

GLOBAL LEARNING AGENDA

Expanded Method Choice for Adolescents and Youth



RATIONALE

In recent years, the global family planning (FP) community has placed an increased emphasis on the importance of adolescent and youth FP efforts to attain global FP2020 goals. While much has been accomplished, significant barriers remain to adolescents and youth accessing and using an expanded range of contraceptive methods. Representatives from the WHO Human Reproduction Programme; Full Access, Full Choice Project; FP2020; and the Expanded Method Choice for Youth Working Group jointly identified measurement and learning gaps for expanded method choice for adolescents and youth and organized a technical workshop to address these issues.

LEARNING AGENDA DEVELOPMENT

Sixty-four participants representing international organizations, UN agencies, and donors convened for a technical workshop in Washington, DC from March 6-8, 2018. The objective was to develop an updated global learning agenda and prioritize evidence and measurement needs to improve access to and use of an expanded range of FP methods for adolescents and youth.

Attendees participated in facilitated small group discussions on eight learning themes: quality and availability of services; post-pregnancy FP; client satisfaction and acceptability; expanding method choice; young people's

needs and choices; program strategies and replication/scale-up; advocacy priorities; and outcome measurement. Each group created and prioritized learning agenda questions and identified potential projects and data sources to answer proposed questions (see appendix). The workshop ended with a consensus-based, prioritization exercise in plenary with all participants voting on their top two learning agenda questions that could be answered in the short (addressed now or in the coming two years), medium (addressed in the next 3-5 years using forthcoming data) and long (requires new project or primary data collection) term.

LEARNING AGENDA FOR EXPANDED METHOD CHOICE FOR ADOLESCENTS AND YOUTH

Before voting began, the group decided that the following question would supersede all learning agenda questions:

How do we define and measure expanded method choice, or choice around contraception, particularly for adolescents and youth?

LEARNING AGENDA

The following are the top-two learning questions that were voted most highly by the group in the short-term, medium-term, and long-term horizons.

SHORT TERM



Understanding who is influential (e.g., parents, peers, community members, service providers, etc.) at affecting adolescent and youth adoption and continuation of a family planning method and how does this differ across the young person's life course? How do we intervene programmatically to shift negative community norms at the household, community, and provider levels that pose as barriers to adolescents and youth uptake and continued use of modern contraception?



What is the link between expanded method choice and adolescent and youth outcomes such as uptake, discontinuation and switching?

MEDIUM TERM



What are the influencing factors- facilitators (e.g., social norms, champions, cultural factors) and barriers (e.g., FP stigma)- that influence the timing of postpartum or post-abortion family planning uptake and method selection among post-pregnancy adolescents and youth?



What can we learn from a "pathway" to method choice for adolescents and youth? What drives family planning decisions? What makes an adolescent girl/youth choose a specific method?

LONG TERM



What features of service delivery points and/or providers are attractive and important to young people when seeking contraceptive advice and services? And how does this influence method choice?



When young people design services, how are they changed? When young people are involved in program design, what is prioritized and how does this lead to improved method choice?

SUMMARY AND NEXT STEPS

The Full Access, Full Choice Project is tasked with increasing the global evidence base on expanded method choice for adolescents and youth and will utilize secondary data to answer a small number of specific prioritized questions. Full Access, Full Choice will work in conjunction with the other meeting organizers and attendees to build upon the enthusiasm of the technical workshop to plan for and answer the established learning agenda questions. For more information, please contact the FAFC team at fullaccessfullchoice@unc.edu.

