Youth Contraceptive Use: Effective Interventions

A Reference Guide

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Why Does Youth Contraceptive Use Matter?

Sexual and reproductive health programming for youth is critical to improve the health, social, and economic outcomes of future generations. Supporting youth access to and use of contraception through effective policies and programs can accelerate progress toward achieving nations' family planning goals as well as the Sustainable Development Goals and Family Planning 2020 global goals.

The purpose of this reference guide is to inform governments and their partners about interventions that are most likely to expand youth's access to and use of contraception, based on a review of existing evidence.

What Works?

EFFECTIVE INTERVENTIONS

Strong policy framework: Ensure a strong legal-political environment that removes barriers to youth access to contraception and supports effective interventions.

Comprehensive sexuality education: Educate young people with information regarding human development, sexuality, gender, healthy relationships, and sexual and reproductive health and rights.

Community-based outreach: Engage youth through community-based outreach that provides contraceptive information, counseling, and/or contraceptive methods directly to youth.

Youth-friendly services: Provide a full range of contraception, including long-acting reversible contraceptives, and ensure services are accessible, acceptable, equitable, appropriate, and effective. Provide postpartum and postabortion contraception and counseling.

Social marketing: Combine mass media and marketing of contraception with private sector distribution channels to increase awareness of and access to contraceptive methods among youth.

PROMISING INTERVENTIONS AND/OR MIXED EVIDENCE

Community engagement and mobilization: Build support within the community for youth sexual and reproductive health.

Peer education: Promote information sharing among youth social networks. Use peer educators for awareness building and referrals to services.

What Doesn't Work?

Youth centers: Providing spaces in the community designed to attract young people by offering some combination of life skills training, vocational training, or recreational activities alongside sexual and reproductive health information and services has been shown to have little or no effect.

Abstinence-only education: Educating young people about sexuality with an exclusive focus on abstaining from sex has been shown to be ineffective.

Sexual and reproductive health (SRH) programming for married and unmarried youth ages 15 to 24 is critical to improve the health, social, and economic outcomes of future generations. However, youth face many more barriers to accessing and using contraception than older people, including provider refusal, restrictive laws or policies, limited contraceptive options, stigma, and sociocultural pressures to have children early.[1] By supporting youth access to and use of contraception through effective policies and programs, nations can accelerate progress towards achieving their family planning (FP) goals as well as the Sustainable Development Goals and Family Planning (FP) 2020 global goals.[2]

Despite growing commitment to the rights of youth to access contraceptive services, governments and their partners lack clear guidance on supporting interventions that ensure that their commitments are realized. The purpose of this reference guide is to inform governments and their partners about interventions that are most likely to expand youth's access to and use of contraception. Based on a review of existing evidence, the guide summarizes policy and program interventions that have been proven to be effective in increasing access to and use of contraception among youth, as well as those that are promising but have inconclusive evidence, and those shown to be ineffective.

Effective Interventions

Effective interventions proven to increase contraceptive use among youth include: strengthening the policy framework, comprehensive sexuality education (CSE), community-based outreach, youth-friendly contraceptive service provision, and social marketing. Combining youth interventions has been shown to be more effective than implementing them piecemeal in order to sufficiently address the complex and evolving needs of youth.[3] For example, the PRACHAR Project in India implemented a package of activities that collectively increased contraceptive use among youth, including: direct outreach to young married couples and first-time parents to promote healthy timing and spacing of pregnancies, spousal communication and joint decisionmaking, and contraceptive use; linkages and referrals for FP services; and community and gatekeeper engagement to shift norms surrounding early marriage and childbearing.[4]

Enabling Policy Framework

Ensure a strong legal-political environment.

The World Health Organization's (WHO) medical eligibility criteria for contraceptive use supports youth access to a range of contraceptive options, including long-acting reversible contraceptives (LARCs), and discourages using age alone as a medical reason for denying contraception to youth.[5] However, youth frequently face barriers based on their age, marital status, or number of previous pregnancies.[6] Providers may act on their personal beliefs opposing youth access to contraception, particularly LARCs, despite adolescents' medical eligibility for these methods. They may deny these services to young people or require additional approval from a parent or spouse.

