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Adolescents' Reproductive Health Promotion Policy in Lithuania

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Summary

Rethinking adolescent reproductive health policy is an urgent issue. Analysis of young people as well as general practitioners experience gives explicit reason for the need of essential changes in the area of reproductive health services provision for adolescents. This policy paper aims to outline existing difficulties and provide framework for adolescents' reproductive health promotion.

Background

Existing health policy disregards adolescents' reproductive health care needs. Underestimation of these adolescents' demands is related with historical traditions as well as with social attitudes and economic conditions. Restrictions existing in health care services provision, specific attitude to reproductive health issues, and denial of sexual nature of human being have affected seriously young people's possibilities to fulfil their reproductive health demands. Current policy is grounded by the idea of decreasing teens' pregnancy and abortion trends. Then reproductive health issue has been ousted from the funding priorities of national and municipal funds despite the low appropriateness of reproductive health services to young people demands.

Lithuanian health care system has survived tremendous changes after collapse of Soviet Union. The establishment of state compulsory health insurance schemes, the decentralization of services and the increased emphasis on primary health care, followed by development of a cadre of general practitioner were among the main achievements of the Lithuanian health care reform 1. Although Health Insurance Law declares free access to health services of large groups of unemployed people, including minors less than 18 years, the patients' rights to the free choice of services are limited 2. Free access to the primary health care physicians goes along with strong gate keeping function devoted to the primary health care. Primary health care physician becomes nearly single free accessible health care provider for population. General practitioners have been overtaking the duties of reproductive health care providers during the last seven years. Existing data suggest that insufficient training in reproductive health issues and lack of medical equipment could be related with troubles in providing reproductive health care services for adolescents 3-5.

In socio – cultural context of Lithuania sexuality is closely linked to marriage and childbearing. As a heritage of soviet époque we got the negative attitude or the ignorance of sexuality as significant part of personal life, and teenagers' sexual activity is commonly perceived as bigger problem than pregnancies in adolescence.

Although reproductive health issues remain in the priority in Lithuania since the soviet époque, they are limited almost exceptionally to the maternity and child care 6. More comprehensive recognition they received after the International Conference on Population and development held in Cairo in 1994 7. However, since now reproductive health matters are heavily recognized as a particular area of social development; the need for reproductive health care is estimated almost exceptionally from the medical point of view, without considering it from the human rights aspect. Moreover, reproductive health issues have been treated continually as the menace for the

promotion of procreation that becomes extremely relevant during the period of declining birth rate. These circumstances complemented by strong Catholic Church and "anti – choice" movement influence to the policy making bodies disturbed the development of the comprehensive reproductive health policy and the implementation of the already approved resolutions.

Legislation of reproductive services delivery for adolescents

Legal status of adolescents is indicated in Lithuanian Civil Code 8. It declares that person under 18 years must be treated as a minor. According Lithuanian Law of Protection of Children's Rights a person under 18 years is estimated as a child 9. The Law of Protection of Children's Rights emphasize adolescent right to the prevention of diseases, good quality health care services and health promotion, including right to information and education. All these health services are covered by state for persons less than 18 years as claims the Law on Health Insurance 10. Then, minors being insured by state have access to the primary, secondary and tertiary health care services.

Although the Law on the Rights of Patients and Compensations for the Damage of Their Health note that legal representatives of persons under 18 years are their parents or legal guardians, adolescents have right to address medical doctor on their own 11. These circumstances suppose the particular phenomenon of confidentiality in adolescent health care. According to the law minor's parents or legal representatives ought to be informed about his treatment by health care provider. Parents have right to familiarize with medical card of their child. However, if the minor appeals to health professional for confidentiality protection, the medical information ought to be kept confidentially, especially if there is a threat to minor's well being. Then physicians face discordant expectations of minor patient to be secured by confidentiality protection and needs of parents to be informed about the health status of their child. The law points that in this case health care provider ought to be guided by the minor's interests

Free accessible reproductive health services are provided by general practitioners; access to primary health care physician has overwhelming majority of population. Standard Guidelines of General Practice assume general practitioner's responsibility in providing family planning counseling and taking part in the community health education 12. Prior to the health care reform family planning services were provided by gynaecologists working in Women's consultations. They are distinct health units or institutions that deliver maternity care and wide spectrum of gynaecological services. According to the Special Requirements for Accreditation of Health Care Institutions currently Women's consultations ought to provide family planning services as well 13. Moreover, use of contraception among clients is indicated as quality criteria of services provided. At present majority of women and adolescents have no free access to the gynaecologists, referral from their general practitioner is needed or it is charged for consultation.

