



SYMPOSIUM REPORT

For Youth, A Healthy Option with LARCs

Expanding the method mix for voluntary contraceptive use among adolescents and young people



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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
EC	Emergency Contraception
FP2020	Family Planning 2020
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IEC	Information, Education, Communication
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
LARC	Long-Acting Reversible Contraceptive
LNG IUS	Levonorgestrel Intrauterine System
MSI	Marie Stopes International
PM	Permanent Methods
PSI	Population Services International
SIFPO	Strengthening International Family Planning Organizations
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
YFHS	Youth-friendly Health Services

“Limiting contraceptives to stop youth from having sex is like sitting back to watch rates of unintended pregnancy rise” -- Jeffrey F. Peipert, MD, Ph.D. -- Vice Chair of Clinical Research and Principle Investigator of the Contraceptive CHOICE Project, Washington University School of Medicine

BACKGROUND

The global discussion about youth and contraception – particularly LARCs – is as dynamic and provocative as ever. Emerging evidence demonstrates the safety and effectiveness of LARCs for reducing unintended pregnancy among young people.¹ In 2014, the American College of Obstetricians and Gynecologists reaffirmed its practice guidelines on LARCs, upholding that LARCs are safe and appropriate contraceptive options for sexually active adolescents and young people. However, important questions remain:

- How do we successfully communicate the safety and effectiveness of LARCs for young people to combat current myths and misconceptions?
- How do we support providers in overcoming their own biases, and becoming champions for ensuring LARCs are available to young people as part of a wide range of voluntary contraceptive options?
- How do we address gaps in provider knowledge about, and services for LARCs, while also ensuring the provision of balanced information and access to a mix of contraceptive options?
- What approaches—and who in the community—can help shape positive norms about voluntary LARCs use among young people, as part of a range of contraceptive options?
- How do we create communication activities that go beyond young people, reaching other key influencers like parents, partners, and community members?
- How might we link the family planning community with the menstrual hygiene management community to support shared goals of empowering adolescent girls and young women?
- As hormonal LARCs, such as the levonorgestrel intrauterine system (LNG IUS), become more available, how do we ensure they are seen as youth-friendly options?
- How do we ensure LARCs are affordable for adolescents and young people?

¹ Secura GM, Allsworth JE, Madden T, Mullersman JL and Peipert JF. (2010). The contraceptive CHOICE project: reducing barriers to long-acting reversible contraception. *American Journal of Obstetrics and Gynecologists*; 203(2): 115e1-115e7.

THE SYMPOSIUM

With USAID's support, the LARC and PM Community of Practice and its partners held a symposium on May 27, 2015 in Washington, DC to tackle these tough questions, and chart a course for increasing contraceptive options for adolescents and young people around the world.

The symposium, titled "*For Youth, A Healthy Option with LARCs,*" gathered more than 100 experts from around the world, including program advisors and implementers, researchers, young people, health providers, donors and advocates. With opening remarks from Ellen Starbird, Director of the USAID Office of Population and Reproductive Health; a keynote presentation on the Contraceptive CHOICE Project from its principle investigator, Dr. Jeffrey Peipert; a dynamic interview and passionate call to action from young Liberian radio host Massa Harris; and a parade of experts from both the U.S. and country programs posing challenges to the audience and inspiring debate, the room was filled with excitement, curiosity and a determination to get things done.

TECHNICAL CONSULTATION

On May 28, 2015 the organizers hosted a small, high-level meeting for a select group of technical and field experts to continue the discussion, in order to: 1) provide the evidence for a global consensus statement on the safety and efficacy of voluntary LARCs for adolescents and youth; and 2) develop a set of recommendations for research, program and policy, that respond to the questions discussed at the symposium.

RECOMMENDATIONS

The following recommendations were synthesized through a dynamic consultative process. The recommendations represent four large themes covered during the symposium: 1) choice, 2) service provision, 3) access and 4) behavior change communication. For each recommendation, critical concepts are highlighted and defined, and then separated into implications for research, program and policy.[†]

[†] See PSI's [Impact Blog](http://psiimpact.com) for a series of blog posts about the symposium, as well as a video clip of Massa Harris interviewing Dr. Jeffrey Peipert. -- <http://psiimpact.com>.

