

Contraception and adolescents

MTN CAT meeting

23-24 Sept 2016

Melanie Pleaner

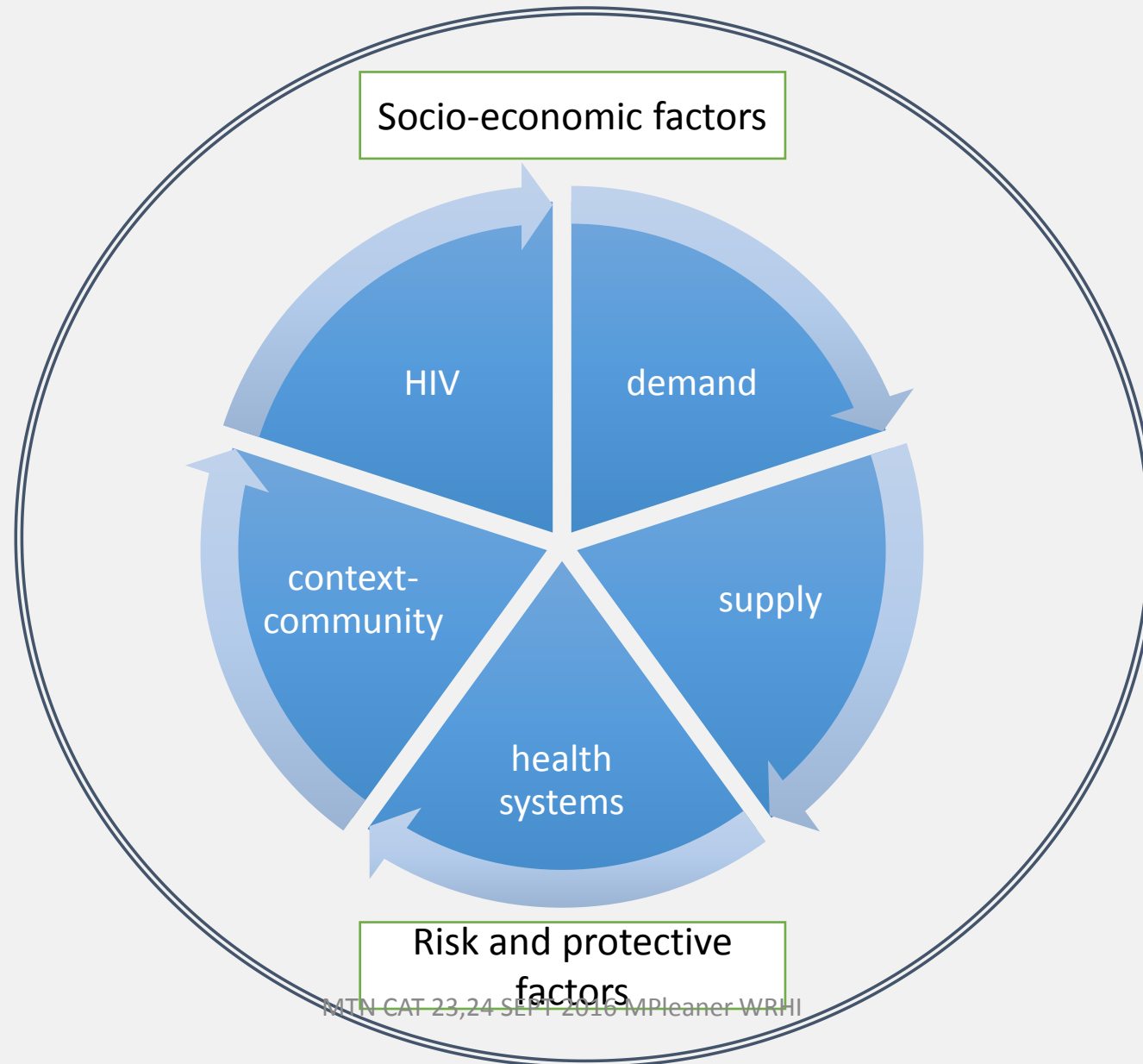
WITS RHI



University of the Witwatersrand

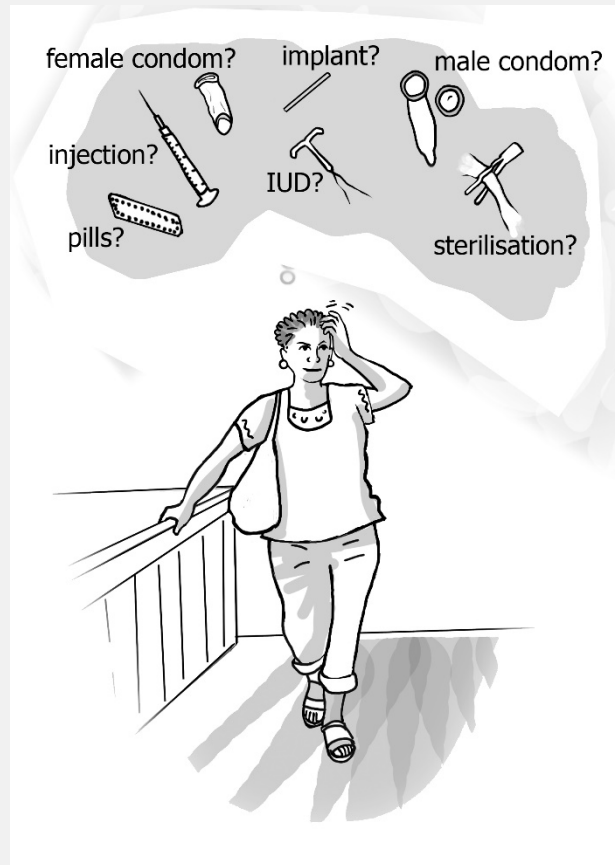
**WITS RHI**

# Adolescents and contraception: Factors affecting contraceptive choice and use



# Adolescents and contraception: Factors affecting contraceptive choice and use

- You are thinking about using a method of contraception
- What are 5 things you think about which will influence your choice?



# Factors affecting contraceptive choice and use

demand ♦ supply ♦ health systems ♦ community ♦ societal

- Age
- Why do I need contraception?
  - What's in it for me?
  - Is it worth it?
  - Do I have a choice when and with whom I have sex?
  - Do I have a choice when and with whom I use condoms?
  - HIV and STIs
- What support do I have ?
  - Where can I go?
  - Who can I talk to?
  - If I got pregnant...
- Where do I get my information from?
  - What information do I have?
  - Is it correct?
- Context
  - What will other people think? My parents? Friends?
    - Religion?
  - My partner?
- What is my experience when I go to the clinic?
  - The staff?
  - My nurse?
  - What will it cost?
  - Will I go back again?
  - Waiting time? Atmosphere?
- Reproductive intentions: Am I thinking about this? When do I want to get pregnant?
- Method selection
  - Cost?
  - What choices do I have?
  - What do I know about different methods and choice?
  - What is my previous experience?
  - What have I heard?
  - Side effects
- Method – patterns of use

# Contraceptive friendly services vs adolescent friendly services

demand ♦ supply ♦ health systems ♦ community ♦ societal

- Some issues apply to all women
- Some to adolescents girls and young women
- Some to adolescents specifically
  
- Key – to view this through an adolescent lens
- Now look at the slide and see which are relevant to all women? Or to adolescents specifically?
  
- Which are particularly important for adolescents?

# Factors affecting contraceptive choice and use – the adolescent client

demand ♦ supply ♦ health systems ♦ community ♦ societal

- Age
- Why do I need contraception?
  - What's in it for me?
  - Is it worth it?
  - Do I have a choice when and with whom I have sex?
  - Do I have a choice when and with whom I use condoms?
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  - What do I know about different methods and choice?
  - What is my previous experience?
  - What have I heard?
  - Side effects
- Method – patterns of use

# Adolescents and age

- The WHO defines adolescents as young people between the ages of 12 and 19.

