PILOT EXPERIENCE IN PROMOTING THE FEMALE CONDOM AMONGST URUGUAYAN TEENAGERS AND YOUTH

Final Report

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GLOSSARY

ASSE – "*Administración de los Servicios de Salud del Estado*" [State Health Services Administration]

FC – Female Condom

MC – Male condom

SRR – Sexual and Reproduction Rights

CSE – Comprehensive Sex Education

IS – *Iniciativas Sanitarias* [Sanitary Initiatives]

VPT – Voluntary Pregnancy Termination

P&BCM – Protection and Birth Control Methods

MSP – Ministry of Public Health of Uruguay

UNFPA – United Nations Fund for Population Activities

ASSE Metro PCN – ASSE Metropolitan Primary Care Network

S&RH – Sexual and Reproductive Health

UTU – "*Universidad del Trabajo del Uruguay*" [Uruguay's Technical College]

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INTRODUCTION

This report introduces the outcome of an initial experience in the promotion and distribution of female condoms[1] aimed at Uruguayan teenagers. In the past five years, Uruguay has joined efforts to pursue the universalization of female condom across the country, by institutionalizing a policy meant for the promotion and controlled distribution of the supply. All this, oriented at detecting both strengths and institutional obstacles, as well as for learning about the opinions of users regarding the product. Through the years, this process which has encompassed the introduction to the method has revealed some of the main holdbacks in the consideration of the female condom as an option for protection and birth control by both users and health care professionals.

The project's overall objective was to design and implement a pilot experience for the promotion of the FC among Uruguayan youth and teens over 15 years of age, in the understanding that the approach towards S&RH among teenagers calls for specific designs and implementations where various adaptations, ranging from methodology to communications, must be considered. The project was carried out between February and December 2018 by a technical team from "Iniciativas Sanitarias" (IPPF), under the supervision of an Advisory Committee whose members were: Ana Labandera (Executive Director at IS), Gabriela Píriz (Director of the Sexual and Reproductive Health Area of the ASSE Metropolitan PCN), Mónica Gorgoroso (Sexual and Reproductive Health Area of ASSE), and Juan José Meré (UNFPA´s Advisor on HIV issues).

The methodological strategy for this pilot experience was territorial articulation, considering the Route 8 environment, and specifically the Bella Italia, Villa García and Villa Don Bosco neighbourhoods. During the implementation of the pilot program in the ASSE Metro PCN in 2015, the Jardines del Hipódromo Health Center was one of the centers involved, where institutional commitment was found to produce the successful advice and follow-up of users. This was a key foundation element for selecting the territory to deploy the pilot experience, for there was an existing background both at the health center and at some of the regional polyclinics in that area. In addition to the favorable conditions found as to health organizations, this area also includes an outstanding inter-institutional articulation amongst health services, education centers, civil society organizations and neighbour groups that lead to confirming the selection of the venue for this project.

The intervention work process implied the making of a solid community network to support and sustain awareness workshops relative to S&RH for teenagers, with health care teams and educational referents, as the framework for a project implying the promotion

[1] At present, the preferred wording to refer to female and male condoms is, respectively internal and external condoms, as part of a systematic effort for de-gendering the use of protection methods and for minimizing the extrapolation of related gender stereotypes. For the purpose of this report, we will refer to female and male condoms only to remain consistent throughout the whole process (Project design, implementation and assessment).

and distribution of female condoms, based on an initial approach towards sexuality, sexual and reproduction rights, and P&BCM. In addition to generating a keen dialog environment for teenagers to clear their doubts, a form to be filled with basic general details was delivered with the idea of a follow-up on the use of female condoms, through telephone or in person (in some cases).

The following pages include a brief description of the implementation of the female condom within the State Health Services of Uruguay –including the elements that led to identifying the need for specific actions for teenagers– and of the approach methods used, as well as the main results considered from three dimensions: inter-institutional articulation, awareness workshops regarding S&RH for teenagers and adult referents, and monitoring of the use of female condoms (opinions about the method, consideration of the method as a protection and birth control option).

BACKGROUND

The (FC) became available in Uruguay in 2013 thanks to a donation by UNFPA of 300,000 units. Since then, the Ministry of Public Health, the State Health Services Administration (ASSE), and UNFPA deployed several strategies for promoting and distributing the supply, in order to guarantee access to it for users who are part of the public health care system[2].

Since 2014, Uruguay has developed dissemination and distribution activities for the FC in a systematic and controlled manner in order to assess the product's acceptability by users of health services, and to identify barriers and strengths amongst health teams, in order to provide informed and assertive advice, and to trace possible institutional gaps that could eventually interfere in the FC distribution chain in public health care services.

The experience of actions carried out in the country (Study on FC Satisfaction of 2014; Pilot Programme for the Promotion and Distribution of FC in 2015, and Scale Experience in 2016) had enabled access to native and updated data regarding the use of FC and their distribution chain. Additionally, the whole process was monitored and assessed by the various stakeholders involved, thus allowing for the identification of weaknesses along the way, and strengths as well. The continued systematization along all the stages in the strategy's implementation promoted the accumulation and opportunities for exchange and learning. Considering the empirical evidence from other countries in the region proved basic in this sense, where other FC projects have been implemented, including joint work with the rest (Global Consulting on Female Condom – Zambia, 2014, Regional workshop on Comprehensive Condom Programme - Panama, 2015).

The comprehensive condom programme is a key component in the dynamics of the necessary synergy and integration of public policies relative to HIV and Sexual and

[2] Despite the fact that the FC is also available to private health care givers, not all of them have requested the product.

Reproductive Health at the strategy, programme and services level, oriented to the right to healthy, responsible and enjoyable sexuality. Of all the P&BCM currently available, only the male and female condoms provide a double protection against unwanted pregnancies, sexually transmitted diseases and HIV. But the female condom is, most of all, a key tool in overcoming the barriers that women encounter in negotiating their sexual and reproduction rights, as they enable them to have control over their bodies and promote autonomous decisions regarding their bodies, their sexuality and their health. The FC has then become a useful element for reducing inequity gaps, allowing for equal opportunities in decision-making, advancing in sexual and reproductive autonomy, diminishing and gaining protection against risks, and guaranteeing equal results for males and females.

Sustainability for female condom monitoring has been a sign of political commitment in the S&RH field, where the Ministry of Public Health of Uruguay and ASSE have pointed out three elements oriented at universal access: scaling monitored promotion of female condom to the departments located along the northern national border, the decision by authorities to enable private health care services to have access to female condoms, and the country's first acquisition of female condoms.

Studies carried out have clearly evidenced that women who use FC have expressed very positive opinions (87% in 2014, 76% in 2015, 77% in 2016, and 86% in 2017); and a high number of such women would be willing to continue using it in the future (84% in 2014, 70% in 2015, 81% in 2016, and 82% in 2017). Additionally, based on empirical evidence, it was possible to identify the two main fields that encounter the main problems in guaranteeing access to the method: distribution logistics and reluctance by some health professionals to proactively include the FC in advice regarding P&BCM. It is clear that, for the FC to become a protection and birth control option for numerous females and males, it will be necessary to guarantee access to the method and to develop information and dissemination campaigns, apart from implementing a strong training strategy for health care teams.

Table 1: Summary of studies on FC acceptability in Uruguay, 2014-2017

	2014 Study on satisfaction	2015 Pilot Experience for Promotion & Distribution	Scale Experience in 2016	Pilot Experience in Rivera's PCN 2017
Nr. of participants	142	90	203	129
% of use	53%	57%	70%	72%
% of use, teenagers	44%	36%	8%	52%
Assessment	87%	76%	77%	86%
Possibilities for future use	84%	70%	81%	82%

The studies have shown that the institutional barriers may be effectively overcome with ongoing training for the teams of health professionals, and with rigorous monitored logistics applied to the method. On the other hand, delivering condoms at clinics has proven to be the most efficient method, thus evidencing, again, the significance of close and comprehensive advice, where the supply and the information are received together. All P&BCM call for a learning process relative to the method's characteristics and functioning, and this is particularly true in the case of the FC, because the related social and cultural barriers may end up acting as discouragement for using it.

Beyond the positive results regarding the FC use and satisfaction among women in general, adult females were the ones most willing to participate and those who most tried the method, while teenagers were not only the ones who had the least participation but also a decreasing participation as the experiences moved forward. This comes to prove that the strategies for promoting the use of FC among teenagers and young women must be changed, and adjusted to the characteristics, needs and concerns of that sector of the population.

In that sense, one of the most significant things learned throughout this pilot experience has been the need for considering specific strategies for communication, recruitment, advice and assistance for the period required to adapt to the method. It seems clear that offering the FC and the process to learn to use it should all be part of activities meant to enhance knowledge about our own bodies and sexuality, as well as the capability for decision-making regarding sexual and reproductive health, from a perspective of rights and gender equality (autonomy and empowerment).

Despite the efforts made in understanding the reality of the users of health care services and their behavior and opinions regarding the FC, teenagers and youth constituted the age group that proved more difficult to approach and with the lowest rates concerning the use of the method. The various experiences applied in Uruguay indicate the need for a specific approach for this group of the population, with closer work oriented at reproductive and sex education rather than just relying on promotion efforts. It is then necessary to ensure that the information regarding this method, including its features and ways to use it, reach teenagers within a broader framework of awareness as to their sexual and reproduction rights, their bodies and the decisions made about their bodies, along with the free and full exercise of their sexuality. Working with teenagers and youth on issues relative to sexual and reproductive health calls for an approach that must take into account aspects such as self-esteem and negotiating skills (for instance, at the time of using a P&BCM), as well as the consideration of the main sources of information available in this respect.

SEXUAL & REPRODUCTIVE HEALTH and TEENAGE IN URUGUAY

Amidst substantial achievements in the rights agenda implemented in Uruguay since 2005, significant advances were made in the legislative, regulatory and programmatic fields concerning sexual and reproductive health. The main referential framework is Law Nr. 18426 on Sexual and Reproductive Health Rights (passed in 2008, and regulated in 2010 by virtue of Decree-Law Nr. 293 / 010), whereby comprehensive and inclusive equipment, services and benefits are guaranteed. These are all a consequence of political will and commitment by the Uruguayan Government to the ICPD[3]'s agenda and the regional agenda of the Montevideo Consensus (2013), in addition to the claims and actions that have been maintained through decades by social organizations –mainly women and feminist groups.

Within such context, ensuring universal access to protection and birth control methods as a mandatory service for the whole National Integrated Health System has been part of the strategies in place by the Ministry of Public Health to guarantee sexual and reproduction rights. The package includes combined oral hormonal contraception, monophasic and triphasic, progestin oral contraceptives, emergency methods, condoms, IUD, fallopian tube ligation and vasectomy. The inclusion, in 2010, of P&BCM as part of the national budget was deemed a very significant step forward, since it meant sustainability for yearly acquisitions.

Throughout this process, the United Nations Fund for Population Activities (UNFPA) has been a strategic partner for the Ministry of Public Health, and for the main public health care provider, ASSE, by means of technical and financial assistance to aid in designing and implementing norms and programs and to gain access to quality supplies at lower costs, while strengthening the guaranteeing policies and widening the availability of supplies for the population. Since 2013, support has been received in Uruguay for implementing pilot experiences to introduce and monitor new methods like the subdermal implant and the female condom.

Promoting the female condom is part of the global and regional actions to support the comprehensive programming of condoms, on behalf of the United Nations System. A key strategy for covering and expanding the demand for condoms is to ensure availability and distribution of high-quality condoms and to strengthen institutional development in advocating for a sustainable programme in the long term.

In Uruguay, youth and teenagers from 12 to 29 years of age represent 27% of the overall population (INE, 2011). Transition into adulthood is usually a quite complex process where individuals gain autonomy, and the possibility for self-support as young people arrive at their adult roles. There are milestones of such transition like starting to work, finding a

[3] ICPD International Conference on Population and Development, 1994.

partner in life, and parenthood (Sattersen et al. in Varela Petito & Fostik, 2010). As this transition takes place in the teenage stage of individuals, the ways and moments are not regular for all, since they depend on multiple cultural, economic and legal aspects, as well as on factors associated with families and social models, among others.

Sexuality during the teenage years entails specificities, and particular needs and demands, all of which lead to defining or starting a level of autonomy and empowerment, where the gender variable is of the essence (López Gómez, 2015). Representations regarding what is female and what is male are articulated from an early age and they condition the sexual and reproductive practices that take place throughout a lifetime. As in other stages of life, bonds and behaviours amongst teenagers are governed by relations of asymmetric power, with stereotyped roles. Maternity is among the most categorical representations and symbols attributed to what is female. The de-articulation of the symbolic and material bond between sexuality and reproduction is one of the first steps in generating conditions for women to exercise their reproductive autonomy. Defining reproductive autonomy as the degree of freedom that a woman has to act in accordance with her own will, and not with the will of others, implies the possibility of carrying out projects, producing actions to achieve them, and having the conditions to materialize such decisions (Magnone-Viera, 2014).

