

Contraception in adolescence

**From Research to Practice:
Training in Research in Reproductive
Health**

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**Most of the slides presented are from the
Family Health International web site:**

<http://www.fhi.org/training/en/modules/ADOL/prestools.htm>

Why Focus on the Reproductive Health of Young Adults?



More than 1 of every 4 persons worldwide is between ages 10 and 24 years



Youth Are Assets



Youth are a great potential resource

Reproductive Health Risks and Consequences for Young Adults

Risks:

- Unintended and too-early pregnancy
- STIs, including HIV/AIDS
- Unsafe abortion
- Sexual violence and unwanted sexual activity



Consequences:

- Medical
- Psychological
- Social
- Economic

Transition from Childhood to Adulthood

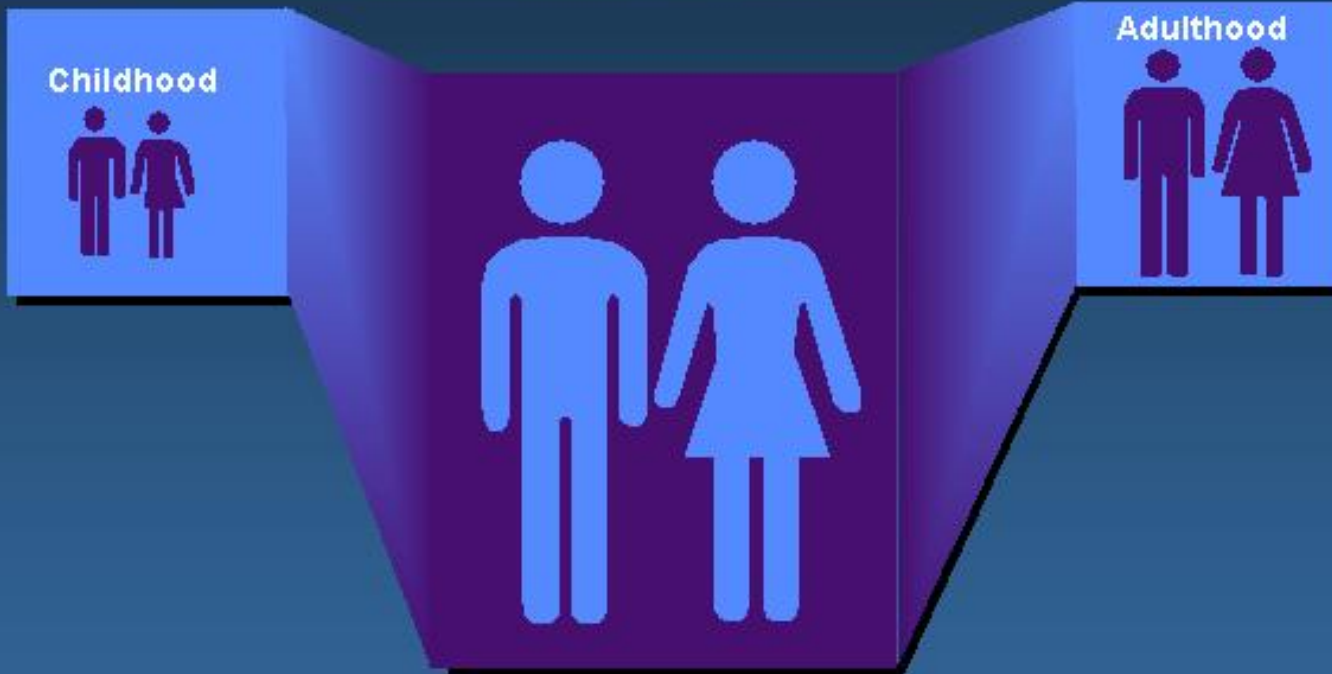


Involves
physiological,
psychological,
cognitive, social
and economic
changes



Universal process that varies by individual and culture

Defining Young Adults



Terms used: adolescents, young people,
young adults, teenagers, youth

Age Range: 10-24 years

Factors Affecting the Reproductive Health Needs of Young Adults

- Age
- Marital status
- Gender norms
- Sexual activity
- School status
- Childbearing status
- Economic/social status
- Rural/urban
- Peer pressure
- Political/cultural



Married and Unmarried Youth

Common Characteristics:

- Biological
- Need for accurate information



Differences:

- Access to services
- Contraceptive needs



Gender Affects the Reproductive Health of Youth

Gender involves roles and relationships that are determined by society and culture. Gender affects:

- Expectations of sexual activity of boys and girls
- Views regarding responsibility for contraception
- Social consequences of pregnancy
- Degree of risk for HIV/AIDS infection
- Cultural acceptance of harmful behaviors and practices
- Client-provider interactions

Gender Affects HIV/AIDS, Other Risks

- Males have more ability to use a condom than females, for cultural reasons
- Culture accepts harmful behaviors and practices against females



Young Adults and Contraceptive Use

- Few married youth use contraceptives before first birth
- After becoming sexually active, unmarried youth delay use of contraceptives about a year
- Common reasons for non-use of contraceptives among unmarried youth:
 - did not expect to have sex
 - lacked information about contraception
 - lacked access to contraceptives

Limited Contraceptive Use: Characteristics of Youth

- Tend not to plan ahead or anticipate consequences
- Think they are not at risk
- Feel invulnerable
- Lack confidence or motivation to use
- Embarrassed or not assertive
- Lack power and skill to negotiate use
- Social or cultural expectations or beliefs

Limited Contraceptive Use: Barriers to Access

Lack of access to services or methods:

- Clinics not designed to be inviting to youth
- Providers reluctant to serve unmarried youth
- Laws/policy may prohibit provision to unmarried youth

Youth may:

- Lack transportation to clinic or money for contraceptives or services
- Fear judgment or discovery
- Be concerned about having pelvic exam

Psychological and Social Consequences of Pregnancy for Unmarried Youth

- Social stigmas for unmarried mothers and children
- Limited education
- Fewer career or job opportunities
- Heavy economic burden
- Depression, loss of self-confidence and lack of hope
- Consequences more severe for young women than men
- Children of young parents may face psychological, social and economic obstacles

Medical Risks of Pregnancy in Young Women

Under age 16:

Small pelvis



May result in:

Obstructed or
prolonged labor

First births:

Hypertensive
disorders of
pregnancy



Hemorrhage, eclampsia

Can be fatal for both mother and child

Risk of Unsafe Abortion

Each year at least 2 million young women worldwide have unsafe abortions mainly due to:

- Inaccessibility or costs of safe services
- Self-induced methods
- Unskilled or non-medical providers
- Delay in seeking procedure past first 3 months of pregnancy

Family planning can reduce unsafe abortion

Youth at High Risk for STIs/HIV

Primary factors are behavioral:

- Non-use or incorrect use of condoms
- Little knowledge of STIs
- Failure to seek treatment
- Multiple partners or partners with multiple partners



High
STI
risk

Summary and Next Steps

Young adults face high risks of pregnancy and STIs

To address this:

Young adults need information, skills, and access to services

Policy-makers and providers need to know how and where to reach youth, and what contraceptive and STI/HIV services are needed

How to Reach Young Adults

Topics to be covered

- Who provides information and services to young adults
- What reproductive health information is needed by young adults
- Where services for young adults are best provided

Youth Involvement Is Critical

- Involve perspective of target audience
- Work *with* youth, rather than *for* youth
- Draw on youth's energy, hope, eagerness to learn and resilience

Youth “should be involved from the start as full partners....”

*— World Health Organization,
2001*



Who Provides Information and Services to Youth?

Teachers



To offer a range of services, various providers need to be involved



Doctors



Nurses



Peer Educators



Community Workers

Provider Attitudes Often Negative Toward Young Adults

I wouldn't want my child to get contraception.

I don't want to talk about sexuality; it may encourage them...

Anyone that age who is sexually active must be a bad person.



Sexuality: Open Discussions Are Important

- Difficult topic to discuss openly for both youth and adults
- Includes a wide range of issues, such as peer pressure, sexual identity, sexual orientation, sexual capability, sexual coercion
- Helps youth understand and express their feelings
- Promotes responsible sexual behavior, helps prevent unintended pregnancy and STIs

Communication Skills Needed by Providers

- Reflective listening
- Open-ended questions
- Positive body language
- Characteristics that help communication:
 - sincerity, honesty, non-judgment, respect, sense of humor



Confidentiality is critical in serving youth

Provider Training Needed



- Technical knowledge
- Knowledge of issues facing young adults
- Gender awareness
- Counseling skills
- For some: how to train young people in communication skills

Research Shows Sex Education Helps

Sex education:

- Does not lead to earlier or increased sexual activity
- Can give young people skills to delay sexual activity
- Can increase contraceptive use



It is important to begin sex education early

Sexuality: What Youth Need to Know

Includes issues of identity, societal roles, human relationships, biological development

Youth need to learn:

- How their bodies, minds and feelings are changing
- How to communicate about sexuality
- How to handle societal and peer pressures
- How to make responsible decisions about sexual activity, including abstinence

Ways of Expressing Sexuality

Youth need to know alternatives to risky sexual behavior

- Holding hands
- Hugging
- Dry kissing
- Body rubbing
- Masturbation
- Mutual masturbation
- Sexual intercourse with a condom



Fertility Awareness

Involves education about:

- The reproductive system
- Fertility
- The menstrual cycle
- How pregnancy occurs
- Attitudes and cultural norms about fertility, the use of contraception and childbearing

Important for both males and females



Gender Awareness for Youth



Important to emphasize communication and shared responsibility between boys and girls

Where Can Information and Services for Youth Be Provided?

- Home
- Health clinics
- School-based programs
- Community-based youth organizations
- Mass media



Effective Programs for Young Adults

Identify target group,
analyze assets and
needs

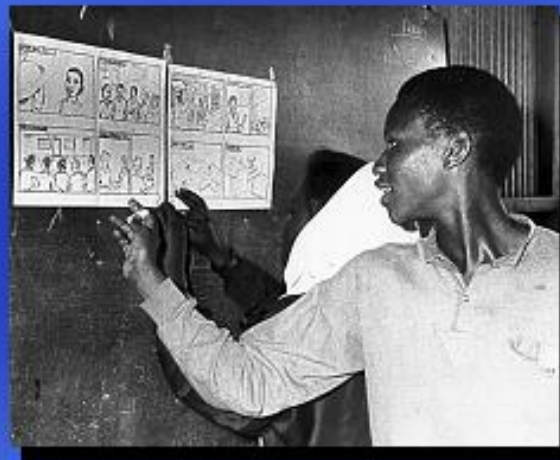
Involve youth

Incorporate
evaluation

Work with community,
including family
members

Make services
accessible, as
identified by youth

Use materials
designed by and
for youth



Family Involvement

- Many youth want to talk to family members about sexuality
- Crucial elements:
 - availability of family members
 - attitudes and knowledge
 - communications skills
- Programs needed to help parents learn necessary skills and information
- Family members can support youth in seeking services and information



Health Clinics Designed for Youth

- Separate units for youth
- Outreach clinics with specially trained staff
- Mobile clinics
- Special hours
- Convenient and safe locations
- Youth-to-youth promotion
- Low or no-cost services



Elements of School-Based Programs

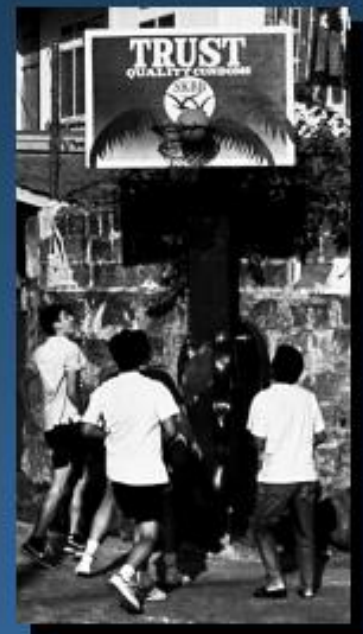
Large numbers of youth can be reached efficiently at schools

- Family life education curricula
- School-based or linked clinical services
- Training of instructors and administrators
- Involvement of families and community



Community-Based Youth Organizations

- Multi-service organizations: recreation, sports teams, vocational training, tutoring
- Workplace and religious groups: information and services
- Peer promoters or educators: information, counseling and condoms
- Youth centers for pregnant and parenting teens: continuing education and skills training



Mass Media and Other Creative Outreach

- Mass media: radio, television, film, comic books
- Telephone hotlines
- Entertainment: drama groups, puppet shows, concerts
- Computer technology: Web sites, CD ROMS, distance learning
- Social marketing



Contraceptive Issues for Young Adults

Non-medical issues:

- High-risk behavior
- Lack of accurate information
- May not use methods consistently and correctly
- Have unplanned and sporadic sexual activity
- Lack of knowledge or access to emergency contraception

Complete Abstinence

- Most effective way to prevent pregnancy and STIs
- No sexual intercourse
- May include other forms of sexual expression
- Option for all youth, including those who have begun sexual activity
- Requires high motivation, self-control, communication and social support



Barrier Methods

Includes male and female condoms, spermicides, diaphragms and cervical caps

- Are most effective when used consistently and correctly
- Pregnancy rates in typical use range from 12 percent for condoms to 21 percent for spermicides
- Safe, with no systemic effects



