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GLOBAL CONSENSUS STATEMENT FOR EXPANDING CONTRACEPTIVE CHOICE FOR ADOLESCENTS AND YOUTH TO INCLUDE LONG-ACTING REVERSIBLE CONTRACEPTION

"Age alone does not constitute a medical reason for denying any method to adolescents."

– Medical Eligibility Criteria for Contraceptive Use, World Health Organization

Global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents and youth will reduce maternal and infant morbidity and mortality, decrease rates of unsafe abortion, decrease HIV/STI incidence, improve nutritional status, keep girls in school, improve economic opportunities, and contribute toward reaching the Sustainable Development Goals. We recognize and commit ourselves and call upon all programs promoting the sexual and reproductive health and rights of adolescents and youth to ensure full and informed choice of contraceptives, by:

- Providing access to the widest available contraceptive options, including long-acting reversible contraceptives (LARCs, i.e., contraceptive implants and intrauterine contraceptive devices) to all sexually active adolescents and youth (from menarche to age 24), regardless of marital status and parity.
- Ensuring that LARCs are offered and available among the essential contraceptive options, during contraceptive education, counseling and services.
- Providing evidence-based information to policy makers, ministry representatives, program managers, service providers, communities, family members, and adolescents and youth on the safety, effectiveness, reversibility, cost-effectiveness, acceptability, high continuation rates, and the health and non-health benefits of contraceptive options, including LARCs, for sexually active adolescents and youth who want to avoid, delay or space pregnancy.

WHY NOW

Globally, there are 1.8 billion adolescents and youth, composing 25% of the world's population.[1] While many adolescents and youth choose to delay sexual initiation, a significant number are sexually active and want to prevent or delay a pregnancy for multiple years—until finishing school, gaining employment, getting married, or to space their children. At the same time, one third of girls in developing countries are married or in union before the age of 18 and approximately 12% are married or in union before reaching age 15,[2] with the expectation that most will become pregnant soon after their weddings.[3] Approximately 16 million adolescents, ages 15-19, give birth annually; for some, these births are planned, but for many others, they are not.[4] An estimated 33 million young women

"When we talk about 'full access and full choice' in regards to adolescent and youth sexual and reproductive health and rights, we have to recognize that currently, nothing could be further than the truth. By not giving adolescents and youth sound, unbiased information and access to long-acting reversible contraception that can meet their needs, we are simply letting youth down."

–International Youth Alliance for Family Planning

aged 15-24 across 61 low and middle income countries have an unmet need for contraception.[5] In addition to the well-documented risks of early childbearing for both adolescent women and their children, the phenomenon of rapid repeat pregnancy (i.e., a pregnancy within 2 years of a previous pregnancy) is increasingly recognized and is associated with increased maternal and newborn morbidity, as well as abortions, including unsafe abortions.[6] Additionally, unsafe abortion among adolescents remains high in some parts of the world; in sub-Saharan Africa (SSA), women under 25 years of age account for 51% of unsafe abortions.[7]

In spite of the numerous statements and conventions ratified by groups such as the World Health Organization (WHO), the International Confederation of Midwives (ICM), and United Nations Population Fund (UNFPA) that uphold the rights of adolescents and youth to access a range of contraceptive methods, those in this age group often encounter numerous barriers in accessing contraceptives. Barriers to adolescents' and youth's contraceptive use include limited knowledge of their contraceptive options, myths and misconceptions, provider bias, lack of family, partner, and community support, negative social norms, and an absence of LARCs services in the places where many adolescents and youth access contraceptives.[8-11] All of these contribute to a restrictive environment for adolescents and youth, especially in their ability to access LARCs. Frequently, laws and policies also restrict adolescents' and youth's access to LARCs, or only support the use of LARCs after a first birth.[12-14] As a result, adolescents and youth typically do not have the full range of contraceptive options available to them, including LARCs, or are unable to access any method at all.

> *"Adolescent-friendly services should offer low-cost or free contraception, including male and female condoms, emergency contraception, and a full range of modern methods, including long-acting reversible methods, according to adolescents' preferences and needs."*
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> – UNFPA 2013 State of World Population Report

EFFECTIVENESS, ACCEPTABILITY, REVERSIBILITY, AND SAFETY

LARCs are among the most effective contraceptive methods. An effectiveness study in the United States noted that typical implant use results in less than 1 pregnancy per 100 users (.05%) over the first year of use.[15] The copper intrauterine device (IUD) also results in less than 1 pregnancy per 100 typical users (.08%) during the first year, for up to 10 years; and the levonorgestrel IUD offers similar protection levels (.02%) for up to five years.[15] Since the sexual activity of unmarried adolescents and youth is often sporadic and less frequent compared with married or adult populations, and because adolescents and youth may want to conceal sexual activity or contraceptive use, improved access to LARCs may address these challenges. Short-acting methods, compared with LARCs, result in more unintended pregnancies. In one developing country, unintended pregnancy was reported only among the users of short-acting contraceptives as compared to implant adopters.[16] Adolescents, compared with adults, often have poorer compliance and/or higher discontinuation rates when using short-acting methods.[17] In the United States, the CHOICE Project showed that continuation rates for LARCs among women of reproductive age, including adolescents and youth, are significantly higher than for those using short-acting methods, due to satisfaction with the method, acceptance of side effects, and the lack of need for daily or pericoital adherence.[18] In an urban slum, young Kenyan women, who were initially seeking short acting contraceptives, readily accepted implants with high continuation rates (80% in 18 months).[16] Modeling in the United States has shown that even if long-acting reversible contraceptives are not used for the full duration of efficacy, they are cost-saving relative to short-acting methods within three years of use.[19] In addition, the return to fertility after using LARCs is faster than it is with some short-term methods.[20]