The existence of varied P&BCM at low cost or free of charge facilitates their use and continuity among women; however, making them available is a need but not a sufficient condition. Having women consider P&BCM as their own, using them on an ongoing basis with satisfaction will depend on a variety of aspects that include autonomy and empowerment. Even when the application of methods controlled by the woman, such as the FC, does not imply in itself the necessary degree of autonomy and empowerment, sometimes this is possible and others they become a tool to facilitate the necessary process (Mantell et al., 2006). The FC and what its use implies (the decision to use it, obtaining it, and inserting it) aid women in their negotiations regarding the use of condoms, as this increases their self-esteem, self-knowledge and self-care, while allowing for an opportunity for women to talk about sexuality, pleasure, their bodies and desires, with both their sexual partners and with other women (Golubb, 2000). Additionally, the inclusion of the FC among the array of protection methods generates a synergy with the male condom, thus defining safe sex practices in the long term (PATH, 2006; Golubb, 2000).

The latest National Survey on Youth has revealed that 20% of teenagers and youth in Uruguay are parents (ENAJ, 2013). Even when the survey shows that there is an increasing number of young people with children as the age group considered is higher (4.9% of teenagers aged between 15 and 19 have had children, while the percentage is 44.3% among those aged 25 to 29) it is also a fact that the number of young women with children exceeds the number of males with children – one out of every four young women has had at least one child between the ages of 12 and 29, while among males, it is just over one

out of every ten. Likewise, analyzing this data based on income- related quintiles evidences that in lower income groups, the number of young people with children exceeds the number of young parents with higher income.

On average, males have their first sexual relation at age 15, while females start their sex life at 17; these ages are two years below for both sexes, on average, in the case of the lower income groups. Another interesting figure is that 9 out of 10 teenagers and youth who have had sexual relations have admitted using contraceptive methods. The method most widely known among young people is the female condom (95.6%), followed by pills (91.8%), and the IUD at 53.7%. Nevertheless, as higher income groups are considered, there is a higher rate of youth and adolescents using contraceptive methods, with a marked difference between the first and last quintiles relative to income (82.8% and 96.1%, respectively). Such data indicates that, women are more knowledgeable about all contraceptive methods, with a proportion that decreases as individuals considered are from a younger age group or otherwise belong to the lower quintiles relative to income.

In the case of the FC, only 34.5% of teenagers and youth knew about it, with a greater percentage of them among females (38%) than among males (31.1%) (ENAJ; 2013). As is the case for other methods, knowledge about the FC increases among higher age groups (34.3% for those aged 15 to 19, and 38% among those aged 25 to 29). The same happens in the analysis that includes the income variable: the higher income quintiles show a greater proportion of youth who are knowledgeable about this method (27.5% for the lowest quintile, up to 42.6% for the highest). This data supplements other information derived from various studies revealing that: the percentage of teenagers unaware of their rights is higher among females in the lower-income quintiles who have a lower level of education and have already had children (MYSU, 2013).

The study on Needs and Demands relative to Sexual and Reproductive Health in Uruguayan Teenage Females (MYSU, 2013) revealed that 42% of the women surveyed expressed having used one method exclusively controlled by them in their last relationship (36% pills, 5% IUD, 1% monthly injection), while 54% relied on male condoms, and only 4% mentioned having used double protection (condom plus another high-efficiency contraceptive method). This study also showed that adolescents obtain information on sexual and reproductive health mostly at education centers, followed by the family environment, and to a lesser extent from health care services. In this sense, education centers are a privileged space for promoting knowledge about SRR.

PURPOSE OF THE PROJECT

Overall: To design and implement a pilot experience for promoting the FC among Uruguayan teenagers and youth over 15 years of age.

Specific:

1. Defining messages and communication materials and tools (digital and on paper) relative to the FC aimed at adolescents and young people, considering the specificities of this population (codes, aesthetics, format and support).
2. Train health care teams and educational referents regarding the features of the FC, its promotion and use amongst teenagers and youth.
3. Implement training activities relative to sexual and reproduction rights, P&BCM, and the FC for teenagers and youth.
4. Generate an initial approach towards opinions, practices and behaviours in adolescents and youth regarding the FC, and identify factors that enable and hinder the use of the FC within that age group.
5. Define recommendations for guiding the future design of strategies to promote the FC among teenagers and youth, within the public policies applicable in relation to sexual and reproductive health.

WORK METHODOLOGY

Abundant evidence points at the different sociocultural barriers encountered in adopting the female condom as a regular method. In the case of teenagers, their doubts concerning sexuality, in addition to the scarce information available, and their lack of awareness regarding their own bodies are all aspects that turn the approach towards this method even more difficult.

The strategy proposed implies a comprehensive approach that involves educational organizations, health centers, and the whole community as well. As mentioned, health centers are not the main source of information regarding protection and birth control methods, therefore, any proposal aimed only at generating ability and awareness at health centers would prove mistaken. Education centers and the community as a whole should become promotion agents for the method, making it better known and reaffirming its presence, thus allowing it to become a possible option for teens. We should recall that all references from peers play a central role in this stage in life. Therefore, we must consider that the teen public will take the female condom into account upon the validation and legitimation provided by their peer groups. And that will only be possible by working in the direction of an approach and "naturalization" of the method that must be part of the birth control and protection methods available.

The pilot experience with teenagers was carried out in the Jardines del Hipódromo neighbourhood. The health center there has one the greatest levels of coverage within the city of Montevideo and its metropolitan area, providing services to approximately 2,500 teenagers aged 15 through 19. Additionally, the decentralized clinics at Jardines del Hipódromo have accumulated experience in working in combination with the area's education center, and this is a key element for the type of task that will be undertaken. High School Nr. 58 "Mario Benedetti", along with High School Nr. 25 "José Belloni" and the UTU (Uruguay's Technical College) of Bella Italia were the centers proposed[4].

The roles played by the community and by various organizations from civil society working with young public were fundamental for defining the work strategy towards promoting the FC. A central part of the process lies in the training provided to the adult referents in relation to sexual and reproductive health awareness, enabling them to be part of the process as they strengthen the work done on sex education, already implemented by the health team in charge of teenagers and youth covered by the services.

Towards fulfilling the objectives set forth, a pilot strategy design is proposed to approach the following components:

[4] All three cases are centers corresponding to public secondary education.

a) Building the demand

The first step in this project was to generate the conditions and the commitment necessary for all the relevant institutional stakeholders supporting this proposal to have due knowledge regarding the proposal and be aligned regarding the work strategy involved. The previous stage that includes introducing the project and generating strategic alliances with the area's education centers, health centers and organizations from civil society proves to be of the essence. In order to attain such inter-institutional articulation, a Consulting Committee is to be defined for the project, including experts from the participating organizations (ASSE Metropolitan PCN[5], UNFPA, Sanitary Initiatives and project coordination) so as to guarantee institutional agreements and the proposal's sustainability with the passing of months.

b) Training with adult referents

Training instances for the adult referents of educational and health centers involved are meant to provide up-to-date knowledge and skills that will enable them to accompany the process for promotion of the FC among teenagers and youth, with an approach founded on gender rights and equality. The training considers the specificity of the participating health teams for their approach will take place, mostly, at clinics.

c) Training with teens and youth

Promoting the FC among teenagers and youth is part of a schema that involves three training activities dealing with a sequence of contents: 1. Sexual and reproduction rights, 2. Body, self-care and sexuality, and 3. Female condom. The approach and the advice provided by health centers at clinics may be implemented on an individual basis or otherwise aimed at small groups. Educational activities will include both males and females, in the understanding that the promotion of the FC is focused on self and mutual care, as well as on gender equality.

d) Multiple and adapted communications

Contents and means of communication regarding the FC took into account the sociocultural characteristics of teens and youth in terms of aesthetics, language, support, and other aspects. Contents will be spread through a variety of formats, such as traditional material like leaflets, posters and fact sheets, augmented reality material, tutorial videos, minute-statement videos, among others. Availability and publication through the social networks will prioritize Facebook (the project's own wall), WhatsApp, Twitter, specifically. Likewise, all FC offered will include adequate, appealing and practical packaging, with all material included.

[5] ASSE: State Health Services Administration. PCN (Primary Care Network of the Metropolitan Area.

e) Timely and permanent Access to the FC

Facilitating timely and permanent access to the FC for teens and youth, including replenishment, represents a key aspect of the pilot experience. For the case of teenagers and young people gathered through health centers, FCs will not be provided through pharmacies, so this must be implemented at each health center, mainly by means of the clinics of professionals associated with the project in order to provide the method in a permanent and adjusted way. For the case of teenagers and youth gathered at educational centers, the first provision of FCs is to take place at workshops stage, with replenishment guaranteed through an agreement with the closest health center. In both cases, arrangements are to be reached with the Ministry of Public Health, ASSE, and more specifically the PCN, in order to have sufficient female condoms that will ensure coverage for the whole period of the project.

f) Process monitoring and assessment

One of the main objectives in the project is to obtain accurate and systematized data regarding the use of FC by teens and youth, as well as in relation to their opinions about their experiences with the device. To that end, the whole process is to be monitored and the main results duly assessed, based on the analysis of quantitative and qualitative data for accessing opinions and experiences relative to the FC. We propose the triangulation of two techniques: a brief survey (a questionnaire to be applied prior to the use and another one after the use), and semi-structure interviews to be held with the youth. For this particular pilot experience with teenagers and youth, the creative and timely responses to the challenge of the follow up are basic for success. The follow up starts during the in-person instances, and it must clearly and assertively establish the multiple means of communication available to guarantee confidentiality and total discretion. It is necessary to adapt the promotion tools in relation to the public that the activity implies, so, in order to access the universe of the young and to speak their language, we must be present in the social networks. The communication and sustainability strategy for the project includes the creation of a space on Facebook, Twitter and Instagram as privileged means of communications for the interchange with the young. Such tools enable the posting and sharing of information, while ensuring advice in real time, in addition to the fact that they are a space for public exchange, with chances for establishing private contacts. Likewise, a telephone line will be in place for the young people to make free inquiries through Whatsapp as well.

BUILDING STRATEGIC ALLIANCES

As mentioned, the outstanding feature in executing this monitoring plan for the use of female condoms among teenagers is the application of a community intervention strategy that articulates and empowers the specificities and strengths of different organizations from the education and health areas, as well as from civil society and the community in general.

The fact that this project was devised from a community perspective in search for establishing capabilities within the community and focused on making the female condom known as a protection and birth control option, the venue selected was Villa García, a location that hosts two polyclinics that are part of the Jardines del Hipódromo health center, and has a number of education and youth centers, in addition to a community network of neighbourhood entities.

The institutional articulations enabling the project's implementation started as of February 2018. The project's coordinators and the management committee met on several occasions to agree upon the conditions for carrying out the project, to select the venue and to adjust the input in the area selected.

After defining the territory, the team held a meeting with the directors of the health center at Jardines del Hipódromo for explaining the proposal and determining the conditions and scope for the project. As in previous years, the support provided by the Metro PCN team was of the essence for establishing the agreements and for the health teams to identify references at the territorial level.

The project was later introduced to the referents from the de-centralized polyclinics "Don Bosco" and "24 de Junio", which would play central roles in the process. The health teams at these polyclinics work in close contact with the community actors from the area. They already had accumulated joint work, significant knowledge about the territory and its population, and also had a strong will to join and support the proposal. The referents from the polyclinics arranged for our meeting with the education centers in order to present the proposal.

The "24 de Junio" polyclinic is located within the slum that bears the same name. Family doctor Ms. Virginia Sabaris was the team member assigned there as referential physician of that community.

The "Don Bosco" polyclinic is located along Route 8 (Kilometer 16), on a lot donated by Priest Don Bosco. As in the other polyclinic, there is a family doctor, Mr. Daniel Hazan, who is the referent for that community. Both polyclinics include nurse offices, a service assistant and a caretaker working there from Monday to Friday. Other professionals working there

–like a pediatrician, a psychologist, and a social worker– are on duty once or twice weekly. Gynecology and dentistry are services available only at the Don Bosco polyclinic.

The first education center selected was the Villa García High School, considering its nearness with the Don Bosco polyclinic and the number of students attending the institute. As we commenced working at this center, the referential psychologist informed that the school only allowed working with students from the basic cycle (a population aged 12 through 15). Since that was not the project's target population, it was decided to work with the UTU institute, which despite the fact that it receives students from 12 years of age and up, it was allowed to include its whole population (approximately 180 students from all grades). The idea was to include the younger students in the awareness aspects. Initially, the venue was to be the high school premises. However, since no referents were appointed for the project for groups aged 15 and up, the center was redefined towards the UTU facilities as the education center to be worked with as reference.

The coordination instances with the principal at the Villa García UTU institute showed great receptiveness for the proposal, in addition to the quick appointment of referents to enable to project to advance. The facilities were made available, and bonds were soon established with the teachers in charge of the various groups. The student population at UTU is quite smaller than the high school population. At the start of the school year, the total of students registered was 195, though the number decreased as months went by due to the significant drop out figures that affect the educational system at that level. However, the interest shown by both the authorities and some of those involved was much greater. Despite the fact that the degree of involvement among the referents was quite different, the support received from the principal compensated the difficulties encountered in the necessary coordination with the various groups. The age group we were to work with included teenagers from 15 to 19 years of age, but the center's population starts at age 12. The principal requested that the younger students be included in the awareness instances, for she considered the workshops as a great opportunity for implementing sex education in the classroom, as the subject was not being implemented by the institute. In that sense, it was agreed that we would work with the whole student mass at UTU, thus allowing for a more in-depth appropriation of the proposal at the institutional level.

