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.

Three possible reasons why the young woman in that particular community does not use contraceptives might be:

(1) Misconceptions and lack of knowledge on where and how to obtain contraceptive services and information.
(2) Laws and policies in this community maybe restrict the provision of contraceptive methods based on age, marital status and the consent of third-party.
(3) Contraceptive service providers and clinics are not adolescent-friendly.

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-set of barriers are to uptake of contraception by adolescents are:

(1) The lack of desire to avoid, delay, limit, or space pregnancy because probably they want and intend to be pregnant.
(2) The lack of desire to use contraceptives because of the misconceptions and lack of knowledge about where and how to have contraceptive services and information.
(3) The lack of confidence and independence to bring and use contraceptives and this is because of the constraints and restrictions about decisions on contraceptives use.
(4) Laws and policies that are barriers to accessing contraceptives because, in many countries, there are restrictions in the provision of contraceptives based on age, marital status and the consent of third-party.
(5) The health services and the service providers who deliver contraceptive services are often not adolescent-friendly.

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) Creating adolescent-friendly spaces in primary health centers and training health care providers
(2) Encouraging a range of contraceptive methods.
(3) Ameliorating the school retention and re-entry for pregnant adolescents and adolescent mothers.

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.

Three approaches to improve contraceptive uptake among adolescents in Egypt are:

(1) Increase the access to contraceptives information and services to young people to scatter the existing misinformation, myths, and misperceptions about family planning methods.

- 88.7% of women in Minia, Upper Egypt had one or more misconceptions about contraceptives (Eshak, 2020).

(2) The contraceptive services should take into consideration different age groups and the service providers should be trained to deal with those different age groups and to learn adequate communication skills to provide the needed information because most of the time these services neglect the younger age group.

- Based on a cross-sectional descriptive study that was conducted in four governorates in Egypt, less than half of providers in the study (43%) indicated that they had received training in family planning or reproductive health in the past year (Rabie et al., 2013).

(3) Maintain confidentiality and privacy during the provision of the service to ensure the protection and respect of the client's rights to have quality services.

- Only 63% of married Female Attendants to the Shawa Family Health Unit in Dakahlia reported that they felt privacy (Saad Farag et al., 2020).

** While conducting my research, I could not find anything related to adolescents only and this is maybe due to the sensitive topic.

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 are:

(1) Providing a wide range of contraceptive methods.
(2) Training and supporting the service providers to offer non-judgmental services to adolescents.

One enabling environment element is:

- Assuring the guidelines, legal rights, and policies to respect and protect adolescents' human rights to contraceptive methods, information regardless of their age, marital status, and sex.

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?

Mainstreaming adolescent-friendly elements into existing contraceptive services have many benefits such as cost-effectiveness, scalable, broaden the reach of the existing programs, and ameliorating the 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?

Three regional challenges in the provision of contraceptive services are:

(1) Sociocultural challenges such as, the high rate of early marriage in the region.
(2) Social-cultural barriers such as, misconceptions, myths, and social norms about contraceptives.
(3) In some countries there are legal and policy restrictions regarding the provision of contraceptive methods related to age, marital status, the consent of the spouse or parents…etc. These are considered policy challenges.

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) Increasing in the demand for contraceptive methods due to the lockdowns and movement restrictions.
(2) The supply side was affected by the disabling of the manufacturing of key pharmaceutical components of contraceptive methods and or the manufacture of the methods themselves and by delaying the transportations of the contraceptives.
(3) Closure and/or diversion of services, the health staff and equipment of reproductive health services has been transferred to achieve other needs in some places and other non-essential clinics were closed.

Question 8.1: What percentage of male and female sexually active students sampled in Lebanon University had used a contraceptive method?

From the sexually active students sampled in Lebanon University, two-thirds of males and a quarter of females had 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?

From the sexually active students sampled in Lebanon University, the most commonly used method of contraception among males is condom and oral contraceptives for females.

Question 8.3: What methods of contraception were the male respondents from Lebanon University aware of?

The methods of contraception that male respondents from Lebanon University were aware of: condoms, intrauterine devices (IUD), oral contraception, cervical cap, vaginal diaphragm, and spermicidal products. The knowledge level for each contraceptive method is different, some contraceptives are well known, and others are unfamiliar between males and females.

References

Eshak, E., 2020. Myths about modern and traditional contraceptives held by women in Minia, Upper Egypt. *Eastern Mediterranean Health Journal*, 26(04), pp.417-425.

Rabie, T., Boehmova, Z., Hawkins, L. and Abdel Tawab, N., 2013. *Transforming Family Planning Outlook and Practice in Egypt: A Rights- Based Approach.* [online] World Bank. Available at: https://openknowledge.worldbank.org/bitstream/handle/10986/20418/905960WP0Box3800July0160FINAL0PROOF.pdf?sequence=1&isAllowed=y [Accessed 3 February 2021].

Saad Farag, N., Ahmed Fathy, A. and AbdelWahab, F., 2020. Practice of Family Planning among Married Female Attendants to Shawa Family Health Unit, Dakahlia, Egypt. *The Egyptian Family Medicine Journal*, 4(1), pp.24-41.