



ICRH

INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH

*Improving sexual and reproductive health
through research, training and adapted interventions*



**Should we
move towards
an adolescent-directed
contraception?**

Peter Decat

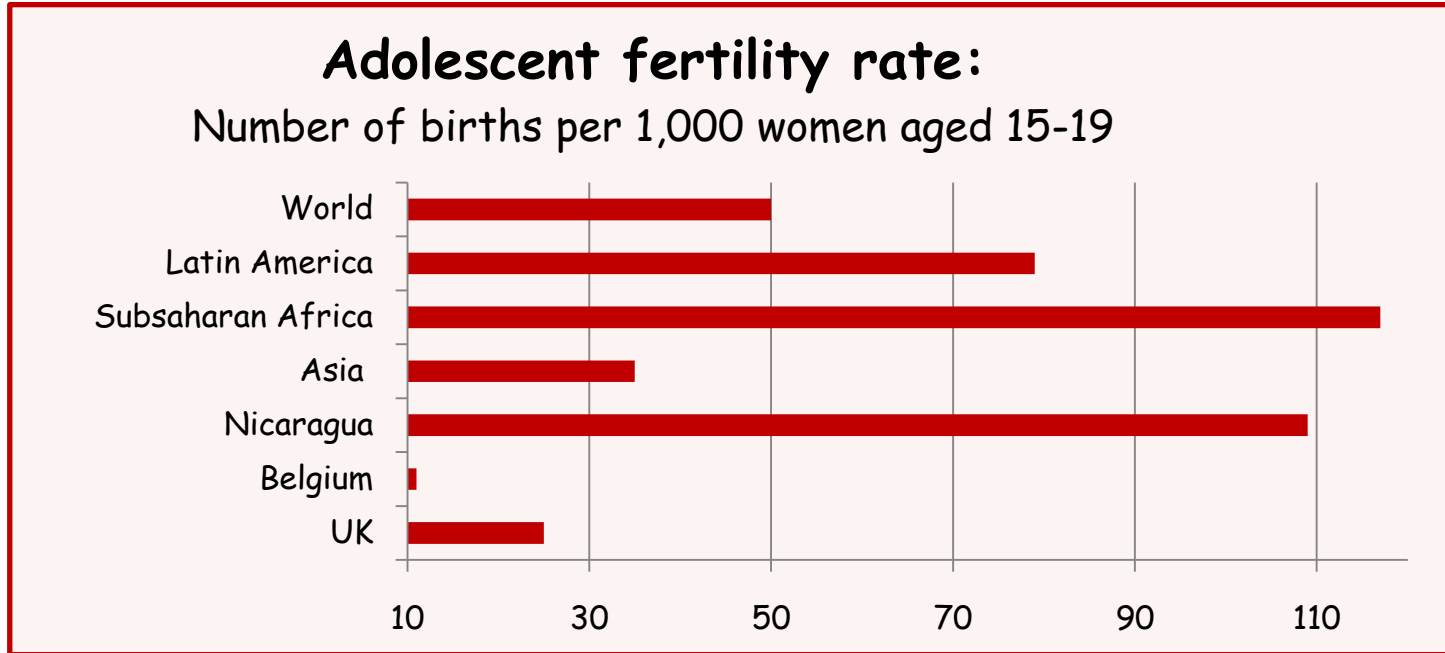


I knew and understood all those things about contraception. We learnt about the pills, condoms and injections at school.

I would like to share something about ...

- 1) Teenage pregnancy
- 2) Failing interventions
- 3) What if we shift the focus of the interventions...

Teenage pregnancies: a worldwide challenge



Source: UNFPA 2013

Impact on:

- The mother: health (morbidity, mortality), education and productivity
- Infant: Stillbirths and newborn deaths, low birth weight, premature birth
- The father: anxiety, depression ...

Why are teenagers getting pregnant?

1) Adolescents are sexually active.

2) Many of the sexually active adolescents do not use modern contraceptives

- door-to-door survey
- poor neighbourhoods of Managua (Nicaragua)
- 2.803 adolescents (aged 13-18)

| | Boys | Girls |
|--------------------------|------|-------|
| Sexually active | 35% | 21% |
| Unmet contraceptive need | 57% | 46% |

Decat, De Meyer, Jaruseviciene, Orozco, Ibarra, Segura, Medina, Vega, Michielsen, Temmerman, Degomme. **Sexual onset and contraceptive use among adolescents from poor neighbourhoods in Managua, Nicaragua.** Eur J Contracept Reprod Health Care. 2014 Oct 20:1-13.

The CERCA research tested interventions aiming to increase contraceptive use among adolescents.

