

YouthLens

on Reproductive Health and HIV/AIDS

Expanding Contraceptive Options and Access for Youth

Education, services, and products can help protect against unintended pregnancy and STIs.

Young people today are at risk of unintended pregnancies as never before in history. The steadily decreasing age of menarche and increasing age at marriage have created an ever-widening window of time for premarital sexual intercourse and pregnancies. Even in countries where age at first intercourse has risen, the increase in age of marriage is usually greater, resulting in a widening gap.¹ Wider exposure to sexual issues through the media, urbanization, and other cultural changes also influences youth behaviors.

These changes have led to increased exposure to sexually transmitted infections (STIs) as well, with many young people being as concerned about an STI – especially life-threatening HIV – as they are about an unintended pregnancy. Thus, discussions about contraception and options available to youth need to consider the importance of protection from both pregnancy and STIs, including HIV.

Each year, an estimated 15 million births take place among young women ages 15 to 19.² Surveys in 50 developing countries indicate that an average of 23 percent of young women ages 15 to 19, including both married and unmarried, had given birth or were pregnant.³ Adolescent pregnancies pose particular health risks to mothers and their newborns, and unintended pregnancies may lead to unsafe abortions. Meanwhile, in many countries, about half of new HIV infections are among youth, particularly females, and about a third of all other new STIs occur among youth.⁴

Abstaining from sexual relations remains a primary means of prevention. However, sexually active youth need increased contraceptive access and options – including education, services, products, and training in communication skills.

Expanding contraceptive options

Most young people, especially those who are unmarried, have limited contraceptive options, a situation that contributes to unintended pregnancy and STIs. To expand contraceptive options in a meaningful way, young people need information, skills, and products to make informed decisions about how they can protect themselves from pregnancy in a way that is consistent with their own values. Counseling youth about contraception should be done in the broader context of sexuality, gender, and relationships.

Expanding contraceptive options means giving people a choice – recognizing that one choice will not meet the needs of all youth. The first issue to consider is how to achieve the best protection from unintended pregnancy and STIs. Clearly, the most effective means is complete sexual abstinence (see YouthLens Number 8). For sexually active youth, using condoms consistently and correctly is highly effective in protecting against both pregnancy and HIV and reduces the risk of other STI transmission. Some contraceptive methods, including hormonal methods and intrauterine devices (IUDs), offer more effective protection from pregnancy, but these methods offer no protection against STIs.





A second key factor in choosing a contraceptive method is medical appropriateness. According to the World Health Organization (WHO) Medical Eligibility Criteria, no medical condition would absolutely restrict an adolescent's eligibility for any method based only on age. However, for young women, WHO places two methods – IUDs and progestin-only injectables – in what it calls category 2, a “condition where the advantages of using the method generally outweigh the theoretical or proven risks.” In this category, the method can generally be used but careful follow-up and counseling may be needed to make the young client aware that there may be a better option. For youth, no method is a category 3 or 4 (contraindicated for use).⁵

Nonmedical behavioral issues are also critical in considering contraceptive options. Some youth engage in high-risk behaviors, such as having multiple partners or changing partners often, which puts them at risk of STIs and would therefore make an IUD a poor choice as a contraceptive method. Some youth may be forgetful about taking pills every day or be fearful of parents discovering pill packages. Good counseling is required to help the young client identify the best method, or combination of methods, based on his or her preferences and personal characteristics.

Some people consider oral contraceptives the best contraceptive option for sexually active girls, especially when used with condoms for STI protection. However, adolescent pill users have been reported to miss pills frequently leading to high failure rates. Methods that do not require adherence to a daily regimen, such as DMPA (given once every three months) or long-lasting implants, have been associated with a declining teen pregnancy rate in the United States and may be the preferred methods by many teens, if the methods are available and if good counseling and follow-up are provided.⁶

TARGET GROUPS WITH APPROPRIATE MESSAGES

- **Youth not sexually active:** Abstinence, delay; information about fertility, risks, and future contraceptive use; self-protection skills.
- **Sexually active, unmarried youth:** Secondary abstinence, delay; information about fertility, risks; contraceptive services.
- **Sexually active, married youth:** Delay first pregnancy, child spacing; contraceptive services.

IUDs are a category 2 method for those under age 20 because of concerns about the risk of expulsion in women who have not given birth and the risk of infection complications due to the presence of an STI at the time of insertion. The progestin-only injectable depot medroxyprogesterone acetate (DMPA) is a category 2 method for youth under 18 because of the theoretical risk that it may interfere with bone development in girls who are still growing. WHO also recommends that sterilization not be used for young people (it uses a different classification system for sterilization). Studies have shown that up to 20 percent of young sterilized women later regret this decision, with young age being the strongest predictor of regret.

