

MYTHS VS. DATA: WHAT WE KNOW ABOUT WHAT WORKS FOR ADOLESCENTS

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AFP Partners Meeting

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PRESENTATION OVERVIEW

- ▶ What we know about adolescents and contraception
- ▶ What can policy makers do to better address the sexual and reproductive needs of adolescents?

WHAT WE KNOW ABOUT ADOLESCENTS

▶ Definition:

- ▶ Adolescents 10-19 year olds
- ▶ Youth 15-24 year olds
- ▶ Young people 10-24

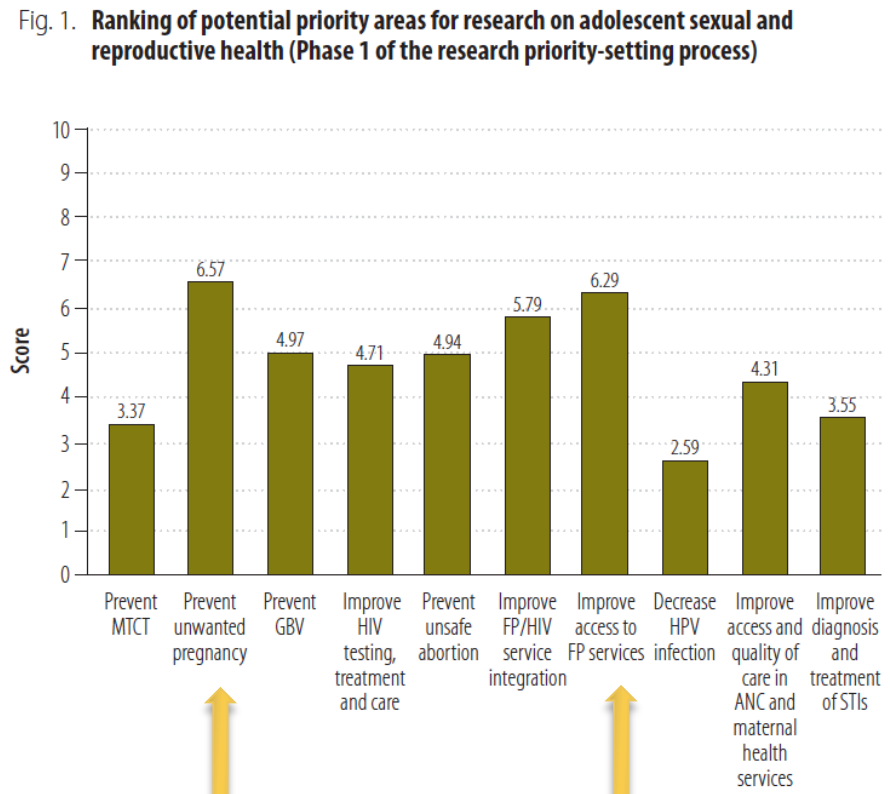
▶ How many:

- ▶ In 2014, there are 1.2 billion adolescents
 - ▶ They make up 16.4% of the world's population
 - ▶ 88% of adolescents live in lower- and middle-income countries
 - ▶ One in every six people in low-income countries are adolescents

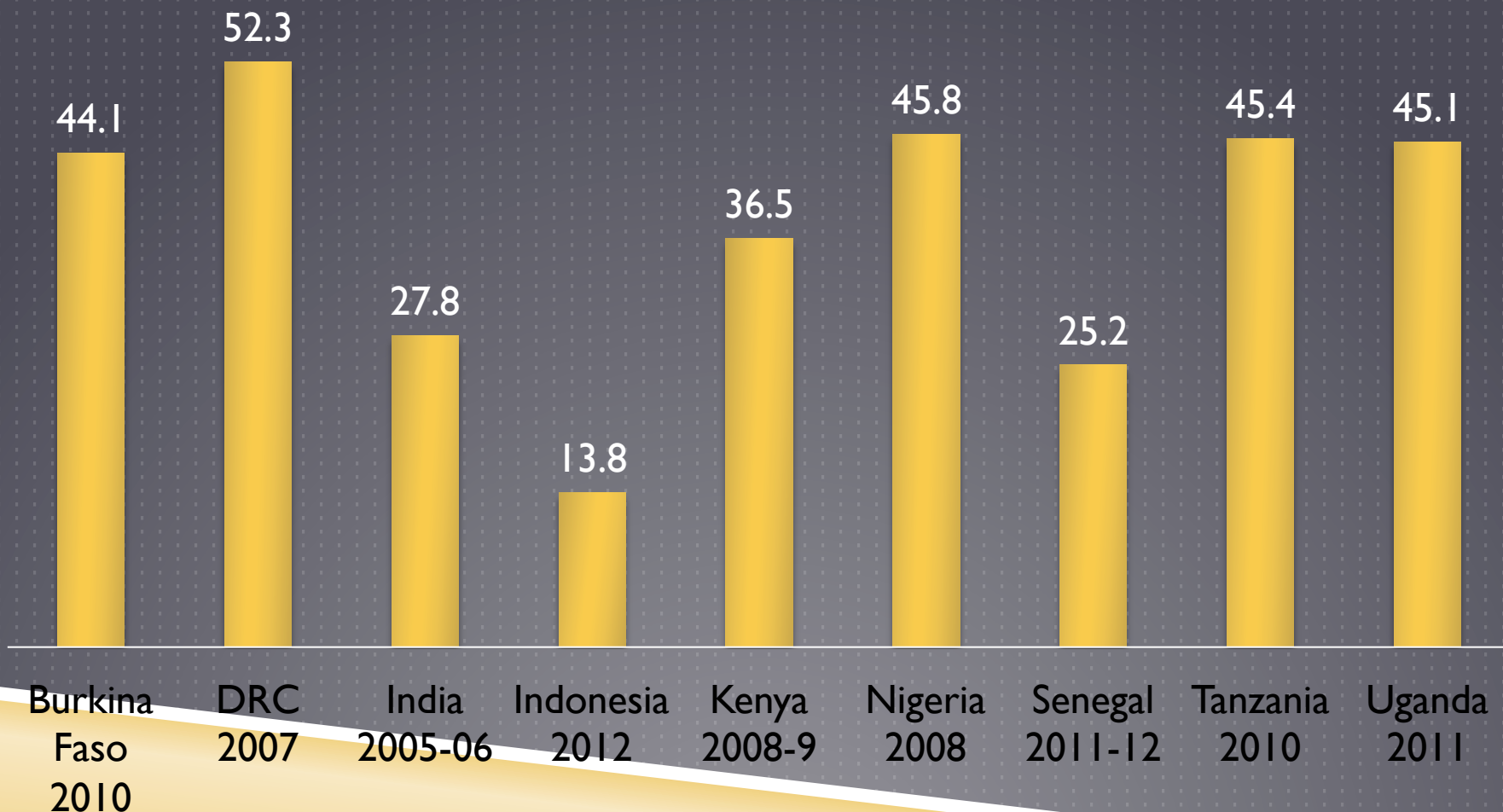
WHO (2014) "Health for the World's Adolescents: A second chance in the second decade" <http://apps.who.int/adolescent/second-decade/>