Following several meetings with the principal, the referents and the teachers, the work with teenagers started in late July 2018[6]. During the first workshop instance one of the teachers expressed that she was very pleased with the proposal and suggested that it would be desirable to replicate it at the youth residence where she also worked (the Marist brothers youth center). That was the start of a coordinating activity with the youth centers in the area, which became a very interesting and fructiferous finding for the purpose of the

[6] The original plan was to start working in May-June, but the commencement was delayed due to budgetary reasons.

process set out for. This meant a full merger with other relevant stakeholders from the community who were not considered from the start of the project, and their inclusion proved to be a complete success[7].

It was also decided to include teens and youth from the neighbourhood's polyclinics in the follow up made regarding the use of FC. Therefore, the registration forms and the method advice forms were actively provided as part of the pilot experience.

AWARENESS WORKSHOPS

Workshops represented a cornerstone along the process, mainly because they are an indication as to the differences in relation to previous processes that involved the monitoring and assessment of female condoms. The device applied in previous experiences was aimed at capturing users willing to become part of a pilot program, where they received advice regarding the method, they filled out a registration form, and a month later a phone form for follow up purposes. Upon considering the outcome and lessons learnt in previous processes, different health teams pointed at the difficulties encountered in reaching teenage girls with the same recruitment strategy as the one used for adult women. During interviews with health teams, several tips came up that contributed to designing this project, taking into account the added difficulty in the work of aiding teenagers regarding the use of this method. In addition to sociocultural barriers typically encountered in relation to the female condom and female sexuality, there is the lack of knowledge in teenagers regarding their own bodies and their reduced sexual experience. This led to establishing the awareness and advice instances concerning sexual and reproductive health and protection and birth control methods –with particular focus on the female condom– as the key aspects in the process.

We should recall that, the previous pilot experiences carried out by ASSE were aimed at women users aged 15 or more. Another positive difference in this project was that teenage males were included from the start, thus making the awareness instances and the follow up oriented at both female and male teenagers.

The awareness stages focused on three groups: teenagers, health teams, and educational referents. The strategy applied in the case of health teams was the generation of weekly occasions for joining the proposal, with an initial instance for getting to know the project and the advice on using female condoms –in reference to the significant institutional approach that ASSE has implemented as part of the strategic framework for expanding the array of protection and birth control methods available, which includes universalization of the female condom. A project update and follow up instance[8] took place in October with

[7] Three youth centers joined the project: Marist Brothers Home, La Tortuga Cuadrada, and Bella Italia.
[8] The activity was organized with the aid of Dr. Gabriela Piriz and the management team from the Jardines del Hipódromo Center, as well as with the support provided by the Certified Nurse Ms. Mónica Perdomo.

the health teams at the Jardines del Hipódromo Center, attended by the teams from the decentralized polyclinics who were direct participants of the project, as well as by professionals from other entities and from the hosting center (a total of 36 health professionals).

Working with the educational referents turned out to be more unfocussed. Despite the several contacts established with different individuals from UTU, the articulation activity was quite demanding due to the absence of institutional concentration and the impossibility of having a single spokesperson for streamlining the proposal's process. The bonds established with the referents in the cases of youth centers proved to flow more freely, though no specific training was implemented in combination with this group of referential individuals, who instead took part of the various activities carried forwards with the teenagers. A central one-day activity was organized with referents from UTU[9] followed by a number of periodical meetings held with several individuals in charge of the groups involved.

For the case of teens, the same awareness device was applied at the education and youth centers, and the device proved to be the adequate choice for every instance in what concerned an approach towards sexuality and teen rights issues. All this resulted in an awakened interest, in addition to the willingness to make inquiries and an overall involvement with the proposal.

The target audience comprised the teens from those centers, aged 12 and up. The methodological strategy adopted was to work with the different class groups keeping workshops to a maximum of 25 students. The duration of workshops was a double class period (upon a prior agreement reached with teachers), implying a total of 90 minutes each.

The purpose of workshops is the conceptualization of sexual and reproduction rights, conveying sexuality a basic dimension in the life of any individual, considering its development throughout a whole lifetime. The idea is to include the gender and sexual diversity approach, recovering some of the main myths that exist regarding sexuality (gender stereotypes). The workshops focus on options for protection and birth control available to the youth, and aim at identifying the function of each protection and birth control method, including advantages and disadvantages. The conceptual emphasis made on this workshop revolves around decision-making and the empowering process of exercising our sexuality and our reproductive life cycle in a free and well-informed manner.

[9] With the participation of Dr. Gabriela Piriz.

Workshop summary:

*Introduction and icebreaker game: introduction to the individuals in charge of the workshop, framework of the project and explanation of objective and contents for the day (dynamics of introduction of participants with a ball that is being tossed around to say name, age and first idea that comes to mind regarding sexual and reproductive rights). The outcome is recorded on a blackboard to use them as input to work with at the general meeting.

*Gender stereotypes: dynamics that include post-it notes to work on myths and prejudice regarding activities associated with males and females, not only in relation to sexuality but in general. Each participant writes ideas on post-it notes on his/her opinion of how a boy and a girl should behave (not necessarily ideas with which they agree, but those ideas they understand are part of the opinions present in society). They then place those mandates on a male and a female peer who offer themselves as volunteers for that activity.

*General discussion with the outcome obtained in working with stereotypes: the activity revolves around the concepts of sexuality, gender and rights.

*Introduction of the female condom and advice: space for exchange, queries and demos on the use of a female condom.

*Delivery of condoms, leaflets and form fill-out: introduction to the social networks and spaces for inquiries.

*Synthesis and closing.

*Snack with the group.

TABLE 2: Workshops organized with teenagers

Venue	Wokshops	Focus group
Villa García UTU	10	2
Bella Italia Youth Center	2	1
La Tortuga Cuadrada Youth Center	1	0
Marist Brothers Home & Youth Center	1	*[10]
Total	14	3

[10] Not carried out due to bad weather. Students did not attend.

Outcome of workshops

Some very interesting opinions, discussions and contributions resulted from both the dynamics of the presentation and the space in which we worked with gender stereotypes. Such outcome was not only useful for working throughout the advice instances; it also proved to be a valuable input for the referential individuals who took part in the activities, many of whom decided to continue working on this subject, or to identify the crucial crossroads concerning gender relations and sexuality that call for an approach that requires more extensive sustainability time wise.

Although the procedure indicated they needed not necessarily agree with the expectations or mandates, it was important that they contribute with word associations, tasks and opinions and or evaluations that were generalized amongst society and showed differences for males and females. The outcome was similar in all groups: they managed to locate some of the critical crossroads associated with gender stereotypes, and not only in regards to sexuality, but also in relation to roles considered at a more general level. Below is a synthesis of the emerging aspects encountered:

MALES

(Consent, Women, Strong, Mache chauvinist, Always, Aggressive, Respect, Home, Man, Many, Male, Worker, Brings, Family, Cry, Gentleman, Respectful, Money, Strong, Sex, Rough, Want, Violent, Hit, Skirt chaser, Protection, Care, Considerate, Knowledge, Understanding)

FEMALES

(Protective, Slave, Delicate, Feel, Ideal, Covered, Family, Males, Pretty, Home, Cared for, Pleasure, Children, Perfect Must, Pretty, Housewife, Bad, Cares for, Provocative, Listens, Body, Wrong, Respect, Silhouette, Calm, Manage, Respectful, Seductive, Knowledge, Sexual, Woman)

Among males, the role of provider stands out, with a more significant presence of violence, strength or roughness, and more powerful sexual desire, and with a positive assessment as to pairing off with numerous females. On the other hand, emphasis is put on the role of women as caregivers, associated with housework, and a demurer and more sensitive character, bearing the responsibility of the household's welfare, in addition to subsumed or annulled sexual desire, with particular focus on physical and beauty aspects. The general discussions that followed differed from that. Mostly, the groups managed to question the issues implied in gender mandates and roles though with very varied levels of in-depth and criticism. An aspect to point out is that, in one of the groups that included older members the discussion led to the issued of gender ideology and the thrust recently experienced by feminism, where comments proved to be reactionary and more conservative that those expressed in groups where members were younger. Undoubtedly, this exercise exposed the need, as well as the interest, of teenagers and youth to talk about these topics, often based on their own personal experiences or those of people close to them, used as examples to illustrate their reasoning. Such dynamics were in fact the correct way of doing things, because they left behind a number of key questions that were the perfect accompaniment for the introduction to the female condom as a protection method and some of the barriers that may be encountered in using it.

SOCIAL NETWORKS AND COMMUNICATION STRATEGY

Communications and presence in the social networks were defined as a key component for the project. Considering which tools are available and functionoing for the teenage public is basic for guaranteeing consistency and effectiveness throughout the experience. With that in mind, a Facebook page was created under the name “Bring yourself to the female condom”. Based on the analysis of experts in digital communication and marketing who concluded that the latest moves of teenagers and youth in social networks are on Instagram, a profile on Instagram was also defined, since the age group of the people using it is more related to the objectives of the project. Despite the fact that the profiles of both networks were maintained, all contents were developed for Instagram, where most of the promoted publications were inserted.

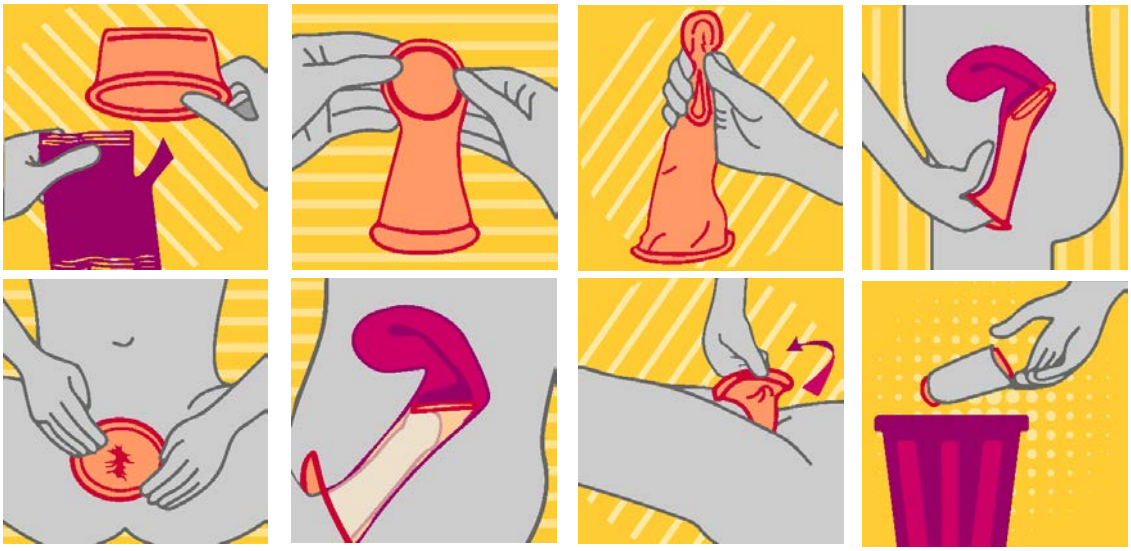
The social network strategy was based on the creation of graphically attractive content, with useful information conveyed in a user-friendly language. Graphic images were created to present the advantages of female condom, along with advice regarding its use. Short audiovisual pieces were also created, for they constitute a very effective format in social networks.

Below are the images published mentioning advantages and advice:

- Cheer yourself to the female condom!
- Did you know that the female condom produces no allergies? It is made of nitrile, not latex.
- Did you know that you can put in the female condom up to 8 hours prior to sexual intercourse?
- The female condom conveys a sense of pleasure because it warms up to your body temperature.
- The female condom is not tight on the penis because it is applied inside the vagina.
- The female condom is discarded after one use. Do not use it together with a male condom because friction may cause them to break.
- Did you know that the female condom covers all the internal and most of the external female genitals as well as the base of the penis? That´s why it provides greater protection.
- Just like the male condom, the female condom must be discarded after one use.
- The high lubrication of female condoms making it easier to insert it, and facilitating sexual intercourse.
- Did you know that it is not necessary to remove the female condom immediately following an ejaculation?
- The female condom is a triple protection method:
  1) It prevents unplanned pregnancies.
  2) It protects you against sexually transmitted diseases like syphilis, gonorrhea, chlamydia, HPV, and genital herpes, among others.
  3) It protects against HIV-AIDS.

There was an intention to keep consistent aesthetics, with visually appealing images and sight-friendly, with minimum texts for quick and simple reading. These contents were published between September 6th and October 17th, 2018. During that period, the contents were viewed by 28,405 users of Instagram. In the case of Facebook, a total of 1,230 individuals were reached. The difference lies in the decision to concentrate paid-for promotions on Instagram.

Among the contents with a greater impact were the graphic instructions regarding the insertion of the female condom which were accompanied by an explanatory text:



2,741 individuals were reached on Instagram with this publication, and an additional 2,925 on Facebook. Due to the regulations that govern both networks, neither of them allowed for a paid-for promotion, so this means that the 5,666 people who viewed the publication did so in an organic manner. Following these contents the three audiovisual pieces were published. All of them implied brief explanations in a clear language.

