

YouthLens

on Reproductive Health
and HIV/AIDS

Hormonal Methods of Contraception for Youth

More effective strategies are needed to improve access and encourage consistent use.

Youth, defined here as people ages 10 to 24 years old, need better access to contraception. The decreasing age of menarche and increasing age of marriage have created an ever-widening window of time for premarital sexual intercourse and pregnancies.

A report that reviewed Demographic and Health Survey data from 38 developing countries found that the proportion of adolescents ages 15 to 19 who have ever been pregnant ranges from a low of 4 percent in Rwanda to a high of 43 percent in Mozambique.¹ Adolescent pregnancies pose particular health risks to mothers and their newborns, and unintended pregnancies can lead to unsafe abortions with resulting morbidity and mortality. In Africa, adolescents account for about 25 percent of all unsafe abortions.² Young women who have babies are also at risk of dropping out of school and of struggling socially and economically to raise their children.³

Hormonal methods of contraception—including oral contraceptive pills, injectables, and implants—are among the most effective methods of preventing unintended pregnancies. They are generally well known among youth and, as an alternative to condoms, allow a young woman to control her risk of pregnancy.

From a medical standpoint, hormonal methods are generally appropriate for all youth. The medical eligibility criteria developed by the World Health Organization (WHO) place no restrictions on the

use of oral contraceptives, combined injectables, or implants on the basis of age. The guidelines also place no restrictions on the use of progestin-only injectables such as depot-medroxyprogesterone acetate (DMPA) for women who are at least 18 years old. Because of limited evidence that progestin-only injectables decrease bone mineral density in younger adolescents, those younger than 18 can still generally use the method but should have continuing access to counseling and medical follow-up.

Factors affecting use

According to the most recent data from Demographic and Health Surveys,⁴ oral contraceptives or injectables are the most popular hormonal method among 15- to 24-year-olds in the developing world, with rates of use exceeding 20 percent in some countries. Far fewer young women use implants, with rates of use below 1 percent nearly everywhere. Despite the high awareness of hormonal methods among youth, data from the same surveys show much lower rates of use among adolescents ages 15 to 19 years than among young adults ages 20 to 24.

Effectiveness and ease of use. All hormonal methods are more than 99 percent effective at preventing pregnancy when they are used perfectly. However, adolescents often have trouble remembering to take a pill every day or remembering to return to a clinic for a re-injection. During typical use, which takes these adherence issues into account, long-acting implants are the most effective





hormonal method, followed by injectables and then oral contraceptives. The easier a hormonal method is for an adolescent to use consistently, the more likely it is to prevent pregnancy.

Personal preferences. A young woman's life circumstances may make one method more appropriate than another. For instance, a woman who does not want to swallow a pill every day might prefer an injectable, which requires re-injection only once a month or once every three months depending on the product. A young woman who has severe menstrual cramps each month might choose oral contraceptives, because one of their noncontraceptive health benefits is to reduce cramping. Comprehensive counseling about these issues, as well as other benefits and risks of each method, is important.

Access and stigma. Because most hormonal methods require regular resupply, easy access to a woman's method of choice is critical for her to prevent unintended pregnancy. However, young women might lack the means to pay for contraceptives or live too far for convenient access. In many countries, stigma is another factor affecting youth's access to hormonal contraceptives. Many sexually active young women report fear, embarrassment, or shyness about seeking family planning services.⁵ Research shows that some family planning providers still restrict access to contraceptives based on age or marital status.⁶

Married youth face another kind of social pressure that restricts their access to hormonal methods. Recent studies of women who marry early (before age 18) have found that social pressure to prove fertility forces young married women to have children before they are ready, as early as age 14 or 15. Some interventions in India have shown initial success in changing social norms to support more healthy timing and spacing of births.⁷

Early discontinuation

For young women who *do* begin using hormonal methods of contraception, early discontinuation can be another challenge. Demographic and Health Surveys from 22 developing countries show

that women ages 15 to 19 are more likely than older women to stop using contraception within a year of starting.⁸ Similarly, a study of about 1,000 women using oral contraceptives, injectables, or the intrauterine device (IUD) in Benin found that the one-year cumulative probability of discontinuing any of the methods was about 74 percent for women younger than 20, compared with 43 percent for women ages 20 to 30 and about 38 percent for older women.⁹

When the results in the Benin study were analyzed according to the contraceptive method used, age remained significantly associated with the risk of discontinuing oral contraceptives, especially during the first three months of use. One possible explanation is that young unmarried women have irregular sexual patterns, and thus irregular contraceptive needs (and may switch to condoms instead). Another possibility is that some young women stop taking their pills because of irregular bleeding or other side effects, which normally subside within the first few months of use but can remain if a woman does not take her pills consistently.

These findings underscore the importance of providing information about a broad range of contraceptive options so that young women can make informed choices. Providers also should ensure that young women understand the duration of side effects and that if they are dissatisfied with their method, they can switch to another method at any time.

