# POLICY BRIEF ON GAPS IN YOUNG PEOPLE'S FAMILY PLANNING SERVICE DELIVERY

Alliance for Reproductive Health Rights

# INTRODUCTION

Adolescent fertility regulation and pregnancy prevention is one of the most important health care issues of the twenty-first century. More than 15 million girls between the ages of 15 and 19 give birth every year worldwide, and an additional 5 million have abortions. Developed countries are not insulated from these trends. In the United States for example, there are nearly 1 million adolescent pregnancies each year, with over 450 000 ending in abortion.

Adolescents in Ghana are at risk early sexual debut, unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted infections including HIV. The rates of adolescent pregnancy in Ghana are high. Of all births registered in the country in 2014, 30% were by adolescents and 14% of adolescents aged between 15-19 years had begun childbearing[1]. Fifteen percent (15%) of maternal deaths are attributable to adolescents. Induced abortions rate is 17 per 1000 women for 15-19 years old, HIV prevalence rate is 1.8 among girls aged 15-24years[2]. Access to quality FP services is an effective way to improve poor sexual and reproductive health status of sexually active Ghanaian youth. However, family planning use is low. For example, only 43.7% of unmarried sexually active young people between the ages of 15 and 19 years use contraceptive[3].

Many studies consistently show that sexually active adolescents (married and unmarried) face many barriers in obtaining contraceptive services to prevent pregnancy and STIs including HIV[4, 5]. Adolescent friendly FP services have been identified as an effective approach to address barriers to FP access[6]. Findings from a study conducted in Ghana revealed that the provision of adolescent friendly FP service led to an increase in uptake of FP by adolescents and young people[7].

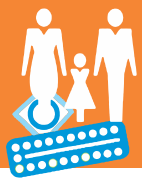
In 2012, Ghana committed to provide adolescent friendly health services to all sexually active adolescents under FP 2020. The Government of Ghana, in collaboration with a number of critical stakeholders and with the support of some key donors, and in keeping with ratified agreements such as the ICPD, has adopted adolescent friendly family planning services as a strategy to promote the uptake of FP among sexually active adolescents and young people. More recently, the SDGs also made provision for preventing unintended pregnancy and reducing adolescent childbearing through universal access to sexual and reproductive health care services to further advance the health of women, children and adolescents, with a specific target of ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. This implies that all Member States are to design and actively

implement programmes to ensure that all women, girls and adolescents are able to access FP services, especially contraceptives.

Several policies, guidelines, protocols and programmes have been developed and implemented to improve the quality of FP services for adolescents and young people. In addition to this, a number of other initiatives have been put in place to ensure adolescents have access to reproductive health services especially contraceptives. In October 2014, government launched The Ghana Adolescent Reproductive Health (GHARH) Project - a pilot programme in the Brong-Ahafo region to strengthen the government's capacity to manage and implement a multi-sectoral programme geared towards the welfare of adolescents. The project is expected to help scale-up cost-effective adolescent reproductive health interventions in the country, and also contribute to improvements in maternal and adolescent reproductive health. Again in September 2015, the Ghana Family Planning Costed Implementation Plan was launched and had as one of its key priorities 'to increase age-appropriate and rights-based information, access, and use of contraception amongst young people, ages 10–24 years.

Despite these interventions, FP uptake among adolescents and young people is still low[8]

## GAPS IN YOUTH FRIENDLY
# FAMILY PLANNING SERVICES



Several factors can account for the lack of, or inability to access contraceptives by adolescents. These include personal, social and cultural factors in the environment of the adolescent which influence them. Knowledge of these factors is essential in the planning of how contraceptive services are going to be provided to adolescents.

### Access to Contraceptives

- One set of barriers is in obtaining the contraceptive methods themselves. Adolescents experience many of the same barriers that adults do, but some are specific to them. In many poor communities, contraceptives methods are not available to adults or to adolescents.

### Service Provider Bias

- Health workers in many places refuse to provide unmarried adolescents with contraceptive information and services because they do not approve of premarital sexual activity. When they do provide contraceptive methods, they often limit this to condoms, wrongly believing that long acting hormonal methods and intrauterine devices are inappropriate for nulliparous women.

### Restrictive Laws and Policies

- Governments' statements, policies and plans regarding adolescents' access to contraception are forward-thinking, but in practice, many service providers are reluctant to provide contraception to unmarried youth. Research on these inconsistencies can build evidence to inform country-level advocacy and policy change that has the potential to foster large-scale change.

