

Research on FP among Adolescents and Youth

Ilene S. Speizer, PhD

Research Professor

Department of Maternal & Child Health
Gillings School of Global Public Health



CAROLINA
POPULATION CENTER

www.cpc.unc.edu/



International Union for the Scientific Study of Population



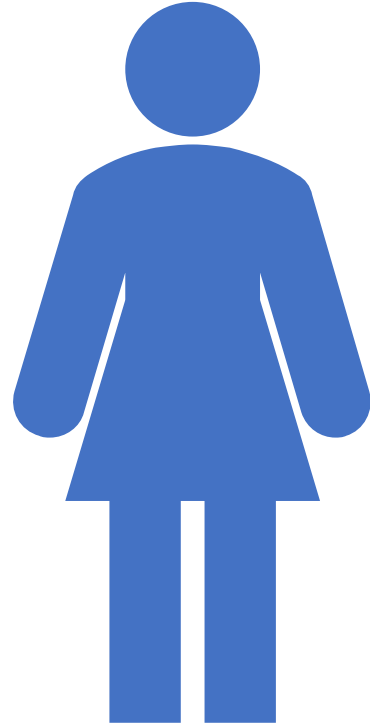
Outline of Presentation

1. Why we care about adolescents/youth?
2. What works with adolescents/youth?
3. What research is needed?
4. A taste of urban data
5. Challenges with studying adolescents/youth
6. Considerations for collecting data with adolescents/youth



© 2005 Netsanet Assaye, Courtesy of Photoshare

Current Situation of Adolescent Girls/Women Aged 15–19 in LMICs



- ~ 60% of sexually active adolescent women have an unmet need for modern FP
- Half of pregnancies among adolescents are unintended and more than half of these end in abortion, often unsafe
- Very young adolescents (aged 10-14) are not even accounted for in these statistics
- Key urban youth populations: slum youth, married youth, street youth, young people engaged in transactional sex, domestic workers, young people not in school, people living with HIV

Why Focus on Adolescents/Youth?

- Two key priorities of the **London Summit (2017)** were adolescents and expanding method choice
- Of the 33 countries that made FP2020 commitments at the Summit, 32 made commitments on adolescent and youth.
- Several countries included measurable outcomes, such as reduction in unmet need or increases in contraceptive use.



Barriers to Contraceptive Use



INDIVIDUAL

Infrequent sex and not being married **or** married but social norms around proving one's fertility



POLICIES

Policy restrictions



METHOD CHOICE

Concern about side effects/health risks - menstruation, fertility



SUPPORT

Lack of partner/family support to using contraception



PROVIDERS

Provider bias; not trained on YFS



INFORMATION

Myths and misconceptions



COST & ACCESS

Affordability and accessibility

What We Know about What Works for Youth

Program Interventions	Evidence
Comprehensive sexuality education	High-quality knowledge and attitudes Evidence globally on adult- and peer-led interventions
Generating community support: social marketing, meetings, dialogues	Moderate quality evidence on pregnancy – when inclusive of access to SRH services
Positive youth development programs	Moderate quality evidence of no benefit on pregnancy
Youth-friendly venues	Moderate quality evidence of uptake on services ineffective in reducing adolescent pregnancy
Interventions to shift social norms around early marriage and pregnancy	Early marriage: moderate quality evidence of mixed effect
Cash transfers: conditional or unconditional	Moderate quality evidence of some benefit
Peer education	Moderate quality evidence of mixed impact on health service use Moderate quality evidence of no benefit on adolescent pregnancy/Europe

Programmatic Concerns

- Marginalized or vulnerable adolescents are not reached
- **Youth centers, peer education, and high-profile meetings** are popular; limited evidence of benefit
- Comprehensive sexuality education linked with appropriate SRH services are proven practices, but poorly implemented in LMICs
- **YFS often delivered fractionally**, suffers from weak implementation, and not sustained
- Replicability, adaptation, scalability, and fidelity



Research: What We Need to Know



Young People:

