ¿ha tenido alguna? no <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ _____	Tratamiento no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ Tratamiento no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____ no <input type="checkbox"/> sí <input type="checkbox"/> ¿cuál? _____	Observaciones: _____ _____																			
				FECUNDIDAD EMBARAZOS <input type="checkbox"/> abortos <input type="checkbox"/> esp. <input type="checkbox"/> provocados <input type="checkbox"/> emb. ectópico <input type="checkbox"/> EMBARAZO ACTUAL <input type="checkbox"/> sí <input type="checkbox"/> no <input type="checkbox"/> nacimientos <input type="checkbox"/> nac. vivos <input type="checkbox"/> nac. muertos <input type="checkbox"/> Lactancia actual <input type="checkbox"/> sí <input type="checkbox"/> no <input type="checkbox"/> Lactancia pasada <input type="checkbox"/> sí <input type="checkbox"/> no <input type="checkbox"/> Máxima lactancia <input type="checkbox"/> meses <input type="checkbox"/> Mínima lactancia <input type="checkbox"/> meses <input type="checkbox"/> Regulación menstrual <input type="checkbox"/> sí <input type="checkbox"/> no <input type="checkbox"/> n/c no corresponde Observaciones: _____ _____																			
EXAMEN FISICO PATRON DE VELLO CORPORAL normal <input type="checkbox"/> anormal <input type="checkbox"/> Completar el examen físico en el formulario HoA - Consulta Principal																							
GENITO-URINARIO FLUJO VAGINAL antes no <input type="checkbox"/> sí <input type="checkbox"/> Olor no <input type="checkbox"/> sí <input type="checkbox"/> COLOR _____ DURACION <input type="checkbox"/> días		MOLESTIAS no <input type="checkbox"/> prurito <input type="checkbox"/> ardor <input type="checkbox"/> TRATAMIENTO <input type="checkbox"/> n/c <input type="checkbox"/> no <input type="checkbox"/> sí <input type="checkbox"/> DURACION <input type="checkbox"/> días		SECRECIÓN URETRAL antes no <input type="checkbox"/> sí <input type="checkbox"/> COLOR no <input type="checkbox"/> sí <input type="checkbox"/> COLOR _____ DURACION <input type="checkbox"/> días																			
EXAMEN GINECOLOGICO																							
TANNER mamas <input type="checkbox"/> vello <input type="checkbox"/>	VULVA normal <input type="checkbox"/> anormal <input type="checkbox"/>	GLITORIS normal <input type="checkbox"/> anormal <input type="checkbox"/>	HIMEN normal <input type="checkbox"/> anormal <input type="checkbox"/>	VAGINA normal <input type="checkbox"/> anormal <input type="checkbox"/>	CUELLO UTERINO normal <input type="checkbox"/> anormal <input type="checkbox"/>	CUERPO UTERINO normal <input type="checkbox"/> anormal <input type="checkbox"/>	TACTO VAGINAL normal <input type="checkbox"/> anormal <input type="checkbox"/> no se hizo <input type="checkbox"/>	ANEXO IZQ. normal <input type="checkbox"/> anormal <input type="checkbox"/>	ANEXO DER. normal <input type="checkbox"/> anormal <input type="checkbox"/>	EXAMEN MAMARIO normal <input type="checkbox"/> anormal <input type="checkbox"/>	Toma de muestras _____												
EXAMEN GENITAL MASCULINO																							
TANNER genitalia <input type="checkbox"/> vello <input type="checkbox"/>	PENE normal <input type="checkbox"/> anormal <input type="checkbox"/>	GLANDE normal <input type="checkbox"/> anormal <input type="checkbox"/>	PREPUCIO normal <input type="checkbox"/> anormal <input type="checkbox"/>	SECRECIÓN no <input type="checkbox"/> sí <input type="checkbox"/>	ESCROTO normal <input type="checkbox"/> anormal <input type="checkbox"/>	TESTICULO DERECHO normal <input type="checkbox"/> anormal <input type="checkbox"/>	TESTICULO IZQUIERDO normal <input type="checkbox"/> anormal <input type="checkbox"/>	EXAMEN MAMARIO normal <input type="checkbox"/> anormal <input type="checkbox"/>	Observaciones: _____ _____ Inspección y palpación defecando vesículo, hidrocele, criptorquidia o tumores: _____														
EXAMENES COMPLEMENTARIOS																							
Hemograma <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Sedimento urinal <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Cultivo de orina <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Urocult. y antibiog. <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Urea <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Glicemia <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Nitrogeno ureico <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Perfil lipido <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	VORL e otro <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	VH <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Fajoncolau <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Test de Schiller <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Examen fijo vaginal <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Cultivo fijo vaginal <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Perfil hormonal <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Radiografía <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Ecografía <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>	Coloscopia <input type="checkbox"/> pedo <input type="checkbox"/> no sé <input type="checkbox"/>						
Diagnósticos			1			2			3			Tratamientos			1			2			3		
Observaciones, indicaciones e interconsultas																							
Responsable _____										Fecha próxima visita		da	mes	año									

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Annex 3: Regulations and procedures for: family planning, menopause transition, menopause and infertility: Contraception in the Adolescence:

154 Ministry of Health of Honduras

CONTRACEPTION IN THE ADOELCENCE

the World Health Organization, defines adolescence as the period of human growth and development that goes from 10 to 19 years old. It is the period of life where important changes happen in the physical, psychic, emotional and social development. Beginning with puberty where sexual and reproductive development happen which has a repercussion on the aspect and shape of the body; concluding when roles for the search of an identity, independence and self-affirmation are assumed.