A strong policy framework to address these potential barriers should require health care providers to offer a full range of contraceptive methods with no restrictions, and include policies permitting youth to access contraception without parental or spousal consent. An enabling policy environment should include affirmative language and/or specific operational guidelines to support the effective interventions described below.

Comprehensive Sexuality Education

Educate young people.

CSE provides youth with age-appropriate, scientifically accurate, and culturally relevant information regarding human development, sexuality, gender, healthy relationships, and SRH and rights. CSE, whether school- or community-based, can increase youth contraceptive use.[7] For example, a school-based sexual education program in Brazil measured a 68 percent increase in participating students' use of modern contraception during their last sexual intercourse.[8] UNESCO's "International Technical Guidance on Sexuality Education" and the United Nations Population Fund (UNFPA)'s "Operational Guidance for Comprehensive Sexuality Education" provide evidence-based guidance on designing a CSE program.[9]

Community-Based Outreach to Youth

Engage youth through community-based outreach.

Community-based outreach provides contraceptive information and counseling, and sometimes contraceptives, directly to youth in their homes or communities, and can be tailored to meet the unique needs of subpopulations of youth, such as married youth or young first-time parents. For example, the government of India family planning program trained community health workers to provide in-home counseling and education on healthy birth spacing, the lactational amenorrhea method, and other modern contraceptive methods to postpartum young women living in Uttar Pradesh. Postpartum use of modern contraception was 57 percent in the intervention group compared to 30 percent in the comparison group.[10]

Youth-Friendly Contraceptive Service Provision

Provide contraceptives to youth.

Making available the full range of contraceptives, including LARCs, to youth who desire such services increases their use of contraception.[11] Contraceptive services for youth should uphold the WHO quality of care framework, ensuring that services are accessible, acceptable, equitable, appropriate, and effective for adolescents and youth.[12] In addition, program planners should ensure that health providers are trained to offer youth-friendly services and that clients receive full confidentiality and privacy. To broaden the reach of youth-friendly contraceptive services, program planners should link service delivery with schools and community organizations as well as engage the private sector.

Increasing evidence suggests that offering LARCs may be particularly important for promoting effective contraceptive use among youth. A project in Kenya provided implants as an alternative contraceptive option for young women seeking short-acting contraceptives. Among the 24 percent of the women who chose an implant, the rate of discontinuation was significantly lower than among those using short-acting methods. All of the 22 unintended pregnancies that occurred were among the women using short-acting methods.[13] Additional guidance on youth-friendly service delivery can be found in the High-Impact Practices in Family Planning (HIPs) "Adolescent-Friendly Contraceptive Services" Enhancement.[14]

Provide postpartum and postabortion contraception to youth.

Postpartum care and postabortion care are critical windows for reaching young women with family planning services. To prevent rapid, repeat pregnancy, postpartum and postabortion providers should educate women of all ages on healthy timing and spacing of pregnancy and the range of postpartum or postabortion contraceptive options, and provide those interested with a voluntary method of their choice, including LARCs.[15] Particular attention should be given to ensuring that contraception services are integrated into maternal and newborn child health (MNCH) service delivery and that services account for young women whose unique needs in timing and spacing pregnancies may otherwise be neglected in these settings. The WHO guidelines on preventing early pregnancy among adolescents recommend offering contraceptive services in postabortion settings as an effective strategy to increase contraceptive use.[16]

Social Marketing

Combine mass media and marketing of contraception with private sector distribution channels.

Social marketing can increase awareness of contraceptive options among youth and improve their access to contraceptive methods, leading to higher contraceptive use. Social marketing often includes a combination of mass media to spread information about contraception, other marketing techniques to promote contraceptive use and services, and contraception provided through the private sector, such as pharmacies or drug shops. Youth often prefer private distributors as they offer more confidentiality and privacy to customers.