- Youth perspectives on needs, services, user experiences, choice
- Young people's gatekeepers/influencers that constrain full access, full choice at individual, family, community, and societal levels
- Young people's perspectives on barriers to access
- Young people's perceptions of risk of HIV, pregnancy, and other STI
- Young people's priorities within an SRH framework
- Appropriate new approaches for reaching young people (mHealth)

Research: What We Need to Know

Providers:

- Learning from “Provider Bias” studies
- Gaps in implementing comprehensive FP services in public- and private-sector service delivery points, including workplaces, university settings, refugee and internally displaced persons camps; other venues targeting vulnerable groups



Facilities:

- What task-sharing models are safe, feasible, acceptable, and accessible for youth?
- What post-pregnancy program models for reducing rapid repeat pregnancy are acceptable and accessible?

GLOBAL LEARNING AGENDA

Expanded Method Choice for Adolescents and Youth



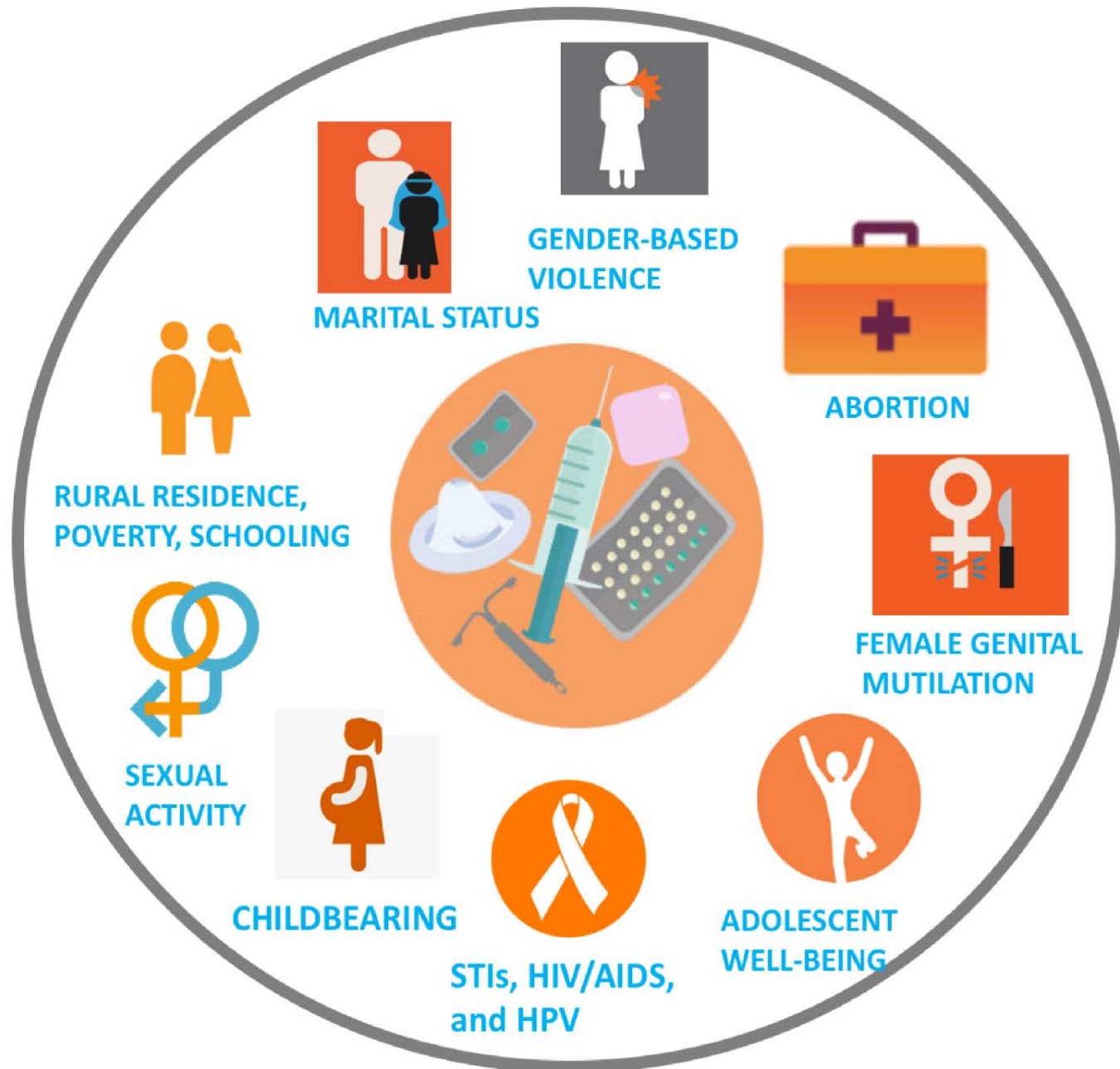
Research: What We Need to Know



Measuring Outcomes:

