Young People and Contraceptive Access

An advocacy and communications handbook
Young People and Contraceptive Access
An advocacy and communications toolkit

What?

- Handbook to support and use the Youth caucus Key Messages on ensuring universal access to high quality and affordable contraceptive supplies for young people based on their needs.
- Developed for RHSC member organizations to better understand what a youth-centered approach to RH supplies entails
- To support advocacy on improving issues related to young people’s access to RH supplies
Background

Why are young people a “special case”?

“Young women face a significantly higher burden of unmet need for contraception”

A Guttmacher report on 31 developing countries indicates that women between the age of 15 and 24 years face an unmet need of 31 percent compared to only 23 percent when women are between 24 and 49 years old (2006-2014) (Gilda Sedgh, 2016).
Background

Why are young people a “special case”?

Provider bias based on age

**Legal restrictions**
A range of legal restrictions limiting adolescents access to RH services and supplies:
- Parental consent laws
- Age restrictions to emergency contraceptives
- Age restrictions to sexual activity
- Limited Freedom of movement

**Societal restrictions**
Restrictions because of a lack of knowledge or personal believes from providers:
- Misinformation on the absence of legal restrictions (e.g. USA)
- Denying access based on personal believes about adolescent sexuality (e.g. Nigeria, Kenya, India, Tanzania, Ghana)
Background

Why are young people a “special case”?

Contraceptive method mix

“The contraceptive method-mix is an indication of the level of use of different contraceptive methods. A broad method mix suggests that the population has access to a range of different contraceptive methods. By contrast, a method mix dominated by certain types of contraceptives can signal: provider bias in the system, user preferences or a mix of both.”
Background

Why are young people a “special case”?

Contraceptive failure rates

Compared with adults, adolescent contraceptive behavior is characterized by shorter periods of consistent use, higher contraceptive use-failure rates, and greater likelihood of stopping for reasons other than the desire to become pregnant (Castle S. & Askew I., 2015)
## Background

### Young People and the Coalition

### Availability
- Youth-specific distribution channel
- Work with private sector as primary access point
- Prevent stockouts of youth preferred methods

### Quality
- Brand and market products with young people in mind
- Make product information accessible through technology and education
- Provide youth-tailored counselling

### Equity
- Remove age-based and consent restrictions
- Lower costs for youth preferred methods
- Reduce stigma surrounding premarital sex and provider bias towards young people

### Choice
- Age-appropriate information on SRH methods
- Include stigmatized methods in range of accessible supplies for young people
- Set and disseminate existing standards for service providers
“The 18 key messages have been formulated by the RHSC Youth Caucus. They can be used to advocate for political and financial support at national (local, in country) and international level for young people to acquire accurate information (and life skills) around sexual and (SRHR) and rights supporting hem to access modern contraceptive methods of their choice. Key messages/asks
In order to ensure universal access to high quality and affordable contraceptive supplies for young people based on their needs, we call upon governments, CSOs, research institutions, the private sector and the international community as a whole to”

The key messages tools

- Key messages are a global assessments
- Tools = 7 steps to tailor key messages to specific region or country

1. Gathering data on your region
2. Selecting focus messages
3. Identify target policy makers
4. Adapt your messages to the audience
5. Analyze the policy making process and identify advocacy opportunities
6. Develop an action plan
7. Monitoring and evaluation
The key messages tools

Gathering data on your region

Uganda Adolescent Contraceptive Use

Use and non-use of contraception adolescent girls, aged 15-19

<table>
<thead>
<tr>
<th>Method</th>
<th>Sexually active, unmarried</th>
<th>In union</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not using</td>
<td>68.8%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>4.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Periodic abstinence</td>
<td>1.1%</td>
<td>--</td>
</tr>
<tr>
<td>Male condom</td>
<td>17.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Pill</td>
<td>0.9%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Injectable contraceptives</td>
<td>6.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Implants</td>
<td>--</td>
<td>0.7%</td>
</tr>
<tr>
<td>IUD</td>
<td>0.2%</td>
<td>--</td>
</tr>
</tbody>
</table>

Report not wanting a child in the next two years

74.0% sexually active unmarried adolescent girls

44.8% adolescent girls in union

Main reasons for not using contraception

- Sexually active, unmarried
  - 41.8% not married
  - 40.5% infrequent sex
  - 29.5% fear of side-effects or health concerns
- In union
  - 30.8% breastfeeding
  - 29.2% others are opposed
  - 25.7% menses has not returned after giving birth

Sexually active, unmarried

- 45.3% from a private facility
- 32.0% from a shop

In union

- 51.2% from a private facility
- 34.1% from a government facility

information sources:

- Uganda demographic and health survey (UDHS, 2011 / WHO)
### The key messages tools