All presentations from the symposium can be found on the LARC and PM Community of Practice website. -- https://knowledge-gateway.org/la_pm_cop.

In this document, the terms adolescents, youth and young people are used interchangeably to refer to the population of 10-24 year olds, unless otherwise defined.

“So many things stop young people from accessing family planning; lack of information, lack of education on sexual and reproductive health issues, and lack of access to contraceptives. There are so many myths surrounding contraceptives” – Massa Harris, age 20, host for PSI Liberia’s Let’s Talk about Sex radio program.

#1: Provide client-centered, contraceptive counseling that highlights effectiveness and includes the benefits of LARCs, to expand choice for all adolescent girls and young women.

Client-centered: Every client is unique and will have different contraceptive needs, which may change during different stages of their lives. For some, the optimal method will be one that almost never fails. For others, it will be one that can be discontinued without a health provider’s intervention. Others will choose based on hormones, side effects, or detectability by a parent or partner. To be client-centered is to approach counseling as a conversation, rather than a one-way delivery of information. It is a conversation based on the client’s life goals, priorities and pregnancy intentions. This not only helps the counselor in tailoring the counseling session to the specific needs of the client, but ensures that she will be able to make an informed choice about what method, if any, is best for her right now.

Effectiveness: Many people, especially young people, do not know the facts about the different contraceptive methods, how they work and how effective they are. Misinformation about LARCs is pervasive. It is important to ensure that providers and clients understand accurate levels of effectiveness, alongside other crucial information about side effects, duration of method, discontinuation, etc.

Benefits: In addition to providing long-lasting

protection against unintended pregnancy, LARCs have several non-contraceptive health benefits. These are important to communicate through counseling and demand generation activities. For instance, the LNG IUS reduces menstrual blood loss, increases hemoglobin, prevents anemia and is an effective treatment for menorrhagia. Attitudes toward contraception-induced amenorrhea vary, and further research is needed to understand these attitudes within different contexts. We might be able to create more positive attitudes and norms about amenorrhea. Other non-health benefits include cost savings, environmental benefits, increased school attendance and ultimately increased gender equity.

Choice: Promoting LARCs will expand the range of voluntary contraceptive options for adolescent girls and young women. It is critical to preserve women’s and girls’ reproductive autonomy and recognize their ability and right to make informed decisions about their bodies. This includes the ability to choose if and when to remove or discontinue a contraceptive method.

All: “All” means *all* women, regardless of age, race, ethnicity, religion, marital status, sexual orientation, parity status, health/disability status, etc. This also takes into account the

diversity of young people and the diverse set of needs they have, particularly among those that are high risk (e.g., young people living with HIV/AIDS, youth with disabilities, married girls, very young adolescent girls, youth involved in transactional sex and young migrants, among others).

Research Questions

- What is the impact of effectiveness-tiered counseling vs. non-tiered counseling on voluntary contraceptive uptake, client satisfaction, provider acceptability and informed choice?
- What is the effect of provider-only counseling vs. provider and peer-to-peer counseling on voluntary LARCs uptake and satisfaction among young people?

Program Recommendations

- Start with health providers that are

interested in and able to include LARCs as part of a wide range of options in counseling for youth (e.g., sites with high youth volume, post-abortion care, post-partum women, youth-friendly services, etc.)

- Consider alternate sources of counseling such as lay or peer counselors, or dedicated providers, to minimize provider burden.

Policy Priorities

- Advocate for and ensure policies (national, local, site-level) support comprehensive voluntary contraceptive counseling for all young people, and accountability mechanisms are in place.
- Assure mechanisms to reduce financial barriers to contraception, such as vouchers, do not favor certain methods.

#2: Ensure health providers are able to deliver youth-friendly services through capacity-building opportunities that address provider bias, improve skills, provide support and integrate service provision.

Health providers: Health providers can include clinicians, health extension workers, midwives, lay counselors and peer educators, among others. Many programs use task-shifting for non-invasive services (e.g., provision of short-acting methods, counseling services, etc.) in order to free up clinicians' time for more skill and time-intensive LARC service provision.

