



Best Practices for Sustaining Youth Contraceptive Use

Family planning programs are high-impact, cost-effective interventions that improve maternal, neonatal, and child health outcomes. Family planning offers additional benefits to young women, including protecting access to

education and employment and reducing the health risks of early childbearing. Despite recent advances in expanding access to voluntary family planning, 218 million women of reproductive age in low- and middle-income countries, including 14 million adolescent girls (ages 15 to 19), would like to prevent, delay, or avoid pregnancy but are not using modern contraception.¹ Among these women with an unmet need, an estimated 38 percent are former family planning users who have discontinued use of a modern contraceptive method.²

Key Findings

- ✓ In many countries, youth ages 15 to 24 have higher rates of contraceptive discontinuation than older women.
- ✓ Side effects and poor quality of care contribute to high rates of contraceptive discontinuation across age groups. Youth may be particularly sensitive to side effects and face significant barriers to accessing quality family planning care.
- ✓ Policies that support high-quality counseling, active follow up mechanisms, and access to the full complement of contraceptive methods are best practices for sustaining contraceptive use among youth who wish to prevent, space, or delay pregnancies.

To align with health sector and development goals, family planning programs are often structured in ways that intrinsically emphasize initiation of new users. Elevating program goals and monitoring systems that also focus on current users will enhance the quality and reach of family planning programs.³ Contraceptive discontinuation among women who wish to prevent, delay, or space pregnancies inhibits individuals' reproductive intentions and contributes to unintended pregnancies and abortions. Irregular, episodic family planning use across a large segment of the population has implications for population dynamics and age structure as contraceptive discontinuation accounts for 35 percent of unintended pregnancies.⁴

Youth ages 15 to 24 have higher rates of contraceptive discontinuation than older women. As countries work to ensure women and couples are able to choose whether, when, and how often to have children, it is critical to examine the drivers of contraceptive discontinuation that may inhibit young people from achieving their reproductive intentions. This policy brief describes patterns of contraceptive discontinuation among youth and summarizes the evidence on the drivers of discontinuation, namely method-related concerns and poor quality of care. It presents new analysis of the primary elements of dissatisfaction with family planning care among youth that may contribute to contraceptive discontinuation and outlines the policy and program strategies that may enhance continuation among young women who wish to prevent, delay, or space pregnancies.

Youth Discontinuation Differs From That of Older Women

Although discontinuation rates vary by country and method, on average over one-third of women (38 percent) who start using a modern contraceptive method discontinue within the first year and over one-half (55 percent) before two years.⁵ In many countries, youth ages 15 to 24 have higher rates of contraceptive discontinuation than older women, with unmarried adolescents exhibiting the highest levels of discontinuation.⁶

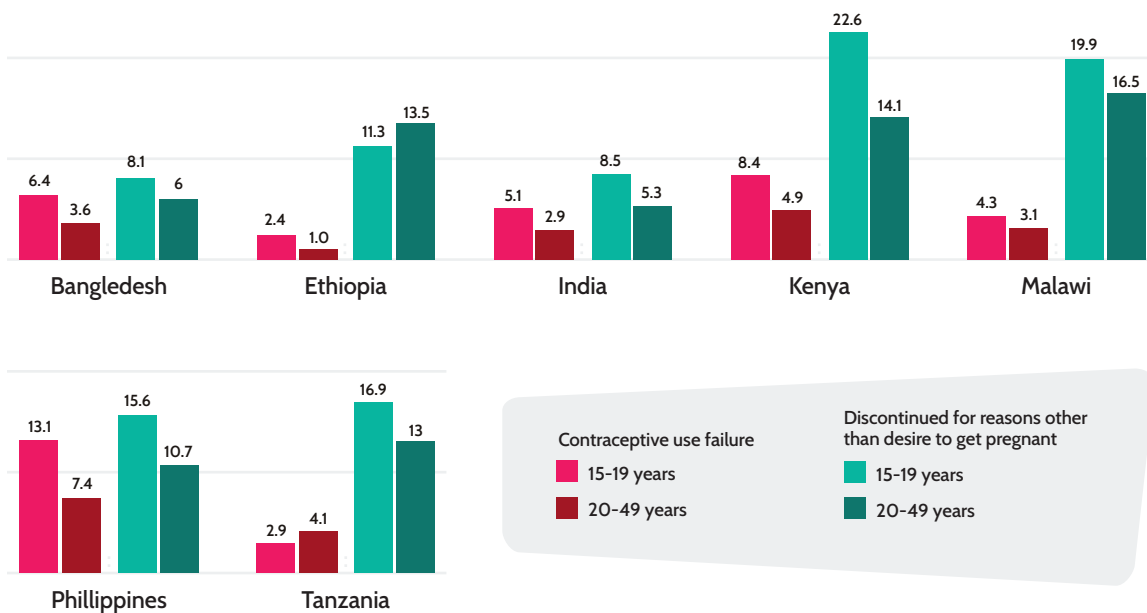
Youth contraceptive practice differs from that of older women in several ways (see Figure 1, page 3). It is characterized by shorter periods of consistent use and a greater likelihood of discontinuing for reasons other than the desire to become pregnant.⁷ Youth are more likely than older women to become pregnant while using contraceptives, with adolescents having a 25 percent higher



