

Training course in adolescent sexual and reproductive
health 2019

Contraception counselling and provision

Alinikisa Mphongolo

Plan International Malawi

alinikisa.mphongolo@plan-international.org

Question 1:

What are the differences between Ghana and Niger in terms of age of first sex and age of marriage? What are the implications of this?

The age at first sex and marriage is much lower for Niger (15.9 and 16.0) than that of Ghana which is at 18.6 and 22.4 respectively. Niger has one of the highest rates of child marriage with a prevalence of 76% unlike Ghana whose rates are around 25%. (UNICEF 2017: State of the World Children). With these statistics, there are more girls at risk of death from pregnancy implications and child birth in Niger unlike in Ghana where girls seem to engage in sex and marry at later age. This in turn has an effect on cycles of poverty, poor health among adolescents and affects the development of the country as a whole because less educated women limit a country's ability to tackle poverty. Child marriage also has a huge impact on the population growth of any country.

Question 2:

Identify two challenges of gathering information on sexual activity in unmarried adolescents?

- Reluctance of unmarried adolescents and youth to report sexual activity during household surveys, an aspect which makes such data unavailable
- Exclusion of unmarried women between the age of 15-24 years

Question 3:

A health professional can prescribe/dispense the same contraceptive methods to adolescents as in adults.

- True
- According to WHO recommendations on ASRHR, adolescents can use any hormonal or non-hormonal contraceptive method including emergency contraception regardless of age. Inasmuch as the guidelines are not specific to adolescents, they provide the same recommendations on safety profiles for adolescents as for adults with some exceptions; a health professional can therefore prescribe the same contraceptive method to adolescents as in adults but must provide the needed counseling about the method including the pros and cons and available alternatives.

Question 4:

A young woman in a rural North Indian community is able to obtain contraceptives free of charge from a government clinic in her community, but is unwilling to use it. Identify 3 possible reasons for this.

- Pressure to have children- women are under pressure (from society and in-laws) to have children especially when they have just gotten married. There is an expectation for women to get pregnant of which when the expectation is not met results in mistreatment (Barriers to Contraceptive methods among rural young married couples in India - Mohan Ghule; Anita Raja)
- Stigma surrounding non marital sexual activity- society tends to shame young women (unlike men) who are unmarried but sexually active.
- Fear of contraceptive side effects- young women fear that early contraceptive use can affect their ability to conceive , a factor that discourages them from using contraceptives

Question5:

There is a report of an evaluation of the Health Policy Project in Guatemala, Malawi and Nepal. Name three actions you would take if you were the national reproductive health programme manager in Malawi.

Malawi has enabling policies in place to address adolescent sexual reproductive health needs but the challenge is implementation of the policies. This is a challenge not only in the health sector but in several other sectors. This to ensure implementation and commitment in implementation, it is pivotal to have functioning systems and technical expertise from several players. Working as a national health programme manager Malawi, I would do the following:

- Engage and involve adolescents from the onset in designing programs and projects so as to get an understanding of their context and challenges. This will ensure that the design of the programs speaks into their specific needs and issues. This would also aid in developing solutions that are suggested by young people themselves
- Work with key ministries from the onset of program design so as to garner their support and put mechanisms in place that would allow for interface between adolescents and duty bearers so they are held accountable e.g. the community scorecard
- Work with and meaningfully engage traditional leaders and community based organizations so as to better understand the challenges, norms and issues in particular contexts. Traditional leaders and community based organizations are critical in addressing norms that may infringe on the rights of adolescents especially girls.