Youth-friendly: Services, regardless of what type or who is delivering them must be

respectful, confidential and private. They should be equitable, meaning all youth have equal access to the health services they need; accessible, meaning youth are physically able to obtain services (i.e., services are provided at times and in places that are accessible to all young people and at a cost that young people can afford); acceptable, meaning they are provided in ways that meet young people's expectations; appropriate, meaning the services provided are those that young people need and

are appropriate for them at their various stages of development; and effective, meaning the right services are provided in the right way and make a positive contribution to young people's health.[‡]

Capacity-building: Capacity-building opportunities may include in-service or out-of-service training, accreditation programs, the counseling support tools and resources, learning exchanges and supportive supervision visits, among others. Capacity building is used to keep health providers informed of the most recent and accurate evidence for LARCs (e.g., regarding safety, efficacy, benefits and risks); to strengthen clinical and counseling skills; as well as to instill and reinforce their confidence as champions for young people's sexual and reproductive health.

Provider bias: Providers are also patients, parents, community members and people of faith. Despite their profession, they may have beliefs and values that contradict the ideals of 1) young people having sex; 2) providing contraception for young people; and/or 3) providing LARCs to young people – particularly unmarried or nulliparous young people. They may feel pressure from their communities (including young people's parents), as well as their peers, to refuse certain services for young people if those services do not align with community-held

[‡] See PSI's Guide to Youth-Friendly Health Services -- <http://www.psi.org/publication/making-your-health-services-youth-friendly-a-guide-for-program-planners-and-implementers/> and E2A's Thinking Outside the Separate Space -- <http://www.e2aproject.org/publications-tools/thinking-outside-the-separate-space-yfs-tool.html?referrer=https://www.google.com/>.

norms. Alongside conflicting values, providers may be reluctant to provide voluntary LARCs because of the time needed to insert them (and therefore time spent away from other clients or priorities), the low profit margin, or because they do not feel confident in their ability to insert LARCs safely (particularly if they have low LARCs client load).

Skills: Health providers require a certain skillset to provide friendly, effective and high-quality voluntary LARCs counseling and services to young people. This includes clinical competence (the ability to safely insert and remove LARCs), as well as counseling competence (see Recommendation #1).

Support: Support for providers is crucial -- support for their professional development and clinical skills through supportive supervision visits and in-service training opportunities, as well as emotional support. In communities where providing contraception, including LARCs, to youth is taboo, providers who offer these services may face ridicule or even harassment. Providing a safe space for those providers to cope, such as provider exchanges or support groups, could be transformative in their ability to continue and take pride in their work.

Integrate service provision: Voluntary LARCs services can be integrated into a number of other services and programs, many of which can offer critical entry points for talking about contraception with young clients, their parents and their partners. These services might include those for HIV (particularly in discussions about dual method use for HIV

prevention); other sexually transmitted diseases (STIs); the human papillomavirus virus (HPV); menstrual hygiene management; post-partum care for young mothers; post-abortion care; and bridging from short-acting methods to LARCs (especially when the intra-uterine device (IUD) is used as emergency contraception (EC)).

Research Questions

- What are the most effective provider training approaches to improve contraceptive counseling for youth on an expanded method mix that includes LARCs (e.g., in service vs. out of service)?
- Aside from training, what is needed to address provider bias related to youth and LARCs?
- What are the key drivers of provider bias (e.g., myths, time constraints, personal values, opportunity costs) related to youth and LARCs?
- What messages or concepts would motivate providers to counsel on and provide access to voluntary LARCs for youth as part of a broad method mix (particularly in the private sector where there is little financial incentive)?
- When providers are informed of policies supporting voluntary LARCs for youth, does their behavior change? How?

Program Recommendations

- Integrate provider training with values

exploration activities and dispelling of myths to reduce provider bias.

- Ensure youth-friendly information, products and services focus on confidentiality, privacy and respect.
- Engage and equip pediatricians to start talking to parents early about preventing unintended pregnancy as part of life planning and positive parenting for their daughters and sons, including fertility awareness.
- Communicate the ways in which providers can manage their time effectively to keep up with demand for expanded counseling and services. This could include bundling LARCs services on a certain day of the week.
- Create opportunities for providers to share their experiences with one another.
- Address providers' lack of confidence in their competence and their skills.
- Use the introduction of the Implanon NXTTM (contraceptive implant) and/or the LNG IUS to train/refresh providers on insertion of LARCs and on appropriateness of voluntary LARCs use for youth.