The first audiovisual piece implied a one-minute video by gynechologist Gabriela Píriz explaining the main advantages of the female condom. This publication reached 8,106 people on Instagram and 5,430 on Facebook.

The second audiovisual piece consisted of instructions for inserting the female condom, explained by midwife Rocío Valerio. This was a 3-minute video that reached 14,178 individuals on Instagram and 5,339 more on Facebook.

The third audiovisual piece was created on the basis of the workshop carried out with young people from the Bella Italia Youth Center. A total of six people participated in it, explaining some of the advantages of this contraceptive method and inviting other youth to try it out. This video was viewed by 24,263 people on Instagram and another 2,514 individuals on Facebook.

The public reached in the two social networks consisted mainly of females who are younger than 24 years of age, most of whom live in the capital city of Montevideo.

Considering the informational objectives in creating the projects profiles on social networks, an insteresting aspect to take into account is the number of individuals who “saved” the publications on Instagram. This function enables users to keep contents published by other profiles to have quick access to them in the future. The contents published on Instagram were “saved” 360 times. The instructions that explain the insertion of the FC (in both their graphic and audiovisual formats) and the video recorded with adolescents from the Bella Italia Youth Center were the most “saved” publications.

Additionally, queries from young people were received through private messages on the Instagram platform. In all, there were 22 queries received and answered, most of which concerned the ways in which female condoms may be accessed in Uruguay.

MAIN RESULTS FROM THE FOLLOW-UP ON THE USE OF FEMALE CONDOMS

Profile of adolescents and results from use

Below are the results obtained with the two forms used throughout the project: one applied upon the end of each workshop, and the other used in telephone calls made to each participant who had filled out the registration form at the workshops.

We should recall that, as part of the agreement reached with the Villa García UTU College, the project was implemented with the whole population of that education center, which included students younger than 15 years of age, not intended as the target population for this study. However, they took part in both the workshops and the follow-up, but with some questions relative to their opinion regarding the method and possibilities for them to use it in a near future.

The total number of teenagers and youth surveyed during the study amounted to 212 cases, divided into 96 males and 116 females.

Table 3: Participants

N= 212
Males: 96
Females: 116

Regarding the age of the population surveyed, the average age is 16.4 years old. Most of them are between 12 and 14 years (38.3%) and between 15 and 16 years (23.5%).

Table 4: Ages of participating adolescents

Age	Percentage
12-14 years	38.3
15-16 years	23.5
17-18 years	19.6
19-20 years	5.7
over 21 years	12.9
Total	100

113 teenagers and youth who took part in the project had already experienced their first sexual intercourse. The average age of those who had sexual relations was 15 years old.

Table 5: Average age at first sexual intercourse

Average age at first sexual intercourse: 15 years old
Females: 15 years old
Males: 14 years old

On average, males start their sexual relations one year before females, as part of a trend in data recorded at the national level. (ENAJ, 2013)

Table 6: Individuals who had sexual intercourse, per sex

Did not have sexual intercourse	Female	24	46%
	Male	22	
Had sexual intercourse	Female	31	54%
	Male	23	
Total			100%

Those who had intercourse use mainly the male condom (44%), followed by oral contraceptives (29%) and subdermal implants (6%). Almost 2% stated using the FC as a regular P&BCM. This is a match with the trend in the use of methods from previous studies.

Table 7: Usual method for those who had intercourse

P&BCM	%
MC	44.3
Contraceptive pills	29.1
Subdermal implant	6.2
FC	1.8
Other	9.8
Does not use	6.1
Does not respond	2.7
Total	100

The question about sexual orientation implied some difficulties at the time of answering it. In fact, it was the question that required the most assistance during the filling out of forms at the workshop. This is an indicator that many aspects about sex education are not present or are not managed smoothly by teenagers and youth. 68% declared themselves heterosexual, while 5.8% said they were bisexual, and not even 1% saw themselves as homosexuals. On the other hand, the percentage of individuals who did not respond was very high (24%), thus indicating an under-recording of non-hetero conformity orientations for which several hypotheses may be drawn: lack of information, discrimination, and lack of spaces to work and express themselves regarding sexuality-related issues.

Table 8: Sexual orientation

Sexual orientation	%
Heterosexual	68.6
Bisexual	5.8
Homosexual	0.9
Pansexual	0.6
Does not respond	24.1
Total	100

14 individuals had children, and all of them were females of an average age of 24 years old.

As in previous studies, the telephone follow-up was not easy to organize due to the continued changes in telephone lines that users have. This is a frequent feature among the population of users of the ASSE health care services with whom we worked in previous follow-up experiences with the female condom that makes it hard to find them in order to query them afterwards. This was an added complication of reality, because the study was aimed particularly at adolescents, and the varied use of cell phones, with the increasing changes in phone numbers made the challenge greater than in other experiences.

We managed to contact 122 teenagers and youth through the telephone or at the venue where the focus groups had been organized. Among them, only 25 used the female condom (21%) during the period of the study.

This is consistent with previous studies indicating a low percentage in the use of the female condom by adolescents, but it's a higher figure than that of the scale experience of 2016 (8%). We must also recall that the absolute number of teenagers taking part in studies is always low, and that's something to take into account when interpreting data. This is the first study carried out exclusively with adolescent population (females and males).

As shown in the following table, girls used it more than boys, thus showing that females are more receptive to including the method. This explanation may also result from the fact that, in general, females undertake greater responsibility for care during sexual relations and for the use of protection methods.

Table 9: Use of the female condom

	% of use of the FC	% of NON-use of the FC	Total
Females	14	41	55
Males	7	38	45
Total	21	79	100

The average age of those who used the female condom was 18 years, an age over the average age of participants in the project. One of the hypotheses for this study related to the difficulties that adolescents could probably encounter in including a P&BCM such as the female condom, because it implies knowledge about one's own body, in addition to overcoming a series of prejudices related to sexuality. In a way, the average age of users confirms that possible explanation.

Those who used the female condom indicated that the feeling during intercourse is the same as with the male condom (32%), while other found it more comfortable (28%), and other considered it uncomfortable (20%).

Table 10: Feelings during sexual intercourse with the female condom

Feeling with the FC	
Same as male condom	32%
More comfortable	28%
Uncomfortable	20%
Other	8%
Does not respond	12%
Total	**100%**

In what concerns difficulties to put on the condom or complications during its use, over half of those who used it expressed not having any difficulty (56%), while 24% said that they had some discomfort when inserting it, and the remaining 20% indicated that the discomfort occurred during the use. These expressions are also in line with previous studies, where difficulties and discomforts perceived by users could be explained by the little experience in the use of this method. All these aspects tend to be less significant as knowledge about the method increases along with the regular practice of the method and more familiarity with it.

Table 11: Difficulties during use or insertion

Difficulties in use or insertion	
None	56%
Discomfort during insertion	24%
Discomfort during use	20%
Total	**100%**

When asked about the method's disadvantages, those who took part in the follow-up most mentioned the size (32%), while 22% spoke of the insertion and 19% referred to discomfort. 12% of the adolescents said that they found no disadvantages. This response is an interesting guide to verify that the female condom calls for a specific and sustained work with the teenage population.

Table 12: Disadvantages

Disadvantages	%
Size	31.6
Insertion	22.1
Discomfort	19.5
Other	14.6
None	12.2
Total	100

Regarding the advantages identified on the method by those who were part of the follow-up, the main answer was that it provides autonomy to women (19.5%), and then they pointed out the material and its lubrication (24%), with same figures for those who mentioned the possibility of putting it on prior to the sexual relation. They also emphasized that this means a new protection and birth control option that is added to what is available.

Table 13: Advantages

Advantages	%
Female autonomy	19.5
Material & lubrication	24.4
Possibility of putting it in prior to intercourse	24.4
Added to a P&BCM	17.1
Other	14.6
Total	100

All individuals contacted for the follow-up provided an assessment on the method, which proved quite positive: 79% of the adolescents stated that they considered it a good or very good method, while the remaining 21% said that they considered it average or bad.

Table 14: Overall assessment of method (those who used it and those who didn't use it)

Assessment	%
Very good	28.6
Good	50.0
Average	16.6
Bad	4.8
Total	**100**

Among those who actually used it, the assessment maintains the same positive ratio: while 80% stated that the female condom was good or very good, 16% said it was average, and l 4% did not know what to answer.

The assessment by gender indicates that 89% of the males and 75% of the females said that the method was good or very good, with the positive assessment by males being slightly higher than among females. 25% of females said that the female condom was average, and 11% of males did not know how to classify it.

Table 15: Assessment on the use of FC, by sex

	Females	Males	Total
Very good	37.5	22.2	32.0
Good	37.5	66.7	48.0
Average	25.0	0.0	16.0
Does not know	0.0	11.1	4.0
Total	**100.0**	**100.0**	**100.0**

When asked if they would use it in the future, the main answer was Yes (40%) maybe on some occasion, while 27% didn't know, and 24% stated it was possible. Only 9% said they would not use it. This answer indicates, once again, that with advice and closeness to the female condom, the method could be deemed as a protection and birth control option.

Table 16: Possibility of including the method in the future

Use in the future	%
Yes	39.7
Possibly	24
No	9
Does not know	27.3
Total	**100.0**

For the purpose of the follow-up, it is of the essence to explore the reasons for not using the method among the teenagers and youth whom we contacted for the follow-up but did not use the female condom in the three-month period.

As evidenced in the previous follow-up experiences, the main reason for not using was the absence of sexual relations during the period monitored. This time, the figures were 25% higher than in previous studies. This aspect was taken into account for the follow-up from the very beginning, because the frequency of sexual relations amongst adolescents could be lower due to location and opportunity reasons. As an additional consideration, the term of the follow-up was longer (90 days) than in previous cases (30 days). In order to optimize the follow-up to the maximum extent possible, an average of 5 calls were made to each person in order to have access to their answers regarding the method analyzed.

Table 17: Reasons for not using the female condom

Reasons for not using FC	
Had no sexual intercourse	55%
Uses a different CM	17%
Considers it uncomfortable	17%
Had no access to the method	2%
Other	9%
Total	**100%**

And last, the reasons for not using were the following, according to gender: males were more than the females who said they did not use the method because they had no sexual intercourse (52% against 37%). Females found the method slightly more uncomfortable than males (15% against 11%), and 3% of the females said they did not access the method and the answers of not knowing were considerably higher among females than among males (25% against 15%). The use of other methods does not indicate differences between males and females (13%).

Table 18: Reasons to not use, by sex

	Female	Male	Total
Had no sexual relations	36.9	51.9	43.7
Uses another P&BCM	13.8	13.0	13.4
Considers it uncomfortable	15.4	11.1	13.4
Had no access to the method	3.1	0.0	1.7
Other	6.2	9.3	7.6
Does not know	24.6	14.7	20.2
Total	**100**	**100**	**100**

In sum, some of the findings in the first approach towards the opinion of the teenagers and youth inquired regarding the female condom indicate that, the method has been scarcely used. However, the overall assessments (by both users and non-users) turned out to be positive. A positive assessment of the method was the opinion of those who used it, with 80% of them stating that the method was good or very good. 40% of the users of the female condom asserted that they would continue using it in the future, and 24% expressed that continued use was a possibility. As the trend shown in previous studies, the main reason for not using FC was the absence of sexual intercourse during the study´s monitoring period (55%).

The adolescents who still did not have their sexual initiation, aged 12 through 14, were inquired regarding their overall impressions from the workshop and in relation to the FC, for they expressed in advance that they did not feel prepared to provide answers in the follow-up. This enables a more qualitative and highly developed survey of perceptions,

with the generation of an important input that served as evaluation for the workshops and what was conveyed in them in relation to the female condom.

In what concerns the workshops, an ample majority of the participants expressed their satisfaction, and considered the workshop information very useful, in addition to mentioning that they felt a lack of spaces where they could deal with these issues related to sexuality and more specifically to P&BCM. When asked about their overall impression regarding the workshop, they said: “Fine, I learned a lot.”; “I loved it.”; “It was good, very interesting.”, and regarding the elements they recalled as the most important included the following comments: “We must be careful and use condoms.”; “The different contraceptive methods available and how condoms should be used.” This proves that most of their perceptions related to the use of methods and shows the younger youth are more open minded in this sense.

Along this line, we should also mention the qualitative information obtained through the survey made on teenagers aged 12 to 14, who had never had sexual relations, all of whom replied separately in a special follow-up. Even when they had not used the FC, and being quite far from that possibility due to their age, it became evident that the information was taken into account and they had their own opinions anyway regarding the method, based on this initial approach that they had. They expressed the following: “It´s a good thing that there is one for women, I would use it in the future.”; “I already knew about it, but now I learned how it should be used.”; “It is different from the male condom, I didn´t know it existed.”; “It is strange, but I would use it in the future.” These opinions show the significance of taking the method closer to the younger populations, where despite their comments regarding its “size” or how “strange” it seems, they nevertheless have the chance of a real close-up (including a clear idea on how they are applied and the main advantages behind it) that allows them to have FC as part of their possibilities for future P&BCM.

In that sense, it is of the essence to qualitatively explore the expressions and opinions obtained regarding this method so as to have a better perspective of where difficulties or gaps lie in the assessment that adolescents make on the female condom, in order to better define the actions aimed at that specific public.