- Routine monitoring data (HMIS): often not disaggregated by method, age, and parity
- Gaps in measuring quality of care indicators specifically for adolescent and youth
- Gaps in standardized measurement approaches (e.g., “sexually active”)
- Failure to consider a life-course perspective for adolescents/youth

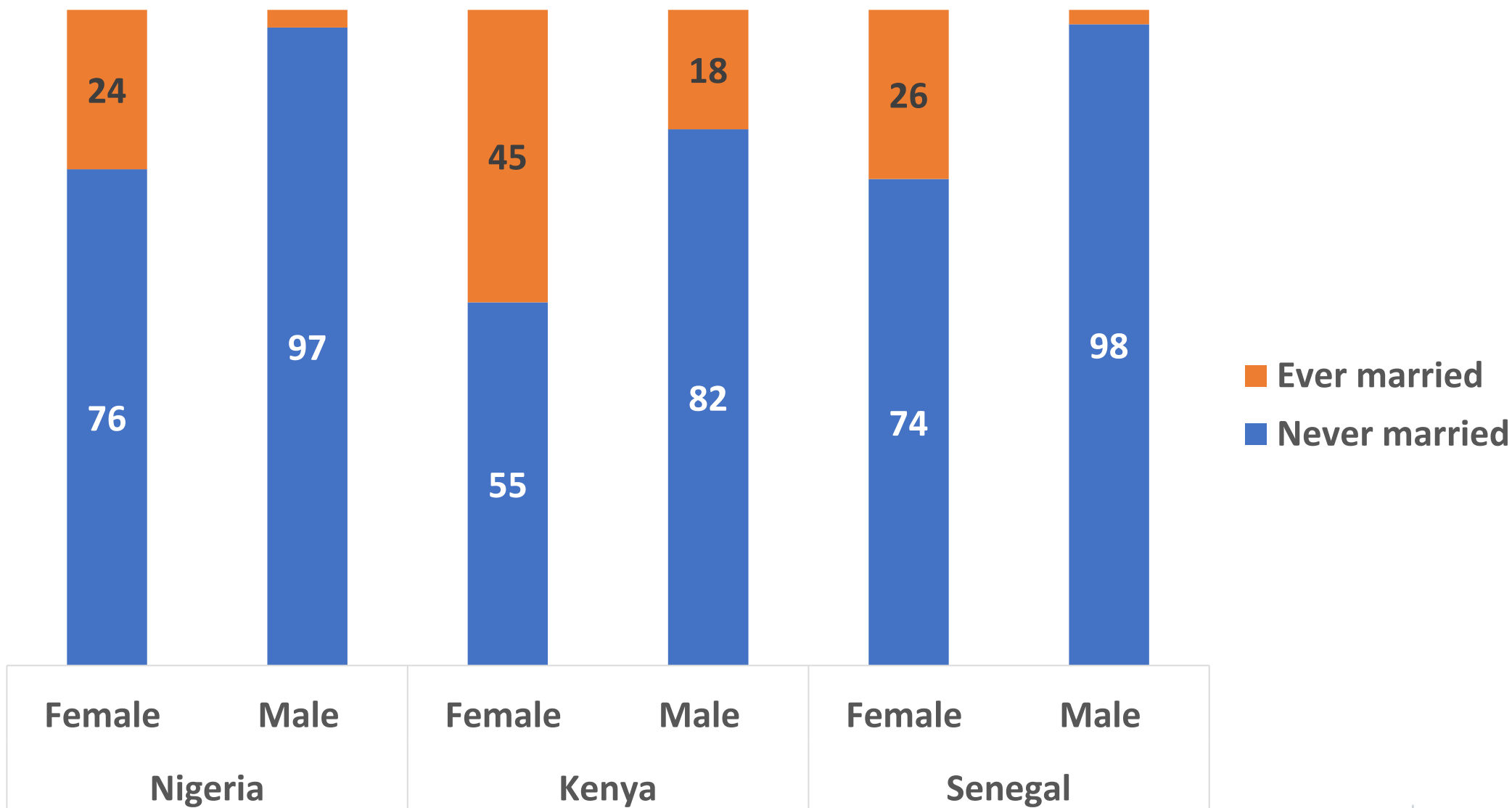
Need to consider
adolescents/youth family
planning use within the
broader context within
which they live