Barrier Methods: Advantages

- Male condom is the most effective method for STI/HIV prevention
- Female condom is an alternative to male condom
- Most methods are accessible and available
- Good for infrequent sexual activity
- User-controlled
- Easily initiated and discontinued

Barrier Methods: Counseling

Successful use requires:

- Partner participation and negotiation skills
- High level of motivation, self-confidence, self-control

Key messages:

- Always carry with you, so barrier methods are available when needed
- Communication and shared responsibility are vital
- Consistent and correct use are key to effectiveness

Male Condom

- Use for pregnancy protection and if at risk for STIs
- Use with other methods for STI protection
- Incorporate into sexual activities
- Use can result in delayed ejaculation



Male Condom: Use

When using:

- Open package carefully
- Do not unroll before putting it on
- Hold rim of condom during withdrawal
- Use only water-based lubricants



Oral Contraceptives

- Very safe and effective when used consistently and correctly
- Many non-contraceptive health benefits
- Rapid return to fertility
- Use independent of sexual intercourse
- Can be used without partner's knowledge
- Usually requires visit to clinic or other trained provider
- No STI protection



Oral Contraceptives: Counseling

- Contraceptive benefit wears off quickly
- Pills must be taken daily
- Possible side effects include nausea or breakthrough bleeding
- Link pill-taking to a daily routine
- Encourage use of condoms for backup if pills not taken correctly or if at risk for STIs

Injectables and Implants

- Very effective against pregnancy
- Non-contraceptive health benefits
- No daily action required or supplies needed at home
- Use independent of sexual intercourse and can be used without partner knowledge
- Require clinic visit
- No STI protection



Injectables and Implants: Counseling

Progestin-only injectables and implants:

- Bleeding irregularities likely
- Return to fertility
 - delayed with injectables
 - immediate upon removal of implants
- Use condoms if at risk for STIs

Implants:

- Appropriate for those wanting long-term method

Intrauterine Devices (IUDs)

- Very effective at pregnancy prevention
- Use independent of intercourse
- Quick return to fertility
- Requires clinic visit for insertion and removal
- No STI protection



Intrauterine Devices (IUDs): Counseling

Eligibility:

- Not usually recommended for young women at increased risk for STIs
- Not recommended for those with recent or current STIs
- Under age 20 and nulliparous women may have increase risk of expulsion

Counseling messages:

- IUDs are not appropriate for those with high-risk behavior
- Important to check for signs of expulsion

Lactational Amenorrhea Method (LAM)

Temporary and effective method for breastfeeding women

For LAM to be effective the woman must be:

- Fully or nearly fully breastfeeding
- Amenorrheic
- Within the first six months postpartum

LAM provides no protection against STIs

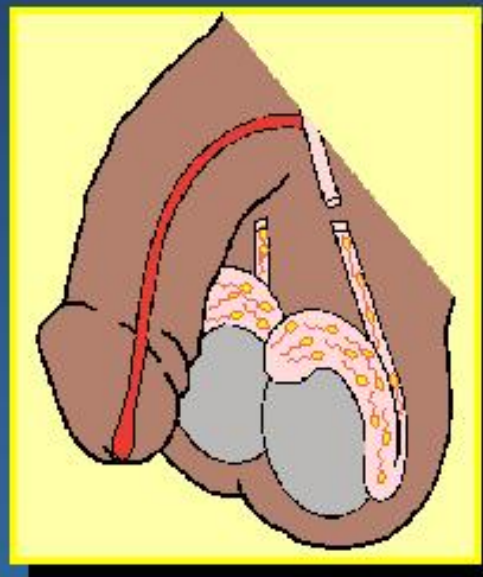
Traditional Methods

Periodic abstinence and withdrawal:

- Always available
- Can promote reproductive health awareness
- High pregnancy rates in typical use
- No STI protection
- Require considerable motivation
- Periodic abstinence is difficult for young women with irregular menstrual cycles
- Training about fertility awareness essential