Policy Priorities

- Include youth-friendly health services (YFHS) and provision of voluntary LARCs in curricula for clinical skills training for all cadres of clinical providers.

Training curricula for YFHS are available from FHI360, International Planned Parenthood Federation (IPPF) and Pathfinder International, among others.[§]

- Include explicit language on LARCs in voluntary contraceptive method choice for youth in all policies related to contraception.
- Ensure a supportive legal/policy framework is in place for providers offering voluntary LARCs to young people, and the policy is communicated to providers.
- Engage national, regional and international professional associations to advocate for voluntary access to all contraceptive methods for youth, including LARCs.



“Have you given birth before?” the provider asks. Like many of her peers, she doesn’t believe a woman should use LARCs until she has given birth.” – Ange Aminata Diakite, MSI Mali

[§] <http://www.fhi360.org/resource/training-manual-providers-youth-friendly-services>

[§] <http://www.ippf.org/resources/publications/Keys-youth-friendly-services>

[§] <http://www.pathfinder.org/publications-tools/Making-Reproductive-Health-Services-Youth-Friendly.html>

FOR YOUTH, A HEALTHY OPTION WITH LARCS:

Tackling tough questions about voluntary long-acting reversible contraceptives (LARCs) for young women

Hosted by the LARCs and PM Community of Practice Secretariat, Population Services International, along with FHI 360, Marie Stopes International, and Pathfinder and its Evidence to Action Project (E2A)



#LARCs4youth

MAY 27, 2015
FHI 360 CONFERENCE CENTER
WASHINGTON, DC

8:30 - 9:00
 Breakfast and Registration

9:00 - 9:15
 Welcome and Introduction
Maxine Eber, Deputy Director, Support for International Family Planning Organizations Project, PSI
Ellen Starbird, Director of the USAID Office of Population and Reproductive Health

9:15 - 9:30
 Speaking their Language
Do you speak young people's language? Find out!

9:30 - 10:30
 Let's Talk Effectiveness, Safety and Satisfaction
Candace Lew, Senior Technical Advisor for Contraception, Pathfinder International

10:30 - 11:30
 The Contraceptive CHOICE Project: An Interview with Jeff Peiper
Facilitator: Massa K. Harris, PSI Liberia, Youth Radio Host and Sexual Health Educator
Jeffrey F. Peiper, MD, PhD, Vice Chair of Clinical Research, Principle Investigator, Contraceptive CHOICE Project Washington University School of Medicine

11:30 - 11:45
 Break

11:45 - 12:40
 Tackling the Tough Questions
A series of short case studies presenting tough questions in addressing LARCs and youth. Tough questions will address:

- *Dealing with Provider Bias: Ange Aminata Diakité, MSI Mali*
- *Political and Community Resistance: Kidest Lulu, Pathfinder International Ethiopia*
- *Informed Consent and Contraceptive Counseling: Jennifer Tuddenham, MSI*
- *Communication and Demand Creation: Sylvia Msokera, PSI Malawi*
- *Amenorrhea and LARCs: Laneta Darflinger, FHI 360 US*

12:40 - 1:30
 Lunch

1:30 - 3:00
 Grand Rounds: Responding to the Tough Questions
Small groups will make their rounds, responding to each of the tough questions.

3:00 - 3:15
 Break

3:15 - 3:30
 What Do We Mean by Consensus?
A brief discussion on what it means to develop a consensus statement and other potential outcomes from this meeting.

3:30 - 4:45
 Feedback Session: Putting it all Together
Guided discussion on the key findings and insights from the small groups.

4:45 - 5:00
 Next Steps and Closing Remarks

5:00 ONWARDS
 Happy Hour!
Please join us for an informal gathering across the street to keep the networking going and celebrate a productive day!



#3: Ensure young people can voluntarily access LARCs as part of a range of contraceptive methods, are satisfied with their method choice, and can have their method removed if and when they want to.