Contraception is regulated by the Law of Pharmaceutical Activities 14. There are no special laws restricting contraception in Lithuania. Prescriptions are needed for oral contraceptives, although in practice they are available without one 15. Contraceptives are not reimbursable by Sick found for family planning reasons. Few hormonal contraceptives are included in the list of reimbursable drugs ("B" list) and could be prescribed for minors by gynaecologists only for

purposes of treatment of gynaecological diseases 16. Condoms are easily available at pharmacies, shops, petrol stations etc.

Abortion is regulated by a Decree of the Minister of Health; it is applicable for both public and private health care providers 17. The decree states that termination of a pregnancy is performed upon the woman‘s request up to 12th week of gestation. After this term abortion might be performed in exceptional cases provided that pregnancy threaten woman‘s life and health seriously. Physiological immaturity of young women‘s organism (less than 13 years) is listed among these threats. Abortion is fee-paying procedure. In case of non – intended pregnancy abortion might be performed for minors less than 16 years provided written consent of parents or legal guardians is obtained. Termination of pregnancy for minors of 16 – 18 years old is provided be request, although notification of parents is highly recommended. Abortion for minor less than 14 years might be performed according to the verdict of the court 18.

Appropriateness of reproductive health services perceived by adolescents

The sexual activity becomes common occurrence among adolescents. The survey “Family and Fertility”, performed in 1995 indicated that onset of sexual activity had steadily increased among younger generations 19. Study performed in 1998 indicated that onset of sexual activity had already reached 12 years, 40% of 17 years old adolescents had been sexually active; data of survey in 2002 declared that 45% of 13 – 19 years old teens in urban had been involved in sexual activity 20-22.

Existing data indicate that teenagers evaluate health care providers as the most reliable source of information related with sexual and reproductive health matters. More than 80% of 13 – 18 years old teens would like to discuss some of these issues with physicians; nearly 20% of them treat these needs as urgent 23-25. However, adolescents do not address health care providers for different reasons.

Performed study suggests that adolescents’ recur to health care providers is quite small because of inappropriate publicity of existing services, non-friendly atmosphere of health care facilities and low satisfaction of earlier obtained reproductive health services.

Adolescents do not know frequently where they should address when seeking advice for their reproductive health problems. Primary health care physicians traditionally are treated as internists then teenagers usually do not even consider addressing their family physicians because they are not expected to be competent consultants on reproductive health issues. Teenagers prefer address traditional reproductive health services providers – gynaecologists and urologists, eventually, limitation of direct access to these physicians are evaluated by them as an additional barrier in seeking necessary assistance. Moreover, insufficient promotion of the reproductive health services brings various troubles for teenagers who have decided to address to health care facility.

Milieu of health care facilities influences substantially teenagers’ decision to address health care provider; and psychological climate of it has major impact. Teenagers decide to address physicians, but in order to do that they need to contact receptionist at first. Unfortunately,

receptionists are used to adopt rather hostile attitude toward teenagers who sometimes feel lost in the “labyrinth” of the health system. Reception is the barrier overcame heavily by teenagers. Non friendly labour hours of physicians’, long queues near the doctors’ offices, and difficulties in obtaining the consultation of the same gender doctor negatively affect the chance that teenager would get needed consultation.

Adolescents have their own idea about the quality of reproductive health services. Satisfaction by these services depends on various factors. Teenagers raise expectations toward competence and empathetic attitude of health care provider; moreover, young people have great demands for privacy and confidentiality protection. However, reproductive health services providers rarely meet these adolescents’ needs.

