Adolescent Contraception

Experiences at Emavundleni Research Centre
Cape Town
Overview

• Stats
  o At our site
  o In SA

• Experiences with adolescent contraception
  o Barriers
  o Myths
  o Misconceptions
  o Adherence

• Clinical Guidance and Legislation in the Western Cape

• Adults vs Adolescents

• Our GOAL

• Discussion & Questions
Statistics

• Use of contraception in married women = 59.8%
  o Injectable = 28.4%
  o Sterilization = 15%
  o Oral contraceptive = 10.9%
  o Male condoms = 4.3%
  o IUD = less than 1%
  o Implant was not available at the time

• At Emavundleni Research Centre: A quick look at one of our adolescent studies:
  o 15 sexually active young girls
  o 100% of sexually active girls using contraception (protocol requirement)
    • Mostly Injectable: 86%
    • No IUD
    • No pill
    • 2 Implants

Population Reference Bureau,
Family Planning Worldwide 2013
Experiences with Adolescent Contraception

• General Barriers (especially with IUD and Implant):
  o Fear of bleeding changes
  o Fear of discovery by parents:
    • The IUD is extremely unpopular among older women in the community we serve.
  o Lack of support by local clinics for IUD users in terms of bleeding changes and management
  o Hesitance of health professionals to offer IUD to adolescent girls
  o Lack of EDUCATION about OPTIONS and CHOICE
  o Need among young women to prove their fertility (amenorrhea is a problem)
INJECTABLE

• DMPA and Net-En available at our site

• Myths and Misconceptions:
  o Injectable is the only choice. Either 3 monthly or 2 monthly. Most girls choose 3 monthly because it meant less visits to the clinic
  o Amenorrhea: Girls who develop amenorrhea stop the method, believing that their blood is “blocked” or “building up”. They can eventually smell the blood and it comes out as nosebleeds.

• Adherence
  o Nurses at the clinic are unfriendly. They get reprimanded if they are late for their injection so they just don’t go back.
  o Clinic times vs school times
Implant

- New Urban Myth:
  - Gangsters are attacking women and cutting the implant out in order to smoke it as a massive barrier
  - Women have requested to remove implants soon after insertion because of this
  - Not confirmed yet

- Fear of insertion process
- Implant damages your arm
- Belief that long term methods are only for older women
IUD

• **Myths and Misconceptions**
  - The IUD is only indicated for women who have completed their families
  - Hesitation by health professionals to offer IUD to 16-18 year olds
  - IUD causes STIs
  - It moves around the lower abdomen

• **Barrier**
  - Mothers of young girls force them to remove the IUD
  - No support from local clinics
  - Fear of pain and prolonged bleeding
  - Beliefs and attitudes of health care workers
Clinical Guidance

• No specific guidance for adolescent contraception
• Our site has a general contraception SOP but nothing specific to adolescents
• No laws governing adolescent contraception provision
• WHO Medical Eligibility Criteria: no medical reason currently exists for denying contraception based on age
Adults vs Adolescents

• Factors that influence adolescents: school, friends, parents
• Counseling messages need to be clear
• Dispel myths
• Provide support for side effects specifically bleeding changes
• Education for both adolescents and adults to make informed choices
• We would like to increase implant and IUD uptake
Thank You