Sterilization

Generally not an appropriate method for young adults

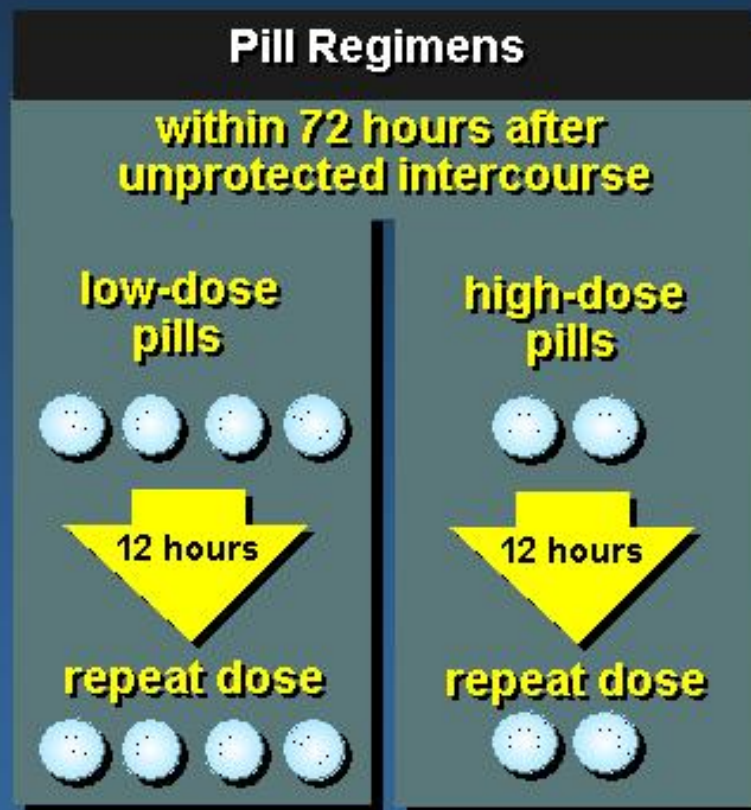


Emergency Contraception

- Prevents pregnancy after unprotected intercourse
- Not meant to be a regular method
- After use, a regular method should be initiated or resumed
- Can be used at any time during cycle
- Does not protect against STIs
- Most effective when used early after unprotected intercourse
- Method options:
 - combined oral contraceptive pills
 - progestin-only contraceptive pills

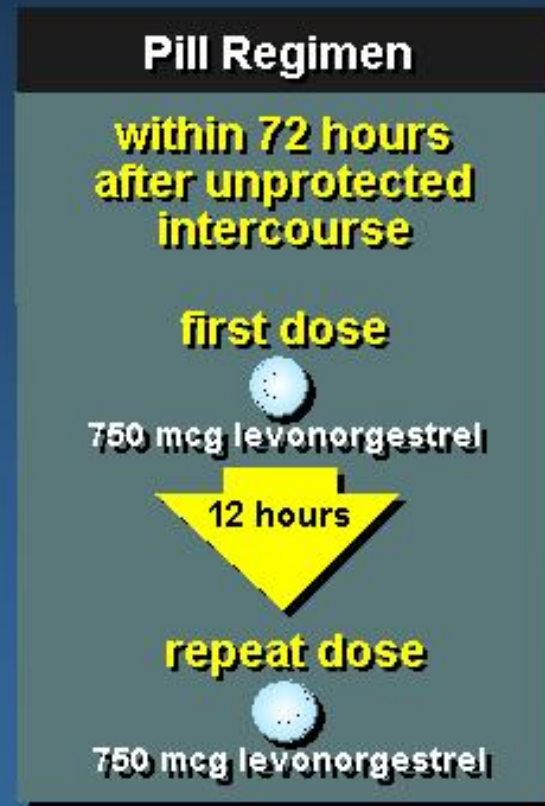
Emergency Contraception: Combined Oral Contraceptives

- Prevents 75% of expected pregnancies
- Requires 2 doses, 12 hours apart
- Each dose contains at least 100 mcg of ethinyl estradiol and 500 mcg of levonorgestrel
- May cause nausea and vomiting



Emergency Contraception: Progestin-Only Oral Contraceptives

- More effective than combined pills for emergency contraception
- Requires 2 doses, 12 hours apart
- Each dose contains 750 mcg levonorgestrel
- Much less likely to cause nausea and vomiting than combined pills



Dual Protection: Pregnancy and STIs

Dual method use:

Primary method for pregnancy prevention



Condoms added for STI prevention



Other option for dual protection:

Condom as primary method for pregnancy and STI prevention



Emergency contraceptive pills if condoms not used, or if they break or slip



Summary of Contraceptive Options for Youth

Age and Parity	Barrier Methods, OCs, Implants, Traditional, LAM	Progestin-only Injectables	IUDs
Nulliparous	No restriction	Can generally use	
Under 18			
18-19			
20 and over			

Source: WHO, 2004.

Youth Are Our Future

