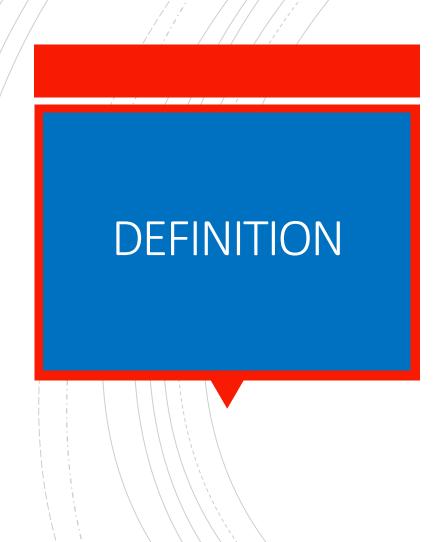
CONTRACEPTION COUNSELLING AND PROVISION

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- Contraception is the intentional prevention of pregnancy by artificial or natural means.
- It enables people to attain their desired number of children, & to determine the spacing of their pregnancies by delaying or preventing child bearing.
- Contraceptive methods are designated by duration & context of use (permanent, long acting, short-term or emergency) & by mode of operation (hormonal, nonhormonal, barrier or fertility awarenessbased).

RATIONALE – 1/2

- Early pregnancies, both intended or unintended, among adolescents are an important problem: In 2016, an estimated 21 million girls aged 15-19 in developing countries became pregnant, approximately 12 million of whom gave birth. An estimated 2.5 million girls aged under 16 years in low-resource countries give birth every year.
- Early pregnancies among adolescents have major health and social consequences: Pregnancy & childbirth complications are the leading cause of deaths among girls aged 15-19 years globally. Girls aged 10-19 face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20-24. 3.9 million unsafe abortions occur each year among girls aged 15-19. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions.

RATIONALE – 2/2

- Promotion of contraceptive use to address early pregnancies among adolescents has been shown to be effective: When correctly & consistently used, contraceptives can prevent unintended pregnancies & thereby reduce maternal & newborn mortality & morbidity. Male & female condoms can protect again both unintended pregnancies & HIV/STI.
- Laws & policies, & the provision of good-quality services need attention: Contraceptive use in sexually active adolescents is lower than in other age groups because of lack of knowledge gaps and misconceptions, difficulties in being able to obtain contraceptive services/commodities, & difficulties in wanting to/being able to use them correctly & consistently.

HUMAN RIGHTS OBLIGATIONS

- States are obliged under human rights law to provide contraceptive information & services to adolescents, & to adopt legal & policy measure to ensure their access to affordable, safe and effective contraceptives.
- Contraceptive information & services should be free, confidential, adolescent-responsive and non-discriminatory; barriers such as third party authorization requirements should be removed.
- Adolescents should have easy access to the full range of contraceptive; such access must not hampered by marital status or providers' conscientious objections.

KEY CONCEPTS TO CONSIDER -1/2

- Laws & policies prevent the provision of contraception based on age or marital status, in many countries: Critical to adolescent-friendly service provision are laws & policies that support their access to contraception regardless of age or marital status, & without third-party authorization/notification.
- Many adolescents have misconceptions about contraception or do not know where & how to obtain contraceptive information & services: CSE is an effective way to reach & inform adolescents about contraception. It should be complemented by reaching out to parents, teachers & other gatekeepers.

KEY CONCEPTS TO CONSIDER – 2/2

- Contraceptive services & health-care providers are often not adolescent friendly: There is a need to overcome health-care provider biases and misconceptions regarding contraceptive use by adolescents.
- The contraceptive needs of adolescents are diverse & evolving: Complementary strategies must be used to respond to the differing needs & preferences of adolescents, Additionally programmes must address the needs of special population of adolescents (e.g. those with disabilities, migrants and refugees).

WHO GUIDELINES

- WHO guidelines on preventing early pregnancy & poor reproductive outcomes among adolescents in developing countries (2011)
- Ensuring human rights in the provision of contraceptive information & services: quidance & recommendations (2014)
- Medical eligibility criteria for contraceptive use, 5th edition (2015)
- Selected practice recommendations for contraceptive use (2016)
- Responding to children & adolescents who have been sexually abused: WHO clinical guidelines (2017)
- Consolidated guideline on sexual & reproductive health & rights of women living with HIV (2017)
- Guidance statement: hormonal contraceptive eligibility for women at high risk of HIV (2017)
- WHO recommendations on health promotion interventions for maternal & newborn health (2015)
- Responding to intimate partner violence & sexual violence against women: WHO clinical and policy guidelines (2013)

COMPLEMENTARY GUIDELINES TO WHO's GUIDELINES

- Medical eligibility criteria wheel for contraceptive use (WHO, 2015)
- Family planning: a global handbook for providers (2018 edition) (WHO, 2018)
- Compendium of WHO recommendations for postpartum family planning (WHO, 2016)
- Training resource package for family planning (WHO: https://www.fptraining.org/)
- Reducing early and unintended pregnancies among adolescents: evidence brief (WHO, 2017)
- Task sharing to improve access to family planning/contraception: summary brief (WHO, 2017)
- Adolescents and family planning: what the evidence shows (ICRW, 2014)
- High-impact Practices (HIPS) in family planning: adolescent-friendly contraceptive services- mainstreaming adolescent-friendly elements into existing contraceptive services (USAID, 2015)
- Youth contraceptive use: effective interventions- a reference guide (PRB, 2017)
- Global consensus statement for expanding contraceptive choice for adolescents and youth to include long-acting reversible contraception (FP 2020, 2017).