Complex community- and school-based interventions addressing:

- adolescents
- parents
- health providers
- teachers
- authorities
- communities

Decat, Nelson, De Meyer, Jaruseviciene, Orozco, Segura, Gorter, Vega, Cordova, Maes, Temmerman, Leye, Degomme. **Community embedded reproductive health interventions for adolescents in Latin America: development and evaluation of a complex multi-centre intervention.** BMC Public Health. 2013 Jan 14;13:31.

Did the CERCA interventions succeed in increasing contraceptive use, i.c. condom use?

| | Bolivia | | Nicaragua | | Ecuador | |
|--|----------------|-------------|------------------|--------------|----------------|--------------|
| | Estimate | p-value | Estimate | p-value | Estimate | p-value |
| Intercept | -6.25 | 0.005 | -0.097 | 0.768 | -0.023 | 0.904 |
| Intervention (ref=control group) | 0.85 | 0.41 | -2.66 | 0.039 | 0.51 | 0.040 |
| Intervention*participation | | | 0.40 | 0.044 | | |
| Sex (ref=male) | | | -0.53 | 0.029 | | |
| Gender attitudes: Power dimension | 0.34 | 0.004 | 0.32 | 0.128 | | |
| Intervention*Power dimension | | | 2.34 | 0.007 | | |
| Importance religion | 1.50 | 0.001 | | | | |
| Religion (ref: other) | | | | | | |
| Catholic | 0.55 | 0.560 | | | | |
| Evangelic | 1.88 | 0.14 | | | | |
| None | 5.46 | 0.006 | | | | |
| Treatment*Participation*PowerDimensio n | | | -0.38 | 0.013 | | |

Did the CERCA interventions succeed in improving ...

The intention to use contraception at the demand side (adolescents)?

Attitudes



Social norms



Perceived control



The intention to provide contraception at the supply side (caregiver)?

Attitudes



Social norms



Perceived control



The bottleneck for the accessibility of contraceptives: the health care system

From a qualitative study “Barriers for adolescent sexual healthcare in Latin America: perspective of caregivers”:

“Adolescents are not considered in the health system”

“Adolescents fear being caught by neighbors or relatives”

“The personnel including receptionists, nurses and physicians is not trained in how to get on with adolescents”

“Physicians prefer that adolescents are accompanied by a parent”

“Adolescents forget their appointment, show little interest, lack knowledge, are rebellious”

Anna Gorter: The “*éminence grise*” of CERCA

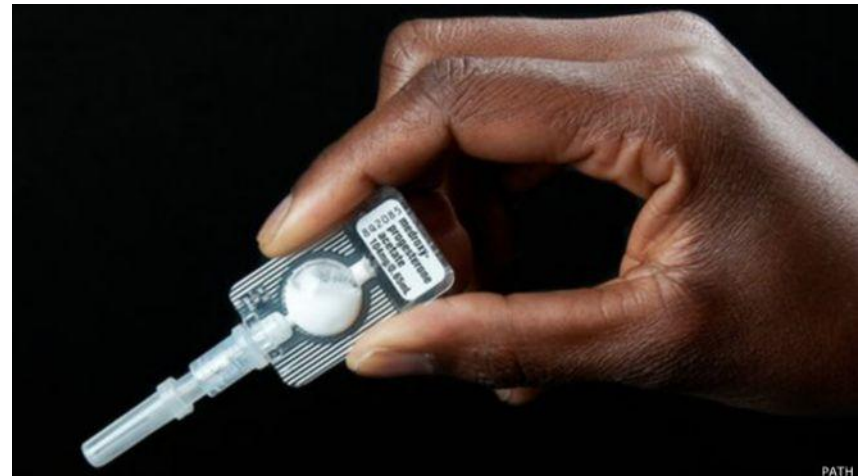


“It is only a matter of time!
Societies are evolving towards
modernity with a more open view on
relationships and sexuality. We can
only try to speed up this development.”

And what if ...

**adolescents depend less on
the health care system and
get the control over their
contraception?**

LARC: long acting reversible contraception



Over-the-counter access to (emergency) contraception

WHO-Recommendation:

Undertake research to identify feasible and effective interventions to improve the availability of over-the-counter hormonal contraceptives to adolescents.

Chandra-Mouli, Camacho, Michaud. WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *J Adolesc Health*. 2013 May;52(5):517-22.