Barriers for youth friendly reproductive health services lying in primary health care level

Reproductive health services become essential part of primary health care recently. Ten years ago patients were used to address gynecologist, urologists or venereologist when facing reproductive health problems. This short of time was insufficient to reshape existing traditions radically. The former district pediatricians and internists have their own attitude towards the spectrum of supervising health problems; and they have difficulties to change format of their activity substantially even after the vocational training in family medicine. Integration of reproductive health care services into routine primary health care is the most painful. The same problems meet newly formed general practitioners, who have inherited specific frightful approach toward reproductive health care issues from their teachers – senior family physicians. General practitioners know perfectly their duty to provide reproductive health care services for adolescents, still these requirements are estimated as imposed so why ignored. The willingness to act more actively in delivering reproductive health services for teenagers primary health care professionals tend to evaluate as benevolent, charitable mission and not as properly performed responsibility.

According to Standard of the General Practitioner Practice primary health care physician should have skills and knowledge for reproductive health services delivery 26. However, physicians do not feel enough qualified for this sort of activity. Insubstantial readiness discourages physicians from taking sexual history from adolescents’; disturb the process of diagnostic and correction of reproductive health problems. The main gaps of general practitioners’ training are related with:

1. Adolescent’s psychosocial development;
2. Communication skills;
3. Knowledge related with reproductive health issues;
4. Skills of gynecological examination.
5. Above mentioned features raise serious doubts about the general practitioners’ readiness to deliver reproductive health services for adolescents. Moreover, their negative attitude deeply affects the accessibility and quality of adolescents’ reproductive health services. The previous studies declare that negative attitude toward adolescents’ reproductive health needs is adopted by more than 40 % of primary health care physicians 27.

General practitioners delivering primary health care services always face the problem related with lack of adequate time for their consultations. Then doctors try to set the priorities for their

activities; and they devote the biggest attention to the "extinguishing the fire" – treatment and prescriptions. Huge flow of patients limits seriously time allocated for the consultation. In these circumstances physicians try to orient their efforts towards the problem spilled out by the patient. Teenagers are not used to pour easily their reproductive health troubles into the doctor's office; identification of these problems depends considerably on physician's communication skills. Small time limit restrains doctor's willingness and possibilities to reveal these "hidden" problems. The reality of primary health care physicians when the consultations of 20 minutes length are considered as exceptionally or even unwarrantable long put in doubt the possibilities of general practitioners to devote adequate consideration of adolescents reproductive health needs.

Although general practitioners offices are not sufficiently equipped for pelvic examination, it is unavoidable element of reproductive health services quite often. The previous works indicated that adequate equipment for gynecological examination had been strongly related with higher physicians' activity in reproductive health services provision 28,29. This study demonstrates that "rooms for gynecological examinations" established in few primary health care facilities can not be evaluated as appropriate decision.

Confidentiality plays the major role in creating mutual understanding and trust between doctor and his patient. Although the necessity of confidentiality protection is commonly agreed, guaranties of confidentiality in primary health care settings are strongly affected by several factors. Individual factors diminishing doctors' determination to maintain confidentiality are related with their emotional relationship with families of young patients, fear of negative parents' reaction and only superficial training in this issue. Negative social attitude toward adolescents' sexuality, vague legislation of health care providers' duties to confidentiality protection for adolescents could be asserted as negative externals factors. Detrimental effects on confidentiality protection have service – related factors as well: insufficient security measures for secrecy of medical information; specificity of medical encounter with nurse participation and "geographic" remoteness of gynaecologic examination area. The compilation of these elements makes guaranties of confidentiality practically inconceivable in health care settings.

Scope of the problem

Discrepancy between reproductive health needs of adolescents and primary care providers' possibilities to meet them become evident. Previous research data showed that single free accessible health care provider - general practitioner had been evaluated as the best reproductive health counselor only by 4% of teenagers 30. Gynaecologists as suitable reproductive health services provider were chosen by more than 20% of girls, physicians from youth health centres – by nearly 50% of teens of both genders. Then, accessible for teens reproductive health services are not appropriate for their needs. In contrast, appropriate reproductive health services are frequently not accessible for them.