#### Gathering data on your region

<table>
<thead>
<tr>
<th>Parental Consent, Spousal Consent, or Provider Discretion</th>
<th>Law or policy exists that supports youth access to FP services free from one or two of the following: provider discretion, parental consent, or spousal consent, but not all three.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restrictions Based on Age</td>
<td>Law or policy exists that supports youth access to FP services regardless of age but does not include provision of a full range of methods.</td>
</tr>
<tr>
<td>Restrictions Based on Marital Status</td>
<td>No law or policy exists addressing marital status in access to FP services.</td>
</tr>
<tr>
<td>Comprehensive Sexuality Education</td>
<td>Policy promotes abstinence-only education or discourages sexuality education.</td>
</tr>
<tr>
<td>Youth-Friendly FP Service Provision</td>
<td>Policy references targeting youth in provision of FP services but mentions fewer than seven of the core elements of adolescent-friendly contraceptive services.</td>
</tr>
<tr>
<td>Community Support for Youth FP Services</td>
<td>Policy outlines a detailed strategy to build community support for youth FP services, including one or more of the following approaches: mass media/multimedia, community engagement, awareness campaigns.</td>
</tr>
</tbody>
</table>

Information sources: PRB Family Planning Policy Scorecard (2017):

The key messages tools

Selecting focus messages

1. **Empower young people by giving them accurate, youth-friendly and age-appropriate information on SRH methods and how to find trusted health facilities, so they can make their own method choice.**

   - Do you consider this message as an issue that is relevant for the young people in your country/region? Why?
     - Yes, there is a lack of quality Comprehensive Sexual education, young people have few access point for quality and age-appropriate information. Among 15-19 year old girls, the majority is not using contraception while being sexually active.

   - What is the current situation in your country/region regarding this issue?
     - There are no legal limitations to access RH supplies, but the existing policies do not include provision of a full range of methods. High unmet need and contraceptive use is limited to male condom and injectables.

   - Are there still gaps that need to be addressed?
     - One of the biggest obstacles is social stigma on adolescent sexuality, this means young people have no access points for information (not from parents or CSE). Big gap between legal situation and social environment.

   - Are there other organizations working on this issue?
     - Yes, there are a few CSO working on access to RH supplies and youth-appropriate information that are also members of the RHSC. E.g. PHU Uganda, Allied Youth Initiative, Teenage Health Education Centre, etc.

   - Rank the message based on relevance for your organization to address this.
     - 1
     - 2
     - 3
     - 4
     - 5

0 (not important at all) - 5 (very important)
### The key messages tools

#### Identifying target policy makers

<table>
<thead>
<tr>
<th>POLICY MAKER MATRIX</th>
<th>Policy Makers: Uganda - Ministry of Health</th>
<th>Policy Makers:</th>
<th>Policy Makers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are these policy makers working around youth and/or RH supplies issues?</td>
<td>Both In different national policy documents (like the Family Planning CIP), adolescents are identified as a top priority. The provision of Youth-friendly FP services also features prominently across Uganda’s policy documents.</td>
<td>Health is identified as a national priority under the development of Human Resources. Health, improving Maternal and Reproductive Health are focal points. As well as funding for drugs and commodities. Overall, Health is an important policy area.</td>
<td></td>
</tr>
<tr>
<td>How much influence do these policy makers have on youth and/or RH supplies issues?</td>
<td></td>
<td>The Ministry of Health is a member of the RHSC and undersigned our vision regarding RH supplies. Increasing age-appropriate information, access, and the use of FP amongst young people, is one of five priorities in the Family Planning.</td>
<td></td>
</tr>
<tr>
<td>What is their attitude towards increasing access to RH supplies for young people?</td>
<td></td>
<td>The Ministry of Health is a member of the RHSC. Several health officials are part of implementing mechanism listerv. Indirect link through network of CSOs that are also in contact with the RHSC.</td>
<td></td>
</tr>
<tr>
<td>Does your organisation have a direct connection to the policy maker and is it easy to reach out to them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank the message based on relevance for your organisation to address this.</td>
<td>1 2 3 4 5 (1 not important at all - 5 very important)</td>
<td>1 2 3 4 5 (1 not important at all - 5 very important)</td>
<td>1 2 3 4 5 (1 not important at all - 5 very important)</td>
</tr>
</tbody>
</table>
The key messages tools

Adapt messages to the audience

<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>PRIORITIES / MAIN INTEREST</th>
<th>RELATED KEY MESSAGES</th>
</tr>
</thead>
</table>
| Uganda - Ministry of Health  | Main vision: ‘A healthy and productive population that contributes to socioeconomic growth and national development’:  
- Health as an economic lever for growth  
- Stress added value of YFS to well-being and capacity of adolescents to work.                                                                                   | 1. Empower young people by giving them accurate, youth-friendly and appropriate information on SRH methods and how to find trusted health facilities, so they can make their own method choice. |
The key messages tools

Analyze the policy making process and identify advocacy opportunities

• Set of questions to help understand the policy making process and find the best ways to try and influence decision makers (e.g. Is there a formal space for CSOs consultations?)

• Understanding the decision making process helps to identify windows of opportunity (e.g. elections, international summits, high political visits, etc.)

