



Youth and Contraception: Needs and Challenges

Young people today face greater risk of unintended pregnancies than ever before. More education about contraception is needed, as well as greater access to services and products. Integrating such services into existing youth programs is often the most cost-effective approach.

The Need to Prevent Unwanted Pregnancy

The steadily decreasing age of menarche and increasing age at marriage have created an ever-widening window of time for premarital sexual intercourse and pregnancies. Even in countries where age at first intercourse has risen, age at marriage has risen faster. For married youth, contraception remains rare in many countries, and social norms pressure young couples to start childbearing immediately, with little subsequent spacing of births. In this context, young people need information and help developing skills that are provided in an age-appropriate manner. Many, especially as they grow older, will need access to services. Needs include:

- **Information** about human sexuality and fertility, including how conception occurs and when a woman is most fertile;
- **Information** about how to prevent pregnancy and sexually transmitted infections (STIs), including HIV. Such information should emphasize the importance of abstinence as the only way to eliminate the risk of pregnancy and contracting an STI. Young people need medically accurate information about condoms and other contraceptive methods presented in an age-appropriate manner *before* they are likely to become sexually active.
- **Skills** in how to resist pressure to have sex or to have unprotected sex. Young people need negotiating skills to practice abstinence, to avoid unwanted sex, or to assure use of a contraceptive method when sex occurs.
- **Access** to contraceptive services and products. In order for young people to reduce their risk of pregnancy or risk of contracting an STI when engaging in sex, they need access to contraceptive services and products. For avoiding STIs, they especially need condoms. Health clinics, school-based facilities, and youth centers are examples of places that can provide contraceptive services and counseling. Products, such as oral contraceptives and condoms, which young people can obtain themselves at pharmacies or other outlets outside of schools or clinics, are also needed. Many youth prefer the anonymity and convenience that such outlets provide.

Lessons Learned

Many lessons have been learned about what works and does not work in providing youth with education and access to services, as well as helping them build skills. Three lessons are particularly important:

- **Sex and HIV education programs do not increase sexual activity.** These programs do not hasten the onset of sex, increase the frequency of sex, or increase the number of sexual partners. To the contrary, some sex and HIV education programs have been shown to delay the onset of sex, reduce the frequency of sex, or reduce the number of sexual partners.¹
- **Dual protection is important and can be achieved in several ways.** If they engage in sex, virtually all young people are at risk of pregnancy, and many are also at risk of STIs, including HIV. Young people must decide how to protect themselves from both of these risks. The best option for dual protection is complete sexual abstinence. For sexually active youth, options include:
 - a method for pregnancy prevention and mutual fidelity with an uninfected partner,
 - a method for pregnancy prevention plus condoms used correctly and consistently, or
 - correct and consistent condom use for pregnancy and STI prevention.



- **Medical eligibility criteria do not exclude any method on the basis of age alone.** Many health providers erroneously believe that young people should not use some methods for health reasons. Of course, there are many reasons that young people may find certain methods inappropriate for them (for example, sterilization), but according to the World Health Organization there is no medical rationale that should absolutely prevent a healthy young person from using any method on the basis of their age. If they had some other condition, they might be limited.

Program Implications

1. Know the intended clientele and plan accordingly.

The contraceptive needs of married and unmarried youth vary tremendously. Programs need to determine where the gaps in services are and what youth segment they can best reach (e.g., in-school vs. out-of-school; boys vs. girls, etc.).

2. Identify service delivery gaps and address barriers to access.

Determine where the gaps are and where the opportunities lie to reach underserved youth cost-effectively.² Barriers to access include lack of information, stigma, and judgmental attitudes. Youth programs can address such barriers in many settings, including schools, community and faith-based organizations, youth centers and clubs, health facilities, the workplace and through the media.

3. Integrate contraceptive information and services into existing programs that reach large numbers of at-risk youth (e.g., church groups, sports clubs).

Also, look for opportunities to link reproductive health programs with HIV/AIDS, education, life-skills or related programs. Young people, especially unmarried youth, do not generally go to family planning clinics or other conventional health care facilities.

4. Develop programs based on prior evidence or build a solid evaluation component into the program.

Many youth-oriented programs are implemented in the absence of evidence that they work and without plans to evaluate them. For example, youth-friendly health services and youth center interventions are relatively popular even though evidence for their efficacy is slight to nonexistent.³

Resources on Contraceptive Options for Youth

Many sources provide detailed information on contraceptive options as they relate to youth. Among the most useful resources available online are:

- **Contraceptive Options for Young Adults.** These 24 slides with presenter notes appear in an interactive self-study or presenter format as one of four parts of a comprehensive curriculum. The overall resource covers youth reproductive health issues, programmatic issues, contraceptive options, and sexually transmitted infections/HIV. Family Health International, 2003. Available at: <http://www.fhi.org/training/en/modules/ADOL/s3pg1.htm>
- **Adolescent Cue Cards.** These colorful and user-friendly job aids for providers offer helpful information and tips specific to the reproductive health needs of youth. Each of the eight two-sided cards covers a different contraceptive method. Pathfinder, 2003. Available at: http://www.pathfind.org/site/PageServer?pagename=Publications_Programmatic (scroll to Adolescent Cue Cards)
- **Medical Eligibility Criteria for Contraceptive Use.** Third Edition. A useful overview of contraceptive options, with details on effectiveness rates and medical issues. World Health Organization, 2004. Available at: http://www.who.int/reproductive-health/publications/MEC_3/index.htm

Where to get more information: www.maqweb.org

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¹ Kirby D. Emergency Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.

² Scholl E, Finger W. Expanding Contraceptive Options and Access for Youth, YouthLens No. 12. Arlington, VA: FHI/YouthNet, 2004.

³ Speizer IS, Magnani RJ and Colvin, CE. The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. *Journal of Adolescent Health* 2003; 33:324–348.



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