Training course in adolescent sexual and reproductive health 2021

Contraception counselling and provision

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Question 1

Contraception is provided free of charge at a government clinic in a rural Northern Indian community. However, a young woman in that community does not use them. Identify three possible reasons for this.

The reasons why many young women in rural India and some low-income countries do not use contraceptives are:

a) Misconceptions and myths associated with contraceptive use, such as fears over side effects and potential serious health consequences, as well as an overall negative attitude towards contraceptives.[1]
b) In patriarchal societies, men hold the primary power and have the dominant role in making decisions. Husbands in certain regions are against the use of contraception, and some societies face cultural barriers as well.[2,3] Similarly, the contraception services may not be youth-friendly due to bias towards this age group.[4]
c) Contraceptives are not one-size-fits-all, the needs of adolescents are diverse and evolving, hence, strategies must be put in place to address the different preferences and demands of this age group.[1]

Question 2

What are the five set of barriers to the uptake of contraception by adolescents as described in the International Centre for Research on Women Framework on adolescent contraception?

The International Center for Research on Women (ICRW) framework has identified the following three barriers to the uptake of contraception related to demand: a) the lack of desire to avoid, delay, space or limit childbearing; b) the lack of desire to use contraception; and c) the lack of confidence and ability to seek/negotiate contraception use. The two factors related to supply are: a) poor access to contraceptive services and b) poor quality and incompetent service provision.

Question 3

What are three things that Chile did to counter its high adolescent fertility rate?

Chile successfully reduced the adolescent fertility rate by adopting the Andean Plan for the Prevention of Adolescent Pregnancy, ensuring that young people collaboratively worked with the government in the planning and developing policies geared at reducing the number of pregnancies among adolescents.[5] Such an approach offered adolescents education as well as the guidance on how to access contraception. Moreover, the project offered "Friendly Spaces in Primary Health Care", giving adolescents a comprehensive care plan that catered to their specific health needs, and also provided long-term and emergency contraception to the young.

Question 4

Name three approaches to improving contraceptive uptake among adolescents that you believe would be most effective in your country context and explain why.

First of all, in Oman, the general public, especially parents, must be given a comprehensive health education and awareness on the risks associated with teenage pregnancies. A study from Oman by Al-Haddabi et al.[6] in 2014 concluded that teenage pregnancies are associated with a myriad of complications, such as: pre-term labour, low birth weight, higher risk of caesarean section, and anaemia. Although the minimum legal age for marriage in Oman is 18 for women, a judge may approve the marriage for those below 18 based on their discretion if the marriage is deemed beneficial, therefore, marriage among adolescents below the age of 18 are still ongoing and accepted within the Omani culture and customs. This was raised as a concern by the Committee on the Elimination of Discrimination against Women (CEDAW) in its observations.[7]

Secondly, there would need to be provisions set up at the primary care level within existing services, a friendly space for adolescents which can provide them the services they need. Currently, the Omani government offers a wide range of contraceptive methods to all Omani women free of charge, e.g. hormonal contraceptives, injectables, implants, and intrauterine devices, however, these are only offered to married women, as it is extremely rare in Oman for women to give birth out of wedlock due to religious taboo.[8] A service designed specifically for the needs of married adolescents will improve contraceptive uptake in this age group, and it should also allow access to emergency contraction, such as the morning-after pill, which is currently unavailable in Oman.[9]

Thirdly, empowering women, including the younger female population, by involving them in family planning and decision-making will facilitate access and use of contraceptives. In Oman, husbands still play a major role in decisions regarding contraception, notably, many newly married couples expect their first child within the first year of marriage.[10] By giving autonomy to these young women, and proper couples counselling, there will be promotion towards the uptake of contraceptive methods.

Question 5.1

Name at least two service-delivery elements and one enabling environment element that are listed in the High Impact Practices brief on Adolescent Friendly Contraceptive Services: Mainstreaming adolescent friendly elements into existing contraceptive services.

Service delivery elements include: a) training, offered in a supportive and non-judgmental way to adolescents, b) variety of contraceptive methods, giving the adolescents choices suitable to their preference and need. An enabling environment element is ensuring legal rights, policies, and guidelines that protect and respect adolescents' human rights. As such, the service is provided free of bias, discrimination based on age, marital status or gender.

Question 5.2

Why is it important to mainstream adolescent friendly elements into existing contraceptive services, rather than to set up separate services for adolescents?

Streamlining adolescent-friendly contraceptive services (AFCS) into exiting contraceptive services will make the AFCS cost-effective, as stand-alone services require funding and personnel, and many countries cannot afford or provide such resources. Similarly, an integrated AFCS will be scalable and expand the existing services, meeting the adolescents' growing demands and need for contraception.

Question 6

Name three challenges to adolescent contraceptive services that are particularly relevant in the Eastern Mediterranean Region?

a) The high rate of early and child marriages which are permissible in some countries like Yemen, Afghanistan, Somalia and Sudan. Similarly, the negative attitude towards contraception use in couples before they have their first baby.
b) Political conflicts and humanitarian crises pose a challenge to the provision of contraceptive services.
c) Laws and policies restricting access to contraception based on age, marital status and consent from the parents or husband.

Question 7

Mention three effects of COVID-19 on the demand for and supply of contraceptive commodities and services.

The COVID-19 pandemic has led to: a) shortage of supply of various contraceptive methods due to lower workforce, with many manufacturers not functioning at full capacity, in addition to travel restrictions and closures of borders and airports to halt the spread of the virus, resulting in a shortage or delay of supply;[11] b) increased demand of contraceptives was observed during the pandemic, especially in places with full draconian type lockdown;[11] c) many staff from the sexual and reproductive health clinics were diverted towards more pressing areas of need.[12] All these impacts from the pandemic will result in a 10% global decline in the use of reversible contraceptives, which will lead to an estimated 48.5 million women with an unmet need for modern contraceptives, eventually, over 15 million unintended pregnancies.[12]

Question 8.1

What percentage of male and female sexually active students sampled in Lebanon University had used a contraceptive method?

In males it was 64.1%, 24.4% in females.

Question 8.2

What was the most commonly used method of contraception among male and female sexually active students at Lebanon University?

In males 86.1% used condoms, and 56.3% of females used oral contraceptives.

Question 8.3

What methods of contraception were the male respondents from Lebanon University aware of?

Males were aware of condoms, intrauterine device, oral contraceptives and spermicidal products.

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