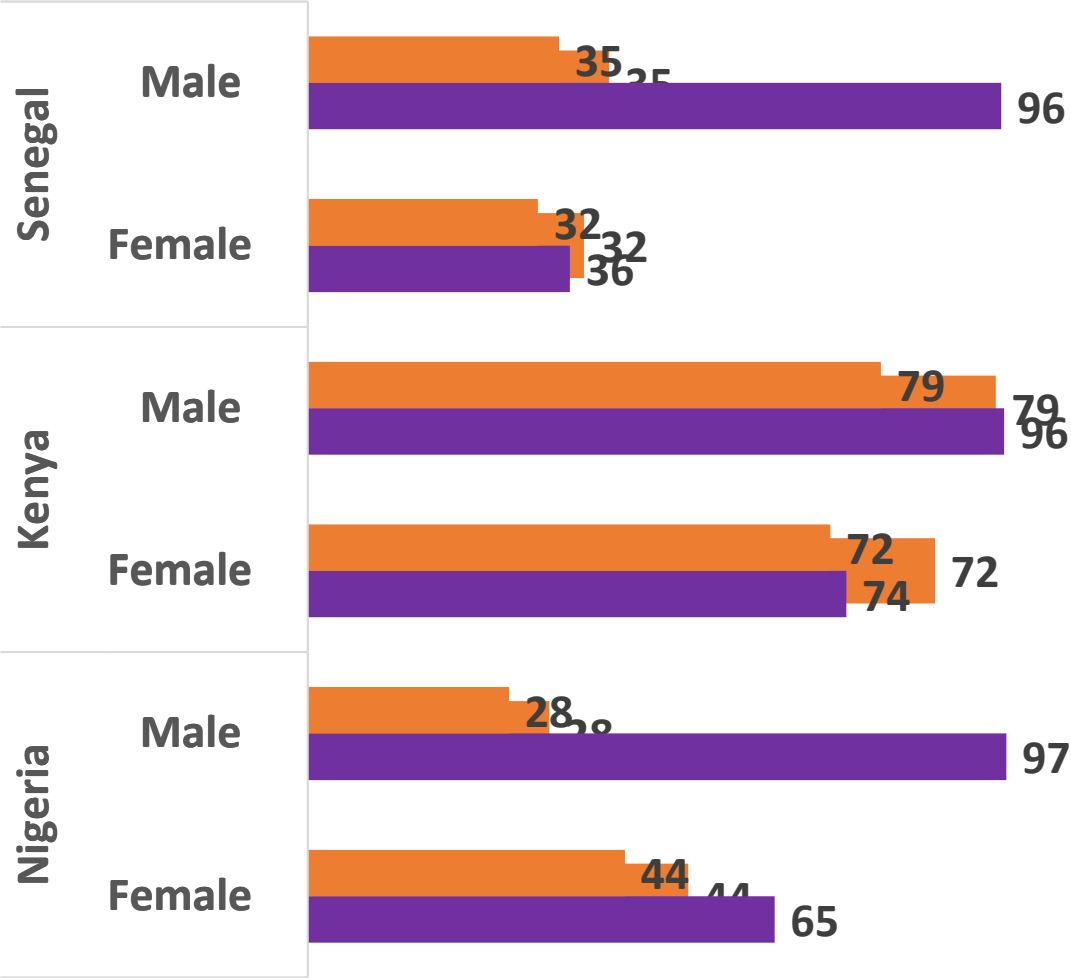
A Taste of Urban Data



Percentage of young people (ages 15-24) by current marital status among youth in select cities by country 2010/2011