“Without real access, we will never have choice” -- Kidest Lulu, Pathfinder Ethiopia.

Access: Access includes having service-delivery sites that are physically located in safe and accessible locations, open during hours when youth can attend, stocked with a range of contraceptive methods including LARCs and staffed by providers who will welcome youth and be able to provide LARCs. Financial access is equally crucial. The commodities and services may cost money, as well as transportation costs, food costs and opportunity costs for whatever is being missed during the time taken to receive services.

Satisfaction: Satisfaction can be measured in a number of ways and should be built into follow-up services – such as client satisfaction surveys -- for young people after they have received a LARC.

Removal: Removal and communication about removal, is an important part of LARC service provision because LARCs cannot be discontinued without a provider. Young people, like all people, should have timely access to removal services and understand that LARCs can be removed at any time by a trained clinician. Removal should be available either on demand, or as soon as possible. Conversations about removal should form part of the counseling discussion before LARCs are provided.

Research Questions

- Why do young people discontinue LARCs, and what methods do they switch to?
- What type of follow-up services lead to increased client satisfaction with voluntary LARC methods?
- Is provider bias against LARCs affected by the perception, or reality, that young people might demand early or frequent removal?
- What task-shifting models for voluntary LARC provision are safe, feasible, acceptable and accessible for youth? When LARC provision is task-shifted to community-based or lower-level providers, are those services youth friendly? Is this task-shifting experience as successful as service provision from higher-level clinicians?
- Where access to voluntary LARC insertion is more broadly available than access to removal, are clients consistently able to access removal services in a timely manner and without undue burden?
- Can provision of menstrual hygiene products/education increase continuation of LARCs that affect menstrual patterns?

Program Recommendations

- Leverage existing community structures (for service delivery and messaging) in order to increase young people's access to information about all contraceptive methods, including LARCs.
- Provide follow-up and support services that address continuation and client satisfaction (e.g., a hotline).
- Ensure quality and timely contraceptive removal services are regulated and available for all girls and young women.
- Provide appropriate education about and management of side effects, including changes in menstruation.
- Provide same-day services, when possible, to reduce opportunity costs for clients.

Policy Priorities

- Make sure LARCs are affordable to young people (i.e., through public sector policies, private sector financing schemes, universal health insurance, vouchers, etc.)
- Ensure the supply chain for LARCs reaches young people where they are.
- Use data to quantify and forecast needs (e.g., commodities, equipment, supplies).

#4: Develop behavior change communication messages that balance life planning with short-term decision-making, while normalizing voluntary LARCs use, accounting for young people's stage of neurocognitive development.

Life-planning: Life-planning provides an expanded lens through which to engage young people, and their parents, in healthy discussions about sexual and reproductive health. The concept of family planning is often inconsistent with where many young people are in their sexual development; they may be trying to prevent pregnancy, but not plan a family. Furthermore, discussions about preventing pregnancy usually do not begin – within health care settings or the home – until young people are known to be sexually active. Life-planning provides a framework for the full transition from childhood to adulthood –

maintaining healthy peer, sexual and romantic relationships; pursuing education and skills-training for employment; managing peer pressure and emerging sexuality; avoiding harmful risks; developing attitudes and values about gender, diversity and sexuality; as well as practicing goal-setting, decision-making, communication and stress-management. Population Council's Abriendo Oportunidades ** program provides a great example of life-planning curricula for adolescent girls.

** <http://www.popcouncil.org/research/abriendo-opportunidades-opening-opportunities>.

Short-term decision-making: All people, and often young people, are prone to making choices based on smaller rewards in the short-term, over larger rewards in the long-term. This concept (called hyperbolic discounting among behavioral economists) may apply when young people are making choices about what contraceptive to use, particularly if a long-acting method is more costly up front. Short-term decision-making is also important when considering young people who have sporadic sex rather than regular sex, and who may see short-acting methods, including EC, as more relevant to their needs.

Normalizing: One of the outcomes of the Contraceptive CHOICE Study was to find ways to normalize conversations and messages about contraception for youth—within larger conversations about health, life planning and family planning. Normalizing means making it the norm that sexually active girls and young women who want to avoid pregnancy, voluntarily use contraception until they are ready to become pregnant. Ensuring they have accessed to the entire method mix, including LARCs, is essential.