Safety

Several major medical governance bodies have issued statements affirming the safety and appropriateness of offering LARCs to adolescents and youth. The American Congress of Obstetricians and Gynecologists and the American Academy of Pediatrics have issued statements affirming that LARCs are safe and appropriate for adolescents. As adolescents are at high-risk for early and/or unintended pregnancy, they may benefit from increased access to

LARCs.[21,22] The World Health Organization's Fifth Edition Medical Eligibility Criteria lists all varieties of IUD and implants as either Category 1 (i.e., use method in any circumstance) or Category 2 (i.e., generally use the method). Furthermore, it states that LARCs (both IUD and implants) can be used safely by adolescents and nulliparous youth.[20] Similarly, the Center for Disease Control also supports improving adolescent and youth access to LARCs.[23]

ADDITIONAL HEALTH BENEFITS

The use of hormonal contraceptive methods, including LARCs, offers multiple secondary non-contraceptive health benefits. Hormonal IUDs and implants often decrease menstrual flow and pain, and as such can be used to treat certain gynecological conditions, including endometriosis, among others.[24] Hormonal IUD and implant use can also lead to higher hemoglobin levels, which may contribute to reductions in anemia, a common health condition among adolescent and young women in developing countries.[25,26]

Guidance for Service Providers

<u>The Right of Adolescents and Youth to Access a Full-Range of Contraceptive Methods</u>

All adolescents and youth, married or unmarried, sexually active or not sexually active, need age and developmentally appropriate sexuality education. The right to receive confidential information on pregnancy prevention, including the delay of sexual debut, and contraceptive information, counseling and services, free of provider judgment or bias, is of particular importance for adolescents and youth– regardless of marital status and parity. Adolescents and youth must receive information on the full range of contraceptive methods, including LARCs, in order to make an informed choice. Comprehensive information and counseling, specifically focused on adolescents' and youth's unique needs and concerns, are critical to informed choice. This helps adolescent girls and young women to understand the advantages specific to the different methods and any and all possible side effects, improving client satisfaction, and increasing contraceptive continuation, including switching to another method, if they choose.[17] Given the effectiveness of LARCs, these methods must be included when informing and counseling adolescents and youth about contraceptives. They have the right to choose a less effective option if they desire, based on full information and counseling about their choices. As with any contraceptive method, adolescents and youth have the right to decline or discontinue the use of any contraceptive, at any time. Removal services must be available and accessible within a reasonable timeframe.

> *"FIGO and ICM fully support action to reduce provider bias that may prevent LARCs from being offered in a non-discriminatory manner to young people. We encourage obstetricians, gynecologists, and midwives affiliated with FIGO and ICM through their national associations to work to promote strategies and remove barriers in their countries to the use of LARCs to meet young people's reproductive health needs."*
>
> – International Federation of Gynecology and Obstetrics (FIGO) and International Confederation of Midwives (ICM)

Since adolescents and youth are disproportionately affected by sexually transmitted infections (STIs), including HIV, dual-method use of LARCs and condoms should always be emphasized, as LARCs do not provide protection against STIs/HIV.[27]

PROGRAMMATIC GUIDANCE

Ensuring that all sexually active adolescents and youth are able to benefit from contraceptives and the opportunity to prevent unintended pregnancies, as well as reap the health and social benefits offered by healthy timing and spacing of pregnancies, requires a joint effort by health care professionals, policymakers, parents and communities, donors, program implementing organizations, and governments.

Together we must work to:

- Create an enabling environment for full method choice for adolescents and youth that includes community support for them to demand, access, and use a full range of methods.
- Partner with adolescents and youth, and encourage them to advocate for themselves, to ensure their desires, intentions, needs, and concerns with respect to contraceptive information, counseling and method choices are met.
- Promote and encourage the use of age-disaggregated data to monitor progress in expanding method choice for adolescents and youth.
- Include appropriate task-sharing of responsibilities among providers, as outlined in the WHO's 2012 guidelines,[28] so that adolescents and youth have greater access to a full array of contraceptive options, at all levels of the health system.
- Strengthen pre-service and in-service education for physicians, midwives, nurses, and other frontline workers to better prepare them to provide appropriate contraceptive counseling for adolescents and youth, and to mitigate provider bias against offering contraceptives including LARCs to this population.
- Ensure robust and sustainable health systems to ensure quality provision of the widest range of contraceptive services including LARCs to sexually active adolescents and youth.

"LARC is seen as unsafe or ill-suited for adolescents and youth by many providers who share medically inaccurate information influenced by their own biases and beliefs. But the truth of the matter is that LARC is one of the safest, most convenient and most effective contraceptive technologies for youth. These methods offer gold standard contraceptive protection and require little to no maintenance - a feature that adolescents and youth can appreciate. Adolescents and youth are diverse and come from a myriad of societal, religious, and cultural contexts but what we have in common is our need for privacy and respect in the area of sexual and reproductive health. We rely on health care providers, donors, policy makers, and governments to trust our decisions and our call for highly effective contraceptive options rather than question our knowledge and understanding of our own bodies and needs."

–International Youth Alliance for Family Planning

By committing to and investing in the actions above, we can all create lasting change in the lives of the largest generation of adolescents and youth ever to come of age.

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