FIGURE 3 The stages of adolescence (PAHO classification)

Age	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
GIRLS	PREADOLESCENCE			EARLY ADOLESCENCE		MIDDLE ADOLESCENCE	LATE ADOLESCENCE		YOUTH			YOUNG ADULTHOOD				
BOYS		PREADOLESCENCE			EARLY ADOLESCENCE	MIDDLE ADOLESCENCE		LATE ADOLESC.	YOUTH			YOUNG ADULTHOOD				

Domains of change that occur between ages 10 and 14, differentiated by sex, include:



- **PHYSICAL DEVELOPMENT**
- **BIOLOGICAL CHANGES** (onset of puberty)
- **COGNITIVE AND EMOTIONAL DEVELOPMENT**
- **CHANGES IN SOCIAL ROLES** (among the poorest, a dramatic shift to adult responsibilities)

# What do we know about adolescents

- Time of transition – no longer a child, not yet an adult
- Physical, emotional, psychological, sexual and social changes
- A time of experimentation, risk, testing the boundaries and opportunities
- Sexual awakening
- Adolescents face SRH risks from early, unprotected, and unwanted sexual activity
- Key factors underlying adolescent SRH are lack of access to effective sexuality education and information, risk and protective factors, access to accessible, affordable, and appropriate SRH and in particular contraceptive services.



# What do we know about adolescents?

- Important time for shaping patterns of behaviour and health for the future
- A time of opportunity, growth and maturation – not all problematic



Sexuality and sex: not only negative – exciting, pleasurable

Role models, trusted adults to guide, usher and influence into adulthood  
Trusted adults are important

# Why is contraception important for adolescents?

## Revisiting - why is it important to prevent teenage pregnancy?

- For infants:
  - 50 % higher risk of having a still births or death in the first week of life for infants born to adolescent mothers than women in their 20s.
  - A 60% increased risk of death for babies born to teenage girls under 18, compared to babies born to mothers older than 19.
- For mother:
  - Obstetric fistula and maternal death.
  - Teenagers < 20 years old at increased risk of dying due to complications due to pre-eclampsia, eclampsia, sepsis, hypertension and anaesthetic related causes.
  - Teens twice as likely to die from pregnancy and childbirth-related causes
  - Girls 10 -14 five times more likely to die during delivery than women 20 +
- Poorer neonatal outcomes: Less likely to seek adequate antenatal and post natal care- poor health outcomes for their children.
- **Impact on the educational level** the young woman is likely to attain, *with only about a third of teenagers ever returning to school.*
- Early pregnancy is also linked to increased risk of HIV and STIs.