PICTURE OF ADOLESCENT SRH

- ▶ Unsafe sex and lack of contraceptive use are leading causes of morbidity for young people (Gore et al., 2011)
- ▶ An estimated 3 million 15-19 year olds undergo unsafe abortions annually (WHO Fact Sheet #364)
- ▶ One in five women aged 20-24 has had a birth by age 18 (Loazia and Liang, 2013)
- ▶ Increasing contraceptive use for adolescents is one of the most effective means of decreasing unwanted adolescent pregnancy.

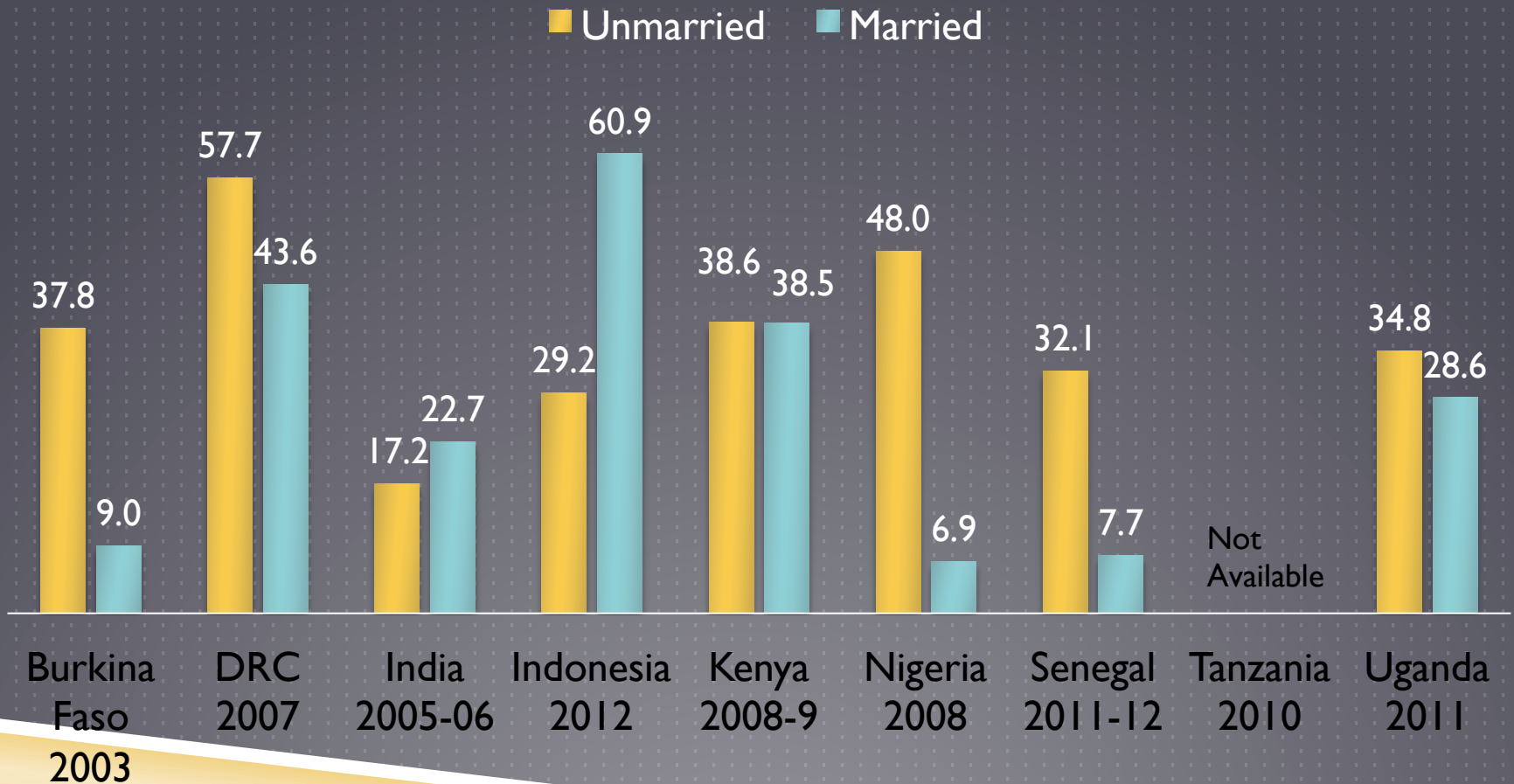


% OF ADOLESCENTS WHO EVER HAD SEX

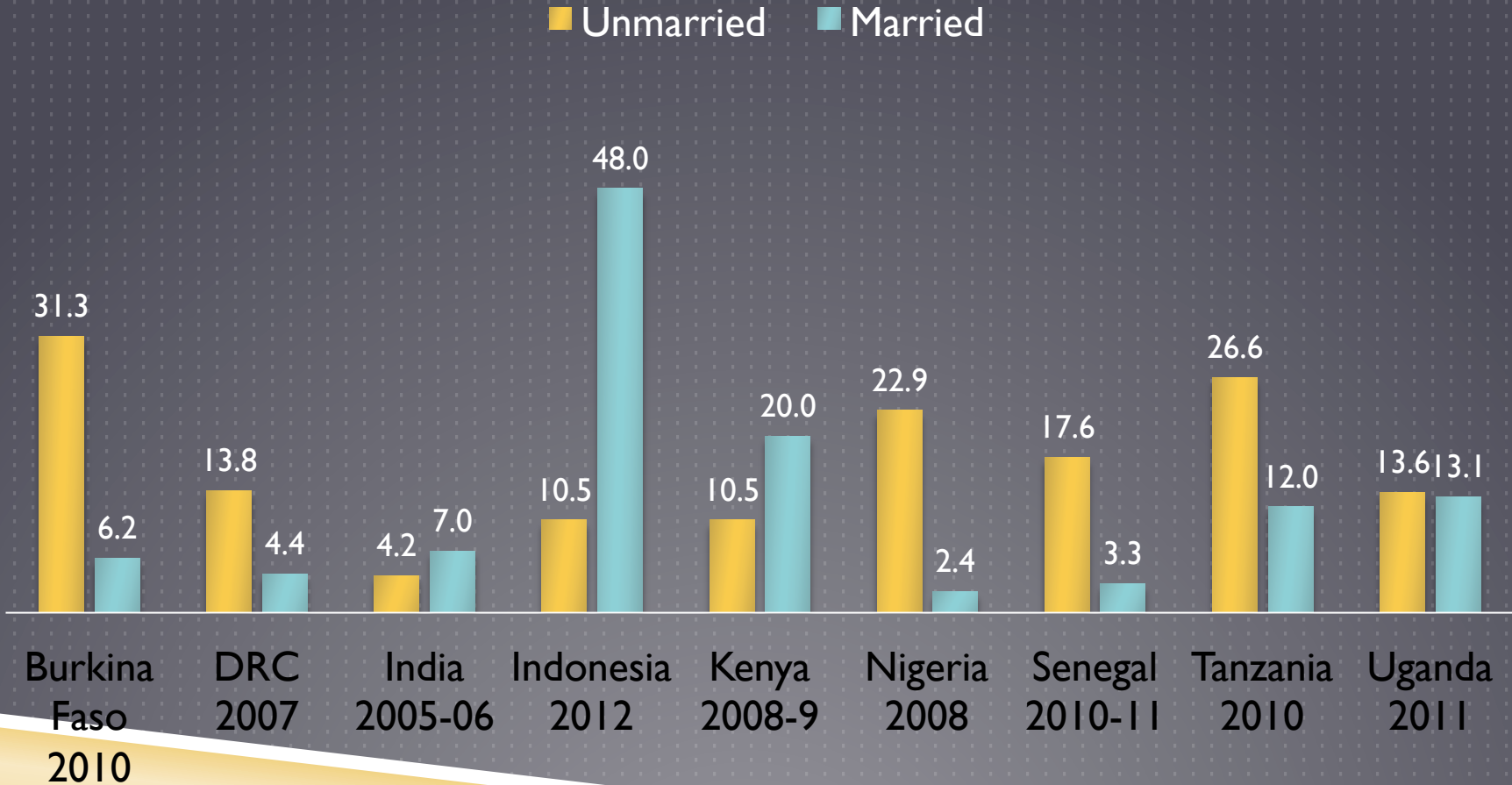


Hindin, MJ (2014) of behalf of Bill & Melinda Gates Institute for Population and Reproductive Health (weighted results)

% OF SEXUALLY ACTIVE ADOLESCENTS WHO EVER USED A CONTRACEPTIVE METHOD, BY MARITAL STATUS



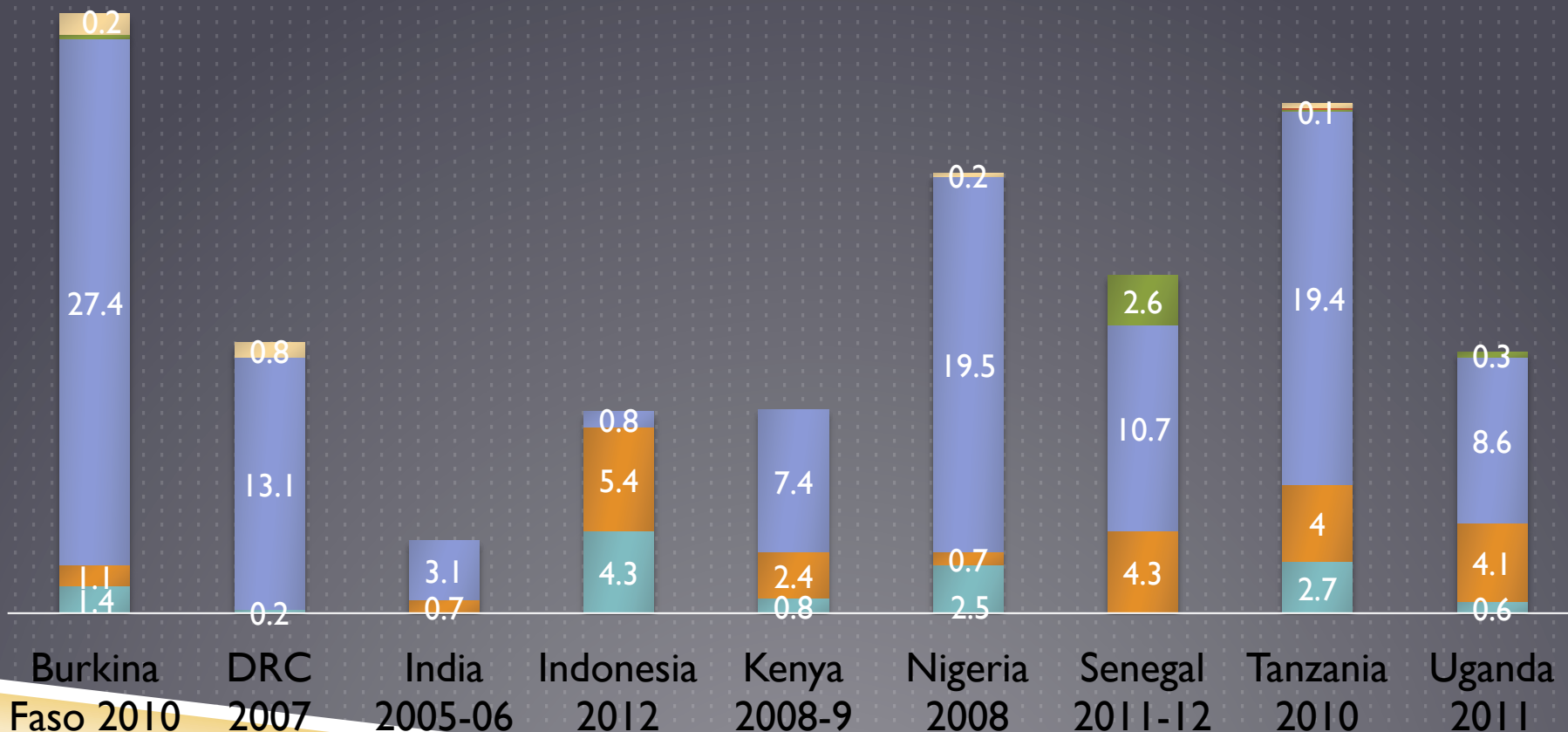
% OF SEXUALLY ACTIVE ADOLESCENTS WHO ARE CURRENTLY USING A MODERN CONTRACEPTIVE METHOD, BY MARITAL STATUS