FIGURE 1

Family Planning Users Ages 15 to 19 Are More Likely to Become Pregnant While Using Contraceptives and To Discontinue for Reasons Other Than the Desire to Get Pregnant

Percentage of contraceptive users who discontinued a method within 12 months, by age and reason for discontinuation



SOURCE: Ann Blanc et al., "Patterns and Trends in Adolescents' Contraceptive Use and Discontinuation in Developing Countries and Comparisons With Adult Women," *International Perspectives on Sexual and Reproductive Health* 35, no. 2 (2009): 63-71.

contraceptive use-failure rate.⁸ This difference may be because youth are particularly vulnerable to challenges in correct and consistent use of contraceptive methods.

Youth are more likely to be offered and to use short-acting user-controlled methods, such as the pill, injectable, or condom. These methods are associated with higher discontinuation rates than long-acting methods that require device removal by a health care professional, such as the intrauterine device (IUD) and implant.⁹ Youth are also more likely to source family planning from private and informal sources, such as pharmacies and drug shops, where infrastructure to support effective and sustained use (for example, through high-quality counseling) is limited.¹⁰ Unmarried youth, in particular, have a preference for obtaining contraceptives from the private sector due to convenience and privacy.¹¹

Youth Discontinue Contraceptives for Personal and Method-Related Reasons, and Due to the Family Planning Program Environment

Discontinuation is not inherently problematic; women may discontinue because they want to become pregnant or because they find a method difficult or unacceptable to use. Reasons for youth contraceptive discontinuation can be categorized as: changing reproductive needs and intentions, method-related reasons, and reasons related to the family planning health care environment.

Compared to older women, unmarried youth are more likely to discontinue family planning due to irregular sexual activity.¹² Married youth also discontinue because

they want to become pregnant immediately or early in their marriage, which may be related to societal pressure from their spouse or others.¹³

Method-related factors—side effects (for example, menstrual bleeding changes or weight gain) or health-related concerns (for example, fear of infertility or birth defects)—are the main reason for lack of family planning uptake and contraceptive discontinuation across all age groups. Overcoming method-related reasons for such non-use of contraceptives could eliminate an estimated

59 percent of unintended pregnancies.¹⁴ Youth may be cognitively less prepared to deal with side effects and have a higher sensitivity to experiencing them than older women.¹⁵ While many women fear that menstrual changes can lead to negative health consequences, such as infertility, youth who have not yet started or completed childbearing may be more concerned about loss of future fertility than older women.¹⁶

Across age groups, poor quality of care contributes to high rates of contraceptive discontinuation. An estimated 40 percent to 60 percent of the overall discontinuation rate reflects decisions based on the quality of care. A seminal analysis of discontinuation in 15 countries found that up to 27 percent of women stop using contraception within a year for reasons related to low quality of care.¹⁷

Youth face significant barriers to accessing quality family planning care, which hinders both their initiation and continuation of contraceptive use. Key barriers include stigmatization from facility staff when seeking family planning information or contraceptives, concerns about confidentiality, and provider bias.¹⁸ Provider bias occurs when providers restrict contraceptive access on the basis of age, parity, or marital status because of cultural beliefs and misunderstandings about who can use certain methods safely and effectively.¹⁹ Provider bias can lead to youth using a method that is not their preference or is inappropriate to their circumstances and needs, resulting in discontinuation.