# What do we know about SA adolescents and contraception

Research article

Open Access

## **Contraception use and pregnancy among 15–24 year old South African women: a nationally representative cross-sectional survey**

Catherine MacPhail\*<sup>1</sup>, Audrey E Pettifor<sup>1,2</sup>, Sophie Pascoe<sup>3</sup> and Helen V Rees<sup>4</sup>

**Results: Two thirds of all women reported having ever been sexually active and among these 87% were sexually active in the past 12 months.**

52.2% reported using contraceptives

Association between contraceptive use and being employed or a student (vs unemployed); fewer sex partners; having talked to last partner about condom use and having ever been pregnant.

# What do we know about SA adolescents and contraception

- Contraceptive use is high (69.7%) among young sexually active women aged 15–19 in South Africa,
- 64.7% of those using a method using the injectable contraceptives norethisterone enanthate (NET-EN) and depot medroxyprogesterone acetate (DMPA).
- However, high rates of discontinuation, breaks in use, and method switching,
- Similar patterns of injectable contraceptive use behavior are found in low-income, middle-income, and high-income countries worldwide.
- Study showed high discontinuation and method switching rates, especially among DMPA users.

**TABLE 1. Patterns of Contraceptive Use At 1 Year in Adolescent Hormonal Contraceptive Users**

Method	Remained on Baseline Method (No Break in Use or Change in Method), % (n)	Discontinued Method and No Other Hormonal Method Used, % (n)	Break in Method and Return to Same Method, % (n)	Changed Hormonal Method (1 Change), % (n)	Changed Hormonal Method (2 Changes), % (n)	Changed Hormonal Method and Discontinued Second Method, % (n)
DMPA (n = 89)	40.4 (36)	29.2 (26)	2.2 (2)	22.5 (20)	3.4 (3)	2.2 (2)
NET-EN (n = 91)	64.4 (58)	24.4 (22)	4.4 (4)	7.7 (7)	0 (0)	0 (0)
COCs (n = 82)	64.6 (53)	20.7 (17)	1.2 (1)	10.9 (9)	2.4 (2)	0 (0)

Smit J and Beksinska M (2013)

# Barriers to contraceptive use for adolescents

## Barriers:

- Obtaining methods: availability, cost , legal, staff attitude, belief that LARC not suitable common for young women to bear children soon after marriage. Contraception is considered only after a first child is born
- Support for side effects
- Stigma/embarrassment related to contraception use surrounding contraception prevents their use by adolescents.
- Lack of information/incorrect information about contraception, side effects, return to fertility, the way conception occurs.
- Incorrect use “I take a pill when I know my boyfriend is coming and we are probably going to make love. I sometimes forgot to take it before we make love so I take it after we made love.”
- Inconsistent use of contraception: An analysis of DHS data from 40 countries: adolescents discontinue method use substantially more than older women.
- Male condoms are the method most commonly used by adolescents however, consistent condom use decreases over time; sporadic sex or infrequent sex

- demand ♦ **supply** ♦ health systems ♦ community ♦ societal ♦ HIV

# Factors affecting contraceptive choice and use: Supply with a focus on healthcare provider and service

## Barriers and enabling factors

- Policy
  - Law
  - Accessible and acceptable services
  - Quality of care : Attitude
  - Availability of methods and equipment
  - Targets
- Training/knowledge/perceptions
    - Adolescents: sensitivity and appropriate methods
    - Rights/choice/informed decision making
    - Medical eligibility
    - Method provision
  - Ability and willingness to integrate: contraception + HIV, STIs, sexual and gender-based violence, antenatal and post natal care, maternal health services
  - effective referral systems

# What do we know about health care providers perceptions?

- A study of healthcare providers in Soweto:
- Most HCWs believed:
  - young women should not have sex before marriage and thought that young women ignore information they receive about HIV and pregnancy prevention.
  - injectables most appropriate contraception for young women;
- Some services were only reported to be provided to those over 18 years.