Dual protection, emergency contraception

An important consideration when choosing a contraceptive method is to ensure protection from both STIs, including HIV, and pregnancy by using dual protection. The best option for dual protection is complete sexual abstinence. For sexually active youth, options include:

- a primary method for pregnancy prevention plus condoms;
- condoms plus emergency contraceptive pills (if a condom is not used, breaks, or slips); or
- a primary method for pregnancy prevention plus a low-risk partner (e.g., monogamous union, mutual STI testing).

Emergency contraceptive pills (ECPs), while not recommended as a routine form of contraception, can protect against unintended pregnancy in the event of unprotected sex. ECPs can play an important backup role for users of oral contraceptives when pills are missed as well as users of condoms. Given the incidence of rape, incest, and coerced sex among young people, even teens who are not sexually active should be aware that ECPs exist and know where to go for help.

Expanding contraceptive access

In addition to the need to expand options and provide appropriate counseling on method choice, contraceptives need to be more accessible to youth. Barriers to access for youth include lack of information, social stigma, judgmental attitudes by providers, lack of confidentiality and privacy, logistics, and policies.⁷ Young women may also lack access to contraception postpartum or postabortion – times when they are most in need of contraceptives to avoid a repeat unintended pregnancy. Young men may lack access as well, since many services are oriented to females. Here are a few examples of the many barriers to access:

- Participants in focus group discussions held in South Africa among youth ages 15 to 22 years old said they did not use condoms due to lack of availability and the lack of courage to ask for condoms at pharmacies and clinics.⁸
- In a study in Senegal, simulated youth clients felt uncomfortable and sensed that providers were reluctant to provide care. None of the simulated clients who requested contraception received it.⁹
- Given their status as legal minors, adolescents in Argentina need parental permission to use family planning.¹⁰
- In a Zambia study, youth often viewed staff from health care facilities as unwelcoming and judgmental and did not go there for ECPs because of embarrassment, lack of privacy, and inconvenient hours.¹¹

Access can be expanded on many fronts, including through social marketing, clinics, the community, and the mass media. These efforts involve making clinics more youth-friendly, expanding high-quality sexuality education in the schools, and developing innovative outlets such as kiosks, pharmacies, and schools for information and condom distribution. Medical and institutional barriers such as parental consent, notification laws, unnecessary medical tests (i.e., pelvic exams), and administrative policies also restrict access to contraception for youth and should be eliminated. More open communication on sexuality is needed between parents and youth, and among youth themselves. Also, faith-based and other community groups need to inform youth about sexuality at an early age and provide appropriate role models.

Sexually active youth may also respond to messages on abstinence and delay of sexual initiation. A project in a school district in South Africa taught skills in refusal, negotiation, and planning in a comprehensive sexuality education approach, and found that most youth, including those who have had sporadic sexual activity, had not intended to

RESOURCES ON CONTRACEPTIVE OPTIONS FOR YOUTH

Many sources provide detailed information on contraception options as they relate to youth.

Among the most useful resources available on-line are:

- **Contraceptive Options for Young Adults:** These 24 slides with presenter notes appear in an interactive self-study or presenter format, as one of four parts of a comprehensive curriculum. The overall resource covers youth reproductive health issues, programmatic issues, contraceptive options, and sexually transmitted infections/HIV. Family Health International, 2003. Available at: <http://www.fhi.org/training/en/modules/ADOL/s3pg1.htm>.
- **Adolescent Cue Cards:** These colorful and user-friendly job aids for providers offer helpful information and tips specific to the reproductive health needs of youth. Each of the eight two-sided cards covers a different contraceptive method. Pathfinder International, 2003. Available at: www.pathfind.org/site/PageServer?pagename=Publications_Programmatic (scroll to Adolescent Cue Cards).
- **Medical Eligibility Criteria for Contraceptive Use. Second Edition:** A useful overview of contraceptive options, with details on effectiveness rates and medical issues. World Health Organization, 2000. Available at: www.who.int/reproductivehealth/publications/RHR_00_2_medical_eligibility_criteria_second_edition/rhr_00_02_overview.html.

be sexually active. Many participants considered practicing secondary abstinence, especially with the skills made available through the project.¹²

In Madagascar, training of 30 providers in youth-friendly services, contraception, and STI treatment contributed to increased use of services by youth and improved access to condoms. However, the project concluded that a long-term commitment to improving service quality and motivating providers, going beyond limited training, is needed.¹³ In Zambia, after introduction of youth-friendly services in two pilot clinics in Lusaka, the number of new contraceptive users among clients ages 10 to 24 nearly tripled.¹⁴

A condom social marketing project combined with peer education and community outreach activities expanded access for youth in four countries (Botswana, Cameroon, Guinea, and South Africa). While the project resulted in substantial increases in knowledge about contraception, behavior change and perception of risk were more challenging in this media-based project.¹⁵

The best guides for expanding contraceptive options and access are youth themselves. Programs should go to where young people are, offering comprehensive information and skills development for pregnancy and STI prevention, including abstinence and contraception for sexually active youth. Young people should also be integrated into program planning, implementation, and evaluation so that their concerns about available options and access issues are better understood and addressed.

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