Hindin, MJ (2014) of behalf of Bill & Melinda Gates Institute for Population and Reproductive Health (weighted data)

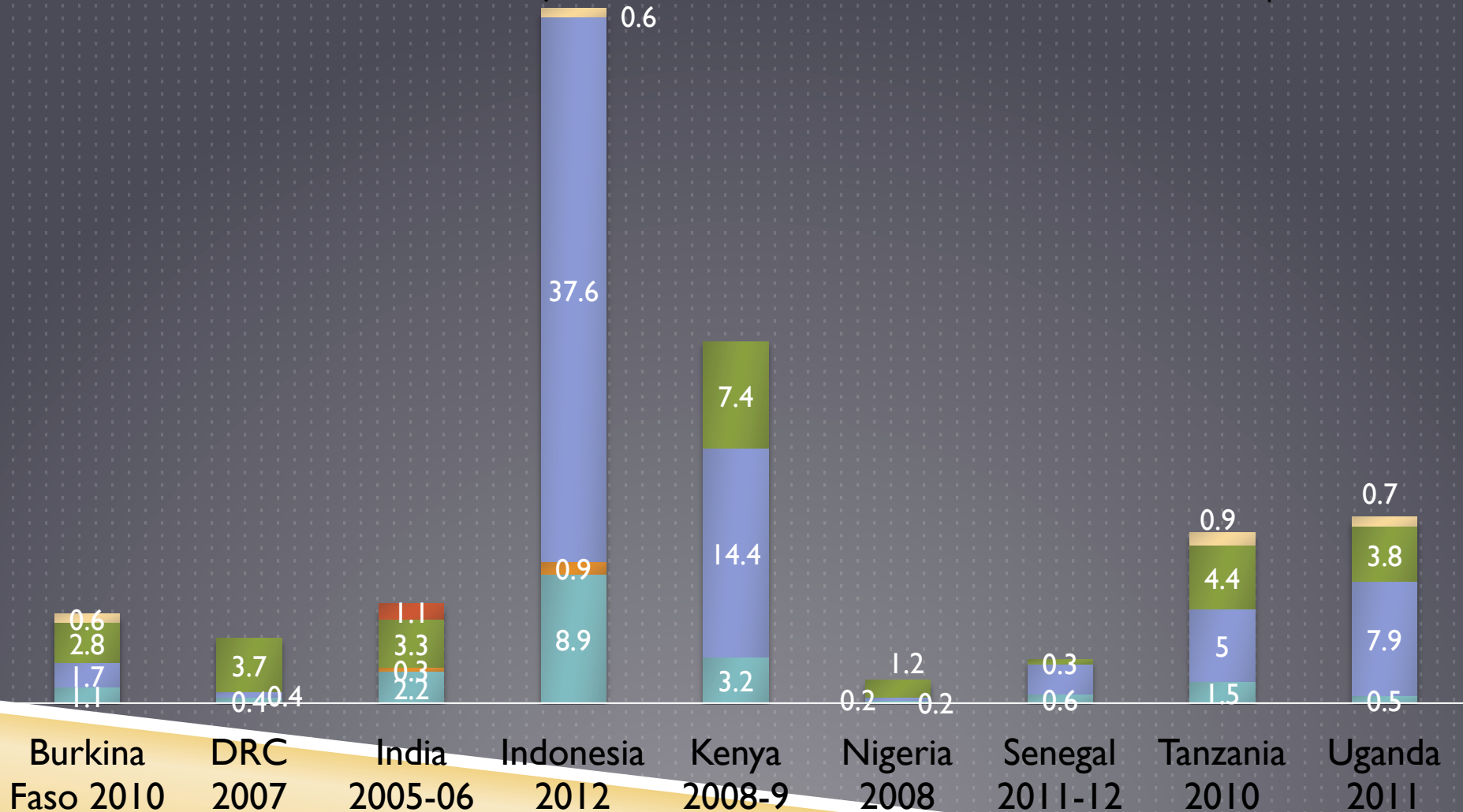
% OF UNMARRIED SEXUALLY ACTIVE ADOLESCENTS WHO ARE USING A MODERN METHOD, BY METHOD