Youth Satisfaction With Family Planning Programs Is Affected by Waiting Time and Other Factors

Since challenges in the family planning health care system can contribute to contraceptive discontinuation, understanding young people's satisfaction with visits to providers may be important to address potential discontinuation among this group.²⁰ To explore youth satisfaction with family planning care at public and private health facilities, we conducted an analysis of Service Provision Assessment data from Afghanistan, the Democratic Republic of Congo (DRC), Haiti, Malawi, Nepal, Senegal, and Tanzania.²¹ Figure 2, on page 5, shows the most common issue reported by youth when accessing family planning in each country.

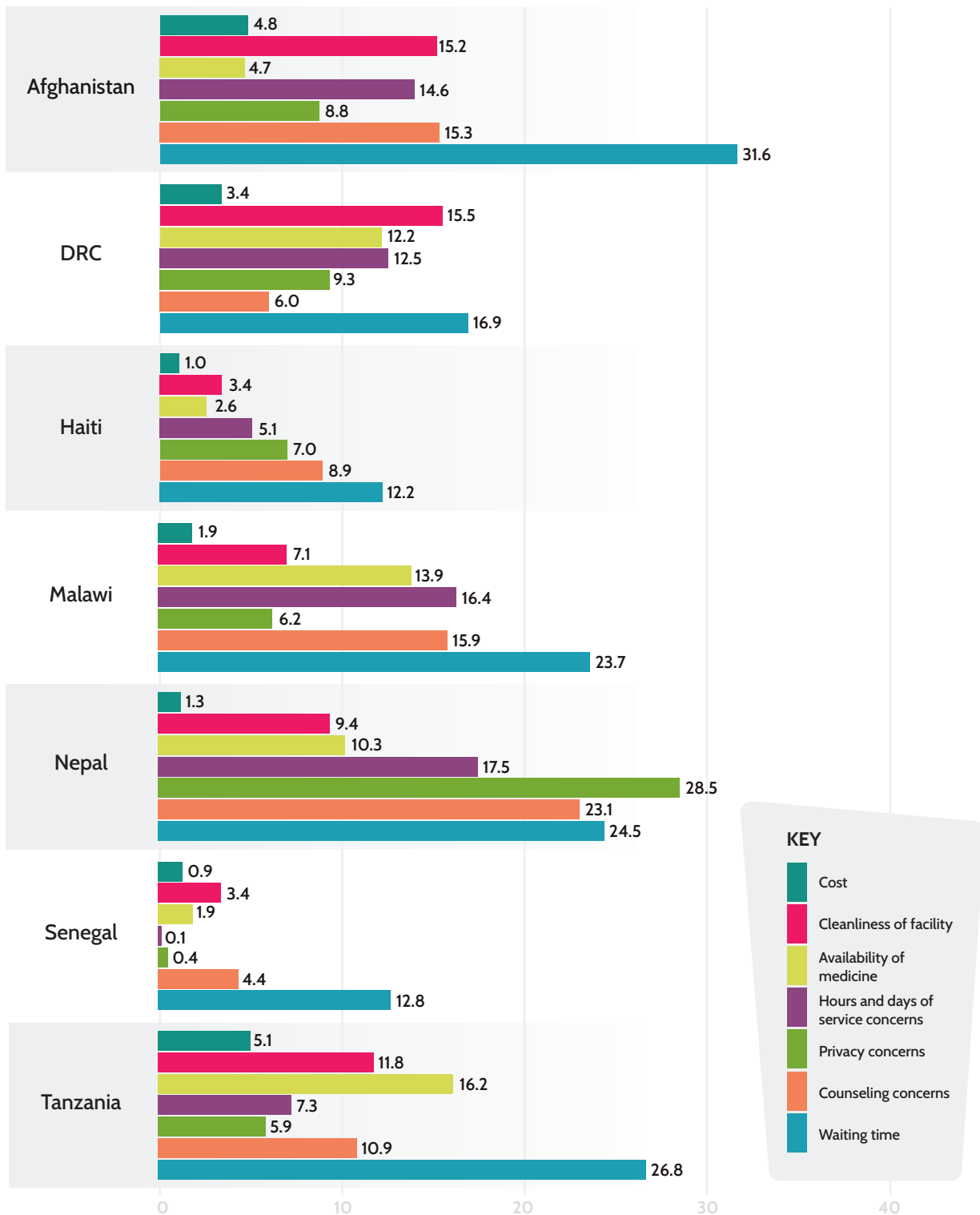
In six of the seven countries, waiting time was the most common issue youth encountered. Between 12 percent and 32 percent of youth reported dissatisfaction with waiting time, with the highest rates in Afghanistan and Tanzania. Other issues varied by country and geography, suggesting the importance of context-specific factors.



