



Contraceptive provision in adolescents

S. Mukaka

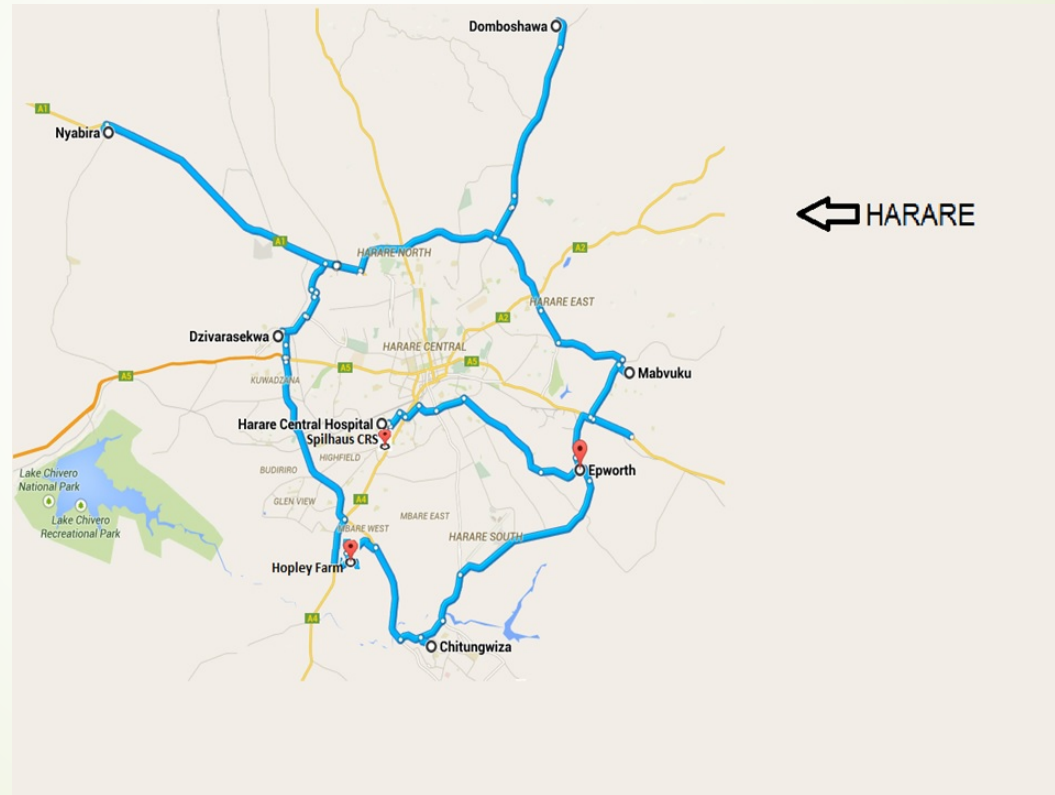
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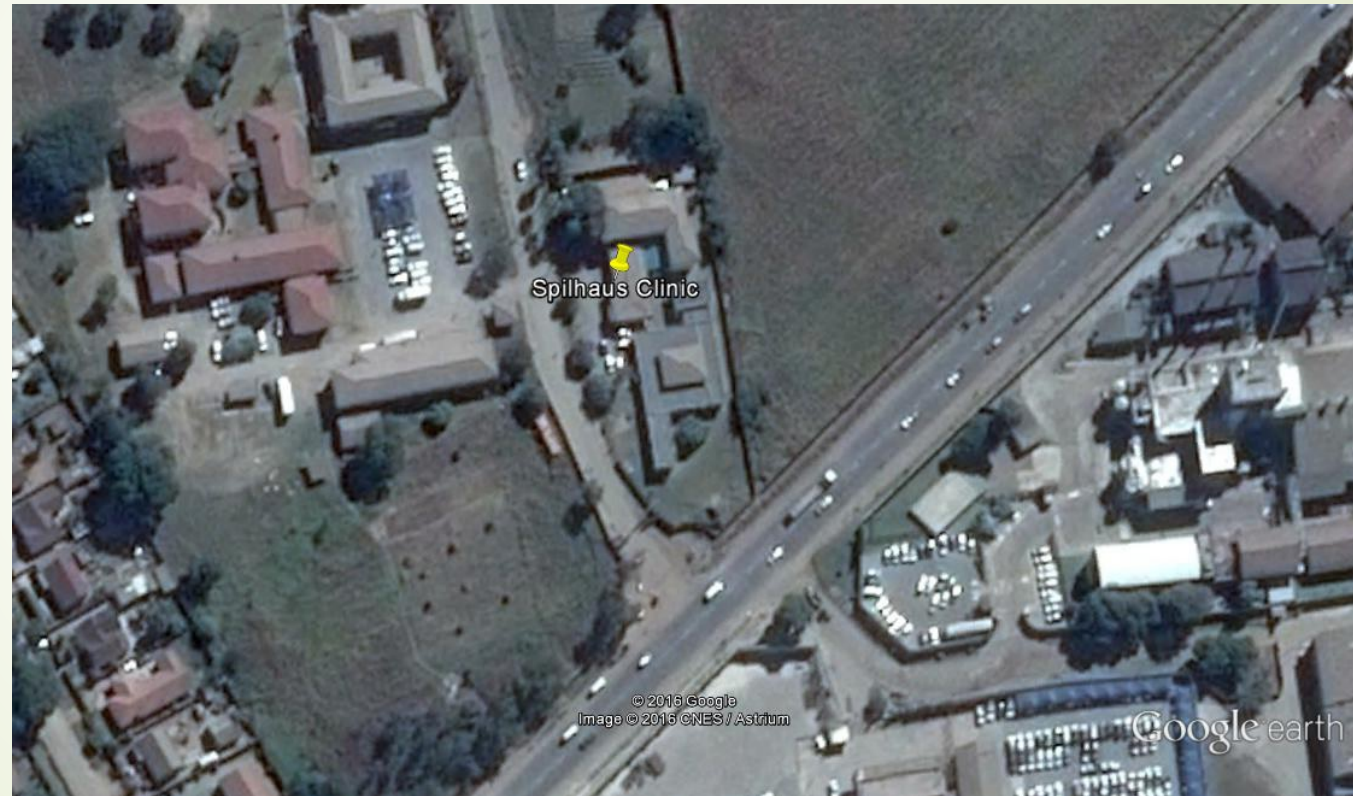
Background