(Holt K et al 2012)

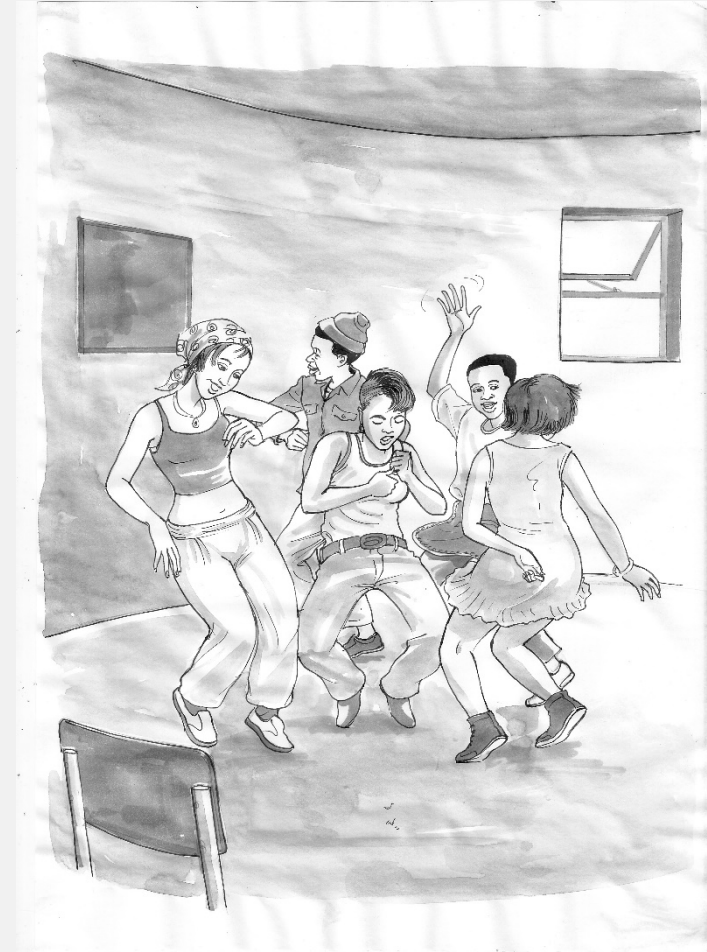
## Commonly held views....

- Implants and IUDs are not for adolescents
- Adolescents bodies not ready for LARCs
- Implants are for older women, when their hormones have settled
- Cant insert IUD in a young nulliparous woman, need to have given birth



# What do we know about which contraceptives adolescents can safely use?

- What about LARCs and adolescents?



# Are LARCs suitable for adolescents?



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## COMMITTEE OPINION

Number 539 • October 2012 *(Replaces Committee Opinion No. 392, December 2007  
Reaffirmed 2014)*

Committee on Adolescent Health Care  
Long-Acting Reversible Contraception Working Group

*This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

### Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

**ABSTRACT:** Long-acting reversible contraception (LARC)—intrauterine devices and the contraceptive implant—are safe and appropriate contraceptive methods for most women and adolescents. The LARC methods are top-tier contraceptives based on effectiveness, with pregnancy rates of less than 1% per year for perfect use and typical use. These contraceptives have the highest rates of satisfaction and continuation of all reversible contraceptives. Adolescents are at high risk of unintended pregnancy and may benefit from increased access to LARC methods.

- Yen et al 2010: IUDs and Adolescents – an under-utilized opportunity for pregnancy prevention J Pediatr Adolesc Gynecol (2010) 23:123-128
- WHO Medical Eligibility Criteria 2015

# Are LARCs suitable for adolescents

- Non use, inconsistent use and use of methods with typically high failure rates contribute to unplanned pregnancies
- LARCs more effective
- 4167 women aged 14-45 years: Continuation rates for LARCs was 86%, for short acting, 55%
- Continuation rates for women under 20 years at 1 year, :
  - levonorgestrel IUS 85; implant 80%; IUD 72%
  - Unintended pregnancy rates for short acting contraceptives were 22 times higher than for those on LARCs

- Barriers to use of LARCs included misconceptions, access, and healthcare providers uncertainty about whether LARCs are safe for adolescents
- When barriers removed adolescents two thirds increase in selection of LARCs

Recommend at first line contraceptive choice for adolescents – effective, continuation rates , no need for daily adherence.

# Are LARCs suitable for adolescents?

- Barriers – healthcare provider misperceptions:
  - Increased risk of PID: increased risk due to unsterile insertion, not IUD
  - Does not result in infertility in adolescents
  - Can be inserted in nulliparous and adolescent young women

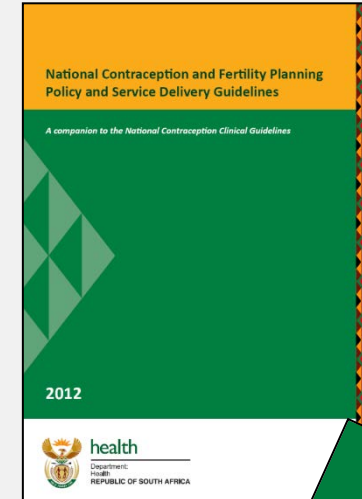
Little evidence suggests that IUD insertion is technically more difficult in adolescents compared with older women. More than one half of young nulliparous women report discomfort with IUD insertion (21). Anticipatory guidance regarding pain and provision of analgesia during IUD insertion should be individualized and may include supportive care, nonsteroidal antiinflammatory drugs (NSAIDs), narcotics, anxiolytics, or paracervical blocks. The most effective method of pain control has not yet been established (25). Use of buccal or vaginal misoprostol 2–3 hours before IUD insertion to soften a nulliparous cervix does not appear to reduce insertion pain, and adverse effects are common (26–28).