FIGURE 2

Long Waiting Time Is the Most Common Issue Reported During a Family Planning Visit to a Health Facility Among Women Under Age 25

Percent reporting issues with family planning visit to health facility, women <25



SOURCE: PRB analysis of the Demographic and Health Survey (DHS) Service Provision Assessment data in seven countries.

For example, in Malawi, youth reported concerns with the hours and days of service and with the quality of counseling, while in Tanzania, availability of medical supplies (including contraceptives) and cleanliness of the facility were major concerns.²² Despite young people's preference to seek family planning at private sector facilities or pharmacies where they may enjoy greater privacy yet also face greater expense, cost was an infrequent concern among those receiving family planning care from a provider across all countries.²³

Youth encounter problems at health facilities that may not immediately or directly result in contraceptive discontinuation, with the possible exception of availability of their preferred method. However, given that these problems contribute to youth's dissatisfaction with family planning visits, they may be consequential to discontinuation among this group. For example, counseling concerns may indicate that youth were not fully informed about how to manage side effects or given an opportunity to discuss problems, which could result in discontinuation. Limited service hours may mean that there is no convenient time for youth to return to the facility to resupply. Waiting time, lack of privacy, and cleanliness of facilities might mean youth who need the next round of their method are less motivated to return. The concerns and challenges youth face accessing family planning should be addressed to facilitate their continuation with their chosen contraceptive method.

Strategies to Enhance Youth Contraceptive Continuation Include Counseling, Active Follow Up, and Access to the Full Range of Contraceptive Methods

Discontinuation among young people has important consequences, especially for countries with large youthful populations, as unintended pregnancy in this population can hinder their ability to take advantage of education and employment opportunities.²⁴ Family planning policies and program guidelines should promote evidence-informed strategies to increase contraceptive continuation and encourage effective method switching among current users who wish to prevent, delay, or space pregnancies, especially young people. Such strategies include providing high-quality contraceptive counseling, actively following up with clients after appointments, and ensuring access to



the full complement of methods. Investments in social and behavior change are also needed to empower young people to be able to achieve contraceptive continuation.

High-Quality Contraceptive Counseling

High-quality contraceptive counseling is associated with higher rates of contraceptive continuation across all age groups. High-quality counseling should facilitate clients' choice of a method that meets their needs and preferences and their preparation to manage side effects, thus promoting method continuation (see Box 1). Counseling training should ensure that providers are aware of their own biases and values and how those affect their ability to provide high-quality counseling and contraceptive method choice.

Research conducted at social franchise clinics in Pakistan and Uganda found that high-quality counseling was associated with higher contraceptive continuation rates at 12 months.²⁵ In the Philippines, an assessment of a high-quality counseling program after two years found greater contraceptive continuation and fewer unplanned pregnancies and unintended births among women who received high-quality counseling when they initiated contraceptive use than among women who received medium- or low-quality counseling.²⁶ Urban Nigerian women who received higher-quality counseling when they started contraceptive use were more likely to continue use of DMPA-SC (an injectable) after three months than women who received lower-quality counseling at the time of method uptake.²⁷ In Brazil, China, and India, specific counseling on side effects for users initiating new methods was associated with increased continuation.²⁸ Counseling related to side effects, particularly those related to bleeding changes, can help women expect and manage these experiences and thus be less likely to discontinue use. For example, the NORMAL Counseling Tool, developed by FHI 360 and Population Services International (PSI), prompts providers to discuss the health and lifestyle benefits of light or no bleeding, including improving conditions such as heavy and painful menses and anemia and increased freedom to engage in work or school activities.²⁹ Such counseling is particularly important for youth who may have a lower tolerance for and understanding of side effects.

While few studies look specifically at the quality of contraceptive counseling and how it can improve youth contraceptive continuation, the characteristics of high-

BOX 1

Characteristics of High-Quality Counseling

Characteristics of high-quality counseling associated with increased use and continuation of contraceptives include:

- ✓ Conducting a case history that addresses prior contraceptive use and current contraceptive need.
- ✓ Ensuring tailored communication that is client-centered.
- ✓ Proactively addressing side effects and their management.
- ✓ Providing easy to understand information that dispels myths and misconceptions about contraceptive methods.