- ❖ The Spilhaus CRS is housed within The Zimbabwe National Family Planning Council(ZNFPC) building, within the Harare Hospital grounds
- ❖ Ten (10) kilometres from Harare City Centre in the South Westerly direction
- ❖ Accessible by public transport
- ❖ Recruit participants from Harare's densely populated suburbs

Recruitment catchment area



Spilhaus Clinic



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Services offered by ZNFPC

Reproductive health services

- Contraceptive provision training for healthy professionals
- Contraceptive provision –Jadelle, Implanon, IUCD, Pill, tubal ligation
- Fertility testing
- PAP Smear, VIAC

HIV Services

- HIV testing
- HIV counselling
- voluntary male circumcision
- Condom provision

ASRH Services

- Promote and provide youth friendly health services through: Advocacy, Information Education and Communication (IEC), Peer Educators, Clinical services and Training, Recreation, Survival skills training, Life skills training and Monitoring and Evaluation

Experience with contraceptive provision in adolescents

- ❑ Site has some experience with adolescents health service provision.
- ❑ Spilhaus is one of the sites implementing HPTN 082 (An adolescent trial: Assessing adherence and acceptability of PrEP as a primary prevention strategy among young African women)
- ❑ Preparatory work done
- ❑ Drew experiences from important stakeholders





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- ❑ Pangea-A well-established adolescent HUB in Chitungwiza located 13 km away from Spilhaus CRS. It serves youths from 16 years of age seeking HIV testing, STI testing and treatment, contraception services and pregnancy testing. They implemented a project called SHAZI-Was a life skills education and livelihood training for 16-19 year olds.