# LARCs and adolescents

- Also recommend screening for chlamydia and gonorrhoea and treatment for adolescents 15-19, screen and insert on same day and treat
- Expulsion – expulsion rates are 3-5% for all users and 5-22% in adolescents.
  - Nullparity , young age and previous expulsion increase risk BUT data extremely limited.
- Adolescent mothers at higher risk of repeated pregnancy – 20% get pregnant within two years
  - Recommended post partum (delayed) and post abortion insertion.

# South Africa's policy framework

- Continuum –contraception and fertility planning
- Expanded method mix
- Integration with sexual and reproductive health services sexual and reproductive health services (including STI, breast and cervical screening, termination of pregnancy services, rape and sexual assault, and post-exposure prophylaxis provision);
- Promotion of LARCs
- HIV



# South Africa's policy framework

## ***Summary of contraceptive methods for young people***

- Abstinence (including secondary abstinence)
- Delay sexual debut
- Barrier method (strong reinforcement of condom use) with: emergency contraception
- highly effective contraception:
  - combined hormonal contraception
  - progestogen-only injection
  - Cu IUD
  - progestogen-only implant
- Emergency contraception to be promoted and accessible in the event of unprotected intercourse, method misuse or failure

[South African National Contraception Clinical Guidelines DOH 2012]

# South Africa's legal framework

## **Contraception**

- Adolescents have the right to access contraception services
- All children over 12 year have the right to access condoms
- Contraception other than condoms (such as the pill or injection) may be provided to a child on request from child and without consent of parent or caregiver child if:
  - child is at least 12 years of age and
  - proper medical advice is given to child and
  - a medical history is taken and an appropriate examination is carried out to determine whether there are any medical reasons why a specific contraceptive option should not be provided

**Choice of Termination of pregnancy** –minors can consent



# What are we learning?

- Need to become familiarised with the concept of LARC and provider controlled methods
- A big push without community sensitisation
- We far more aware of discontinuation...with implant and IUD
- Need to counsel on side effects and learn to effectively manage side effects.
- Choice and informed decision-making
- Have conversation about contraception and planning for pregnancy
- ... a work in progress

# Key counselling points

- It is rare that a woman finds the perfect method – all have advantages and possible drawbacks.
- Side effects are tolerated by women differently. Some women do not experience side effects. For some women a side effect may be unacceptable, for others, it is not a problem.
- Many side effects diminish after time –the woman and her body need to adapt to the method. It is important to let a method settle before switching.
- Most side effects are not harmful. They may cause discomfort but they are not dangerous. Reassurance in relation to this is important.
- Research shows that clients are more likely to stay on a method if they have clear, concise information about the method, including possible side effects. Some side effects can be managed with medication – encourage the client to come to the clinic to discuss any problems they may experience.
- It is better for women to make an informed choice about methods, know what to expect, and to be clear and honest about possible side effects.
- Do not avoid mentioning side effects for fear of putting women off certain methods. It is better for women to know what to expect. On the other hand, contraception is more than side effects! Explain how the method works, and explore the benefits and advantages of methods to give a balanced perspective.
- Encourage discussion and questions
- Deal with commonly held beliefs and myths
- Encourage women to involve male partners in the process, invite the client to bring their partner – but this is never a pre-requisite for women getting contraception.
- Reassure clients it is their right to change to another method if they are dissatisfied, but to give the method a fair chance to assess if it is suitable.

	- Considerations for adolescents-	
Progestogen-only injectables	<ul style="list-style-type: none"> <li>• Continuation rates – next injection</li> <li>• The link between DMPA and decrease in bone mineral density is of concern as this may affect young women achieving peak bone mass. The WHO have weighed the risks against the benefits and considered injection use by adolescents to be generally safe (WHO MEC Category 2).</li> <li>• Counselling on condom use (DMPA and HC issue)</li> </ul>	Side effects and condom use for all methods
Pills	<ul style="list-style-type: none"> <li>• Issues related to adherence</li> <li>• Stopping and starting pill taking results in suboptimal contraceptive cover and an increase in side effects.</li> </ul>	
Implants	<ul style="list-style-type: none"> <li>• Highly effective</li> <li>• Counsel about bleeding changes</li> <li>• Counsel about condom use</li> </ul>	
Cu IUD	<ul style="list-style-type: none"> <li>• Highly effective form of long-acting reversible contraception</li> <li>• Young, nulliparous women may use Cu IUDs (WHO MEC Category 2 for &lt;20 years); pain management on insertion</li> <li>• Small possibility of device expulsion, encourage to return for a follow-up visit 3–6 weeks after insertion to check that the device is in position</li> </ul>	
Emergency contraception	Under used; 120 hours ; OC EP and IUD	
condoms	Correct and consistence; lubrication	

The bottom line: Once puberty has been achieved, methods that are physiologically safe for adults are also physiologically safe for adolescents.