The evidence points to social marketing effectively increasing contraceptive use, particularly condom use.[17] For example, an evaluation of social marketing programs in four countries that used mass media, educational materials, and subsidized contraceptive products to reach youth found increases in condom and modern contraceptive use in two out of four countries evaluated, compared to comparison groups.[18]

Most adolescent social marketing interventions have either focused on or found the greatest effects in condom use, and many studies have had mixed results across genders, measures of contraceptive use, or study sites.[19] Additional and more robust evaluations of social marketing programs that examine the use of a range of contraceptive methods by adolescents are needed.

Mass media is a common component of social marketing interventions. Informing youth about contraceptive options and safe sexual behavior through multimedia channels (TV, radio, internet, and billboards) generally leads to greater knowledge of contraception among youth and can contribute to increased use of contraception. Evidence shows that mass media interventions are most effective when used as a component of a more comprehensive package.[20] For example, the 100% Jeune program in Cameroon contributed to greater condom use among youth, in part by leveraging multimedia channels, as well as using peer educators and community-based youth groups, to educate youth regarding safe sexual behavior and condom use.[21]

Additional information can be found in the HIPs brief, "Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use." [22]

Interventions With Promising and Mixed Evidence

The evidence for community engagement and mobilization is growing, suggesting that it contributes to increased contraceptive use among youth. Because community engagement and mobilization is frequently implemented as part of large, multicomponent studies, further research is necessary to better understand the links between this intervention and youth contraceptive use. Another approach, peer education, has mixed evidence of effectiveness and minimal impact. Program planners considering either of these approaches should ensure that a strong monitoring and evaluation plan is in place to track the impact on contraceptive use among youth.

Community Engagement and Mobilization

Working with community groups, rather than targeting individuals alone, is a promising high-impact FP practice for influencing individual behaviors and social norms around youth SRH.[23] Building support within the community for youth SRH is typically combined with other program elements, such as providing youth-friendly contraceptive services and CSE. Community engagement and mobilization can specifically target gatekeepers (parents, religious leaders, teachers, health providers, and others) who influence young people's behaviors and engage them early and often, in order to enhance the impact of an intervention by influencing the broader social norms. The HIP brief, "Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health," recommends community-based SRH education and dialogue led by community members and organizations that target youth, particularly out-of-school youth.[24] Many interventions combine engagement of community members with direct outreach to youth in the community (see above on Community-Based Outreach to Youth).

The Gender Roles, Equality, and Transformation (GREAT) Project in Northern Uganda incorporated community engagement and direct outreach to youth in order to influence norms and behaviors around youth SRH. The activities included: a radio serial drama outreach and referrals by Village Health Teams, small group dialogs aided by discussion tools, and community mobilization. Within the communities where GREAT was implemented, newly married/newly parenting youth saw a 10 percent increase in contraceptive use compared to the comparison group. [25]

When considering this approach, it is critical to ensure that community engagement is sustained and that community discussions continue over an extended period of time to address the persistence of beliefs and practices that create barriers to youth access to contraception. One-off community meetings to discuss SRH have been shown to have little effect on behavioral outcomes among youth.[26]

Peer Education

Peer education as a stand-alone intervention is usually not sufficient to change behavior outcomes. While it does promote SRH information sharing among youth social networks, the evidence of effectiveness for increasing contraceptive use is mixed.[27] Program planners considering peer education should combine this intervention with more effective approaches and focus on the value of peer educators in awareness building and providing referrals to services.

Ineffective Interventions

Two interventions, youth centers and abstinence-only education, have proven ineffective in increasing contraceptive use among youth. Program planners are cautioned against using these approaches when designing interventions.

Youth Centers

Youth centers have shown little to no effect on the use of SRH services and on sexual behaviors, including contraceptive use, among youth.[28] Youth centers are spaces in the community designed to attract young people by offering some combination of life skills training, vocational training, or recreational activities alongside SRH information and services. Assessments have shown that these interventions are not cost-effective, generally reach a small part of the intended population, and are mostly used by young men who are often older than the intended age.[29]

Abstinence-Only Education

Abstinence-only education, educating young people about sexuality with an exclusive focus on abstaining from sex, has been shown to be ineffective in preventing negative SRH outcomes and, in some programs, has increased the risk of negative SRH outcomes among youth.[30]

References

1 Venkatraman Chandra-Mouli et al., "Contraception for Adolescents in Low- and Middle-Income Countries: Needs, Barriers, and Access, *Reproductive Health* 11, no. 1 (2014).