### Social Norms and Practices

- In many societies premarital sexual activity is not considered acceptable, and there is considerable resistance to the provision of contraceptive information and services to adolescents. In most cultures, social and group norms hinder discussion between parents/guardians and adolescent wards about contraception. In addition, knowledge gaps and misconceptions on the effects prevent use or proper use of contraceptive methods.

### Use of contraception itself

- Evidence shows that even when adolescents can obtain contraception, social pressure may prevent their use. Firstly, in many places young women are under pressure to conceive and bear children soon after marriage. Contraception is considered only after a first child is born. Secondly, the stigma surrounding contraception prevents their use by adolescents not in stable relationships. Proposing the use of a condom or carrying one can lead to a woman being considered 'loose' in many places. Thirdly, many adolescents have misconceptions about the immediate and long term side effects of contraceptive methods on their health and on their future ability to bear children.

Because of the resulting fears and concerns, adolescents often consider Ineffective methods such as withdrawal and traditional remedies more acceptable.

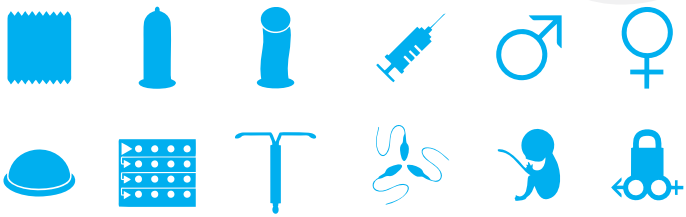
Fourthly, because of poor understanding of how contraceptives methods work and how they should be used, adolescents use them incorrectly. Finally, parent-child communication gaps, socio-cultural and religious inhibitions coupled with inadequate and/or inaccessible FP services make it difficult for adolescents to exercise their rights and prevents them from making informed decisions on their sexual and reproductive health.

## APPROVED CONTRACEPTIVE METHODS FOR USE BY ADOLESCENTS

In general, with the exception of male and female sterilization, all methods that are appropriate for healthy adults are also potentially appropriate for healthy, post-pubertal adolescents. Once puberty has been achieved, methods that are physiologically safe for adults are also physiologically safe for adolescents. However, as with adults, informed contraceptive decision-making entails consideration of more than just medical safety. Before discussing contraceptive options, adolescents must be given the opportunity to express their needs and to decide freely whether they want to protect against pregnancy or need to protect against STIs including HIV[9].

Research shows that the most effective method for adolescents are those that emphasize dual protection and dual method use with Long Acting Reversible Contraceptives (LARC) being the preferred option coupled with condoms. According to the American College of Obstetrics and Gynecology, Long-acting reversible contraception (LARC)—intrauterine devices and the contraceptive implant—are safe and appropriate contraceptive methods for most 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[10].

Once a decision is made for protection, sexually active adolescents should be presented with options that, if used consistently and correctly, will prevent pregnancy and, depending upon an individual's circumstances, prevent sexually transmissible diseases.



# POLICY RECOMMENDATIONS

- Multiple service modalities should be used to reach a wider range of adolescents. Such approaches can include static facilities (both public and private), community-based distribution, mobile outreach services, pharmacies and drug shops, informal settings, schools, or workplace-based services.
- Considering the fact that, most young people using one form of contraception or the other obtained it from pharmacies and chemical shops, there is the need for the GHS to strengthen the capacity of pharmacists and chemical shop attendants to enable them provide youth friendly contraceptive services.
- FP providers require education on good adolescent client relationships, on how to counsel and attract adolescents who access FP services. The GHS should reinforce training through supportive supervision, job aids, and mentorship to change provider attitudes and behaviors. Supportive supervision tools and provider job aids can be helpful to enforce adolescent friendly FP services.
- Policy makers and political leaders should ensure FP services are free and accessible to all adolescents who need them within the context of Primary Health Care.
- They should also provide the right legislative frame-work to stimulate appropriate infrastructure and resources to enhance FP access to adolescents.
- The government must find innovative strategies to mobilise financial resource domestically to finance universal health coverage.
- GHS and partners should make accessible the full range of contraceptive methods including LARC. Enhance education to young people on the wide range of FP methods including LARC, their benefits and limitations, so they can make informed choices based on their needs and preferences. The data illustrate that adolescents will use a variety of methods including highly effective LARCs when offered a full range of contraceptive methods
- GHS should work closely with CSOs and other relevant stakeholders to reach out-of-school youth with relevant and accurate information and education on FP..

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