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 contraceptive services are available and provided free of charge, young women could face several barriers to access and use them. Young women may lack knowledge about contraception and the available contraceptive services. It has been observed that women, especially the less educated and those who live in rural areas, have a lack of knowledge and are less likely to access contraceptive services (1). Opposition from the family, particularly the partner, constitutes a large barrier to the use of contraception as well (1). An Indian girl, married at 19, said, "My husband had the right to decide, and he decided the number of children we should have and whether it would be a boy or a girl." (2).
In fact, India's available contraceptive methods do not meet the family planning needs of young women. In India, female sterilisation is the primary contraceptive method, constituting 76.2% of all the available techniques (Figure 1) (3). Thus, young women are less satisfied with the available methods as they prefer temporary, reversible methods.
It should also be mentioned that healthcare providers' attitudes and misconceptions critically affect young women's access and choice of contraceptive methods. This is particularly significant for unmarried adolescents as they are often stigmatised for their sexuality (4). In one survey in India, about 30% of doctors stated that they would deny providing oral contraceptives based on age, and even more doctors (70%) restricted access to IUD based on a minimum age requirement (between 19 to 22 years) (5).

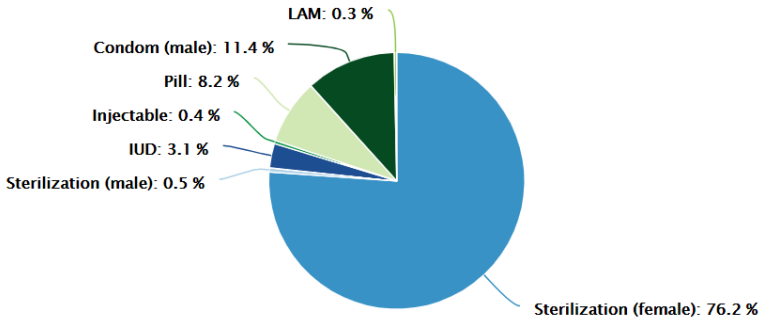

Figure 1: Contraceptive methods in India (3)

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?

Adolescents face several barriers to access and use contraception services and contraception. These barriers are inter-related and varied in their weight and are attributed to either the adolescents (demand-side) or the healthcare system (supply-side).
While contraceptive services could be available and provided free of charge, adolescents might lack the desire to utilise them. In cultural contexts where early marriage and adolescent

childbearing are accepted, adolescents have no intention to delay or space their pregnancies, and therefore, they would not use contraceptives.
The availability of contraceptive services is not a sign of adolescents' awareness or autonomy. Adolescents may lack awareness about contraception and their availability or are unable to reach or afford them. In terms of their side effects or their long-term sequelae, misconceptions and myths around contraception also influence adolescents' willingness to obtain and use them. Moreover, adolescents could lack autonomy and decision-making abilities, and they could face opposition, particularly from their partners, to access and use contraception services.
We should also pay attention to the substantial impact of law and policy restrictions that impede adolescents from accessing contraceptive services due to their age or marital status constraints. Moreover, health care attitudes and aptitudes might not be supportive of adolescent needs. Health care providers could also lack knowledge about contraception needs for adolescents or be judgemental and disrespectful.

Question 3

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

The Chilean government has set a target of a 10% reduction in adolescent fertility rate in their 2011-2020 National Health Strategy to encounter the high adolescent fertility rate. To achieve this goal, Chili has developed an approach to improve its health system to be more responsive to adolescent needs. This approach has included training health workers, make primary health centres more adolescent-friendly, and providing a wide range of contraceptive methods. The government has also focused on empowering adolescents and improving school retention for pregnant adolescents and adolescent mothers. It has also overcome resistance to contraception by advocating with NGOs, women, young people, and scientific associations.

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.

Palestine is one of the countries with a high adolescent fertility rate in the region. In 2017, the adolescent fertility rate in Palestine was 48 per 1000 adolescents aged 15-19 years (6). In general, contraceptive services in Palestine are provided free of charge or at low cost (7); however, these are not always available, particularly in the Gaza Strip. In 2019, two out of the five essential family planning methods (male condoms and progesterone-only pills) have been at zero stock level (available for less than a month) at the United Nations Relief and Works Agency (UNRWA) and Ministry of Health (MoH) clinics in the Gaza Strip (8). The acute shortage of contraception methods results in limited choices that do not meet women's contraception needs. In this context, maintaining both the availability and variety of contraception methods necessitates prioritising family planning in the governmental agenda. Governmental and non-governmental organisations should cooperate and dedicate a larger budget to make these services available. Moreover, these organisations should advocate with the Israeli authorities to permit continuous contraception delivery to the Gaza Strip.
In a study conducted in Gaza, Palestine, healthcare professionals reported that misconceptions about contraception represent the main barrier for women to use contraception. There is a wrong perception that contraception use results in infertility and cancers (particularly breast cancer) (9). Furthermore, most women respondents reported that