2 Ellen Starbird, Maureen Norton, and Rachel Marcus, "Investing in Family Planning: Key to Achieving the Sustainable Development Goals," *Global Health Science and Practice* 4, no. 2 (2016): 191-210.

3 George Patton et al., "Our Future: A Lancet Commission on Adolescent Health and Wellbeing," *Lancet* 387, no. 10036 (2016): 2423-78.

4 Shireen J. Jejeebhoy et al., "Meeting Contraceptive Needs: Long-Term Associations of the PRACHAR Project With Married Women's Awareness and Behavior in Bihar," *International Perspectives on Sexual and Reproductive Health* 41, no. 3 (2015): 115-25; Gatekeepers are parents, in-laws, or others who make decisions about or influence youth health-seeking behavior.

5 World Health Organization (WHO), "Medical Eligibility for Contraception Use, 5th Edition," (Geneva: WHO, 2015).

6 Kara Apland, "Over-Protected and Under-Served: A Multi-Country Study on Legal Barriers to Young People's Access to Sexual and Reproductive Health Services--El Salvador Case Study," (July 2014), accessed at www.ippf.org/sites/default/files/ippf_coram_el_salvador_report_eng_web.pdf, on Aug. 10, 2016; Akinrinola Bankole and Shawn Malarcher, "Removing Barriers to Adolescents' Access to Contraceptive Information and Services," *Studies in Family Planning* 41, no. 2 (2010): 117-24; and R. Rivera et al., "Contraception for Adolescents: Social, Clinical and Service-Delivery Considerations," *International Journal of Gynecology & Obstetrics* 75, no. 2 (2001): 149-63.

7 Virginia A. Fonner et al., "School-Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis," *PloS One* 9, no. 3 (2014); KG Santhya and Shireen J. Jejeebhoy, "Sexual and Reproductive Health and Rights of Adolescent Girls: Evidence From Low- and Middle-Income Countries," *Global Public Health* 10, no. 2 (2015): 189-221; Chioma Oringanje et al., "Interventions for Preventing Unintended Pregnancies Among Adolescents," *Cochrane Database Systematic Review* 4, no. 4 (2009); Douglas Kirby, BA Laris, and Lori A. Rolleri, "Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World," *Journal of Adolescent Health* 40, no. 3 (2007): 206-17; and Heloísa Helena Siqueira Monteiro Andrade et al., "Changes in Sexual Behavior Following a Sex Education Program in Brazilian Public Schools," *Cadernos de Saúde Pública* 25, no. 5 (2009): 1168-76.

8 Andrade et al., "Changes in Sexual Behavior Following a Sex Education Program in Brazilian Public Schools."

9 United Nations Educational, Scientific, and Cultural Organization (UNESCO), *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers, and Health Educators* (Paris: UNESCO, 2009); and UNFPA, "UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender," (December 2014), accessed at www.unfpa.org/publications, on July 15, 2016.

10 Mary Philip Sebastian et al., "Increasing Postpartum Contraception in Rural India: Evaluation of a Community-Based Behavior Change Communication Intervention," *International Perspectives on Sexual and Reproductive Health* 38, no. 2 (2012): 68-77.

11 Michelle J. Hindin et al., "Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low-and Middle-Income Countries: A Systematic Review of the Published and Gray Literature," *Journal of Adolescent Health* 59, no. 3 (2016): S8-S15.

12 WHO, *Making Health Services Adolescent-Friendly: Developing National Quality Standards for Adolescent-Friendly Health Services* (Geneva: WHO, 2012).

13 David Hubacher et al., "Preventing Unintended Pregnancy Among Young Women in Kenya: Prospective Cohort Study to Offer Contraceptive Implants," *Contraception* 86, no. 5 (2012): 511-17.

14 Jill Gay et al., High-Impact Practices in Family Planning (HIPs), *Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services* (Washington, DC: United States Agency for International Development (USAID), 2015), accessed at www.fphighimpactpractices.org/afcs, on Jan. 24, 2017.

