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.

The possible three key reasons a young woman in the community doesn't use contraception even if she is provided free of charge at a government clinic in a rural Northern Indian community are;

1. Lack of knowledge and misconceptions, like fear of side effects and that it could prevent them from getting pregnant in the future, or as a result of beliefs that its use conflicts with their traditions and religious directives& difficulties in wanting to be able to use them correctly & consistently.
2. Lack of adolescent-friendly service provision laws & policies that support access to contraception regardless of age or marital status, & without third-party authorization/notification.
3. Reluctance to admit that she is sexually active or embarrassed to seek contraception, or fear of facing opposition from her partner or other influential family members such as mothers-in-law, who usually overrule decisions.(1)

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?

There are three demand side and two supply side barriers to the uptake of contraception by adolescents, as described in the "International Centre for Research on Women Framework" on adolescent contraception are;

Demand-side

1. The lack of desire to avoid, delays, space, or limit childbearing.
2. The lack of desire to use contraception.
3. The lack of confidence and ability to seek/negotiate contraception use.

Supply-side

1. Poor access to contraceptive services
2. Poor quality of service provision which is respectful.(2)

Question 3

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

Three things that Chile did to counter its high adolescent fertility rate were;

1. Training health workers and creating adolescent-friendly spaces in primary health centers.
2. Improving outreach and referrals.
3. Improving school retention and re-entry for pregnant adolescents and adolescent mothers.(2)

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.

Knowledge and use of any contraceptive method were particularly low among adolescent and middle aged men and women in rural areas of Pakistan and reasons for not using family planning and modern contraception included incomplete family size, negative perceptions, in-laws' disapproval, religious concerns, side-effects and lack of access to quality services. The majority preferred private facilities over the government health facilities as the later were cited as derided.(3)

Considering the barriers, needs and preferences the three approaches to improving contraceptive uptake among adolescents in my opinion which would be most effective in my country context are;

Supply side:

- Incorporate adolescent friendly service delivery elements into existing contraceptive and health services easy access to the full range of contraceptive
- Training health care providers and developing a competent, caring and committed workforce delivering integrated reproductive and health services which are adolescent friendly and meeting inclusive adolescent's preferences. (e.g. those with disabilities or are affected by emergencies).

Demand side:

- Imparting comprehensive sexuality education (CSE) effectively to reach and inform adolescents about contraception through the key gatekeepers which are parents, teachers and other gatekeepers.(1)

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 key service-delivery elements listed in the "High Impact Practices brief on Adolescent Friendly Contraceptive Services: Mainstreaming adolescent friendly elements into existing contraceptive services" are;

1. Training and supporting providers to offer *nonjudgmental and confidential* services to adolescents.
2. Providing free or subsidized services and;
3. One key enabling environment element include: Ensuring legal rights, policies, and guidelines that respect, protect, and fulfill adolescent's human rights to contraceptive information, products, and services regardless of age, sex, marital status, or parity; addressing norms and fostering support among communities and parents for adolescents to access contraceptive information and services; and addressing gender norms.(4)

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?

Based on the experience and theory of change, it is very important to mainstream adolescent friendly elements into existing contraceptive services, rather than to set up separate services for adolescents. Firstly, it is proven to be cost-effective and doable with regular contraceptive services and secondly, the outcomes will be increase in satisfied contraceptive use among adolescents and reduction in unintended adolescent pregnancy which will ultimately lead to improving access to high-quality contraceptive services for adolescents.(4)

Question 6

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

The three key challenges to adolescent contraceptive services that are particularly relevant in the Eastern Mediterranean Region are;

i. **High rate of early marriages with** unmet need for family planning (FP) among married women and girls. Number of countries have high rate of early marriage including Somalia (45%), Sudan (34.2%), Yemen (32%), Afghanistan (28%) and Iraq (27%).

ii. **Socio-cultural barriers -** norms, myths and misconceptions about contraception e.g there is strong belief that young married couples should not use any contraception before they have their first baby. Likewise, many people believe that long-acting hormonal methods and intra-uterine devices adversely affect fertility in young people. Similarly, many people believe that condoms are the only safe contraceptive method.

iii. **Legal and policy restrictions related to age**, marital status, parental/spousal consent, and provider authorization e.g. in Morocco there is a legal age for married adolescent to provide consent for emergency contraception without spousal consent related to contraception, due to the sensitive nature of these issues.(1)

Question 7

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

Three effects of COVID-19 on the demand for and supply of contraceptive commodities and services are;

1. **Effects on contraceptive supply:** Disrupting the manufacture of key pharmaceutical components of contraceptive methods and/or the manufacturing of the contraceptives 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.(1)

Question 8.1

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

Percentage of male and female sexually active students sampled in Lebanon university had used a contraceptive method were; a) 35.81%- Males b) 64.18%- Females.(5)

Question 8.2

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

The most commonly used method of contraception among male and female sexually active students at Lebanon University were; 1: Condom for males - (86.1%), 2: Oral contraceptives for females - (56.3%).(5)

Question 8.3

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

The male respondents from Lebanon University were aware of;

1. **Mechanical contraceptives** – For male condoms- 100% knew about it and intrauterine devices- 72.5%, cervical cap – 46.1% and vaginal diaphragm-51.9%.
2. **Chemical contraceptives** – Oral contraceptives - 88.1% and spermicides - 63.2%.(5)

References

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