APPENDIX

FULL LIST OF SHORT, MEDIUM, & LONG-TERM LEARNING QUESTIONS

SHORT TERM

- Are there examples of projects that are focusing on quality of family planning services at non-traditional service outlets such as drug shops, pharmacies, etc.? Are there examples of programs specific to reaching young people?
- Is there a difference between public and private providers in terms of access to expanded method choice for adolescents and youth?
- Is provider behavior (which may lead to bias toward adolescent and youth access to FP) linked to competence or values and could these be corrected through training?
- What is the effect of ANC-based PPF counseling on immediate post-partum method choice? Focus on women receiving ANC counseling (disaggregated by: counseling setting [group counseling, individual counseling], counselor type, dosing, frequency, timing during pregnancy when a decision was made on choice of method, age); what was the immediate PP uptake for facility-based births. What methods offered, decision prior to birth (if there was one), and/or method they leave with after birth?
- How do we define and measure expanded method choice, or choice around contraception, particularly for adolescents and youth?
- What is the link between expanded method choice and adolescent/youth outcomes such as uptake, discontinuation and switching?
- Where do young people get or want information on method choices and related factors (reproductive biology)?
- Does non-condom contraceptive method use inhibit/prevent a young women from asking male partners to use a condom for STI/HIV protection? What about a woman-controlled female condom?
- What resonates with adolescents with respect to jointly avoiding STIs and pregnancy? How do young people balance dual protection and method choice? When young people take up another FP method besides condom, are they maintaining the condom use or not?
- Understanding who is influential (e.g., parents, peers, community members, service providers, etc.) at affecting adolescent and youth adoption and continuation of a family planning method and how does this differ across the young person's life course? How do we intervene programmatically to shift negative community norms at the household, community, and provider levels that pose as barriers to adolescents and youth uptake and continued use of modern contraception?
- What are the external influences and influencers to youth method choice? Specifically, do adolescents actually prefer short-acting methods or are other options not readily available/accessible? Who are the influencers for young people to go to pharmacies or drug shops? Are there social levers that we can influence?
- In what ways do existing workplace interventions expand method choice for adolescents and youth?
- Do voucher programs increase method choice for adolescents and youth?
- How does being a country with supportive policies toward adolescent access to and use of FP (e.g., no parental or spousal consent requirements) impact outcomes? And how can this information be used to inform other countries policy environments?
- Which settings are ripe for change of policy toward adolescent and youth family planning method use or which places do we need to lay low and let things happen?
- What are the gaps between strong policy environments for youth friendly family planning (and access to a full range of methods) provision and implementation (two indicators from the Population Reference Bureau's "Youth Family Planning Policy Scorecard")?
- What is the link between public perception and policy change and what role do young people need to play to affect policies supportive of youth expanded access to FP?

MEDIUM TERM

- Is the Method Mix Index (MII) correlated with discontinuation, and switching? Are there differences in MII between public and private facilities?
- What is the role of contact centres, such as MSI's, in assisting adolescents with expanded selection of methods?
- What are the influencing factors- facilitators (e.g., social norms, champions, cultural factors) and barriers (e.g., FP stigma)- that influence the timing of postpartum or post-abortion family planning uptake and method selection among post-pregnancy adolescents and youth?
- What is the effect of postabortion care FP counseling (disaggregated by content, quality, and counselor type, setting) on the immediate uptake and choice of an FP method among adolescents and youth?
- What can we learn from a "pathway" to method choice for adolescents and youth? What drives family planning decisions? What makes an adolescent girl/youth choose a specific method?
- Do the current terms and language especially family planning and contraceptive method nomenclature: long acting contraceptives (LARC) affect method choice among adolescents?
- Is menstrual hygiene management and amenorrhea relevant for method choice and discontinuation, particularly for adolescents and youth?
- What are the side effects that affect contraceptive choices? How does ensuring comprehensive counseling about what to expect affect young people's choices and use patterns?
- Are programs that include CHWs (a Community Group Engagement component or peer education or other community-led activities) more effective at increasing contraceptive choice for adolescents compared to programs that don't include CHWs?
- Do we have indicators, methodologies, and tools to meaningfully measure client satisfaction?
- What are the most effective channels and tools to collect from and share data from adolescents and youth around preferences, needs, aspirations that relate to expanded method choice?
- What is the linkage between service satisfaction with method satisfaction among young people? How does client satisfaction with service delivery influence continuation of effective modern method contraception among adolescents and youth?

LONG TERM

- What are the characteristics of quality counselling with regards to adolescents and youth, and what is retained by the client and does that drive behavior? If classic quality counselling is not enough, what do you do about it to change it?
- Where do adolescents and youth want to get information and services? How many points of contact do adolescent and young adult girls need before they will take up services?
- What is the nature and extent of the relationship between the range of choices offered and adolescent/youth client satisfaction and acceptability?
- What features of service delivery points and/or providers are attractive and important to young people when seeking contraceptive advice and services? And how does this influence method choice?
- When young people design services, how are they changed? When young people are involved in program design, what is prioritized and how does this lead to improved method choice?
- Reproductive life planning/decision making: How do adolescents make decisions? When adolescents do life planning/reproductive health planning, does that change the method they would seek? How does life planning influence method choice?