SOURCES: Francesca L. Cavallaro et al., "A Systematic Review of the Effectiveness of Counselling Strategies for Modern Contraceptive Methods: What Works and What Doesn't?" *BMJ Sexual & Reproductive Health* 46, no. 4 (2019): 254-69; DOI: 10.1136/bmj.srh-2019-200377; Nabamallika Dehingia et al., "Family Planning Counseling and its Associations With Modern Contraceptive Use, Initiation, and Continuation in Rural Uttar Pradesh, India," *Reproductive Health* 16, no. 178 (2019). DOI: 10.1186/s12978-019-0844-0.

quality counseling are applicable to all clients. Improving the quality of counseling is increasingly a focus in programming targeting youth, such as in PSI's Counseling for Choice approach (see Box 2, page 8).

Encouraging Timely Method Switching

Discontinuation is a common result when women are dissatisfied with their contraceptive method but unaware of other options. Providers should understand that clients, including youth, don't have to stay with their first choice of method and be prepared for the possibility of women wanting to switch methods. In particular, it is important to remind clients who are starting their first method that other options are available if they are dissatisfied with their selected method. They should explain clients' options for

BOX 2

Counseling for Choice

Traditional approaches to counseling for informed choice involve a provider reciting the details of each method's mechanism of action, mode of administration, duration of action, side effects, and method eligibility of all available methods. This information overload may leave clients feeling overwhelmed and unable to compare methods based on how they would affect their daily life. As part of their Counseling for Choice method, PSI developed the Choice Book, a contraceptive counseling tool for providers drawn from behavioral economics and cognitive psychology research about how people make decisions. Following the Counseling for Choice approach and aided by the Choice Book, providers instead compare methods based on the attribute that clients voice as mattering most to them; focus on the client's retention of what to do, what to expect, and when to come back for the particular method she has chosen; and are prompted to help clients make a plan for remembering how to use the method correctly and what to do if they experience the most common side effect of that method. This counseling approach has had promising initial results in promoting continuation among women of reproductive age in Mozambique and Tanzania. A digital companion to help youth prepare for their appointments is being piloted in Côte d'Ivoire and Kenya.

switching to other methods and help them find the alternative method that works best for them.³⁰ Switching must be timely and informed to prevent unintended pregnancies. In a study conducted among Honduran women, clients who reported that all their questions had been answered by a provider were more likely to switch to another method rather than to discontinue.³¹

Active Client Follow-Up

While it is important to provide high-quality counseling at the time of care, active follow-up with clients who have begun using a method increases continuation and helps clients switch methods in the case of unacceptable side effects or other concerns. A study conducted in rural Punjab, India found that high-quality counseling combined with active follow-up, either via phone or a home-based visit, was more effective than counseling alone in encouraging the continued use of long-acting methods.³²

Availability of the Full Range of Contraceptive Methods, Including Self-Care Methods, Through Multiple Service Delivery Options

While the association between contraceptive method mix and contraceptive uptake is not fully understood, evidence suggests women provided with greater method choice are more likely to continue their initial method or, if dissatisfied, switch to a different method. Adding one additional method to the number of available methods reduces contraceptive discontinuation by 8 percent.³³

Youth should have access to the full complement of methods, including those which can be self-administered. Self-injection may particularly appeal to youth since it removes the time and cost associated with returning to the health facility for resupply visits and increases the potential for discreet use and user control. Research conducted in Uganda found that at the end of 12 months, significantly more women who self-injected (81 percent) continued to use the method compared to those who were required to return to a facility every three months to receive the injection from a health worker (65 percent). Further, self-injection appeared to promote youth contraceptive continuation. Although all women using self-injection were less likely to discontinue than women who received the injection from a health worker, the reduced risk of discontinuation was magnified among self-injection users age 18 to 24 (40 percent) than self-injection users 25 and older (25 percent).³⁴

Strategic Actions Can Enhance Contraceptive Continuation Among Youth

Countries should consider the following policy recommendations for increasing contraceptive continuation among youth who wish to prevent, delay, or space pregnancies.

1 Elevate attention and resources to supporting existing family planning users while also promoting initiation among new users.

Strategies that enable nonusers to start using a contraceptive for the first time differ from strategies targeting women who have used a method in the past or are using one now. To support current family planning users, countries should improve the quality of contraceptive counseling and strengthen follow-up mechanisms. Supporting former and current users is cost-effective since these women have already overcome some of the barriers that inhibit starting use of a contraceptive method.³⁵ National and subnational strategy and policy documents should include measurement goals related to support for current and past users. Health management information systems should be strengthened to account for continuation.