OPINIONS FROM ADOLESCENTS

This section provides a summary of the discussions held within the three focus groups organized to assess impressions, opinions and proposals by adolescents, as a result of the awareness workshops and their experience with and approach to the female condom.

Access to P&BCM

The focus groups with adolescents evidenced that they have access to P&BCM, mainly at polyclinics, while a minority stated that they buy their methods at pharmacies or supermarkets. The economy factor is key in defining where methods are obtained from:

> *"When I'm short on cash, I get them from the polyclinic." (Teenager, Focus group 1)*

> *"Once, a group of seven of us got together and went to get them. They gave us like 300, there at the Libia Street location. I think that was the first time that we went there to ask for something." (Several teenagers, Focus group 1)*

When asked where they received health care services, they responded that they were users of ASSE Health Services, and some of them were members of the Médica Uruguaya Health Care Organization. The latter expressed that the price of the FC at the organization's pharmacy is the same as in shops. For those who have relatives working for health care services might also find a way to access the methods through them.

Condom dispensers are not a common device with which adolescents may be familiar. Among the few people that accessed dispensers, 11 of them obtained female condoms (3 units cost 10 Uruguayan pesos).

> *"Did you ever request female condoms at health care centers, or were they given to you directly?*
> - *I did, but I hadn't asked for them. They asked me if I wanted to try them, and they kind of talked to me promoting them, and I accepted." (Teenager interviewed, Focus group 2)*

> *"No, not dispensers because you have to pay. It's easier to ask for them […] they are free." (Teenager interviewed, Focus group 3)*

Sexual and reproductive health services

In what concerns sexual and reproductive health services and the bonds of adolescents with health care staff, in general there seems to be certain distance or difficulty in

[11] The dispenser was located at the Libia Street health care center.

approaching health-care professionals, expressed in the form of shyness or uneasiness. In some cases, they admitted having a close relationship implying confidence that enables easier conversations about specific issues, while in other cases, inquiries about S&RH are directed to other individuals (that is, relatives and friends).

> *"I know a gynecologist that makes me feel really comfortable. I can speak about any topic with him and I ask him questions because we have a normal interaction and speaking doesn´t cause me any embarrassment anymore." (Teenager, Focus group 1)*
>
> *"I have a good gynecologist." (Teenager, Focus group 2)*
>
> *"I prefer to ask my mother instead of talking to a doctor. I can ask my mom, but the doctor will give you a different type of advice." (Teenagers, Focus group 1)*
>
> *"If you have any doubts, like something related to the use of methods, or condoms when you have a steady couple and so, what do you do? Do you ask your doctor?*
> - *My aunt is a nurse and I ask her." (Teenager, Focus group 2)*

Women have mentioned having a closer relation to health services than males. Even when the males manage to identify certain references of their own (general physicians, urologists), it is female teens who mention their medical appointments specifically regarding sexuality (in all focus groups). It is interesting to point out that the girls themselves brought up the fact that males take no responsibility for sexual care or health in general. It is mainly the girls who inquire about P&BCM.

> *"They never do anything. They use no condoms, nothing. We always have to be concerned with tests, while boys wear a condom and that's it." (Teenager, Focus group 2)*
>
> *"- What happens is that women are more informed about their health than men.*
> - *They don't care so much.*
> - *At the doctor's it's mostly women and just a few men."*
>
> *(Several teenagers, Focus group 1)*

Nevertheless, some of the teenagers surveyed in the focus groups had never been to a gynecologist. Another comment that stood out among adolescents regarding health care services referred to the quality of services and how "motivated" they feel to speak about these topics. They mentioned the midwife from the polyclinic as someone they were acquainted with in relation with sexuality, but they consider the midwife's task more closely related to pregnant women. The polyclinics at Punta de Rieles and Villa García are the ones more frequently mentioned by the adolescents in the groups, considering them as referential venues for requesting condoms and making inquiries. None of the health care centers (neither public nor private) mentioned at the groups by the teenagers were deemed as friendly. And there isn't a single criterion when it comes to delivering condoms,

both in relation to the mechanism used (upon a prescription or without it) and to the number delivered (3, 10, 15).

Once again, those who go to health care centers to pick up P&BCM are adolescents, while boys stated that their access to condoms is buying them at pharmacies or supermarkets.

Knowledge and use of P&BCM

In general, adolescents are knowledgeable about and capable of mentioning several P&BCM. Contraceptive pills, the male and female condoms, implants, patches, IUDs, injections and emergency pills are some of the methods that all groups managed to identify. They also knew the features of each method and their specific function for protection and/or contraception. When asked about the most common or most used methods, the male condom was the main one mentioned, followed by oral contraceptives.

"- Supposing that the choice is of teenagers, what would you choose between the female and the male condoms?

- *The male condom.*
- *Why?*

Because it's easier to put on.

- *More accessible, it's everywhere.*
- *Do you think it's easier to put on?*
- *A lot easier, the other one is almost impossible.*
- *Could it relate to being easy or to habits?*
- *The female condom is much safer I think, probably habits have a lot to do with it.*
- *We're not used to it.*
- *It is also uncomfortable.*
- *It's like they said, which one was best known, the male or the female condom?*
- *The male condom." (Teenagers, Focus group 1)*

As evidenced in the above quote, condoms have a whole kind of associated speech that may be explained in detail. On one hand, they are aware of the specific features of barrier methods, though in general they prefer contraceptive methods (implant, pills)[12] instead of protection methods. On the other hand, relating condoms (male or female) to an uncomfortable object that reduces pleasure and disrupts the sexual context is something that is also very present in the speech of adolescents.

> *"Actually, I don't like using condoms, but obviously, if I have to protect myself, I do. But with a steady couple I don't use protection […] Before the implant I used to take pills and then I*

[12] The IUD is not seen as a contraceptive option by adolescents.

stopped with the pill and used to take the emergency pill every once in a while." (Teenager, Focus group 2)

Comprehensive sex education

Another critical point among focus groups was the assessment that adolescents made of the sex education they received-receive, or better didn't-don't receive. There are several elements to consider in this sense: one is that they receive very little or no information on sexuality and reproduction topics from educational centers, making these hardly spoken about as natural issues. Secondly, the way in which that information reaches them, sometimes through flyers, without someone to talk to for furthering information or clearing doubts, so the message is in only one direction and not always adapted to the needs or formats adequate for the adolescent public. They somehow see a gap at the formal education level that is present from the start of the high school stage, considered critical, because it's then that they feel more mature and capable of accessing information originating in different sources to which younger kids don't necessarily have any access, according to how they see things.

"I think there should be a referent to provide you with information that you may not find at home, and not just like someone to go and have coffee with. It's something more intimate, you know. That is missing a lot. And some older people also have no idea about certain things, and don't see differences between things." (Teenager, Focus group 2)

"Or like we were going to do last year, that they could give you a paper with explanation on the instructions, without having to talk to anyone, because the other person is a stranger that you have to talk to about that. A paper with instructions on how to use the condom." (Teenager, Focus group 2)

Homes are another space where adolescents expect to get quality information regarding sexuality. However, they admit that their home is particularly a source where they can go for that. Among the groups there are some workshops or isolated instances with the area's health care centers, related to educational centers, but it's something not common (confirming the evidence that health care centers are not the main venues where teenagers and youth go for information on sexual and reproductive health).

"- Nowadays, they don't talk about this at home. There are families that feel a sort of taboo in talking about this, so they simply don't mention it. They will say: 'you will find out when you grow up.' "

- *Maybe it'd be good if we had a workshop with parents, right? To explain to them.*
- *More with the parents of younger children.*
- *Sure! What could be better than feeling confident at home, right?" (Teenagers, Focus group 1)*

Opinions about the female condom

Despite the reluctance expressed regarding the use of condoms in general, and more specifically of the female condom, the adolescents ended up pointing out some aspects in favor of using condoms.

> *"You don't get pregnant; it was another material different from latex. You are protected against diseases." (Teenager, Focus group 3)*

> *"Some guys will tell you that they don't use it because they can't feel anything or because it's too tight and things like that, right? But if you wear it there will be no tightness for him. That's an advantage, and there are no excuses. Or if he's allergic to latex, like they say." (Teenager, Focus group 1)*

> *"- If your partner doesn't want to wear a condom, you wear it and you protect yourself against diseases.*
> - *So, you think it's a good choice?*
> - *Yes, even when there's people who don't want to use it … if you come to think of it…*
> - *Did it ever happen to you that you have intercourse or about to have it and the other person doesn't want to use protection at all?*
> - *Thousands of times.*
> - *Almost always." (Teenagers, Focus group 2)*

The majority of participants in focus groups were females, and it is also a fact that they were more expressive and decided to take part in discussions. When it came to pointing out advantages in using condoms, and specifically in relation to using female condoms, they indicated that it can be considered a tool to argue against the main excused posed by males to not use protection, thus making it difficult to negotiate protection.

> *"- I think it's ok, because men often say that they don't like using condoms, or that they don't have any with them, so always….*
> - *That's a virtue, right? He may ejaculate and you can go on, and that's something impossible with the male condom.*
> - *I think that an advantage of the female condom is that they are made of a different material that seems thicker, firmer compared to the male condom." (Teenagers, Focus group 3)*

> *"- You can put the female condom on up to 8 hours in advance. That's actually the only difference, that you can insert it prior to the intercourse.*
> - *It is better lubricated than the male condom.*
> - *I think they are made of different materials, right?*
> - *Yes, latex is thicker." (Teenager, Focus group 2)*

Additionally, the refusal to use condoms is a constant issue in their speech. When they reflect upon the differences and features of each condom, the final idea is always in favor of the male condom, but when they compare argumentations in a critical and reflexive manner, the advantages of the female condom come up. But it is a fact that the first reaction is always a trend to resist it.

"- Supposing that the choice is of teenagers, what would you choose between the female and the male condoms?
- *The male condom.*
- *Why?*

Because it's easier to put on.
- *More accessible, it's everywhere.*
- *Do you think it's easier to put on?*
- *A lot easier, the other one is almost impossible.*
- *Could it relate to being easy or to habits?*
- *The female condom is much safer I think, probably habits have a lot to do with it.*
- *We're not used to it.*
- *It is also uncomfortable.*
- *It's like they said, which one was best known, the male or the female condom?*
- *The male condom." (Teenagers, Focus group 1)*

Arguments against the female condom are much related to aesthetics, always based on references to the male condom. The construction of the male condom as the general idea of condoms is very present, and it is often detrimental to the possibility of a positive evaluation of the female condom.

"- Putting it on was not the problem. The issue is having it there, it's strange.
I didn't like that part that sticks out.
I think it's fear of being uncomfortable because may say it's uncomfortable, but I don't know really." (Teenagers, Focus group 3)

"- Imagine going around with the female condom in your pocket.
In your wallet (laughs).
You can have the male condom anywhere and it will go unnoticed, but the female condom." (Teenagers, Focus group 1)

Regarding the aspects that generate uneasiness, the adolescents mentioned that the internal ring is what bothers them the most. Along the line of previous studies, the aspects pointed at as negative or as difficulties relate to not being used to it or the lack of familiarity with the method, which in general terms is an advantage, because those are things we could work on through advice and learning about it.

"- What bother is that ring it has. Two rings.
- *The one inside is the one that bothers you, the small one that you fold and goes inside. The inner one is uncomfortable.*

- *You don't feel the inner ring if you put it in right.*
- *Yes, you can feel it. (Showing the condom) You have to fold this in the shape of an eight.*
- *Yes, I saw that." (Teenagers, Focus group 1)*

"- I used the female condom only once, and I didn't like it, it's uncomfortable.
- *How did it feel?*
- *It was uncomfortable. I prefer male condoms, because I'm not the one wearing it, and it's also very difficult to put it in place.*
- *Did you find it difficult? How did you come to know about the female condom? With the workshop we had here, or from before?*
- *With the gynecologist.*
- *Do you want me to tell you how to put it in?*
- *Yes, and you also told me about it.*
- *What was it that you found most difficult?*
- *Did you see the little thing that has to look like an eight when you put it in? Well that, I couldn't put it in, and it was really uncomfortable." (Teenager, Focus group 2)*

"- It is also the habit, because the female condom is not so old. I don't know, it's used just like the male condom. And like you said, if you don't experiment with things like that…
- *It also relates to comfort, right? For example, I don't feel comfortable with the female condom, I tried, but no.*
- *Do you feel that you can't go for the female condom as much as for the male condom?*
- *No, I don't feel comfortable, because it feels strange.*
- *Did you try it?*
- *I tried to put it in, and I couldn't, so I decided not to use it.*
- *There's also the issue that they see the condom and say: "oh!, look at that", it's kind of too big and they see it as a joke.*
- *And there's also the fear that you feel. You don't know it and think that using it might get you pregnant or you don't know what will happen. So you feel afraid and don't use it, and that happens to me." (Teenagers, Focus group 3)*

Possibilities of using the female condom in the future

It is evident that the female condom is not part of the adolescent world as a possible method, but the various experiences of a sustained promotion of the method have indicated that a possibility is open to the extent that it is no longer seen as something strange and distant. When inquired about the possible inclusion of the female condom as a regular method, the first response was that the possibility exists. In fact, in the discussion about this aspect, several participants even questioned the considerations about the method, based on prejudice or lack of knowledge.