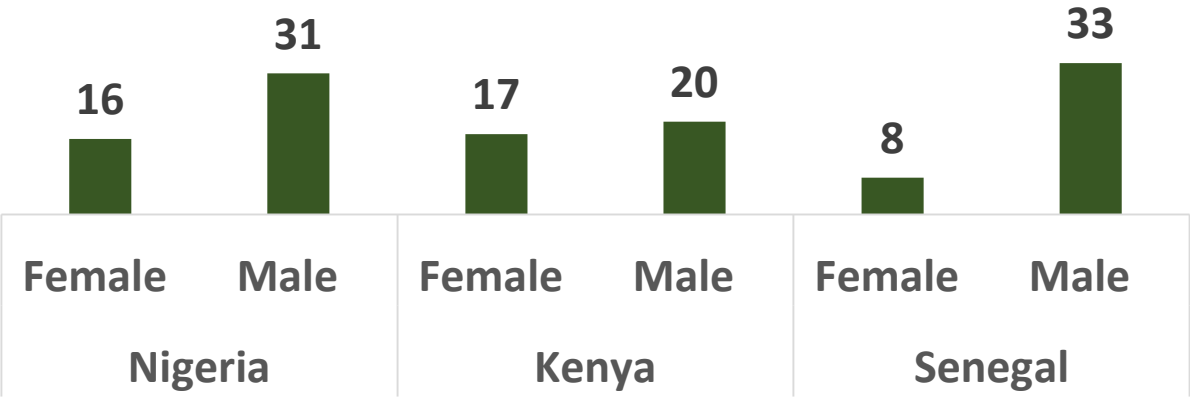


Percentage of youth (ages 15-24) who ever had sex and percent who's first sex premarital* among youth in select cities by country



■ % Ever had sex
 ■ % First sex premarital

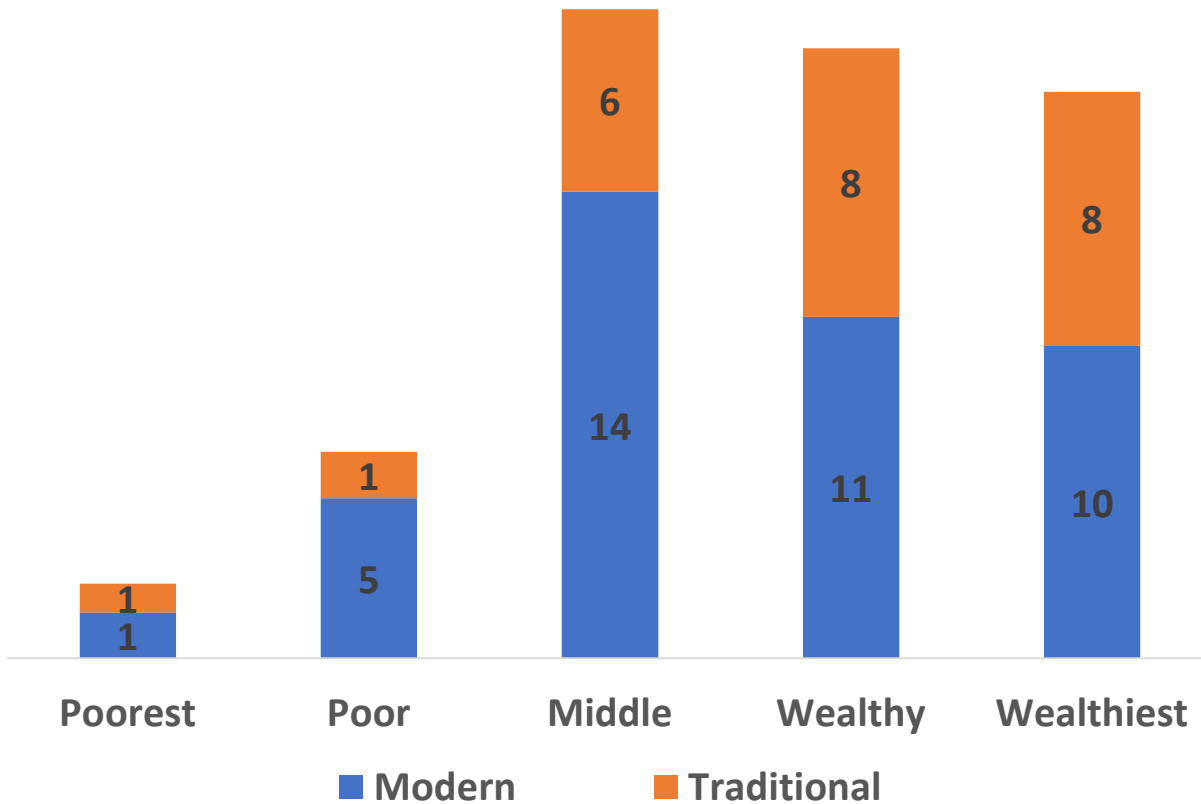
Percentage that used a modern method at first sex*



