

Chile

Towards decline in adolescent fertility rate in Chile: a health systems approach



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60 Second Summary

Adolescent fertility declined by approximately 51% within a decade of the Chilean government making adolescent childbearing a priority intervention agenda in 1995. This progress was achieved through clear leadership and governance, the enactment of adolescent-friendly laws and policies, adequate budgetary provisions for adolescent-friendly health spaces (AFS) complemented by accountability, and participation of young people. The institutionalization of AFS staffed by providers with appropriate skills through continuous professional development, a robust disaggregated system through routine health services data, recurrent national surveys on young people, and prevention of medical stock-outs contributed significantly to the achievements.



Sexual and Reproductive Health & Rights Challenge

Adolescent pregnancy is a social problem exacerbated by inequity and vulnerability with multiple consequences for the adolescent mother, including disruption to schooling, and for the baby, such as increased risk of mortality, morbidity, and undernutrition. Adolescent childbearing is underpinned by multiple social determinants, including inequities in access to sexual and reproductive health (SRH) services.

Chile, like many other Latin American countries, has experienced rapid and drastic declines in total fertility rate, though more slowly among adolescent girls. Between 1965 and 2000, adolescent births declined from 86.5 to 61.3/1000. This corresponds with a decline in total fertility rate in Chile from 5.5 children per woman in the early 1970s to approximately 1.6 children per woman in 2018. In 1995, adolescent sexual and reproductive health and rights (ASRHR) became a national priority in Chile, demonstrated by legal and policy reforms aimed at making access to services, particularly contraceptives (including condoms, oral contraceptives, and long-acting reversible contraception [LARC]), universal without economic and socio-legal barriers. Supportive policies were formulated, and a package of interventions was delivered as part of a multi-faceted approach to addressing the sexual, reproductive, mental, and nutritional health of adolescents.



Intervention

ASRHR was prioritized through the establishment of institutions, such as the National Adolescent Health Program in the Ministry of Health and Ombudsman Office for Children, along with legal reforms including, Law 20, 418 (2010) which dealt with adolescents' access to modern contraceptives, creating an enabling environment for adolescents to access services. The Chilean government strengthened accountability through young people's participation in planning, implementing, monitoring, and evaluating policies and programs. Rather than establishing a parallel system, the approach made full use of existing health services. As part of the National Adolescent and Youth Health Policy 2008, the Ministry of Health created designated spaces within government health facilities, known as adolescent friendly spaces (AFS), to bolster adolescents' access to SRHR services privately and confidentially, with financing from municipal governments to local level facilities. AFS offer adolescents promotive, curative, and rehabilitative health services covering unintended pregnancy, sexually transmitted infections (STIs), mental health, and nutrition. From 2008 –2020, the number of AFS increased from 54 to 348 across the entire country. The Chilean government addressed financial barriers through a universal health insurance program (FONASA) which allows children and adolescents (0–19 years) to access services in both private and public health facilities. The quality of the health workforce was addressed by building the competencies of providers to offer confidential and empathetic services to adolescents and young people. Health providers received extensive training on providing counselling and contraception services to adolescents. The Chilean Health Information Systems facilitates the timely use of age- and sex-disaggregated data with an additional layer for ethnicity and migration status, covering district, regional, and national levels. The National Survey of Children and Early Adolescents and the National Youth Survey are used to provide insights for local level interventions.



Outcomes

The entire initiative was led, funded, and executed by the Ministry of Health, and resulted in significant improvements in SRH indicators for adolescents. From 2007–2017, the proportion of births to adolescents reduced by 51%. The fertility rate of adolescents aged 10–19 years declined from approximately 25/1000 in 2005 to 7.8/1000 in 2020. Contraceptive use at sexual debut increased by 30% between 2007 and 2018. However, challenges remain.

More adolescents need access as the coverage of AFS is not yet universal in Chile, and there are outstanding medical barriers to contraceptive use for adolescents. AFS must be strengthened, focusing on rural and disadvantaged communities.

Community support and partnerships need to be strengthened, inadequate parent-child communication and social norms around teen sexual behaviors persist. Intersectional disadvantages that drive teen pregnancy exist, which call for multi-sectoral approaches to tackling adolescent childbearing, particularly those being left behind due to geographical and socioeconomic disparities.

Many adolescents and young people do not have access to information and education – Chile must address the gap in counseling and educational interventions, supporting the use of evidence-based, medically accurate, and culturally and age-appropriate sexual health education, incorporating in schools and the use of new technologies to scale.




Lessons

1. **Service integration:** Availing services to adolescents by capitalizing on existing health service networks without setting up a separate system was important.
2. **Leveraging windows of opportunities for change:** With an unacceptably high rate of adolescent fertility in Chile, SRHR actors canvassed support to formulate enabling laws and policies that liberalized and empowered health providers to offer contraceptives to adolescents 14 years and older. Leadership and governance were crucial for this.
3. **Local government participation:** Municipal governments/authorities were instrumental in translating national strategies in local priorities, providing critical resources for horizontal scale-up.

Sources

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