"- The first time that you had intercourse it was also uncomfortable, right? It hurt and it was disturbing, but you kept on doing it.
- All you need is to get a hold of it (laughs)." (Teenagers, Focus group 1)

Dissemination strategies towards promoting access to and use of the method

In the end, the adolescents proposed the places and modes in which they would like to receive information about S&RH. It is of the essence to take these proposals into account in order to property direct any actions meant for this public, with the necessary adjustment to their characteristics and needs.

"- I think knowledge, because you can see an add about PRIME male condoms, they don't show you advertising with women and that […] It should be advertised, it's like something from another world.
- If it includes flavours, it's different." (Teenagers, Focus group 1)

"- You think it lacks marketing, right?
-Yes, and promote its advantages also.
- And also how you can have access to it, because it's not available everywhere.
- Educational venues plentiful of teenagers.
- You go to the supermarket and everything's for males, there's nothing for females.
- It should be available at gas stations, supermarkets and all.
- Sure, make it a more common option.
- Right, something you see and want to try it.
- It should seem normal, because if you see it now, you say: it's horrible, but it's also just a matter of getting used to it.
- More chats like this to really offer information to those who need it, because boys or girls at 12 should not be having intercourse. They do have, but that's different. We tend to make it something natural, but I don't think that's normal, is it?" (Teenager, Focus group 1)

They assured that having dispensers could be an optimum solution for these needs. In fact, they mentioned the school secretary's office as a good place, because they all go by it, and also with the possibility of providing information when necessary.

"The thing is that, if you talk to the educator you may gain confidence, and you can say, this stays between the two, right? They should explain how to use it and that." (Teenager, Focus group 1)

"In my opinion, there has to be a campaign in each neighbourhood in relation to everything about sexuality and methods. Something like you people did, but for each neighbourhood so we can all have access." (Teenager, Focus group 3)

Social networks and applications were another element mentioned. And this is an issue that directly aims at the implementation of public policies and specific actions oriented at teenagers and youth. Virtual space is a field with potential for growth, and it also entails

significant variability. All of this must be monitored to verify the directions in which adolescents are headed, and which applications and/or networks they use and for what purposes.

> *"- An application. An app with the various stages and things you may want to know, and if you go to, for example, contraceptive pills and it tells you all about it. An app to get information.*
> - *I would prefer an application, because Instagram has things, but, I don't know… I would feel more comfortable downloading an app to my cell phone to use whenever I need it. For example, if you don't have Internet, how can you access Instagram? An application with which internet is not required." (Teenagers, Focus group 3)*

When asked about the networks they used, they mentioned Facebook and Instagram, and Twitter to a lesser extent. In one of the focus groups, the migration of adolescents from Facebook to Instagram was quite clear. Additionally, they stated that they had heard about applications related to sexuality (mentions were made of Sexualidapp[13] and "Gurú del sexo" [Sex Guru][14]), but they didn't really know how they worked. They also mentioned the Facebook page of "Mi Plan Adolescente" [My teenage plan][15] in that group. Even when in some of the groups they managed to mention the digital tools oriented at adolescents that are available, they lack knowledge about them and not all groups queried have information about them. This could be an aspect to work on with the teams of referents.

OPINIONS FROM ADULT REFERENTS

This process was possible thanks to the efforts for articulation made by the various organizations involved. They contributed based on their specific aspects, with a collaborative attitude of supporting adolescents in getting closer to instances regarding awareness about S&RH, apart from having an initial approach towards a method that is not so well known by them. In that sense, considering the opinions of institutional referents is basic for achieving a more comprehensive viewpoint relative to the scope of this intervention, in assessing positive results, and also in detecting aspects and actions that should be improved or furthered.

[13] "Sexualidapp" is an application on S&RH promoted by the MySU ("*Mujer y Salud en Uruguay*" – Woman and Health in Uruguay) organization.
[14] The Sex Guru is a S&RH app promoted by the Ministry of Public Health of Uruguay.
[15] My teenage Plan corresponds to a campaign on teenage pregnancy developed by the Inter-institutional Body of the Strategy for Preventing Unwanted Pregnancy in Teenage Years.

Institutional articulation

This dimension is one of the main ones to consider in this experience, because the project's key and feasibility lie on inter inter-institutional articulation. It was a strong project, very intensely planned that called for lots of coordination, presence at the venue and ongoing contact to identify needs at each institution, to combine them into a unified proposal.

In a way, the network activity already present in this area was part of the criteria applied for selecting the territory for this intervention. Despite the background facts, it is true that maintaining these processes through time is often a hard task, so the process implemented as part of this project highlighted the power behind joint work.

> *"The articulation with the polyclinic consisted in checking what days the kids could go for controls and nothing else. Prior to that, there was a time with a stronger work with the polyclinic; we used to have a whole health day where the pediatrician informed us about what she found with the kids, because most of them were patients of the same professional, and there was a kind of diagnosis of the population later in order to continue working at the Youth Center. This was the case two or three years ago, and the reality now is that we don't articulate much with the polyclinic, also because there are many kids who get their health care services from private institutions after the implementation of the FONASA health plan." (Youth Center educator)*

> *"- Yes, it's good. I remember two or three years ago, for example, for two or three months, one of the polyclinics from this territory organized one workshop with the teens from the home.*
> - *Did it work out fine?*
> - *Yes, probably we lacked some methodology for combining efforts to get better results, but it was ok. The method should be aimed at a greater participation, right? It shouldn't fade out, but all the intentions are good." (Youth Center educator)*

> *"- Do you usually work with the polyclinic?*
> *-Yes, the interns offered several workshops with them relative to health care. The polyclinic also promised to come and do a health check with the kids because some of them are not well at all, so… we went through the whole process, but it never happened. The Doctor and the Dentist from the polyclinic were expected to come for a check-up to then refer the kids to the Clinics Hospital where they get free services, but that never happened." (Educator at educational center)*

> *"We could do something with the educational centers sometime. We didn't do it because we're doing other things, you know. Learning difficulties, gender violence, and stuff we're working on. But the work with educational centers is key, because there's a huge difference in the contact they have with adolescents as compared to the health care system. They go to health services once a year because it's mandatory, right? Of course, if they need to have an appointment, they have it, and we do everything possible to be friendly. But even so, that's how it works, they attend just to get their*

teen health certificate, or just once a year for some issue. However, they attend classes every day, they socialize each day in class, don't they? Work with the female condom at the educational centers is something quite significant." (Family doctor)

The impressions revealed by operators clearly indicate that they appreciate and prioritize articulated work, and they admit the difficulties that lie in combining schedules and demands from each institution. But it's evident that, for those working in this area, isolated actions are weak and tend to be unsuccessful. On the other hand, there is an explicit acknowledgment of the importance of generating skills and ongoing training for the various teams.

"It's about that… trying to have all those in contact with adolescents in relation to all aspects of sexual and reproductive health to be well informed, trained and motivated to supply the female condom at least during the initial stages where there's still a lot to come, and then continue doing what you guys did, right? Workshops at high schools, at UTU Colleges and even at elementary schools, all places where adolescents are found, in order to come closer to them and promote." (Family doctor)

"And with the polyclinic, I actually think it´d be great. I don´t know if it has to do with training, but it does relate to going deeper into those concepts referred to sexuality and so on. Like this possibility of participating in the process of polyclinics with a different support and perspective, and a stronger pillar for the issue, that is, sex education." (Education Center and Youth Center educator)

Sexual and reproductive health services

Even though advances regarding S&RH have revealed the significance that this field of health implies, in addition to the lives of people, it is also true that efforts meant for an integral situation are still not a reality. The partial approaches and the drawbacks in relation to a comprehensive type of sex education cause the fragmentation of spaces and instances for reaching key populations such as teenagers. There should be privileges for organizations to work on issues related to S&RH, even knowing that adolescents are not keen on resorting to the services, and much the less concerning these subjects.

"Work has also been done regarding services to the youth, though it is no longer available. But, for years, the polyclinic had a space for teens. And we, of course, try to consider them when they inquire because we recognize how significant that is, and how difficult it is for the young to come to the polyclinic, and our idea is to make it as friendly as possible from all viewpoints. But it´s their life, at the polyclinic or elsewhere, right?, and their main venue for socialization is school, after their homes and other places where they meet, but all education centers are important in that sense." (Family doctor)

"They have access to the polyclinic to use the services, and I don´t know how much they are told about there about the female condom, but it´s really something that has been

included in the consideration of health when it comes to these neighbourhood polyclinics. The supply of condoms should of course be available at the polyclinics, so we could provide support for its use with the help of different materials, while allowing it to become a method for all of them." (Youth Center educator)

On the other hand, promoting S&RH at health care centers is often done in an isolated manner, thanks to the initiative of particular individuals who are willing to join these efforts. This is an indication of the fragility of the actions, because their sustainability is not guaranteed, and it doesn´t fully become part of the organizational dynamics. Things are quite similar in the field of education, because fluctuations regarding comprehensive sex education policies are quite common, depending on the features of each education center and the human resources available to pursue such plans.

"Here it depends on how many teens we have, because we used to have a space for adolescents that functioned every Thursday, and we knew that each week we would have around 20 of them here. But now that space doesn't exist anymore for a number of reasons and adolescents are distributed in different hours for visiting doctors. Most of those who attend during my hours take a female condom with them, but others outside my working hours will not. When we had those teen instances we could do a better work with them." (Registered Nurse)

"I am the one usually determined to do the work on the female condom. That's a fact, I don't mention myself just because… and I couldn't speak about other teams […] In fact, the whole team must know that we are working on that, everybody, from the pediatrician who receives a newborn, where I immediately ask the mother what method she will continue with if she doesn't plan on a new pregnancy, and there we already include the work, which not only covers teenagers." (Registered Nurse)

"In my opinion, nurses are the ones to deal with in the work that must be carried out, as well as gynecologists. I think that those who are working here are not fully committed to the method. However, I see midwives are much more into it than gynecologists. The nurses' area is very important as well. I think that the health care team is important. And then, there are the community representatives, who are closer to adolescents and to the mothers. They play an important role and it would be good if they managed this and knew about the method, and how it is used, with advice included. Also, the method is available; they just need to pick it up from the polyclinic." (Family doctor)

Notwithstanding the difficulties, the viewpoint of the teams is that the perseverance of these processes in a planned and strategic manner will, in the long run, have a promising outcome that could even reach success, all of which is starting to become visible. The work carried forward by the Metro PCN along that line has been fundamental for the whole public system.

"It seems to be an ongoing process, right? And I think the process is improving permanently, that it is considered and reconsidered on the go. New things and methods are offered all the time, and it's always under review we could say. Now, for example, we have the protocol for pregnant teenagers. I think that, among health care givers there have been more advances and there is a wider offer in relation to sexual and reproductive health services for adolescents." (Family doctor)

"At the global level, the process advances slowly and that's important. Actually I'm satisfied with it. As a physician of the ASSE health services who works with adolescents all the time and usually see patients from slums, I think that ASSE's programme on sexual and reproductive health is undergoing a significant process and taking into account our requests and considering our needs on an ongoing basis. I think that's important, at least in what concerns my own experience, I'm satisfied. I don't know about the rest. I speak of my territory and my own experience; the liaison is … you can come and go, cover requests, doubts and so on. I have a positive about the process and the outcome. In recent years, more contraceptive methods have become available, as well as pregnancy termination, and now the transgender law, and the law against domestic violence, and rights. I think that we have had advances in sexual and reproductive health." (Family doctor)

Comprehensive Sex Education

CSE proved to be one of the critical crossroads in this process, and it wasn't just the teens who mentioned this point when they emphasized the urgent need for broader and better information. The educational and health care referents also mentioned this, when they spoke of their need for training and spaces meant for exchange on issues relative to S&RH.

"The topics that they most frequently brought up related to sexual diversity and also the existence of violence within steady relations [...in my opinion, there's a huge lack of information. Even when some kids did have some work done at school or UTU, I think it is a hard aspect to provide training on, isn't it? I think there should be a lot more previous work, not so specific in one workshop, but more like an ongoing training and with more presence. That could be for elementary school, but in high school it's probably late, because how these kids are raised, many drop out before grade 8 or 9." (Youth Center educator)

"The subject of care took us a long time, and the topic of sexuality, for example, which is something we usually work on every year, this year is was not considered. Even in the past two years, we organized a whole weekend to deal with the subject of steady relations, sexuality and so on. But this year we only had what we did with you guys [...] I felt there was a lot of embarrassment among the kids, and there was a significant group of younger kids, more or less half of them, and all that changed the characteristics of the group. But in the team we have people who have specialized in this subject and they are used to working in education related to love … And we didn't do any work on that this year, but we do think that this is important, related to the big changes that take place during teenage years and we must deal with them, don't we? It is one of the main subjects." (Youth Center educator)

"I would have liked to confirm doing it with you, we had a possibility and talked about it with the team, but never came down to it. It was like part of the process, wasn't it? I see it as a valuable intervention, that is important because it includes aspects of sexuality, but it's not complete without the issue of prevention, diseases and pregnancy. That's why I would have liked a more ample process." (Youth Center educator)

"In my classes, it has happened that they ask me about specific issues and I tell them to ask their teacher and trust her because she will give them an explanation. But you see, in my case, at 61, I have some experience, but we never had any training. Moreover, when I was attending high school myself, all these topics were banned, we could not talk about this and had to learn through experience. I don't have any children and nowadays, when a teenager comes with a question of that type I refer them to an educator or someone else, because I'm not sure I am the right voice to explain certain things to adolescents. I think that training and workshops have to include teachers, school counselors and educators and it should be organized more as talks and chats. But at the UTU College that's not easy because that's not permitted. It's hard to have all teachers and educators if you don't have an order authorizing it by the higher levels of the institution. Even principals would also need to receive training because they are asking for it all the time." (Educator at educational center)

"The sexuality topic is what the UTU College is missing to be up to the challenge. There should be something steadier in the curricula for the kids, instead of having it drift away. That's what I was mentioning about the workshops, that the institution, the network, or the group willing to work with us should be ready to work all year through and hold workshops with them the whole year so that all this takes root, right?" (Principal at educational center)

Regarding the main queries and concerns that educators received from adolescents, issues like gender equality, diversity, sexuality, VPT, and P&BCM are the main concerns expressed. The teams often think that it's a lot of information to handle and they don't always have the best tools to satisfy that demand in the most effective ways.