*among those who ever had sex

Examining Distinctions by Wealth Group

% using FP by wealth group among women 15-24 in union in urban Kaduna state

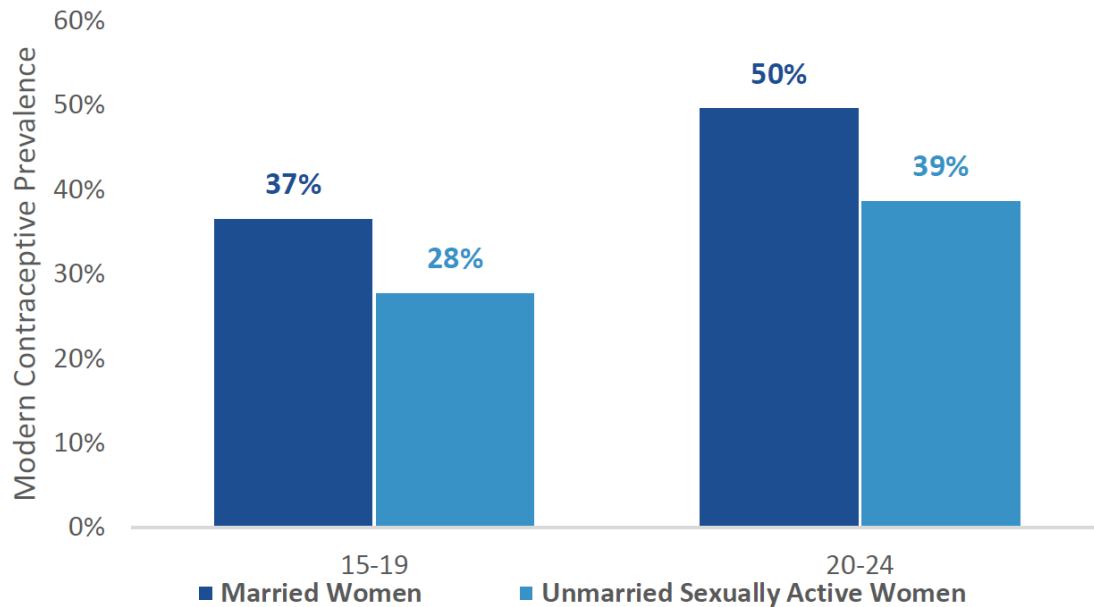


Challenges with Studying Adolescents/Youth

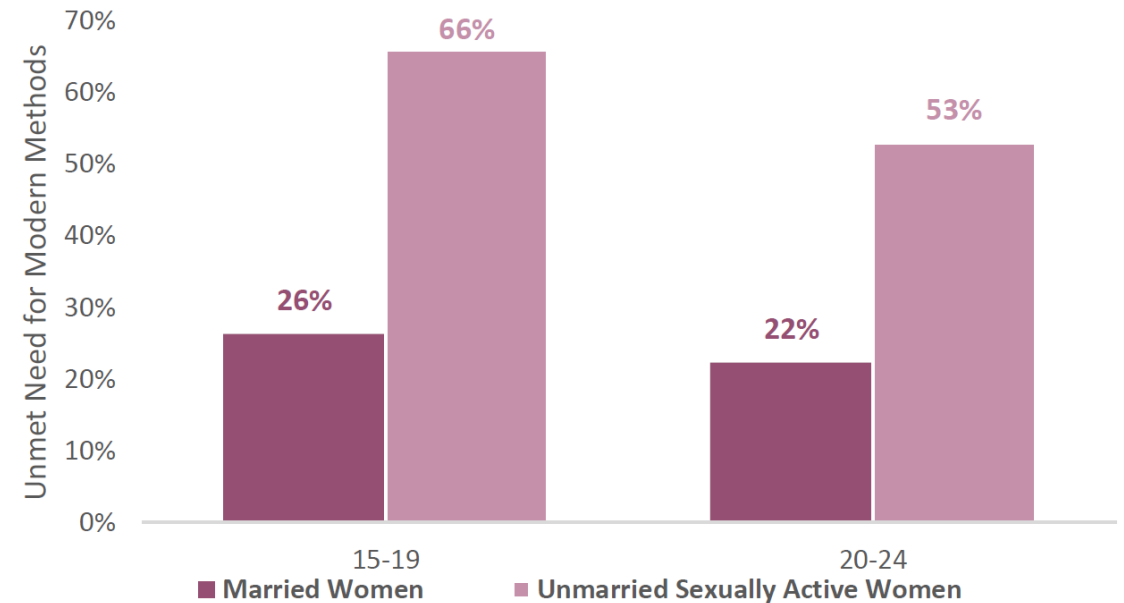
Example from Kenya DHS Data (Track 20)