■ Pill
 ■ Injectable
 ■ Condom
 ■ Implants
 ■ LAM
 ■ Female Condom



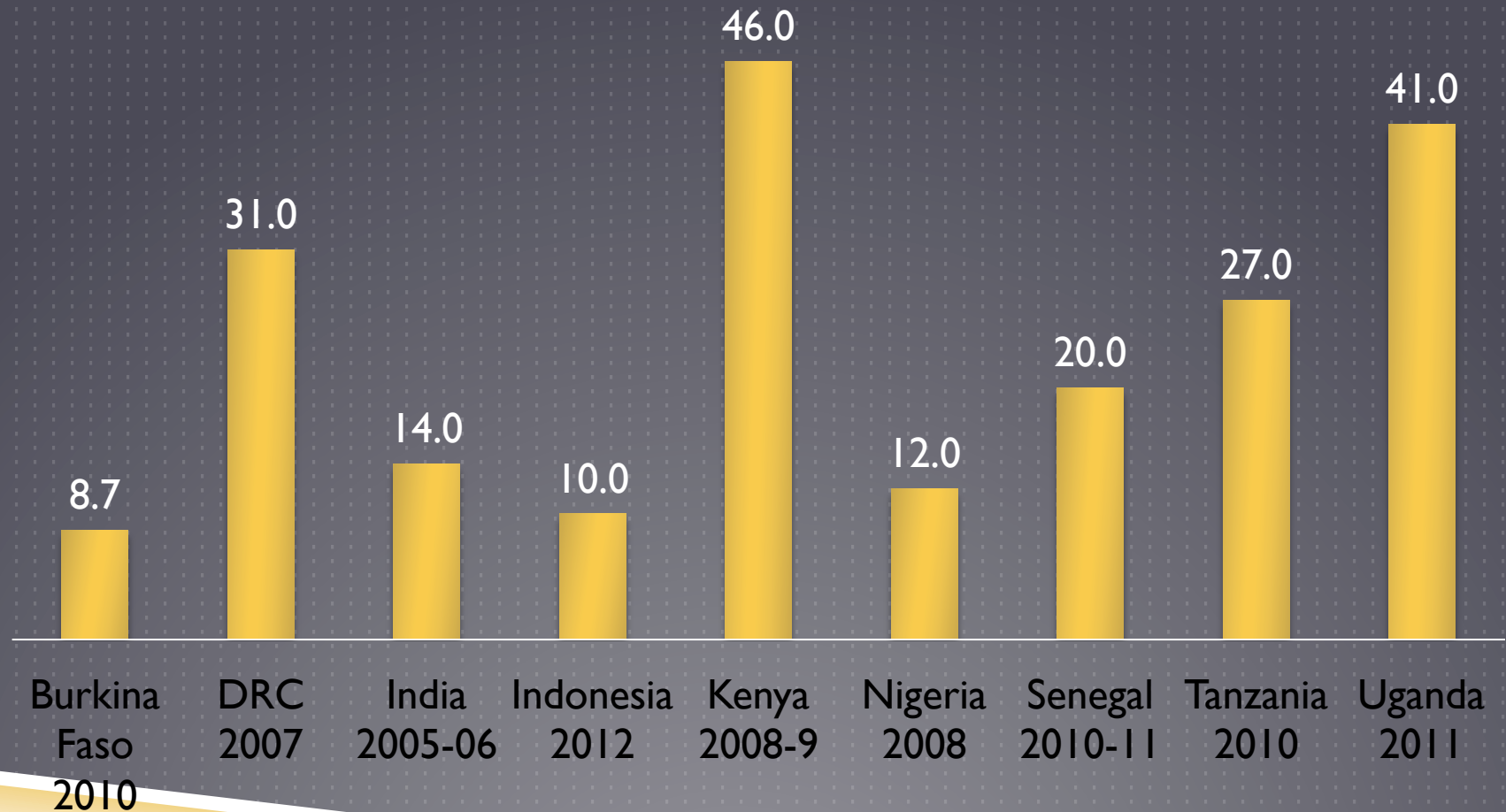
% OF SEXUALLY ACTIVE MARRIED ADOLESCENTS WHO ARE USING A MODERN METHOD, BY METHOD

■ Pill
 ■ IUD
 ■ Injectable
 ■ Condom
 ■ Fem. Steril
 ■ Implants



Hindin, MJ (2014) of behalf of Bill & Melinda Gates Institute for Population and Reproductive Health (weighted data)

% OF ADOLESCENTS WHO HAVE HAD AN UNPLANNED BIRTH



Gutmacher Institute (2013) "Demystifying Data: A guide to using evidence to improve young people's sexual health and rights"