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LESSONS LEARNT FROM PANGEA

- ❑ Adolescents need privacy-a separate wing of the clinic renovated
-separate waiting area for the adolescents
- ❑ Need for youth appealing services-provision of WIFI and desktops
- ❑ Clean and welcoming service delivery place-renovated a wing of the clinic now dedicated to the adolescent trial.
- ❑ Information delivery methods should be different and appropriate-use of technology, for MTN 034 may consider contraceptive video and/or contraceptive information on website



Conti...

LESSONS FROM THE ASRH DEPARTMENT

- ❑ The ASRH is a department within ZNFPC that is dedicated to promoting and providing youth friendly health services
- ❑ They have a youth friendly clinic offsite, however they have youth friendly trained health staff at site to offer clinical(reproductive health) services to adolescents who come to the Splilhaus family planning clinic

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LESSONS FROM THE ASRH DEPARTMENT


- ❑ Need for youth friendly staff- Age and attitude
- ❑ Non judgemental
- ❑ Confidentiality
- ❑ Efficient services(short waiting time)
- ❑ Brief effective counselling
- ❑ Adolescents active involvement in the provision of the services



Conti..

Lessons learnt from Youth CAB

- ▶ Re-emphasized information gathered from the 2 stakeholders noted earlier



In country clinical guidance regarding contraceptive provision in adolescents

- ❑ The National Adolescent Sexual and Reproductive Health Strategy
- ❑ ZNFPC leads in the implementation of the strategy
- ❑ 3 pronged approach
- ❑ community-based (youth centers offering counseling, recreational activities and condoms),
- ❑ School-based (life skills training and counseling).
- ❑ Health-facility- based (on-site youth-friendly corners, which are supposed to offer voluntary counseling and testing, as well as condoms and other family planning methods)



Conti..

- ❑ The country's family planning guidelines specify that "age alone does not constitute a medical reason for denying any method to adolescents" and that those "who are sexually active should be offered a contraceptive method of their choice"
- ❑ No separate clinical guidelines or SOP for offering contraceptive services in adolescents



Barriers, myths and misconceptions and contraceptive adherence in adolescents

- ❑ Our society does not always approve of young unmarried women going on contraception as this is seen as a way of encouraging youths to indulge in sexual activities early
- ❑ Notion that parental or spousal consent requirements—exist for receiving family planning services involvement for under 18 year olds. Providers Impose Conservative Age, Marriage, Parity and Lifestyle Restrictions on Youth. However, the country's family planning guidelines clearly specify that "age alone does not constitute a medical reason for denying any method to adolescents" and that those "who are sexually active should be offered a contraceptive method of their choice"
- ❑ This leads to adolescents opting for easily available contraception eg over the counter (condoms/informal unauthorized providers (pill, depo provera) or illegal abortions



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- ❑ Contraception may cause infertility later in life
- ❑ A nulliparous woman cannot have IUCD inserted
- ❑ Lack of Youth-Friendly Reproductive Health Services and Communication Barriers
- ❑ Like providers, youth are also hesitant about using LARCs and other contraceptive methods for similar reasons: lack of knowledge about the methods, doubts about efficacy. The most popular contraception information source are peers
- ❑ High Cost of Contraceptives and Stock-Outs



Contraceptive provision for adolescents vs adults

- ❑ Adolescents have unique needs
- ❑ Privacy
- ❑ Non judgemental
- ❑ Confidentiality
- ❑ Efficient services(short waiting time)
- ❑ Clean and welcoming service delivery place. Youth appealing services



Conti..

- Adolescents active involvement in the provision of the services
- Information delivery methods should be different and appropriate
- Brief effective counselling
- Adolescents are likely to opt for:
 - ✓ Options with privacy
 - ✓ Low cost
 - ✓ Easily available
- Adolescent will need ongoing contraceptive adherence counselling
- Ongoing reminders for subsequent doses



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Thank you