Contraceptive Use and Need among Youth

Modern Contraceptive Use among Youth



Unmet Need among Youth

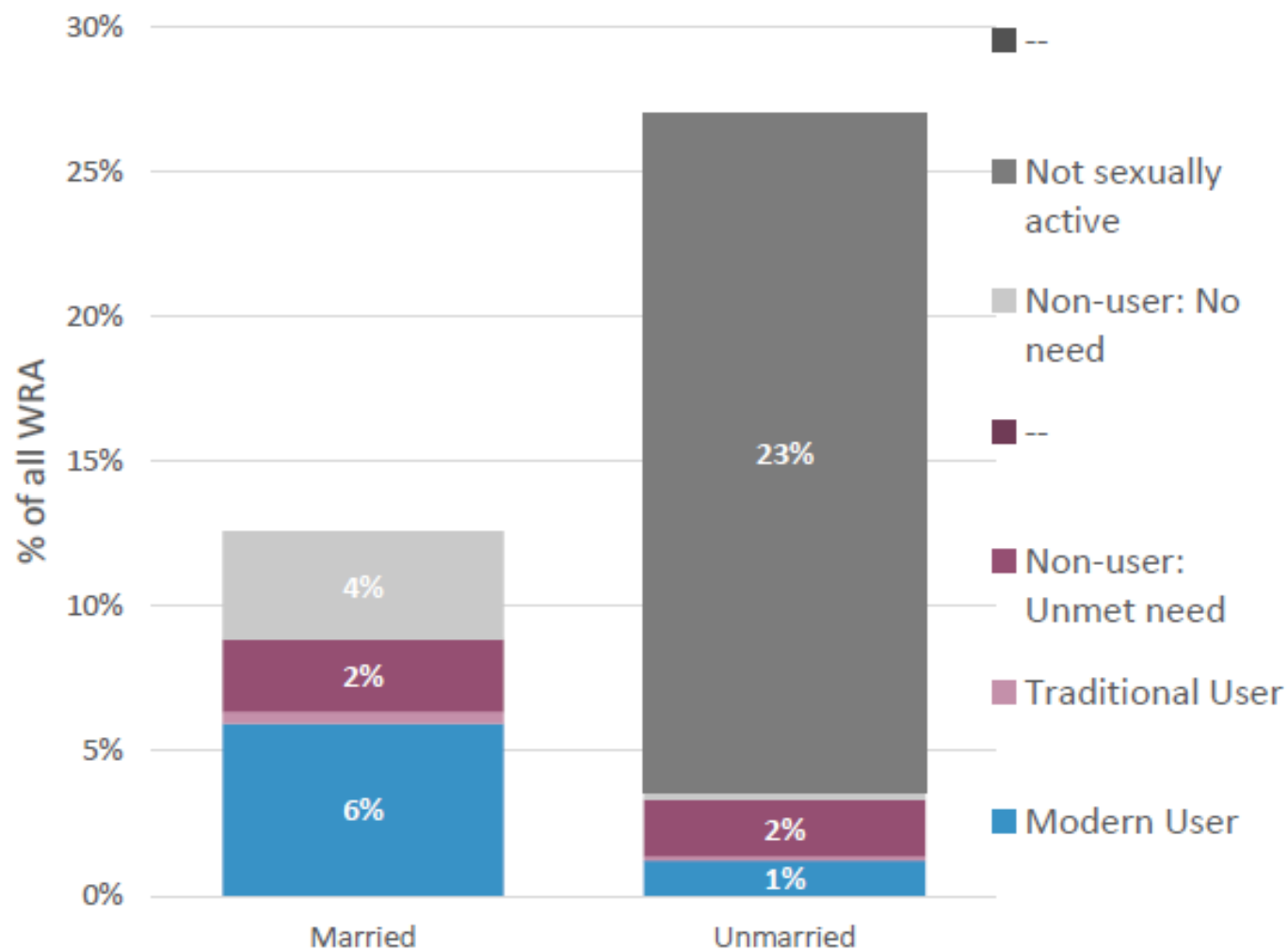


The graphs above show modern contraceptive use and need among married and unmarried sexually active women ages 15-24, allowing for comparison between these groups. However, the overall size of these groups can vary widely based on norms around age at marriage, first sexual intercourse, and the occurrence of sex outside of marriage. Understanding the size of the population that falls into each age and marital status group, shown in the graphs below, is key to understanding the potential reach and impact of youth-focused programming.



Youth Contraceptive Use and Need, as a % of WRA

In Kenya, around 7% of all women are youth using a modern method of contraception (sum of blue segments), while 5% are youth with an unmet need for modern methods (sum of purple segments).



Using Secondary Data on Adolescents/Youth

Things to consider:

- The percentage of the population that has ever had sex
- Definition of “sexually active”
 - What does it mean for young people – ever, last year, last 3 months, last month
 - Will it affect your measure of unmet need; “current use”; “condom use”?
- Sub-population-level analyses (e.g., urban)
- Are data available on issues besides just FP use?
- Consider examining a life-course perspective – transitions from childhood to adulthood (e.g., using the DHS calendar)

Considerations for Collecting Data with Young People

Quantitative data:

- Parental consent – is it required; does it limit who can be included in the sample?
- Who to ask questions to – e.g., what is appropriate for very young adolescents (10-14 years)
- Tablet-based, self-administered vs. interviewer administered – literacy level
- Data collection in the household vs. facility or community
- Collecting biomarkers

Considerations for Collecting Data with Young People

Qualitative data:

- Parental consent issues arise
- Focus-group discussions, ground rules may have less meaning to young people

Other data collection approaches to inform adolescent/youth SRH/FP:

- Facility study (mystery clients; client exit interviews; provider survey)
- Human centered design to obtain the voices of the beneficiaries

Remember:

- Engage stakeholders (including youth) early and often
- Use data to inform program need, design, monitoring, and evaluation

Useful Resources for Adolescent/Youth Research

- TCI website has an AYSRH Toolkit (<https://tciurbanhealth.org/aysrh-toolkit-site-navigator/>)
- Toolkits have many links to continue the discussion
 - Specific toolkit on **data management**: <https://tciurbanhealth.org/wp-content/uploads/2018/03/AYSRH-Data-Management.pdf>
 - Specific toolkit on **key urban youth populations** including – slum youth, married youth, street youth, young people engaged in transactional sex, domestic workers, young people not in school, people living with HIV: <https://tciurbanhealth.org/wp-content/uploads/2018/03/AYSRH-Key-Urban-Youth-Populations.pdf>





Thank you