Dual protection

Hormonal methods offer no protection against HIV and other sexually transmitted infections (STIs), so providers must also emphasize the importance of using condoms. The few studies that have investigated dual method use among youth in developing countries suggest it is relatively uncommon.

Demographic and Health Surveys of unmarried youth in 14 countries in sub-Saharan Africa found that only about 6 percent of the youth who used a condom during their last sex act were currently

using a nonbarrier method of contraception as well.¹⁰ Results of a separate survey among some 6,000 15- to 24-year-old girls in South Africa were similar.¹¹ In that study, about 7 percent of the girls reported that they were using a hormonal method plus condoms.

The cost of two methods may be too high for clients, promoting condoms for disease prevention may stigmatize them, and using two different methods might be difficult for young people who have trouble using just one method. Data are conflicting, but some studies suggest that the more effective a hormonal method is, the less consistently a couple uses condoms.¹²

Other dual protection strategies for sexually active youth include condoms alone or condoms plus emergency contraceptive pills as backup. However, because the data on how the different strategies affect the behavior of youth are limited and conflicting, no evidence-based recommendations can be made at this time on the most appropriate strategies for youth. Counselors should continue to tailor their dual-protection messages according to the individual desires, motivations, and risks of their young clients.

Service delivery points

Youth can obtain hormonal methods from standard family planning clinics, but other, less traditional outlets also offer good opportunities to reach young people. Some examples include clinics that provide maternal care, postabortion care, or HIV/AIDS services. Many of the youth accessing these services are older, are married or cohabitating, or already have children.

For youth who tend not to seek clinic-based services, pharmacies and drug shops might be an alternative. In 2000, PATH's RxGen project began training pharmacists and behind-the-counter pharmacy staff in Kenya, Cambodia, and Nicaragua to provide counseling and other reproductive health services, including hormonal contraceptives, to youth. The project expanded to include Vietnam and has trained approximately 2,000 pharmacists

and pharmacy staff in the four countries. PATH and its partners are helping pharmacy schools incorporate the PATH training curriculum so that these efforts continue. The project also reaches youth with reproductive health information. Fifteen projects have used the RxGen training, including a project in India called Saathiya (meaning "trusted partner"), which is funded by the U.S. Agency for International Development and coordinated by Abt Associates. The project is expanding family planning for young married couples by promoting injectables and other methods. Saathiya service providers include local pharmacists and indigenous medical

COUNSELING POINTS FOR HORMONAL METHODS

Combined oral contraceptive pills

- Must be taken daily
- Possible side effects include nausea, headache, breast tenderness, bleeding changes
- Noncontraceptive benefits include regular and less painful menses, as well as reduced risk of ovarian cancer, endometrial cancer, ectopic pregnancy, and symptomatic pelvic inflammatory disease
- Clients need directions on what to do if pills are missed
- Not recommended for breastfeeding women

Progestin-only pills

- Must be taken within three hours of the same time every day
- Good choice for breastfeeding women
- Clients need directions on what to do if pills are missed
- Possible side effects include irregular menstrual cycles, spotting or bleeding between periods, and amenorrhea

Injectables

- Common side effects include irregular menstrual bleeding, prolonged bleeding, and amenorrhea
- Noncontraceptive benefits include decreased risk of symptomatic pelvic inflammatory disease, ectopic pregnancy, and endometrial cancer
- Pregnancy may not occur for up to nine months after discontinuation
- Clients must remember to return for re-injections

Implants

- Offers three to seven years of contraceptive protection, depending on the product
- Possible side effects include lighter, irregular bleeding or amenorrhea
- Implant insertion and removal are surgical procedures requiring a trained provider

Adapted from: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Contraceptive effectiveness. In *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: WHO and CCP, 2007.

practitioners, as well as obstetrician-gynecologists and family doctors.¹³

Social franchises may be another place for youth to turn for hormonal methods. In one study from Kenya, scientists compared the attitudes and practices of youth obtaining reproductive health services from the social franchise Kisumu Medical Education Trust (KMET) with those of youth obtaining services at nonmember sites.¹⁴ The rate of use of oral contraceptives was two times higher at the KMET sites than at the nonmember sites. Rates of use for oral contraceptives, injectables, and implants were all at least two times higher than the national rates reported by the Kenyan Demographic and Health Survey. One caveat is that the study was limited to youth who were at least 18 years old, so it is not clear how many younger adolescents may be visiting social franchises. Nevertheless, pharmacies and social franchises may deserve more attention as sources of hormonal methods for all sexually active youth, regardless of age or marital status.

Finally, although no studies on community-based access to contraception have yet focused on youth, this service delivery method has the potential to increase the use of hormonal methods among young people. When properly trained, community-based health workers can safely provide injectable contraceptives, in addition to pills and condoms.¹⁵ By offering contraception and reproductive health counseling in local towns and villages, community-based health workers make access more convenient for youth.

—Kerry Aradhya with Elena Lebetkin

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