Above mentioned circumstances lead the estrangement of teens from the health care. This process is confirmed indirectly by the data of National Sick Founds that claims that health care expenditures for young people' health care are the lowest and attain at least one quarter of the spending for others groups of age 31. Then insufficient training of general practitioners, primary

health care facilities' inability to assure required work conditions for physicians and protect privacy and confidentiality, absence of comprehensive adolescents' reproductive health policy could be estimated as menacing forces for the teenagers rights stated in law.

Possibilities for improvement

Providing reproductive health services for adolescents is challenging. Disturbing obstacles lay not only in service level itself. Individual factors, as well as socioeconomic and cultural level factors play critical role in accessibility and quality of reproductive health services 32. Eventually, following measures can be proposed for the development of adolescent' reproductive health policy in Lithuania.

1. Straightening opportunities of primary health care

This policy alternative encourages changes in primary health care level structures and practices related with reproductive health services delivery for adolescents. The main policy components should be based on specific training of primary health care physicians and specific organizational measures adopted in primary health care settings. Then preliminary recommendations to these areas are following:

Recommendations for professional training of health care providers

a) Consolidate potency of theoretical and practical disciplines seeking development of more responsible approach toward confidentiality;
b) Emphasize legal aspects of medical practice;
c) Deepen medical students and residents understanding about adolescent's psychosocial development;
d) Include communication skills learning into the mandatory medical education;
e) Formulate course on reproductive health issue and integrate it in the frame of family medicine residence or reframe fundamentally existing course of obstetric and gynecology;
f) Reinforce the pelvic examination skills learning during the residence of family residence;
g) Organize continuing medical education courses on the subject of adolescents' reproductive health.

Recommendations for organizational changes in primary health settings

a) Develop internal health care settings' guidelines strongly supporting confidentiality of medical records;
b) Promote respectful medical staff approach to adolescents;
c) Assure adequate equipment required for the provision of reproductive health services for general practitioners' offices;
d) Refrain from participation of nurse into the doctor – patient encounters;
e) Allocate distinct time for youth counseling establishing quasi-youth clinics within primary health care centers;
f) Advertise the provision of reproductive health services for young people within and outside of primary health care facilities.

Implementation of this policy alternative would be based mostly on the internal reserves of educational and health care institutions, then reframing of provided services would not require

large additional financing. Furthermore, involvement of National Sick Founds into the realization of this strategy would give a strong motivating impulse for primary health settings. Current financing of primary health care institutions is performed by capitation pattern. However, National Sick Found is setting the list of incentive services; provision of them will give additional financial bonus for the primary health care settings. Then, incorporation of youth friendly reproductive health services into this list would be significant factor encouraging primary health care providers to meet specific needs of adolescents.

2. Development of comprehensive adolescents' reproductive health policy

The second possibility is more "aggressive" adolescents' reproductive health policy – appropriate reproductive health care services in the primary health level complemented by additional strategies. They comprise following recommendations:

a) Adopt Reproductive Health Law that clearly regulates adolescents' rights to youth friendly reproductive health services;
b) Develop national guidelines for comprehensive sexual education at schools;
c) Encourage multi-sectoral collaboration on reproductive health issue between schools, primary health care centers, youth clinics and non-governmental organizations;
d) Improve teenagers' access to reproductive health services providers eliminating the compulsory referrals from general practitioners;
e) Initiate the adjustment of existing schools health services to the fulfillment of adolescents' reproductive health demands;
f) Establish youth friendly structures for adolescents' reproductive health services provision.

This opportunity would entail more investments still the changes in outcomes would be more significant as well. As Berkeley argued "adapting existing services […] is less radical and less expensive option, but it has the drawback that it may take longer to make a difference, as users perception and utilization of such services will be still based on past experience" 33.

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