

Training course in adolescent sexual and reproductive  
health 2021

Contraception counselling and provision

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### **Question 1**

**Contraception is provided free of charge at a government clinic in a rural Northern Indian community. However, a young woman in that community does not use them. Identify three possible reasons for this.**

Although, contraception is free of charge there could be many different reasons why a young women would not take advantage of this. Some of those reasons could be as follows:

- a. There could be different laws and policies that could prevent her from obtaining them such as having to be married, a guardian or spouse have to be present (or give permission) for them to have access.
- b. The contraception services and health clinic could be not adolescent friendly so they are hesitant to go.
- c. Many adolescent's do not know where they can go to get contraception and have misconceptions of how to use them. (In Palestine, I have had many people tell me that you can not have an IUD put in until after you have had two children).

### **Question 2**

**What are the five set of barriers to the uptake of contraception by adolescents as described in the International Centre for Research on Women Framework on adolescent contraception?**

The five barriers to uptake of contraception by adolescents described in the International Centre for Research on Women Framework were: the lack of wanting to delay, limit, space pregnancies, lack of wanting to use contraception, the inability to independently obtain and use contraception, barriers to assessing contraception (laws preventing access), and having health care providers that are supportive, caring, and committed to providing adolescent health services (1).

### **Question 3**

**What are three things that Chile did to counter its high adolescent fertility rate?**

In order to counter its high adolescent fertility rate, Chile decided to train health workers, create adolescent-friendly spaces in primary health centers, require new parental consent requirements and use backing with NGOs, women's advocates, and young people to help with the resistance to contraceptive provision (1).

### **Question 4**

**Name three approaches to improving contraceptive uptake among adolescents that you believe would be most effective in your country context and explain why.**

I think that the three best ways to improve the uptake of contraceptive use would be to provide better access to adolescent friendly services, provide information and knowledge to help combat social misconceptions and cultural barriers, and train health care providers to be nonjudgmental and able to deal with adolescent health better. In a study done to map adolescent health services it was found the biggest issues where health providers were not trained in dealing with adolescents, and adolescents were unaware of the services they had access to. It was also found that cultural barriers and having the ability to make your own decisions about their health where also barriers why adolescents weren't seeking reproductive health services (2).

### **Question 5.1**

**Name at least two service-delivery elements and one enabling environment element that are listed in the High Impact Practices brief on Adolescent Friendly Contraceptive Services: Mainstreaming adolescent friendly elements into existing contraceptive services.**

There are seven elements of adolescent-friendly contraceptive services; service delivery and enabling environment elements. Some service delivery elements are the importance of training providers that will provide non-judgmental services, enforcing confidentiality and privacy (something we have a problem with in Palestine), offering different contraceptive methods (also an issue in Palestine), and providing free services. Enabling environment elements are giving support among communities for adolescents to be able to access contraceptive information and services as well as addressing gender norms (3).

### **Question 5.2**

**Why is it important to mainstream adolescent friendly elements into existing contraceptive services, rather than to set up separate services for adolescents?**

Incorporating adolescent services into existing services has been proven to be cost-effective and scalable, expands the reach of existing programs and improves access to high-quality contraceptive services for adolescents (3).

### **Question 6**

**Name three challenges to adolescent contraceptive services that are particularly relevant in the Eastern Mediterranean Region?**

Four challenges to adolescent contraceptives services that are relevant to the Eastern Mediterranean Region are the lack of access to quality of services due to shortages, provider bias, laws and policy restrictions based on age, marital status, and third-party consent, cultural norms that feed on misconceptions and myths, and humanitarian crises causing interruption of services.

### **Question 7**

**Mention three effects of COVID-19 on the demand for and supply of contraceptive commodities and services.**

The effects seen by COVID-19 on the demand for and supply of contraceptive commodities and services were: the disruption of the manufactures of key contraceptive methods (ex. Condoms) and delaying the transport of such methods, an increase of demand for contraception due to the consequences of lockdowns and restriction of movements, and non-essential clinics were closed as well as health services providers being needed for other health services considered to be essential.

**Question 8.1**

**What percentage of male and female sexually active students sampled in Lebanon University had used a contraceptive method?**

The percentage of male and female sexually active students sampled in Lebanon University students that had used a contraceptive method was about 67 percent for males and 25 percent for females (4).

**Question 8.2**

**What was the most commonly used method of contraception among male and female sexually active students at Lebanon University?**

The main form of contraception used for males was condoms and oral contraceptives for females (4).

**Question 8.3**

**What methods of contraception were the male respondents from Lebanon University aware of?**

Males were aware of condoms, IUDs, oral contraceptives, cervical cap, vaginal diaphragm, and spermicides as methods of contraception (4).

**References**

1. Chandra-Mouli V, Akwara E. Improving access to and use of contraception by adolescents: What progress has been made, what lessons have been learned, and what are the implications for action?. Best Practice & Research Clinical Obstetrics & Gynaecology. 2020 Apr 24.
2. Hamdan M, Imam A. Mapping Adolescent and Youth Sexual and Reproductive Health Services in Palestine [Internet]. Palestinian Medical Relief Society (PMRS); 2019. Available from: [https://healthclusteropt.org/admin/file\\_manager/uploads/files/1/9-Mapping%20of%20%20youth%20sexual%20and%20reproductive%20health%20services%20in%20Palestine%2018%20April%202019%20final.pdf](https://healthclusteropt.org/admin/file_manager/uploads/files/1/9-Mapping%20of%20%20youth%20sexual%20and%20reproductive%20health%20services%20in%20Palestine%2018%20April%202019%20final.pdf)

3. Adolescent-Friendly Contraceptive Services | HIPs [Internet]. Fphighimpactpractices.org; 2021 [cited 6 February 2021]. Available from: <https://www.fphighimpactpractices.org/briefs/adolescent-friendly-contraceptive-services/>
4. Barbour B, Salameh P. Knowledge and practice of university students in Lebanon regarding contraception. EMHJ-Eastern Mediterranean Health Journal, 15 (2), 387-399, 2009. 2009.