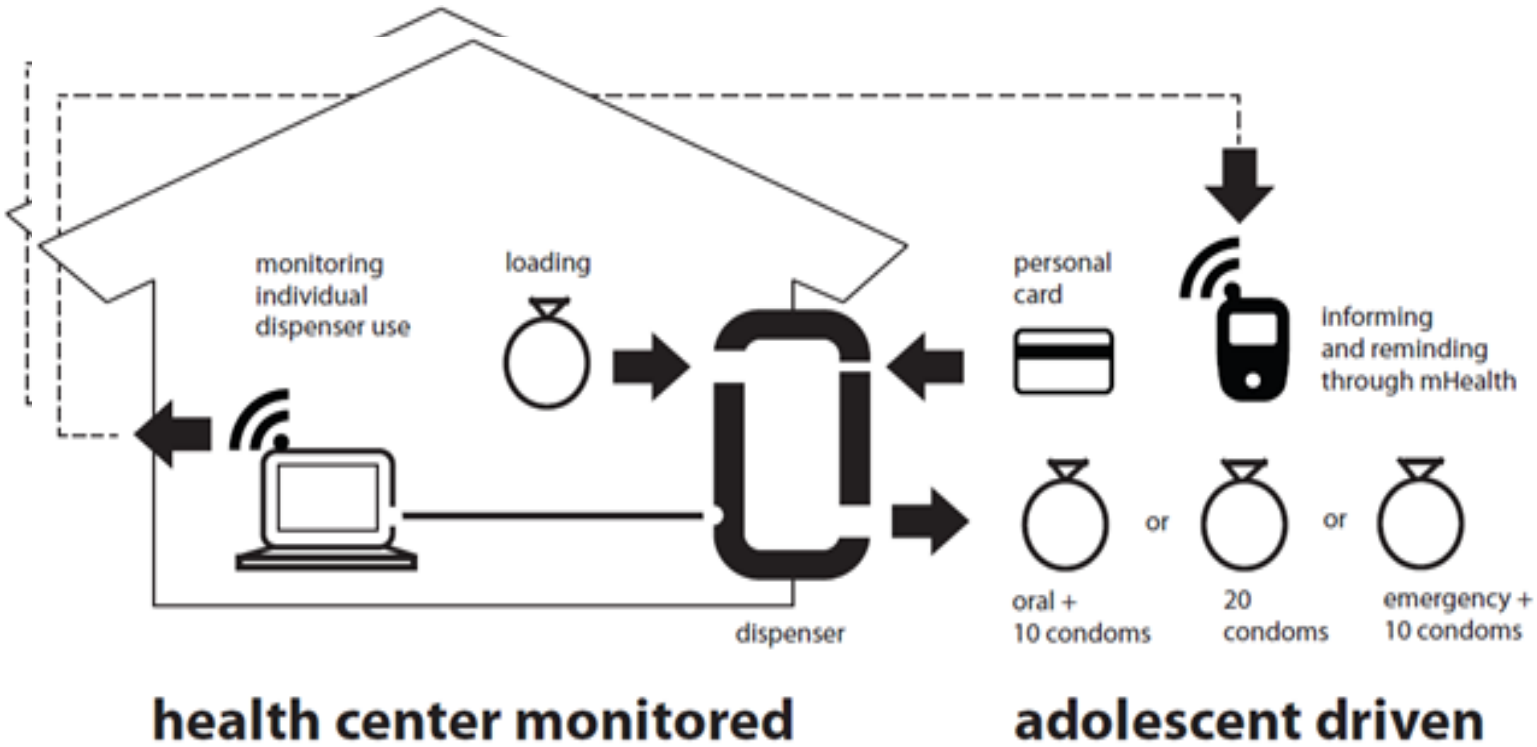
Voucher-based access to contraceptive services

Table 2 The impact of voucher use on user satisfaction, satisfaction with the reception and the clarity of the explanations

| Outcomes | Without Voucher N = 479(100%) | With voucher N = 221(100%) | N ¹ | Unadjusted OR (95% CI) | Adjusted OR (95% CI) ² |
|---|----------------------------------|-------------------------------|----------------|---------------------------|--------------------------------------|
| Overall satisfaction ³ | 394 (85) | 199 (91) | N = 660 | 1.99 (1.13–3.48) | 2.23 ⁴ (1.24–4.02) |
| Satisfied with the Reception ⁵ | 374 (80) | 190 (88) | N = 664 | 1.99 (1.22–3.26) | |
| Voucher use/not started | | | | | 2.22 (0.87–5.63) |
| Voucher use/started, not P or M | | | | | 6.93 (1.51–31.84) |
| Voucher use/P or M | | | | | 1.13 (0.58–2.20) |
| Doctors' explanations were clear ⁶ | 370 (80) | 181 (83) | N = 660 | 1.34 (0.87–2.08) | 1.37 ⁷ (0.87–2.17) |

Meuwissen, Gorter, Knottnerus. Perceived quality of reproductive care for girls in a competitive voucher programme. A quasi-experimental intervention study, Managua, Nicaragua. *Int J Qual Health Care*. 2006 Feb;18(1):35-42

An adolescent driven and health center monitored dispenser of contraceptives



Could a shift from a provider-directed towards an adolescent-directed access to contraception increase the effectiveness of ASRH programs?