% OF CURRENTLY MARRIED ADOLESCENTS WHO HAVE AN UNMET NEED FOR CONTRACEPTION

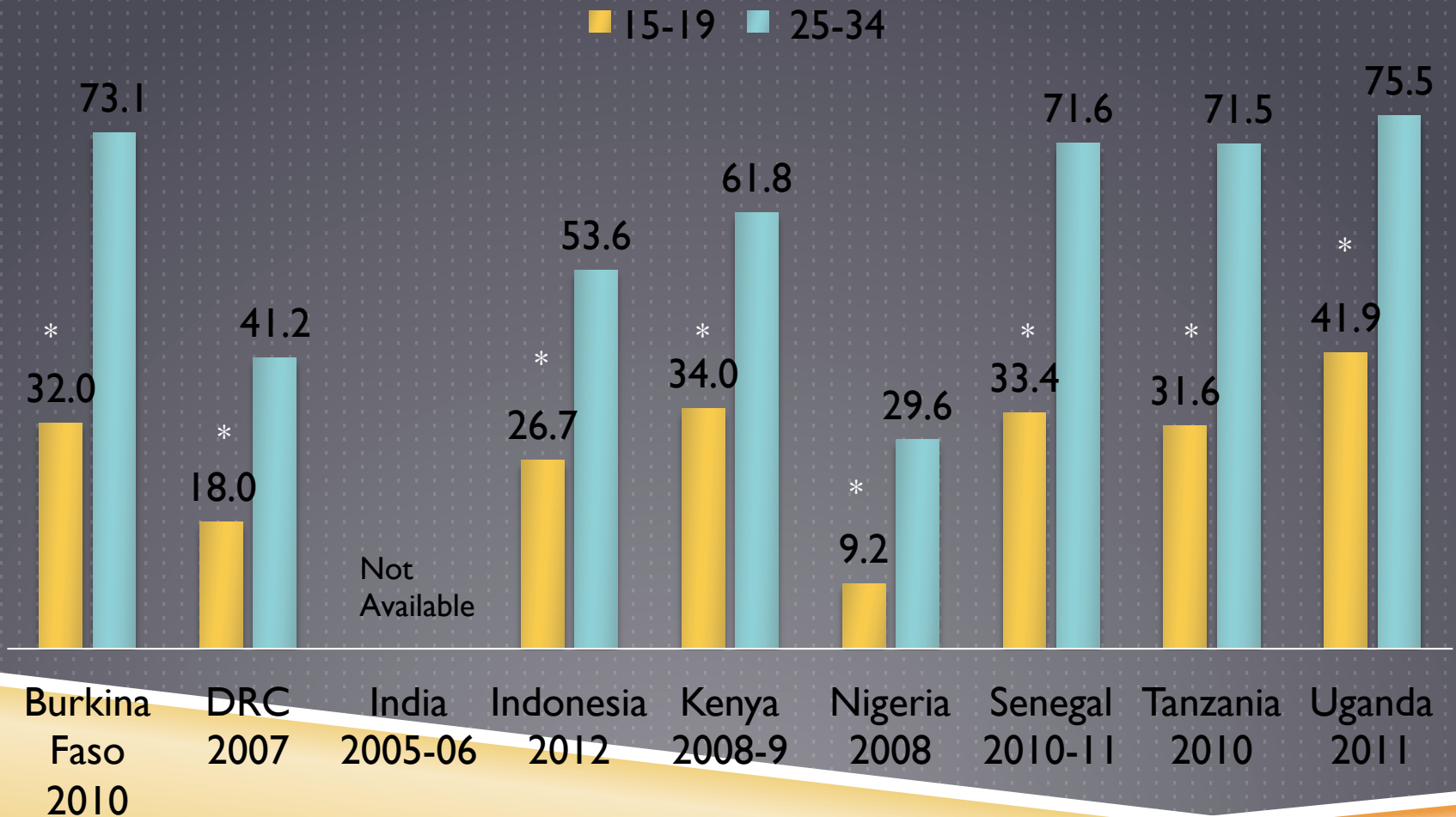


EMERGENCY CONTRACEPTION-ACCESS AND COST

- ▶ Burkina Faso- no age restrictions reported, \$7.45, prescription required
- ▶ DRC- has no age restrictions reported, \$2-\$8, prescription required
- ▶ India-no age restrictions reported, \$0.03-\$1.60, no prescription needed
- ▶ Indonesia- not on essential medicines list, prescription required
- ▶ Kenya-no age restrictions reported, \$1.15-\$2.30, no prescription needed
- ▶ Nigeria- no age restrictions reported, list, on National FP Norms, \$0.30-\$1.20, no prescription needed
- ▶ Senegal-no age restrictions reported, no cost data, no prescription needed
- ▶ Tanzania-no age restrictions reported, \$5.00, prescription required
- ▶ Uganda-no age restrictions reported, no cost data- EC into family planning programs targeting adolescents in 2004 National Adolescent Health Policy, prescription required

<http://www.cecinfo.org/country-by-country-information/status-availability-database/> (Accessed May 18, 2014)

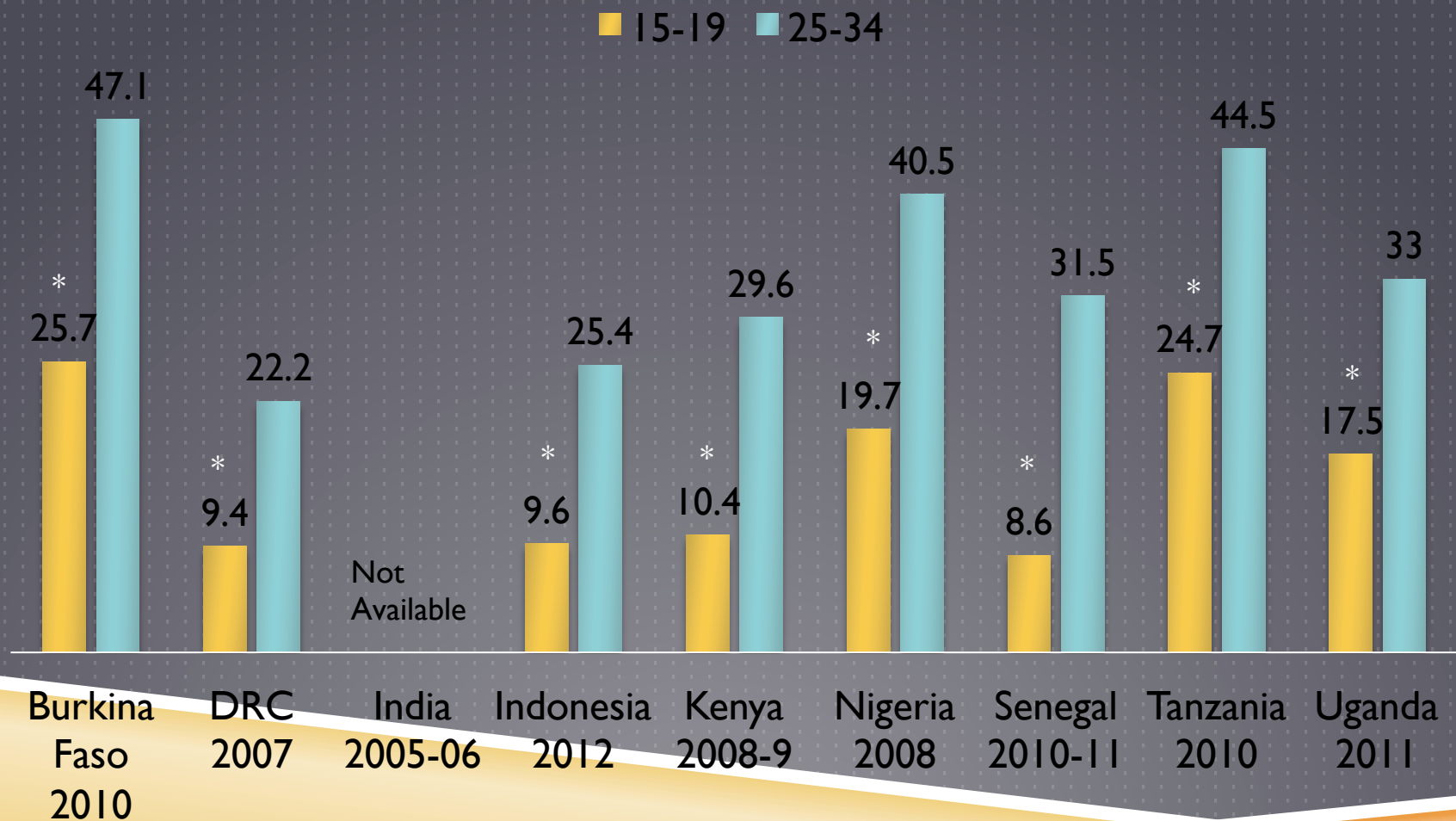
% WHO VISITED A HEALTH FACILITY IN THE PAST YEAR (15-19 YEAR OLDS VS. 25-34 YEAR OLDS)