15 Julie Solo et al., *Postabortion Care Strategy* (Washington, DC: USAID, 2004).

16 Venkatraman Chandra-Mouli, Alma Virginia Camacho, and Pierre-André Michaud, "WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries," *Journal of Adolescent Health* 52, no. 5 (2013): 517-22.

17 Michael Sweat et al., "Effects of Condom Social Marketing on Condom Use in Developing Countries: A Systematic Review and Meta-Analysis, 1990-2010," *Bulletin of the World Health Organization* 90, no. 8 (2012): 613-622A; and Ronan Van Rossem and Dominique Meekers, "An Evaluation of the Effectiveness of Targeted Social Marketing to Promote Adolescent and Young Adult Reproductive Health in Cameroon," *AIDS Education Preview* 12, no. 5 (2000): 383–404.

18 Sohail Agha, "A Quasi-Experimental Study to Assess the Impact of Four Adolescent Sexual Health Interventions in Sub-Saharan Africa" *International Family Planning Perspectives* 28, no. 2 (2002): 67-70.

19 Andrea Plautz and Dominique Meekers, "Evaluation of the Reach and Impact of the 100% Jeune Youth Social Marketing Program in Cameroon: Findings From Three Cross-Sectional Surveys," *Reproductive Health* 4, no. 1 (2007): 1; and Dominique Meekers, "The Effectiveness of Targeted Social Marketing to Promote Adolescent Reproductive Health: The Case of Soweto, South Africa," *Journal of HIV/AIDS Prevention & Education for Adolescents & Children* 3, no. 4 (2000): 73-92.

20 Donna M. Denno, Andrea J. Hoopes, and Venkatraman Chandra-Mouli, "Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support," *Journal of Adolescent Health* 56, no. 1 (2015): S22-S41.

21 Plautz and Meekers, "Evaluation of the Reach and Impact of the 100% Jeune Youth Social Marketing Program in Cameroon."

22 USAID, High-Impact Practices in Family Planning (HIPs), *Social Marketing: Leveraging the Private Sector to Improve Contraceptive Access, Choice, and Use* (Washington, DC; USAID, 2013), accessed at www.fphighimpactpractices.org/sites/fphips/files/hip_sm_brief.pdf, on Dec. 12, 2016.

23 Kate Plourde et al., *Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health* (Washington, DC: USAID, 2016), accessed at www.fphighimpactpractices.org/sites/fphips/files/hip_cge_brief.pdf, on Dec. 10, 2016.

24 Plourde et al., *Community Group Engagement*.

25 Institute for Reproductive Health, Georgetown University, "GREAT Project," accessed at www.irh.org/projects/great-project/, on Jan. 24, 2017; Institute for Reproductive Health, *GREAT Project Endline Report* (January 2016) accessed at http://irh.org/wp-content/uploads/2016/02/GREAT_Project_Endline_Report_GREAT-19FEB2016.pdf, on Jan. 24, 2017; and Plourde et al., *Community Group Engagement*.

26 Venkatraman Chandra-Mouli, Catherine Lane, and Sylvia Wong, "What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices," *Global Health: Science and Practice* 3, no. 3 (2015): 333-40.

27 Michelle Hindin et al., "Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low-and Middle-Income Countries"; and Chandra-Mouli, Lane, and Wong, "What Does Not Work in Adolescent Sexual and Reproductive Health."

28 Maria A. Zuurmond, Rebecca S. Geary, and David A. Ross, "The Effectiveness of Youth Centers in Increasing Use of Sexual and Reproductive Health Services: A Systematic Review," *Studies in Family Planning* 43, no. 4 (2012): 239-54; and Chandra-Mouli, Lane, and Wong, "What Does Not Work in Adolescent Sexual and Reproductive Health."

29 Zuurmond, Geary, and Ross, "The Effectiveness of Youth Centers in Increasing Use of Sexual and Reproductive Health Services."

30 George Patton et al., "Our Future"; Santhya and Jejeebhoy, "Sexual and Reproductive Health and Rights of Adolescent Girls"; and Douglas B. Kirby, "The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior," *Sexuality Research & Social Policy* 5, no. 3 (2008): 18-27.

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