*(Bearinger et al 2007)*

• demand ♦ **supply** ♦ **health systems** ♦ community ♦ societal ♦ HIV

# Factors affecting contraception choice and use: Health systems

- Training
- Supervision
- Supply
- Environment of care
- Infrastructure
- Opportunities for youth engagement and involvement
- Data
- Monitoring and evaluation
- Quality improvement
- Infrastructure and systems to support integration: contraception + HIV, STIs, sexual and gender-based violence, antenatal and post natal care, maternal health services and effective referral systems

# Factors affecting contraception choice and use: Health systems

- What in your view are some of the most important barriers for young people using health services



# Factors affecting contraception choice and use: Health systems

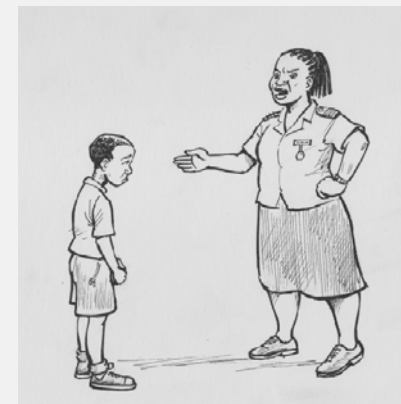
Body of research shows that youth experience barriers to using health services:

- Access
- confidentiality/privacy
- location of the clinic
- waiting times
- cost



And at the heart of most research

- youth-friendly staff; staff attitude





# Factors affecting contraception choice and use: Health systems

## Personal reflection....

- How do your beliefs/values effect your communication when you work with young people?
- Do your beliefs /values create barriers between yourself and young people with whom you work?
- And how do you think your attitude and communication will make a difference to a young persons life... positively or negatively

**Why is awareness of our values and attitude important?**

# Factors affecting contraception choice and use: Health systems

- Discussing sex; risk, sexual practices is not always easy for community health workers/researchers
- Have not received training on sex education, youth work or life skills.



# Youth sensitive services

## Core components of youth friendly services

- ✓ Attitude: Health care providers are respectful, non-judgemental and considerate in their dealings with adolescents
- ✓ Competencies needed to deliver the right health services in the right ways. This includes knowledge, attitude and skills
- ✓ The package is holistic and includes prevention and treatment; services are integrated as far as possible, and include sexual and reproductive health services; and where possible, expand to embrace healthy living/life skills more broadly
- ✓ Basic rights: The importance of maintaining privacy and confidentiality
- ✓ Adolescents are aware of where they can obtain the health services they need, and are able to do so; this includes access, transport, and service fees, which should be free or kept to a minimum
- ✓ Community members are aware of the health service needs of different groups of adolescents, and support their provision
- ✓ Youth involved in design and participate in provision

# Does not have to take extra time and money

- I always greet, shake hands or make eye contact; I am warm and smile; I introduce myself; and use the young person's name
- I spend a few minutes chatting about other things. The skill is finding something common to chat about - I will mention a soccer game and see which team they support; I ask about their favourite TV programme, and get a catch up on the last episode; I comment about their hair or item of clothing and we discuss fashion; I ask about their favourite music artists. We discuss school and how that is going. We then move onto chatting about their love life – anyone special on the scene and so on. This relaxes the client and encourages them to be more open.
- It's important for the young person to feel accepted. As nurses, we need to find ways to discuss sex. I do it in such a way as to explore possible risks and what they can do to protect themselves. I try not to show that I am shocked or judge them.

# Does not have to take extra time and money

- ...with contraception, young people do not always know there are options, they are used to the injectable. It takes time to look at what other methods are available. It helps to have a few health workers at the clinic that they build a relationship with, and can come back and discuss how it is going.
- Once a year we do training with all our staff, including reception, clerical staff, cleaners and security on ensuring that this clinic is youth friendly. We have a youth friendly suggestion box for young people to write their comments – what is going well, and what needs to be improved.
- We have regular meetings with our peer educators to hear what issues are being discussed, how we can make our services more youth friendly and to provide them with correct information. We have recently focussed on contraception -especially what the choices are and how to correct rumours and myths.

Key element of youth sensitive services	Examples of how this can be done
<b>Staff attitude that assists young people to use and benefit from the health service</b>	<ul style="list-style-type: none"> <li>• Greeting the young person by name; introducing yourself and what name the young person can use</li> <li>• Being warm; showing understanding and empathy</li> <li>• Acknowledging how scary it is coming to the clinic</li> <li>• Being relaxed and informal</li> <li>• Showing respect and ensure the young person feel dignified</li> <li>• Not lecturing, not reprimanding</li> <li>• Making the young person feel special- providing positive feedback; being encouraging; finding out more about the person and their life</li> </ul>
<b>Respecting the rights of adolescents</b>	<ul style="list-style-type: none"> <li>• To receive information and services concerning sexual and reproductive health and rights</li> <li>• To be treated in a respectful and non-judgemental manner</li> <li>• To respect the privacy and confidentiality of the client</li> </ul>

**Creating an environment that encourages young people to feel at ease**

- All staff at the clinic are welcoming to adolescents attending the clinic – this includes the security staff, the clerical staff, the cleaners; peer educators and healthcare providers
- Posters and leaflets are provided for young people
- Services are provided at a time that suits young people – e.g. after school
- A separate space and queue for young people is made available where possible

**Communicating in a way that encourages open communication and trust**

- Be welcoming
- Do not patronise and treat the young person like a child, use words that are understood
- Develop rapport to put young people at ease and encourage open communication
- Counsel, educate and support without being judgmental
- Ask questions, listen carefully, encourage open communication so you can meet the young person's needs. Find out about their interest and discuss issues other than their health to build rapport.