Note: * indicates statistically different and greater than 5% difference

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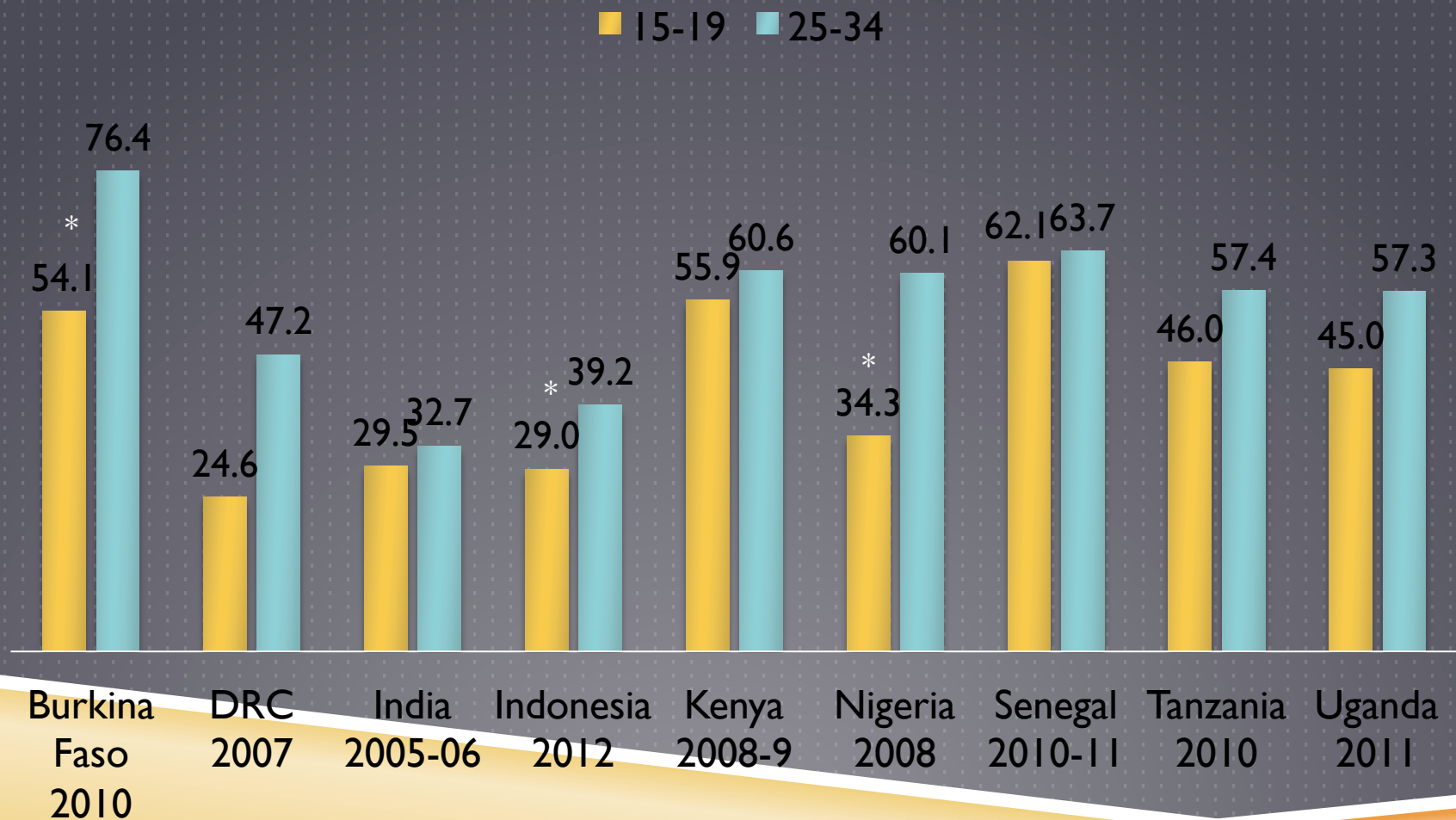
% WHO VISITED A FACILITY AND WERE TOLD ABOUT FP IN THE PAST YEAR (15-19 YEAR OLDS VS. 25-34 YEAR OLDS)