their husbands make their contraception choices (9). However, husbands usually do not attend the SRH clinics with their wives and do not access appropriate information. Accordingly, their erroneous beliefs have a considerable influence on their wives' access and use of contraception. In this setting, improving the awareness about contraception requires comprehensive sex education at school and community awareness initiatives that engage the husbands and empower women to make appropriate decisions.
In Palestine, health care facilities are not adolescent-friendly. A study conducted by the Palestinian Medical Relief Society (PMRS) showed that most facilities have no specific spaces or convenient hours for adolescents. Only 59% of the agencies declared that health care providers had been trained to provide tailored services to the adolescents, but there is no continuous training and support for them (7). Accordingly, the available services are not tailored to meet the needs of young people and they are often criticised for accessing SRH services, including family planning services. In this context, investment in the available health care facilities to make them more adolescent-friendly is paramount. Health care providers should receive more frequent training and continuous support and supervision is necessary to ensure good practice.

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.

Several adolescent-friendly contraceptive service elements have been identified to improve adolescent use of contraceptives. These elements are divided into two categories; service-delivery and enabling environment elements. Some of the common service-delivery aspects are: 1) Providing health care providers with pre-service training. The training includes communication skills, legal aspects of contraception provision, adolescent rights, medical eligibility criteria for adolescent contraception use, and building their capacity to provide non-judgmental services. In-service training and support should also be implemented to maintain a good practice; 2) Offering a wide range of contraception methods. Providing adolescents with the right to choose between several methods would likely increase contraception access and continuous use. To establish an enabling environment for adolescent programs, we have to ensure that the laws, policies, and guidelines respect and protect the adolescent right to access non-discriminatory contraception information and services. Each facility should be aware of the adolescent-friendly service provision policies and standards, and the providers should be oriented to apply them in their work.

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?

Independent services for adolescents are challenging to scale up and sustain, especially in low-resource settings. Studies have shown that dedicated and separated services for adolescents, such as youth centers, do not increase contraception uptake (10). However, using the available resources in strengthening the existing services while implementing the adolescent-friendly elements results in improving adolescent access to high-quality services (11). Accordingly, incorporating adolescent-friendly elements into existing contraceptive

services is more cost-effective and scalable, and it increases the number of served adolescents.

Question 6

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

The provision of contraception services to adolescents in the Eastern Mediterranean Region is challenging. The social norms and misconceptions about contraception are prevalent. For example, people believe that the long-term use of contraception results in infertility and that young couples should avoid using it. Even if adolescents desire to use contraception, they could not access it due to policy restrictions or low-quality services. In some countries, legal regulations related to age or marital status impede adolescent access to contraception. Moreover, due to the weakened health system and shortage of services, adolescents in some regions could not access a high-quality and comprehensive range of contraceptive services. These issues are exacerbated during humanitarian crises and political conflicts, leading to service interruption, which results in increasing the risk of unintended pregnancies and unsafe abortion.

Question 7

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

COVID-19 has a substantial impact on the provision of contraception services. Disruption in the manufacture and the transportation of contraception methods primarily affect its supply during an increase in demand due to the lockdown and the ensuing movement restrictions. The access to contraception services has also been affected. Due to the high pressure on the health system, health care staff were redistributed to support the treatment of COVID-19 patients. Many clinics, including sexual and reproduction health clinics, were considered non-essential and closed to reduce infection rates. Accordingly, it is estimated that 15,401,000 additional unintended pregnancies would result from the decline in contraception use caused by the pandemic (12).

Question 8.1

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

Out of 1410 students (505 males and 905 females), 241 males (47.7%) and 63 females (7%) were sexually active. Of those who were sexually active, 98.34% of males and 76.19% of females have used a contraceptive method.

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 contraception method among males was condoms (86.1%), while oral contraception was the most frequently used among females (56.3%).

Question 8.3

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

Male respondents were aware of all forms of contraception but with varying degrees. All respondents were aware of the condom, and 88.1% and 72.5% declared knowing about oral contraception and intrauterine device, respectively. A lesser number of males were mindful of spermicides (63.2%), and almost half of them knew about the vaginal diaphragm and cervical cap.

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