Currently, this stage of independence and self-affirmation is prolonged more and more and the changes in the life styles, psychosocial habits, practices and sexual conducts allow the youth to have a greater opportunity of becoming sexually active. As a consequence of this, problems like none desired pregnancies and sexually transmitted diseases and drug addiction emerge. Accordingly adolescents have special needs that need to be assisted and satisfied in the most effective way like advice on physical changes, sexuality, reproduction and methods of family planning.

The sexual development of the adolescent in a healthy way and with responsibility must be considered priority to prevent problems and ensure an adequate growth.

REGULATIONS FOR CONTRACEPTION IN THE ADOLESCENCE

REGULATION No.1: ACCESS TO INFORMATION AND COUNSELING TO ADOLESCENT USERS

- 1.1 The Specialist Physician, General doctor, Resident Doctor in Gynecology and Obstetrician, Professional Nurse and Auxiliary Nurse and community Staff will assist the consults of the adolescents who attend the health unit requesting for attention and advice on Sexual and Reproductive Health.
- 1.2 The health provider must receive specific training on how to inform and advice the adolescents requesting for information on methods of family planning.
- 1.3 The information given by the health provider must be updated, complete and addressed to carry out informed and volunteer election of the method.

- 1.4 Counseling must be given both in the visit to begin the method as in the follow-up visit and it must be of quality.
- 1.5 The health provider in charge of giving attention in family planning for the adolescents must follow recommendations to be successful in counseling using the Counseling Handbook for Adolescents from the Ministry of Health.

PROCEDURES

The health provider in charge of counseling must know the criteria to inform:

1. The health provider must be trained to give Counseling to Adolescents with complete and clear information in response to their needs.
2. To Use simple language and use terms according to the youth
3. To Talk without issuing judgment or criticism
4. To approach along with the adolescent questions, fears and disinformation on sexual relationships, sexually transmitted diseases and contraceptive methods.

REGULATION No.2: INFORMATION AND DELIVERY OF CONTRACEPTIVE METHODS

- 2.1 The contraceptive methods must be promoted in all the health unit for the adolescent users to request it spontaneously or when they are referred.
- 2.2 The health staff will advice the adolescents who request for contraceptive methods; taking into account the Medical Criteria of eligibility for the use in adolescents
- 2.3 The health provider in charge of giving the contraceptive method must take into account the following:
 - Frequency of the sexual intercourse
 - Physical and emotional development
 - Kind of relationship (stable or not)
 - History of previous pregnancies
 - Complications in previous pregnancies
 - Attitude toward contraceptive methods
 - Motives for the use and no use
 - Fear to be discovered by parents or other people
- 2.4 the ideal contraceptive method must be delivered following the recommendations made for each method in this document.

PROCEDURES:

1. Give assistance in a private place where they cannot be seen or heard by third parties.
2. The health provider will give complete, updated information on each method according to:
 - Correct use of the method
 - Efficiency
 - Adverse effects
 - Risks and benefits
 - Signs and symptoms that require visit to a health unit of greater complexity
 - Information on protection against sexually transmitted infections, HIV/AIDS
- 2.5 The health provider must ensure that the adolescent user is certain that she is not pregnant before administering the contraceptive method.

PROCEDURES

Make the following questions:

- Regular menstrual cycles in the last three months?
- Date of last period?
- Use of some prior family planning method?
- Amenorrhea?

2. Activities according to the responses:

- Begin method if she is sure she is not pregnant
- If she is not sure that she is not pregnant carry out a pregnancy test or wait until next period offering an additional contraceptive method of protection (condom or abstinence)

REGULATION No. 3: SPECIAL CONSIDERATIONS OF CONTRACEPTION IN THE ADOLESCENT USERS

- 3.1 The health provider must know some special considerations for some methods to be used by the adolescents:
 - Injection contraception may be used with discretion
 - Oral contraception in some users are difficult to use regularly
 - Greater likelihood of afterwards regret to vasectomy or female surgical sterilization with few or no children.
 - The adolescent can have less practice in the use of condoms

- Importance of the use of condoms for double protection (pregnancy and sexually transmitted diseases)
- Greater percentage of expulsion of the IUD in small uterus
- Natural methods are not effective if the user does not know her menstrual cycle very well.
- Retirement method can be difficult for an adolescent since it requires concentration and will power.

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