Neurocognitive development: Adolescent brain development is as complex as it is fascinating, and its study provides a crucial lens through which to understand adolescents and their decision-making, as well as to develop programs that resonate with their developmental stage. Adolescent romantic and sexual development is a critical entry point for exploring the interplay between social developmental neuroscience and public health, and designing interventions that address that

interplay. Adolescence is characterized by the dichotomous relationship between navigating complex, social and often emotionally charged situations, and limited capacity to self-control. To understand adolescent sexual risk taking from a developmental perspective, it is valuable to consider the cognitive control systems as well as the affective systems underlying motivation and emotion.^{††}

Research Questions

- Who are the best messengers for different messages and different audiences when it comes to LARCs and youth, and what are the most effective ways of delivering those messages?
- Are young people's choices about contraception constrained? If so, by whom or what? Who are the key influencers on, and gatekeepers of, young people's choices about contraception?
- Which features of LARCs are appealing and which are unappealing to young people?
- What do we know about the lives, thoughts, desires, behaviors, and motivations of young people that might impact their decisions to use or not use LARCs or another contraceptive method?
- What are the most effective ways in which to segment audiences for behavior change communication (e.g., by marriage status,

^{††} Dahl, R.E. (2008). Biological, developmental and neurobehavioral factors relevant to adolescent driving risks. *Am J Prev Med*; 35(3S):S278-284.

parity, age, school status, sexual history, psychographics, emotional states, etc.)?

Program Recommendations

- Demand generation activities for voluntary contraception should go beyond the end user, reaching key influencers (e.g., parents, partners, community members) with tailored messages and appropriate channels.
- Create opportunities to engage and inform parents through targeted information, education and communication (IEC) materials, community discussions, mass media, positive parenting programs, etc. to promote voluntary contraceptive options as well as communicating with their children about sex.
- Ensure messages are gender-transformative.
- Work with faith-based groups to find champions and emphasize how voluntary contraception, including LARCs, is compatible with religious beliefs and values.
- Integrate demand generation activities for contraception within existing messages and channels that are already reaching youth and their communities (e.g., mass media, social media, mobile phone interventions, etc.).
- Ensure all demand creation and behavior change communication activities have easy and direct links to youth-friendly service delivery.
- Utilize client-centered design approaches to design messages and communication activities.
- Communicate relevant data to make the case to parents and other key influencers (e.g., data that demonstrate that sex education does not promote sex, youth are having sex despite being unmarried, etc.) that LARCs, or other contraceptives, are healthy options for youth.
- Educate and equip young people to have conversations with their parents, partners, providers, etc. about contraceptive use, including LARCs.
- Educate young people about LARCs and other contraceptive options by letting them hold the products in their hands. Make them real.
- Educate young people about the full range of contraceptive methods outside the service delivery setting so that they do not automatically request one method; but rather, are receiving comprehensive information before making a choice.

- Promote first menstruation as an entry-point to discuss voluntary contraception and the links between menstruation and contraception.

Policy Priorities

- Leverage relevant global advocacy initiatives such as FP2020, and embed young people’s rights to, and safety/efficacy of, voluntary LARCs within those initiatives.
- Educate, empower and equip young people as advocates within international, national, local and service delivery site-based advocacy efforts.
- Ensure policies are disseminated among community-based organizations, private sector institutions and at various levels within health care organizations and health service delivery sites.
- Advocate for comprehensive sex education for adolescents and young people, with specific and age-and-stage-appropriate information about the full range of contraceptive methods.
- Utilize effective communication channels to articulate policies that support voluntary contraceptive and LARCs uptake to key audiences (i.e., youth, parents, health providers, community leaders, etc.)
- Work with Ministries of Health and health survey leaders in an effort to disaggregate and report contraceptive service data by age and gender.

CONCLUSION

Our hope is that this symposium and the recommendations from it are just the beginning of a global conversation about choice as well as a movement to ensure that young women and men have the information, services and support they need to make healthy decisions about their sexual and reproductive health.



Liberian radio host Massa Harris, 20, interviews Dr. Jeffrey Peipert about the Contraceptive Choice Study.

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