



WHO/A. Waak

From Evidence to Policy: Expanding Access to Family Planning

Expanding access to contraceptive services for adolescents

Policy and programmatic actions

- Enact policies requiring the provision of accurate, age-appropriate and comprehensive sexuality education for all adolescents.
- Eliminate social and non-medical restrictions on the provision of contraceptives to adolescents.
- Engage adolescents as full partners in designing, implementing and monitoring programmes for contraceptive information and service provision. Alongside this, draw upon the support of parents, and other influential adults for the provision of contraceptive information and services.
- Make available a full range of contraceptive methods through outlets that different groups of adolescents are likely to frequent, including social marketing outlets, educational and social facilities, and the health system.
- Ensure that health information systems gather, analyse and use age-disaggregated data on the need for, and use of, contraceptives.

Background

Adolescents, both unmarried and married, face many sexual and reproductive health risks stemming from early, unprotected, and unwanted sexual activity (1). Key factors underlying this issue are lack of access to sexuality education, and to accessible, affordable, and appropriate contraception. There is an urgent need to implement programmes to meet the contraception needs of adolescents, while dismantling the current barriers to adolescents from accessing services.

The number of sexually active adolescents is increasing globally. This is leading to a large and growing unmet need for contraceptive services appropriate to the unique needs of adolescents. Many individuals worldwide initiate sexual activity during their adolescent years within, or outside of, formal unions. The level and context of sexual activity among adolescents varies widely by sex and location. About 14% of adolescent girls in developing countries are married by the age of 15 years, and as many as 30% are married by age 18 (1). Adolescents who are married or are in a formal union need contraceptive services, because early pregnancy is associated with increased maternal and neonatal morbidity and mortality. However, social norms usually lead to women becoming pregnant soon after marriage. Sexually active adolescents who are not in a formal union also have an unmet need for contraceptives. This is a need that is often not acknowledged or measured. Moreover, substantial proportions of adolescents experience coercive or have transactional sex, and in such situations, have limited opportunities to protect themselves.

Some of the obstacles that adolescents face in obtaining contraceptives are also faced by adults; others are specific to adolescents. These barriers relate to availability, accessibility and acceptability. In many places, contraceptives are just not available to anyone. Where contraceptive services are available, adolescents (especially unmarried ones) may not be able to obtain them because of restrictive laws and policies. Even if adolescents are able to obtain contraceptive services they may not do so because of fear that their confidentiality may not be respected, or that health-care workers may be judgmental. Adolescents may not use contraceptives correctly and consistently because of limited or incomplete knowledge of how to use them, misperceptions about their effects, and fears of the reactions of others.

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Methods

To determine the contraceptive needs of adolescents in developing countries, several strategies were employed. First, data from the Demographic and Health Surveys (DHS) were disaggregated to explore the age of initiation of sexual activity, contraceptive use, and unmet need for contraceptive services of married and unmarried adolescents. Additionally, other studies of sexual activity, HIV infection, and unsafe abortion were explored to understand the behaviours of unmarried adolescents. Literature reviews were performed to identify the main barriers that adolescents in developing countries face in accessing and using contraceptives (2, 3). Recommendations from WHO's recently published guidelines on the prevention of early pregnancy and poor reproductive outcomes in adolescents in developing countries were also used to identify effective approaches to increase utilization of contraceptives among adolescents (4). In addition, the grey literature was searched for pertinent evidence.

Between 27 June and 29 June 2012, the World Health Organization (WHO) convened a meeting of experts to review strategies to increase access to modern methods of family planning for women globally. The technical consultation brought together 37 participants from 17 countries, with 16 agencies represented. The multidisciplinary group comprised experts in international family planning, including clinicians, researchers, epidemiologists, programme managers, policy-makers and civil society constituents. Research and programme data were evaluated to identify optimal strategies for improving family planning care. Four areas of focus were determined: increasing access to long-term and permanent methods of contraception, reaching target populations, optimizing human resources, and addressing unmet needs of women who come into contact with the health system.

At the consultation, the technical and programme experts reviewed the evidence synthesized from the above sources, and country programme experience on interventions to increase access to contraceptives for adolescents.

Conclusions

Promoting contraceptive use in adolescents globally is necessary to prevent early and unintended pregnancies, and the health and social consequences of such pregnancies. Accurate and age-appropriate sexuality education must be combined with respectful contraceptive service provision, which acknowledges the unique needs and preferences of adolescents. It should be acknowledged that adolescents may have different contraceptive needs and preferences, depending on their culture, age, and socioeconomic status. A variety of approaches will be needed to reach different adolescent groups, and particular attention should be paid to ensure that marginalized and vulnerable adolescents are not excluded.

Recommended policy actions

- Enact policies requiring the provision of accurate, age-appropriate and comprehensive sexuality education for all adolescents.
- Eliminate social and non-medical restrictions on the provision of contraceptives to adolescents.
- Enact policies enabling adolescents to obtain a full range of contraceptive methods and services through delivery mechanisms that are appropriate and acceptable to them including, among others, social marketing outlets and health facilities.

Recommended programme actions

- Engage adolescents as full partners in designing, implementing and monitoring contraceptive information and service provision. Alongside this, draw upon the support of parents and other influential adults in providing contraceptive services.
- Make available a full range of contraceptive methods through outlets that different groups of adolescents are likely to frequent, including social marketing outlets, educational and social facilities and the health system.
- Use traditional and innovative ways of providing contraceptive information and services to both girls and boys.
- Link the provision of contraceptive services to the provision of wider sexual and reproductive health service for adolescents, notably information and clinical services related to sexually transmitted infections (STIs) and HIV, as an integral component of a comprehensive response to sexual violence.
- Require and support contraceptive service providers to be respectful of adolescents, regardless of whether or not they are in formal unions.

Recommended research actions

- Generate evidence on the needs, preferences and circumstances of different groups of adolescents on which to strengthen existing, and build new, service delivery mechanisms.
- Conduct evaluation and implementation research to support implementation of large-scale, sustainable contraceptive services that are appropriate for all groups of adolescents.
- Ensure that health information systems gather, analyse and use age-disaggregated data, on the need for, and use of, contraceptives.

References

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