"The issues we are concerned with are gender-related because boys discriminate against girls, and there are girls who don't know how to deal with boys and so on. In relation to contraceptive methods, many teens still adhere to myths and replicate really outrageous thinking even when they have had some sort of sex education classes, and they insist on that somehow. When we do work on these topics at workshops, they are just isolated instances because educators can work on talking about the topics that teachers are concerned with, right? When the team of school teachers detect any situation in class, we go and approach the issue with workshops, special days and so on." (Teacher at education center)

"Yes, at the UTU college, us educators are in charge of sexuality and gender workshops. I work as educator at UTU as well, and we have organized some of the workshops that are more related to prevention and specific topics that affect teens, such as teenage pregnancy. We had specific workshops on that and some other needs arising among the student groups at UTU. Then, at the Marist Brothers home, or youth center … this year they had the first workshop on sexuality, like youth we have at a groups where we

work more on what sexuality means, and caring, and intimacy, and preventing risks and related things, but that's for students aged 6 to 13. This was the first thing we had with teenagers this year at the home. Last year we had more workshops organized by educators, but this is our first participation in a group that is not part of the center. For us it was a very enriching experience. When I saw the workshop that they had with adolescents at the UTU College I thought we needed that at the Marist Brothers Home because their approach was really good. It was a good thing that the kids at UTU and at the home did not feel exposed. Things flowed from gender and sexuality and then moved on, more specifically to the use of the female condom." (Educator at Youth Center and Educational Center)

"What happened to me once was a grandmother telling me that they would not allow us to teach any "dirty things". When I tried to explain, she said that, at night, they play movies on TV for them to see all that the need to see. I asked if those were porno movies and she answered yes. They use the porno movies for the boy to see and learn everything. So, along with another educator we explained to her that the movies have nothing to do with sexuality, and that the way of doing it was not right, because sexuality is the most natural thing in the world, right? That's what teens should watch and process in a different way." (Educator at educational center)

Receptivity of adolescents regarding the female condom

In line with the data about use and some of the obstacles mentioned for inclusion of the method, referents from educational and health care institutions have stated that, even when teenagers did not reject the method, there is a lot of resistance that affects all the work that is done in relation to the method. In that sense, mention should be made of the more comprehensive actions that from a human rights perspective that view sexuality in a more central manner, associated with pleasure and overcoming some myths to start naturalizing many concerns related to it.

"I see difficulties in the girls adopting it. It implies feeling more empowered as a female in deciding when, with whom, how and with what method. Even when this is a tool that enables that, because it's a woman who uses it, it has another feature…but the male condom is very popular and there's a kind of competition there, right? It seems that males will somehow always have the power with that method. And we asked the girls if any had used it and most of them hadn't. Because, of course, the first thing is to acknowledge their own bodies, and see what they are like and so on. And that's what I meant. And even if there are no relations taking place, there must be an instance to have an idea of one's own body, instead of waiting for a sexual relation to use it, in a way a sort of self-discovery. If it turns out that it's easy to insert, and so on, then it's important to have that experience, without the need for a relation." (Youth Center educator)

"My impression was that, basically, most of them didn't know about it, except for just a few. I think that they can learn about it on the first instance, but I'm not sure that using it will become a natural thing. There's a possibility of a change in views, but just

one intervention of this type is not enough to change behaviours. Or perhaps my vision is too subjective." (Youth Center educator)

According to the teams, the difficulties that teenagers have in accepting the method also reflect the difficulties that exist in that sense among the population in general. There is no reason for teenagers to react differently at the light of myths and barriers that are universally widespread and also correspond to gender stereotypes referred not only to sexuality. The process through which we break away from prejudice and questionings about the ideas that we deem natural is part of understanding sexuality, pleasure and care in a different form. Far from being a task exclusively for adolescents, the process is quite broader and implies all institutions in the first place.

"What happens is that, like everybody else, teenagers don't adapt so easy, do they? And on the other hand, the method comes with very interesting possibilities, but it's going to imply a lot of work, and we have to insist on it." (Family doctor)

"The first thing is to have awareness among officials, right?, because they actually consider it a very important issue. In my opinion, it should be included at an early age because girls who are 10 or 11 years and already start… I couldn't tell you the exact age, but I think it should be given from elementary school on. Why? Because the male condom is already a natural thing for girls from the very start, and it's part of society and education, because whether they wear it or not, girls learn about the male condom before they know anything about the female condom." (Registered Nurse)

"I think it's interesting that many boys are coming for the soccer topics and things related to registering at school, so, you will see that here I have male and female condoms, right? I give everybody the two types, and tell them that it's for cases when they may not want to wear it, and their girlfriends can use it. And that if they love and care for the girls they should tell the girls that they must care for themselves as well. So I give them both, and when there's a chance I explain things a bit to the boys as well. The thing was that they found it interesting, and I thought it was a good thing to talk about the feminine issue with them too because if they are not willing to use a condom, then girls should, right? It is more difficult for boys to do it." (Registered Nurse)

"Yes, because adolescents feel more embarrassed, so it's harder. But it's important to work on the method with teens, and particularly the topic of gaining knowledge about their bodies, because this method implies the need for girls to introduce the condom, touch it and son on. All that calls for a special course, because it's a special population, right? This type of promotion is good because the teen population includes the most vulnerable individuals." (Family doctor)

Barriers encountered by adolescents in undertaking the method

There is no doubt that the main factor contravening a simpler approach towards the female condom is the lack of knowledge that exists regarding our own bodies, which combined with an inexperience sexual life turn the learning curve for P&BCM and sexuality in general too short. As a result, embarrassment –which is a common feeling when it comes to accepting something that is new and not so widely popular– becomes detrimental for the female condom, given the inevitable comparisons with the male condom in terms of aesthetics.

> *"They are not very aware of their own bodies, you see. There seems to be a gap when they hear talks about the vagina, the uterus and all that. They lack all information. In order to put in a condom, there must be a previous knowledge about our own bodies, including uterus, and vagina. Otherwise, it's not easy to use it, right? The penis is an external organ that makes things easier for the application, but the female condom implies all those previous stages to make a better use of it." (Youth Center educator)*

> *"I don't know, it depends… I believe that problems are more or less the same for everyone. With adolescents it could be a little harder, because there's a sort of cultural matrix which in many aspects continues to imply repression, right? All this about inserting it and touching oneself generates a bit more difficulty in teenagers than in adults, right? But it's all relative and it's something we could work on." (Family doctor)*

> *"Yes, because young people feel embarrassment more easily and things become more difficult. But it's important to work on that method with teenagers, and mostly the subject of knowledge about their own bodies, because this method implies that the girls have to put it in and touch themselves. All that calls for a special course because this is a special population. This type of promotion is a good idea because adolescents are one of the most vulnerable populations." (Family doctor)*

> *"Yes, I had girls known to me since they were very little who have used it, and one of them told me something important once that I thought was really interesting. She said that introducing the condom was not something aesthetical, and I asked her why. She said that it's not aesthetic, when you take the trouble of hair removal and using other products, having that thing there is not aesthetical. And that's one of the issues because the rest is mostly the same, but this girl is 15 and is the mother of a one-year-old, and her comment was that using a female condom is not something aesthetical." (Registered Nurse)*

On the other hand, gender mandates are very strong among this population, because they don't always have the tools necessary to go through processes that imply a critical perspective and a breaking away from gender-related roles. This is common because these issues are not normally discussed in the contexts where adolescents are more frequently found. Therefore, individuals –and mostly teenager – seem to deny their sexual desire and the possibility of proposing things they might be pleased with (or not) that might imply annoying or not pleasing their sexual partners.

"They face many more barriers because they don't have a good knowledge of themselves, and they are feel mostly embarrassed with everything. The younger girls with less experience are the ones that have to encounter more barriers in fact." (Educator at Youth Center and Educational Center)

"Yes, there are difficulties in all adolescents, starting with the fact that they don't accept the issue of masturbation. When you interview them, they never admit that they touch themselves, of masturbate or they want to. They deny everything in that respect, so introducing something is hard for the girls when they have to do it themselves, if they don't want to touch themselves, its complicated, right? The other doing it and introducing it is something considered culturally natural, as a proposal, and changing heads is not easy." (Registered Nurse)

"They are always a little reluctant and always tend to be concerned about the interests of their mates. If their mates may lose the possibility for pleasure, or enjoyment due to a condom, or not knowing when to wear it, right? That's what the girls were talking about, and the older ones in the group told me about it." (Teacher at education center)

The importance of having this method available

Even when the teams clearly admit that working on the female condom with adolescents implies barriers to be overcome and consequently a strategically planned task that must be sustained through time, they all consider it as an indispensable effort to move forward in relation to rights and to deal with some of the main problems relative teenage S&RH.

"I think it is a contribution, and all the information must be made available so they can choose which protection method to use, right?, in addition to contributing to the issue of pregnancies, because I think there are some other issues more complicated to deal with. Even when they may think 'I don't want to get pregnant´ in the first place, it is more complicated if they are infected with a disease, isn't it?" (Teacher at education center)

"Yes, strictly speaking about the female condom, I think that it implies a lot of advantages. This work we are commencing is headed towards a successful future. I don't know how long it will take, maybe 5 or 10 years, I don't know. There are so many things contained in this issue about the female condom and how it should be included. It is important to make it part of the language of their everyday talks, right? During adolescence, teenagers refuse to use it, but if they have it already included in their lives, I think it will be easier. I don't know, I say this because I think that the subject if very important and it must be discussed with the girls at school so they make it part of their everyday lives." (Registered Nurse)

"I think the method is important because it allows for the possibility of saying: 'I am the one wearing a condom, and if you don't want to have intercourse with a condom, I'm so sorry.' It's important that it allows to take a choice. In that sense, it is a very good method, we have it available and we have to make it known and support its use,

because it relates to the right that women have to decide to protect themselves in sexual relations, right?" (Family doctor)

"I consider it a practical method, and especially for this population, because here, girls sometimes don't have the chance to decide if their mates will be wearing a condom, they have no influence on them to that extent. So the possibility of accessing a method that will protect their bodies when they decide is really a good thing." (Teacher at education center)

Another outstanding point is that the array of P&BCM is extended, with a closer approach to the fulfillment of the diverse needs and preferences of individuals when it comes to deciding upon protection and contraceptive aspects of their sexual relations.

"Yes, I think that, the broader the offer of methods available is, they start to realize about the fact that we're not all the same and each of us has the chance to choose another method, where not just one in the pair has to use it but they both can. It is a good idea to provide more possibilities of methods to allow people to adapt to each of them." (Youth Center educator)

As in previous studies, there is the differential in undertaking the responsibility to promote this method and advice actions in relation to S&RH by some health care professionals (and the same happens at educational centers). This is a big burden for those who are willing to work on this, and it is an obstacle in the possibility of carrying out a more comprehensive activity with a greater effect.

"The method is excellent. It has so many advantages, and you are doing a great job with it. What I do think is that the workshops should be replicated, like the one you had at Jardines, working in workshops with gynecologists. They should be replicated at the polyclinics, like the other day at Jardines. I saw that the gynecology nurse was there along with the doctor, and everything seemed negative… I think it is very important to make the rest of the team aware, so each of them learn how to present the method first. They must be convinced themselves before, otherwise, they don't think it's important, and it cannot be left as the responsibility of a nurse or a doctor, because everyone should be working on this, even pediatrician, right?" (Registered Nurse)

Workshop activity

An important aspect in assessing the project was the vision of the parties involved in the in-person instances for awareness, as well as during the follow-up stages. In addition to the opinions of adolescents, the assessment made by the teams of referents was also crucial, because it enables us to weigh the extent to which the proposal adapted to their work plans and their methodology in relation to the approach. In sum, how adequate and attractive the proposal was for those working on the territory.