2 Support youth access to the full range of family planning methods regardless of age, marital status, and parity, and without requiring the consent of a third party.

According to an analysis of the policy environment in 22 countries, only four have a law or policy that supports youth access to family planning care without consent from both parents and spouses, and only 10 have a law or policy that supports youth access to a full range of family planning methods, including the provision of long-acting reversible contraception.³⁶ Policies that remove obstacles and barriers—including requirements for third party notification and consent, restrictions based on age, marital status, and parity—are necessary to promote contraceptive use and continuation among youth.

3 Provide client-centered care in recognition of youth's diverse reproductive health needs.

Family planning programs must respond to the varying needs of different groups of youth and not consider them as a homogeneous group. For example, the reproductive health needs and preferences of unmarried youth differ from those of married youth. While unmarried youth might be particularly concerned about how to prevent sexually transmitted infections, newly married youth might benefit from information on the health benefits of delaying the first pregnancy, and women in the postpartum period from information on the importance of spacing pregnancies. Similarly, the challenges youth encounter when accessing family planning care vary by geographical context. For example, young women in rural areas who must travel long distances to health facilities might be particularly interested in learning about long-acting methods or self-care methods. Family planning policies should reflect greater customization in service delivery and emphasize the importance of client-centered care.

4 Train and support providers to offer high-quality, supportive contraceptive counseling to youth.

Providers should understand that age, marital status, and parity are not contraindications for any method and convey comprehensive information to youth on the full method mix. Provider education and refresher training should include values clarification and knowledge of youth cognitive development and needs. Values clarification exercises and training help providers increase awareness of their own personal values and reflect on the consequences of their actions, which can promote provider empathy and highlight why youth reproductive health matters.³⁷ Contraceptive counseling for youth should incorporate a case history that includes prior contraceptive use and current contraceptive needs, proactively addressing management of side effects, and providing easy-to-understand information that dispels myths and misconceptions about contraceptive methods. Ensuring that national family planning policies and guidelines incorporate requirements around these practices will promote consistent counseling practices at health facilities.

5 Strengthen youth's ability to access contraceptives in the private and informal sector.

Given that youth often obtain contraceptives from the private and informal sector, pharmacy and drug shop staff should receive training and support on the family planning methods they offer.³⁸ To reduce the likelihood that youth who wish to use contraceptives and source them from the private sector discontinue due to cost, address out-of-pocket costs for youth, who have lower purchasing power, through the provision of vouchers that youth can exchange for family planning care.

6 Include a range of active follow-up mechanisms between appointments.

Given that actively following up with women who are using a method increases contraceptive continuation and facilitates switching in the case of unacceptable side effects, countries should implement a variety of follow-up mechanisms, including phone calls, SMS or automated text messages/bots, home-based visits by a health

care worker, and a hotline. Providers should intentionally facilitate young women's ability to use contraception, consistently assessing their fertility intentions and method satisfaction. Policy interventions that formalize links across formal and informal, and public and private, health providers and ensure privacy options can promote follow-up across the system. Policy interventions to strengthen telecommunications infrastructure to enable the introduction and scale-up of digital health interventions—or the use of information and communication technologies, including mobile health interventions—and to integrate digital interventions into family planning programs may also facilitate consistent follow-up.

7 Ensure that health care delivery points maintain the full complement of methods and advance distribution of self-administered methods.

Broadening the method mix available at service delivery points and through an effective referral mechanism ensures that youth can access their preferred method and switch to another method immediately if they experience unacceptable side effects. Self-injection has been shown to promote contraceptive continuation among young women and should be prioritized for this age group. Youth who have discontinued a method and not yet switched to a new method should have access to emergency contraception. Additionally, advancing distribution of self-administered methods would grant women a supply of several months of their chosen method and reduce the likelihood that barriers to regular service access would result in contraceptive discontinuation. This advance supply is particularly important during times such as the COVID-19 pandemic when access to care may be disrupted and clients may feel reluctant to go to health facilities.

As the global family planning community works to create a shared vision for 2030 that builds on progress achieved to date, attention to promoting client satisfaction and continuation among existing users should be elevated. Family planning policies, strategies, and program guidelines should promote evidence-based approaches to enhance contraceptive continuation among current users, including young people, who wish to prevent, delay, or space pregnancies.



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