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.

Possible causes for not getting access to contraception use:

1. Could be because of the lack of knowledge, knowledge gaps and misconceptions, difficulties in being able to obtain contraceptive services/commodities, & difficulties in being able to use them correctly & consistently.
2. There might be no supporting laws & policies to their access to contraception regardless of age or marital status, & without third-party authorization/notification.
3. The health-care provider might not be adolescents' friendly and lacks skills to deal with adolescents and respond to their needs.

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?

1. In some communities where early pregnancy is a desired within or outside marriage there is lack of desire to avoid, delay, limit, and spacing, hence more education are needed associated with reduction in poverty.
2. The lack of desire to use contraception as many adolescents have misconception about contraception and do not know where and how to obtain or use contraception.
3. Lack of self-assurance and independence to obtain and use contraception. Young girls and even boys are not confident in making decisions about using contraceptive use, choosing the right method, and accessing services.
4. Accessing contraception. Availability of policies and laws will enhance and facilitate accessibility of adolescents to contraception services.
5. Maintaining a workforce of competent, caring, and committed health service providers. There is a great need to overcome the health providers misconception on the use of contraception by adolescents.

Question 3

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

Chile adopted the regional 2007-2013 Plan for the Prevention of Adolescent Pregnancy setting up a target of 10% reduction in the adolescent fertility rate. Chile focused on health system strengthening to address adolescents' health for the implementation of their strategy where they invested more in the following:

1. Training health workers, creating adolescent-friendly spaces in primary health centres and promoting a range of contraceptive methods.
2. Several laws were consolidated into one framework which defined and mandated different stakeholders' roles and responsibilities.
3. Improving outreach and referral.
4. Improving school retention and re-entry for pregnant adolescents and adolescent mothers.
5. Improving the monthly statistical register for data collection on adolescents disaggregated by age, sex, and risk factors.
6. Intensive advocacy with through scientific associations, NGOs, women's advocates, and young people assisted to overcome resistance to contraceptive provision.

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.

From my experience in the area of reproductive health and being in close contact with main players in the field, some of the main interventions that can be adapted to improve contraceptive use by adolescents are:

1. Increase promotion and knowledge on contraception.
2. Advocate on FP programs and its effect in improving adolescents' health and reducing morbidity and mortality aiming to issue national laws & policies that support adolescents to access contraceptives regardless of age & partner authorization/notification.
3. Adolescents' friendly services through NGO's and ING's are most appropriate to address this gap.

The introduction of contraceptives method remains a challenge in Yemen due to the dominant traditional knowledge and religious belief that having more children gives more power. The last Demographic Health Survey in Yemen, 2013 showed that adolescents aged 15-19 were the least group of using modern contraceptive (1). A KAP study about Reproductive Health and Family Planning among Young Adults in Yemen showed that participants who had university education had more knowledge about methods of FP and sources of information than those who had secondary school education (2). The same study showed that, the most popular channels of knowing information about RH& FP was the Television and the least was peer to peer education. There is a strong relationship between fertility rates and place of residency where women age 15-19 in rural areas have 56 percent fertility higher than those in urban areas. Contraceptive use is positively associated with women's level of education and wealth in Yemen where one in ten married women age 15-19 used a method of contraception compared to a quarter of 20-24 year-old and 35 percent of married women age 35-39 years (3). Referring again to the Yemen national demographic survey (DHS, 2013), 28% of currently married women with no education use contraceptives, compared with 50% of those with higher education. Similarly, only 15% of married women in the lowest wealth quintile use contraceptives compared with 50% of women in the highest wealth quintile (1). The same patterns hold for use of modern contraceptives and use of traditional methods.

The organization of Yamaan advocated on the FP and Post Abortion Care (PAC) because of the misconception of the national authorities on these two areas where the Ministry of Public Health and Population in the northern governorates of Yemen, had made new regulations in regard to family planning and post-abortion care (PAC). The regulations include restrictions for the on-the-job training and health awareness in FP and PAC besides the existing challenges of importing FP commodities (4).

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.

Two service-delivery elements out of the 4 elements stated in the document are:

1. Training and supporting providers to offer nonjudgmental services to adolescents.
2. Providing free or subsidized services

Example of the enabling environments is to address norms and fostering support among communities and parents for adolescents to access contraceptive information and services.

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?

It was found that mainstreaming adolescents' health services into the existing contraceptive services has the potential to be both cost-effective and scalable, expanding the reach of existing programs and improving access to high-quality contraceptive services for adolescents.

Question 6

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

Referring to the regional overview on contraceptive use by adolescents, and an example of three challenges are:

1. Legal and policy restrictions related to age, marital status, parental/spousal consent, and provider authorization exist in many countries in the Region. For example, in Yemen, the law in identifying suitable girls age for marriage is under discussion since long time. Newly married girls are not empowered enough to get her rights in accessing contraceptive services without a consent of her husband.
2. High rate of early marriage and accordingly of early pregnancies. The high unmet need for FP in the Region is among married women and girls. This is a particular challenge as the Arab Region is a home to 40 million young married girls of which 32 % in Yemen. Maternal

mortality rate among young married girls because of pregnancies constitutes 13.3% of all maternal mortalities (1).
3. Access to and quality of services: Lack of infrastructure, supply shortages, provider biases and lack of competencies, and cost of contraceptive methods impede access to contraceptive services for adolescents in the Region.

Question 7

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

Effects of COVID-19 on demand and supply of the contraceptives commodities and services as explained in the regional presentation:

1. **Effects on contraceptive supply**: It affected supply by disrupting the manufacture of key pharmaceutical components of contraceptive methods and/or the manufacturing of the methods themselves (e.g., condoms), and by delaying transportation of contraceptive commodities.
2. **Closure and/or diversion of services**: Equipment and staff involved in provision of sexual and reproductive health services have been diverted in some places to fulfill other needs, and many clinics that were considered non-essential were closed.
3. **Effects on contraception demand**: Increased demand for contraception has been observed over the period of pandemic, due to the consequences of lockdowns and movement restrictions.

Question 8.1

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

In the study conducted among university students in Lebanon, it was found that of those who are sexually active, around two-thirds of males and a quarter of females had used contraception.

Question 8.2

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

The most common contraceptive used by the sexually active students was the condom for males (86.1%) and oral contraceptives for females (56.3%).

Question 8.3

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

The most common methods of contraception were the male respondents aware of was the condom use. They were fully aware about the conditions of use, contraindications and side-effects of condoms. But only half the male respondents regularly verified the expiry date before using a condom and knew when to put it on, while less than one third knew when to remove it.

References

1. Ministry of Public Health and Population of Republic of Yemen. National Health and Demographic Survey. 2013. Available from: https://dhsprogram.com/pubs/pdf/FR296/FR296.pdf [Accessed 17th March 2021].

2. Masood MS, Alsonini NA. Knowledge and attitude about reproductive health and family planning among young adults in Yemen. International Journal of Population Research. 2017;2017.

3. UNICEF. Multiple Indicator Cluster Survey 2006, monitoring the situation of children and women. UNICEF; 2006. Available from: http://mics.unicef.org/survey_archives/yemen/survey0/index.html [Accessed 17th March 2021].

4. Yamaan. SRHR in Yemen. Analytical narrative progress overview report # 1 on sexual and reproductive health for women and adolescents. cordaid.org; 2019. p 4-5. Available from: https://www.cordaid.org/en/wp-content/uploads/sites/11/2019/10/Analytical-narrative-progress-report-I-1nov18-30june20.pdf [Accessed 17th March 2021].