**Adapting services to age and level (age appropriate care)**

- Adolescents are not all alike - young people differ in age; experience; and physical, sexual, emotional and psychological maturity. Information and counselling should be tailored to the individual's development and age.
- Based on the above, it is important to take this into account and be age appropriate.

# Factors affecting contraception choice and use: Health systems

## Adolescent friendly services

- What are Adolescent Friendly Health Services?

To be considered adolescent-friendly, health services should be accessible, acceptable, equitable, appropriate and effective, as outlined below [16]:

- Accessible
  - Adolescents are able to obtain the health services that are available
- Acceptable
  - Adolescents are willing to obtain the health services that are available
- Equitable
  - All adolescents, not just some groups of adolescents, are able to obtain the health services that are available
- Appropriate
  - The right health services (i.e. the ones they need) are provided to them
- Effective
  - The right health services are provided in the right way, and make a positive contribution to their health use.

(WHO 2012)

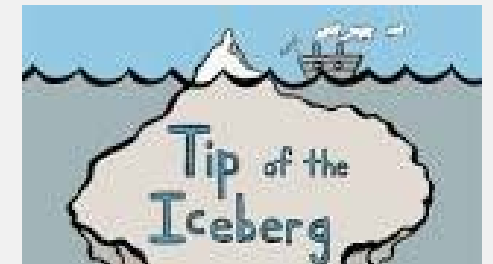


- demand ♦ **supply** ♦ health systems ♦ **community** ♦ **societal** ♦ HIV



# Factors affecting contraceptive choice and use: context

- Opportunities for community awareness, participation and engagement
- Opportunities for adolescent awareness, participation and engagement
- Myths and misconceptions
- Values
- Supportive enabling environment
- Other factors- alcohol, crime, gender-based and sexual violence, transactional sex; age disparate sex
- Community norms – teen pregnancy; single parenting
- Risk and protective factors, including supported pregnancies



# Contextual issues and risk

- The context in SA
  - An estimated 1744 new HIV infections among women and girls aged 15-24 years each week, eight times more than infections in males of the same age.
  - One third of South African teenage girls become pregnant by age 20.
  - A third of young women who have dated have experienced violence from a boyfriend, and this age group has the highest rate of rape reported to the police. These problems both compound and are compounded by high school drop out, and low education attainment.

(Johnson 2015; Shisana et al 2012 Rutenburg 2003)

## Contextual issues and risk

- **Age disparate relationships:** sexual relationships where the age gap between sexual partners is five years or more. A main epidemiological concern for HIV transmission, other STI transmission and unplanned or unwanted pregnancy, is where youth aged 19 or younger have relationships with partners who are five or more years older than themselves.
- **Menstruation:** many school girls miss up to 3 months of school due to not having sanitary pads; eventually leading to a higher school drop out rate

# Contextual issues and risk

- Child sex abuse within the family is extremely prevalent yet vastly underreported in sub-Saharan Africa; rape of young people under the age of 18 is widespread.
  - Worldwide, 40-47 percent of sexual assaults are perpetrated against girls age 15 or younger
- **Gender issues: GBV and sexual assault** increase risk of HIV .
  - influenced by biological factors → women more susceptible to HIV infection and imbalances in power (gender, age and economic-related factors)
- Sexual debut is often as a result of sexual coercion
- Sexual coercion linked to gender imbalances of power
  - Keeping girls and young women in school –protective contributing factor to prevent HIV and teen pregnancy
- **Unequal power dynamics** in relationships and the associated vulnerability for young women who do not have the skills or power to negotiate safer sex
- **Multiple concurrent sexual partnerships:** Multiple concurrent partnerships has been shown to increase the risk of HIV transmission –in terms of sexual networks as a vehicle for the spread of HIV transmission and the high viral load in the early phase of infection