"I think a workshop is the best idea, because it enables a better feedback on issues than a school subject, doesn't it? At least in our case, we also try to go for the workshop and take in what they bring us in order to work on the topics that the group is

interested in, beyond what we want to work with them as adults. In that sense, the workshop is an enabling scenario and a more flexible working device with which you can reach the kids in a different way than in a theory class. And moreover, if I stand firm on the truth about this, and that, and also that, there is an interaction that makes the workshop more flexible to generate a different bond with the kids, also enabling us to work with other issues to reach the actual core that you really need to arrive to." (Educator at Youth Center and Educational Center)

"I saw the way in which you related to the kids as something that was very good and very nice. In the time they spent with you, they were very kindly treated, and you were able to establish a bond with them on the spot. It was really good because that even allowed for the intimate questions that they dared make, right? I think that's one of the most important things. We should thank you for your availability and for the time you put into this, and I would personally like to continue working with you." (Youth Center educator)

"In a way I considered the part of providing information a little long, but the part that was the icebreaker and talking about what society assigns to males and females was interesting. Those dynamics are attractive to the kids and they remember things afterwards." (Youth Center educator)

Other considerations to be borne in mind relate to the method's availability, and a clear direction as to where adolescents and referents can resort to in order to access the method. Several discussions with educators dealt with that topic, in the sense that the method was not available in the market, and the fact that appointments at polyclinics were not attended on a regular basis. So, that is something that needs to be really organized to turn the promotion and awareness instances into something effective.

"I was kind of left with the doubt, because when one of the girls asked me about the access to the method, she said: Where can I buy a female condom?" (Youth Center educator)

"The supply at polyclinics is there, and that is something to be maintained, because it happens that sometimes, during the promotion it's there and after the programme is gone everything is over and there's no more stock or you have to go asking for it as a favor. But that is that, and I think it's working ok now. The idea is to keep it up. At least at the polyclinic it's working fine. I don't know elsewhere. I hope it's ok too, because I heard it was working. But the promotion has to be pursued on a permanent basis. It is not fully installed yet, and it's not a method in the people's minds as birth control or for protection in sexual intercourse." (Family doctor)

"We don't have any, and there's no doubt that the supply must be covered. It's basic, because if on top of all other difficulties we don't have the supply either… it would be like a pre-requisite, because it will be a long process, and we shouldn't run out because the supply is the first thing. If the day comes when they tell you: "Maybe", you have to find them because the process will be very slow." (Family doctor)

In relation to the topic of the supply, it should be noted that continuous work has been pursued through the years for generating team skills and improving the supply and distribution chain of female condoms. Specifically, the FC is already relatively known by the people of this area. Nevertheless, when we started with this project, it was necessary to replenish the stock at the polyclinics in the area because the demand could not be covered if it continued growing. Despite the evident work carried out in the area and the improved access to the method, the "forgotten" effect of previous studies seems to accompany health care teams when there are no specific actions implemented for promoting the product.

Having made the follow-up by telephone with a previous explanation at the workshops regarding the calls that we would make to get in contact with them to know their opinion which mattered to us was a fact pointed out by the teams of referents as an aspect that motivated adolescents and had very positive effect on them, for they felt important as they were taken into account.

> *"In fact, they were really attracted by the fact that they received calls. Like your response in filling out a file that could have ended there and that was it. But you decided to call them back and inquire, and that generated things in the kids as well. Many mentioned your calls to them, and they felt that the information they gave you really mattered. They wanted to know if you used it, because following up on processes and showing interest is also motivational for them." (Youth Center educator)*

Possibilities to continue working in the future

The positive evaluation from the health care teams and the teams of educators mentioned some aspects that we should analyze: one of them relates to the work done as part of a network, and the need for articulating activities with other organizations within the territory.

> *"In my opinion, the work was neatly done and well articulated. We also covered the territory by speaking to all stakeholders. I was really satisfied with how the work was carried out, and the idea is to continue. But, obviously, we cannot expect the project to remain in the territory, but it's a good idea to continue in contact, trying to continue forward, isn't it?" (Teacher at education center)*

> *"The work on the territory includes also the networks, I'm sure of that. The kids are not in just one institution. They circulate through several institutions along the territory, and it's a good idea to have a common purpose. We strongly believe in the activity that may be achieved through networks." (Youth Center educator)*

A second aspect relates to methodology, and to the content and form of the project proposed. Thinking of strategies adapted to the characteristics and specificities of the

various publics that the work is done with is crucial for the device proposed to function properly. It was known from previous experiences that setting up a way of approaching teenage girls similar to the one used for adult women at health centers did not the effect pursued. Therefore, this experience confirmed that initial suspicion. Another thing to point out is the dynamics proposed were not aimed specifically at considering P&BCM; they were rather an awareness instance for posing the problems concerning gender roles, sexual and reproduction rights and the sexuality of adolescents in general, thus allowing for a space of exchange where it was possible to share concerns and speak openly about these issues.

> *"It's good to have that feedback, which in your case seemed to be there all the time. Sometimes it happens that, there's the project, then the work, then the process, and when it's done, that's it! But you guys are coming back to us with the results and that means you were really careful in that sense." (Educator at Youth Center and Educational Center)*

> *"Yes, like I said, with the younger ones, many things came up, right? Like interests they had that were not expressed. And the older ones tend to believe that they know it all and don't realize that they have a number of doubts. They don't know everything and there are many things still for them to learn, particularly when it comes to birth control methods. I think it was rightly done, well implemented. They organized the workshops correctly, with the possibility of answering the questions that came up." (Teacher at education center)*

> *"I think that what they did at the workshop was great. It was good to combine it with workshops on gender for the girls to appreciate themselves more and learn more about their bodies…also to gain awareness about their own possibilities to decide when to use a condom and when not to. Taking care of and respecting themselves. I think it was quite appropriate, as well as your intervention. And it would be great if it was replicated to other educational institutes. It was really good and lots of issues came up after you left, many things started to occur." (Teacher at education center)*

There is a third aspect concerning the input that the project's development conveys to the area of its implementation. This was pointed out by the teams in relation to: the supplies and materials used to work in promoting the method, the skills generated in the teams and their approach towards the method, and a method for activities with adolescents, as well as the need to go deeper into a comprehensive sex education involving several organizations from the area.

> *"Somethings that we gained are interesting, like the transparent vagina, and that cube to demonstrate the insertion, which is really nothing, but it's a good thing, and Carla deals with that." (Family doctor)*

> *"I think that there aren't that many obstacles at the territorial level, and it's possible to work with institutions perfectly, and they are open to having workshops and all. I think that educational institutions, youth centers and other places where young people meet, like soccer fields, are all spaces open to work with those issues and do not pose*

any obstacles. What must be articulated is the inclusion of the female condom in the sexual and reproductive health workshops usually offered at educational center, because there are methods still not included. When they mention the condom, it is always the male condom, and the female condom is seldom present. It was sometimes referred to as a curious thing, but the method was never promoted, and that's something to be considered so that it becomes installed, institutionalized and established, we could say." (Educator at Youth Center and Education Center)

CONCLUSIONS AND CHALLENGES AHEAD

This section summarizes some of the main findings that arise from this experience in the promotion and distribution of female condoms, which focused on the youth population of the Montevidean neighbourhood known as Jardines del Hipódromo.

An initial aspect to point out is that the project brings together the cumulated knowledge and learning from four years of monitoring and assessment of the institutional processing of the method at the various State Health Services, where the Metro PCN has played a central role in the strategy by strengthening teams (at both the local and national levels). This, combined with a better distribution of the method, has led to increased access by the users of health services offered by ASSE. These processes enabled the detection of a gap in the use of female condoms, considering a systematic promotion and controlled distribution in place. At the light of these facts, we must allow for the possibility and the need to explore the method's use and acceptability amongst adolescents. This points at the importance of doing a follow-up and a traceability assessment for the method at the institutional level, which must also include the users, as part of an effort for gathering further knowledge on the possibility of reviewing actions and policies to make them more efficient.

In second place, mention must be made of the inter-institutionality that surrounded this project and led to a successful implementation thereof. In all stages along the process, the Advisory Committee (ASSE Metropolitan PCN, UNFPA, and IS) –which participated from the design of the proposal through the follow-up of the whole process– played a key role in guaranteeing the project's implementation as well as the supplies required (the method in itself[16], and qualified human resources to provide support during some of the training stages). Likewise, and at the execution level, the network activity carried out in combination with youth centers, education institutions and health care services proved vital for attaining a proposal like this one, with a strong community-related component meant to give adolescents information and supplies at the various locations they usually transit, by means of consistent and articulated actions.

[16] The Ministry of Public Health was also part of the project providing supplies (female and male condoms) for the awareness stages.

A third point to consider relates to the referents from the various institutions that joined the move and took part and worked on this proposal. As evidenced in previous experiences, people constitute the main aspect for the proposal to be carried out. Spaces relative to advice on sexuality and P&BCM make sense to the extent that the individuals involved are willing to keep up with them. And this applies to health centers and to education institutions and community centers as well. In fact, the inclusion of youth centers in the project was an initiative from an educator who was part of the UTU college and of one of the youth centers in the area. The youth centers turned out to be amicable and receptive venues that contributed to the project with significant added value. The UTU College, as a formal education center, was also quite receptive and opened its doors with willingness to cooperate, although the involvement of the referents was quite different from one group to another. It is then obvious that something to continue working on –at both education centers and health services– implies the inclusion, in a more comprehensive manner, of actions for promoting S&RH as part of each center's institutional policy.

The fourth aspect to mention concerns the experience of adolescents with the FC. 21% of those who were part of the workshops and we contacted for the follow-up indeed used the female condom. The average age of those who used it is over 18 years (two years more than the average age of those who participated in the study). As individuals move ahead in their sexual life, they acquire new tools and more experience that enable them to include a P&BCM such as the female condom (which is not as widely known as other methods and is scarcely considered in general at education institutions) because in many cases it is their first approach to the method. On the other hand, the reason for those who did not use the female condom was mainly because they did not have sexual intercourse during the period monitored (55%).

The individuals who used the method responded with positive evaluations, as 80% considered the method either good or very good, in line with previous studies indicating that. The users of the method usually find satisfactory experiences and a good opinion about it. Once again, it must be said that one single method will not be the best for all individuals at all times in their lives, but it is clear that the method has been accepted by those who applied it as protection in their sexual relations. It is also important to know that this is also the case among adolescents. Another interesting signal was the inquiry about the possibilities for resorting to the method in the future –64% of the individuals involved in the follow-up expressed that they would use it again in future occasions, while 27% was not sure, and only 9% gave a negative answer to that question. This is another indicator that the work done in advising and orienting individuals concerning sexuality and P&BCM has proven to be of the essence for adolescents to have a wide array of options, information and support to facilitate their decision-making in relation to their S&RH.

A fifth aspect mentioned by both the adolescents and the referents from the education and health fields relates to sex education and the need to have more spaces to work on this issue in an open, entertaining and comprehensive manner from a perspective of human rights, and in contexts that favor the exchange and participation of adolescents. Likewise, educators and health care teams pointed at the importance of permanent updates and the inclusion, at the workshops, of participative and dynamic methodologies for considering topics that are not necessarily part of their curricula or subject. The contribution that this project implied in that sense was acknowledged and appreciated by all those involved.

Yet another, sixth, issue to take into consideration consists of the communication strategy and the motivation not only to find aesthetics attractive to adolescents but also to try adapting to the spaces considered their own –in addition to institutional centers. For that reason, social networks and the means of communications and the various devices used by adolescents were all key components along the process. The dissemination of information images with tips for using the method and data on the advantages implied, together with tutorials for using FC (by experts and also by adolescents) were all replicated and welcomed by the target public.

The seventh aspect that is key in guaranteeing access to the method is ongoing supply at health care centers, in addition to other spaces commonly used by adolescents. A subject of concern for both youth and adults is how to ensure the method's availability in a sustained and easy manner at appropriate locations that adolescents most commonly resort to. Despite the significant advances achieved in this respect, it is also true that devising a strategy for access by the teenage public calls for a reformulation of the previous actions and guidelines. Nevertheless, many get their supply of contraceptive methods from polyclinics, and others purchase them in the local market, which is not an option in the case of the FC because the product is not currently available.

And last, we would also like to point out that a strategic planning to provide guidance and supplies for protection and contraception is a fundamental base to reach the target population. The efforts to achieve such a purpose should include several institutional considerations that are not exclusive of the field of health care. This experience has evidenced that articulating organizations with varied expertise, capabilities, strengths and weaknesses, and drawing them closer, was a turning point in reaching the objectives set forth.

Some challenges that this experience has brought along are: guaranteeing access to the female condom in accordance with the needs and places familiar to adolescents; exploring new methods and tools for communication to reach that public in their own language and tuned with their particular interests; ensuring spaces for comprehensive sex education that must include sexuality, pleasure and protection as the most significant and common issues

in the lives of adolescents; generating capabilities for teams and strengthening interdisciplinary exchange to allow feedback on lessons learned, while staying motivated to accompany change processes in the long term; and also prioritizing and acknowledging their role as key players.

The approach towards adolescents based on participative methods for considering some aspects relative to S&RH proved to be an appropriate tool that was also successful in bringing a specific population closer to a method that remains quite unknown. The adolescents assessed the method in a positive manner, and the experiences using it point in the same direction. However, significant challenges remain ahead for the method to be adopted, as a result of socio-cultural conceptions regarding sexuality. This calls for a continued and detailed work aimed at raising awareness and promoting a communion with the method as well as with sexual and reproductive health in general, focused on the specific needs of teenagers and youth.

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