Note: * indicates statistically different and greater than 5% difference

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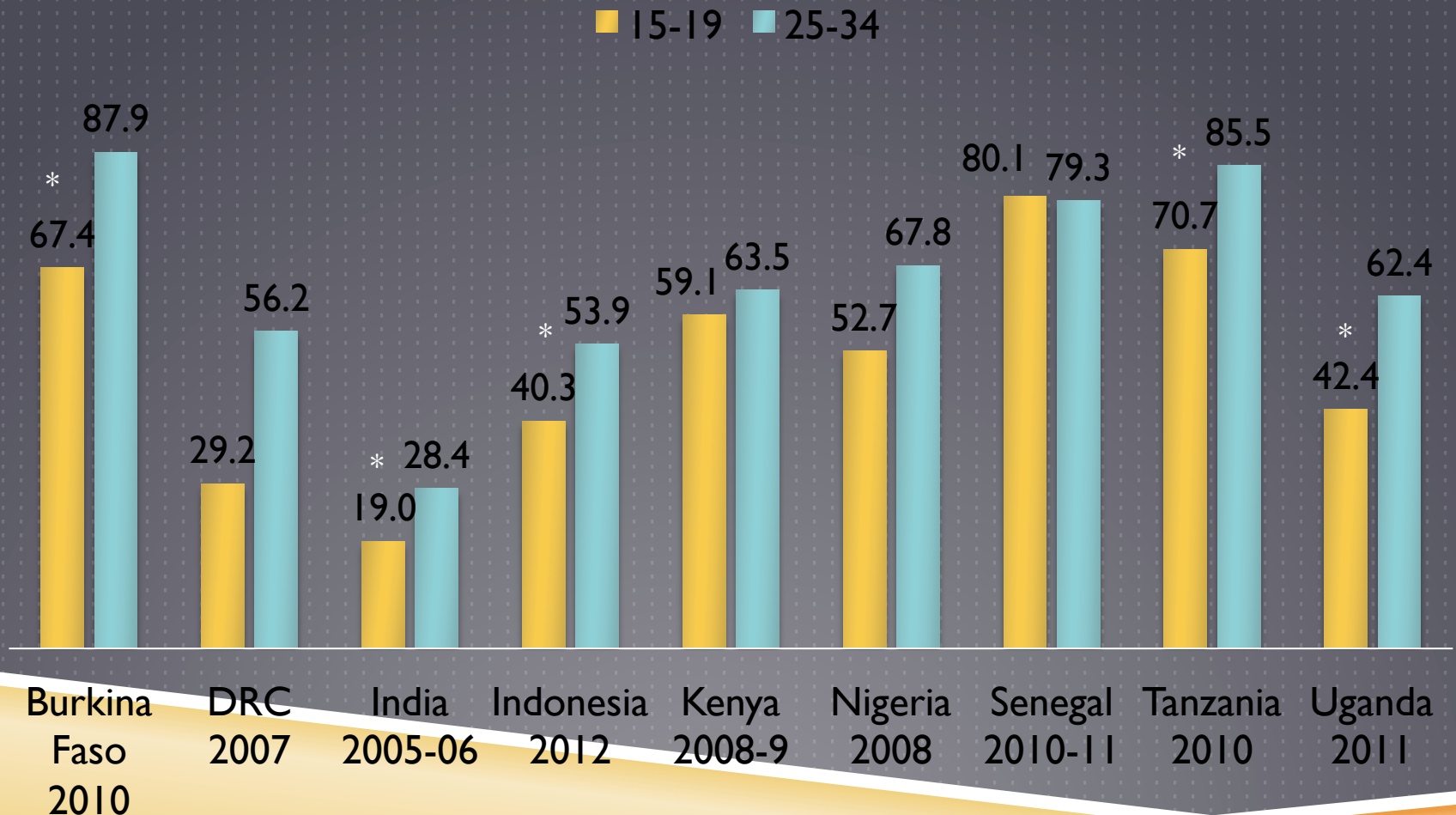
% WHO ARE CURRENT FP USERS AND WERE TOLD OF SIDE EFFECTS WHEN THEY ADOPTED THEIR CURRENT METHOD (15-19 YEAR OLDS VS. 25-34 YEAR OLDS)



Note: * indicates statistically different and greater than 5% difference

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% WHO ARE CURRENT FP USERS AND WERE TOLD OF OTHER METHODS WHEN THEY ADOPTED THEIR CURRENT METHOD (15-19 YEAR OLDS VS. 25-34 YEAR OLDS)



Note: * indicates statistically different and greater than 5% difference

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INTERVENTIONS

PEER EDUCATION AND SCHOOL-BASED SEX EDUCATION PROGRAMS

- ▶ Evidence on the impact of peer education programs is limited
 - ▶ A recent systematic review found that the peer educators generally benefit but there is no evidence to draw conclusions as to whether peer education increases use of contraception (but maybe condom use?) (Kesterton and Cabral de Mello Reproductive Health 2010, 7:25)
- ▶ Evidence on school-based education
 - ▶ A recent meta-analysis found that school-based education (focused on HIV prevention) significantly decreased initiation of sex and increased condom use (Fonner et al, 2014, PLoS ONE 9(3))
 - ▶ Comprehensive sexuality education DOES NOT increase sexual activity but may not decrease it either (Haberland et al., personal communication)

YOUTH FRIENDLY SERVICES AND YOUTH CENTERS

- ▶ A recent systematic review of youth centers that provided sexual and reproductive health services found
 - ▶ “insufficient evidence was found to recommend widespread implementation of the youth center as a model for promoting use of SRH services among young people.” (Zuurmond et al. *Studies In Family Planning* 2012; 43[4]: 239-254)
- ▶ An older review found
 - ▶ “African youth centers have indicated that youth center utilization tends to be for recreational reasons rather than for counseling or clinical services... youth centers appear to be cost prohibitive” (Speizer et al, *Journal Of Adolescent Health* 2003;33:324–348)

LOW-COST OR FREE CONTRACEPTIVES

- ▶ Models suggest that to reach “universal coverage” of adolescents in need of contraception in lower- and middle-income countries by 2015, 5.1 billion USD will be needed (Doegan et al., (2012) PLoS ONE 7(12): e51420.)
- ▶ The Contraceptive CHOICE project (St. Louis) provided any contraceptive method FREE to adolescents and found clinically significant declines in the abortion rate, repeat abortion rate, and teenage childbearing rate (Peipert et al., (2012), Obstetrics and Gynecology 120(6): 1291-1297
- ▶ No clear data in LMICs—just “contraception is cost-effective”

INTEGRATED SERVICES

▶ HIV and FP

- ▶ A recent Cochrane systematic review of integrated HIV and FP services for women found few interventions and among the interventions identified, evidence was mixed on contraceptive uptake (Lopez et al, 2013, Cochrane Database of Systematic Reviews)
- ▶ A systematic review of integration of FP services into “other” health services (for all age groups) found “The evidence supporting the integration of family planning with other health services remains weak, and well-designed evaluation research is still needed.” (Kuhlmann et al., 2010, International Family Planning Perspectives 36(4): 189-196)

▶ Missed Opportunities—Good Ideas but No Evidence

- ▶ PAC
- ▶ Post-Natal
- ▶ ANC

NATIONAL YOUTH AND RH POLICIES

- ▶ As of April 2014, of 198 countries, 122 countries (62%) have a national youth policy, up from 99 (50%) in 2013.
 - ▶ 31 countries have no national youth policy at the moment
 - ▶ 14 are in Africa, 9 in Asia, 5 in the Americas, and 3 in Europe.
- ▶ Which AFP countries do not have a youth policy?
 - ▶ Indonesia
 - ▶ Senegal

<http://www.youthpolicy.org/nationalyouthpolicies/#B>

SUMMARY OF INTERVENTIONS

Intervention	Evidence that it works to increase adolescent contraceptive use
Peer Education	No
School-Based Education	Yes
Comprehensive Sexuality Education	No
Youth-Friendly Services	No
Low-Cost, Free Contraception	Maybe
Integrated Services	Maybe
Missed Opportunities	Who knows?
Changing Laws	Necessary, but sufficient?