demand ♦ **supply** ♦ health systems ♦ **community** ♦ **societal** ♦ **HIV**

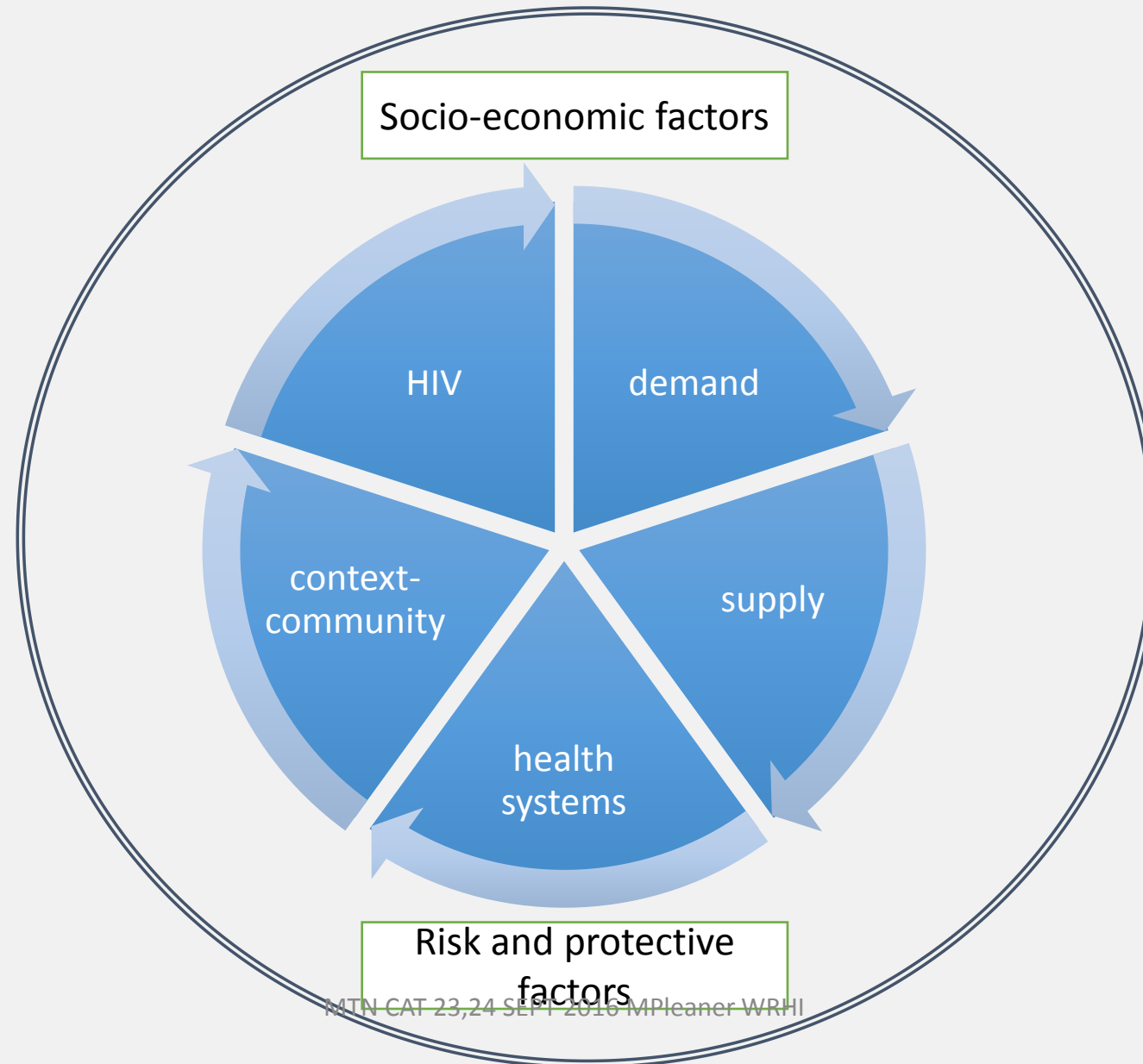
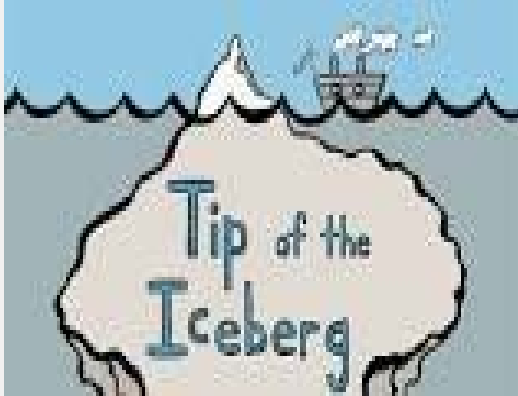
# Factors affecting contraceptive choice and use: HIV

- HIV negative
- HIV positive
  - not yet on ART
  - On ART
  - SRH
- HIV risk
- Combination prevention
- Access to HIV services
- Integration

**Combination prevention of HIV:** Combination prevention refers to a strategy that combines biomedical, behavioural, and social/structural approaches to HIV prevention with a focus on achieving the most effective mix of evidence-based responses conducted within a human rights framework.

# Closing remarks – take home messages

# Adolescents and contraception: Factors affecting contraceptive choice and use





And remember...adolescents are not a homogenous group!



# Back to basics: Critical moments in your research

Identify important moments in your study which will encourage young people to:

- Recruit/enroll in the study
  - Remain on the study -retention
  - Adhere to the prevention method
  - Communicate in an honest and open manner
  - Trust you and your team
  - Commit to participating
  - Feel valued, respected, as a person, and not just a study participant
- .....OR NOT!!!

# Tuning into a young persons life

Play the  
right music



Beat the right  
drum...get the  
right rhythm



Create the right  
atmosphere

Be authentic!

Viva  
CAT sisters  
and  
brothers!

Thank you! and best wishes....



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