• Windows of opportunity are those moments when the change to influence policy makers increase substantially because of temporary or sudden changes in social and political environment
The key messages tools

Develop an action plan

- Examples of different advocacy activities (e.g. public outreach, study days, etc.)
- Examples of possible outcome and output indicators

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>INDICATORS</th>
<th>PARTNERS INVOLVED</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold workshops to engage peers to educate young people about YFS for RH services. Recruit adolescents to become Champions on YFS in their community</td>
<td>YFS workshops held (target: 12 camps)</td>
<td>Youth CSOs</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>Amount of adolescents reached (target: 560)</td>
<td>Local schools and community centers</td>
<td>Possible key events:</td>
</tr>
<tr>
<td></td>
<td>Amount of YC recruited (target: 36)</td>
<td>Ministry of Health</td>
<td>National FP conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Start of the school year</td>
</tr>
</tbody>
</table>
The key messages tools

**Monitoring and evaluation**

Monitoring: Providing the tools to self monitor the progress to identify possible shortcoming and hold all parties accountable:

1. Which of your desired targets are you reaching?
2. Are you falling behind on other targets, and if so, why?
3. Are your indicators still representative for your activities?
4. What new activity could help achieve your goals and objectives?

<table>
<thead>
<tr>
<th>Monitoring and Evaluating the Action Plan</th>
<th>Activity: Peer education workshops on YFS for RH services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of your objectives are you reaching?</td>
<td>YFS workshops held: Target 12 / held: 10</td>
</tr>
<tr>
<td></td>
<td>Amount of YC recruited: Target 36 / recruited:25</td>
</tr>
<tr>
<td></td>
<td>Amount of adolescents reached: Target 360 / reached:100</td>
</tr>
<tr>
<td>Are you falling behind on certain objectives, and if so, why?</td>
<td>The groups signing up are smaller (15-20). A lot of young people are hesitant</td>
</tr>
<tr>
<td>Do the indicators still accurately reflect what you want to track? If not, can you adapt them more to your needs?</td>
<td>Yes, we added an extra indicator. YC need to follow an extra course and take a test to get certified. Certified YC Target: 30</td>
</tr>
<tr>
<td>Has the collaboration with partners been helpful? Or rather an obstacle?</td>
<td>Schools were hesitant to organise workshops during hours and linked to the schools. With support from the MoH they are turning around</td>
</tr>
<tr>
<td>Is the timeline still realistic? If not, what is the reason for this?</td>
<td>Yes, most targets are still on track. With extra effort we will also reach the desired number of 360 young people</td>
</tr>
<tr>
<td>What are barriers to success?</td>
<td>Social sitgma on the sexuality of adolescents. parents are often hesitant to allow their children to participate in off-school events</td>
</tr>
<tr>
<td>What facilitated success?</td>
<td>The support from the Ministry Health is helping to connect schools and difficult to reach</td>
</tr>
</tbody>
</table>
The key messages tools

**Monitoring and evaluation**

Evaluating the outcomes: Analyze the final results of the activities and compare this what you set out to do. This will help to determine next steps, provide recommendations for future actions based on lessons learned.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicators</th>
<th>What worked well?</th>
<th>What didn’t work well?</th>
<th>Overall conclusion</th>
<th>What new activity could help achieve your goals and objectives?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold workshops to engage peers to educate adolescents about YFS for RH services.</td>
<td>YFS workshops held target 12 / held: 20</td>
<td>Targeting schools was difficult in the beginning, but number of participants was higher compared with private workshops. Attendees were very active and high number wanted to become a youth champions</td>
<td>Private organized events had low attendees. Important to advocate workshops towards parents and the full community. Difficult to oversee all the youth champions and their own activities after the workshops</td>
<td>The activity was a succes. A lot of new peer educators signed up, but it was proofed necessary to do a follow-up test and award certificates to maintain control over the quality of new initiatives</td>
<td>Next steps are: Develop guidelines and a support system for the champions to organise workshops in their community. Work with schools to include workshop in school curriculum ones a year.</td>
</tr>
<tr>
<td>Recruit participating young people to become Champions on YFS in their community</td>
<td>Adolescents reached target: 360 / result: 410</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Champions recruited Target 36 / result 60</td>
<td>Champions certified Target 30 / result 20 (still ongoing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Engaging online

Best-practices of innovative tools

This section lists existing tools, like apps, virtual reality, comic books, etc. that work on increasing access to reproductive health supplies for young people. These examples have to potential to inspire future work in other countries or regions.

#DÔNDE

**What:** Open-source platform helping users locate quality youth-friendly RH services and access points for supplies

**Innovation:** Young people informing each other about RH services received by submitting reviews of the RH services that users received at the facilities included in #Dônde

**Who:** CEDES in collaboration with Fundación Huesped

**Where:** Argentina

**Link:** https://donde.huesped.org.ar/#/

Health for All Coalition (HFAC) Whatsapp Group

**What:** Whatsapp Group to promote government investment in reproductive health and family planning services.

**Innovation:** Using Whatsapp as a simple, cost-effective means of reaching out to policy influencers and decision makers.

**Who:** Health for All Coalition (HFAC)

**Where:** Sierra Leone

**Link:** https://amplifychange.org/news/-/what-does-whatsapp-have-to-do-with-advocacy-for-family-planning-budgets-67/

Chasing Dreams

**What:** Comic Book and Facilitator guide to raise awareness of the HIV-related challenges migrants, mobile workers, face and the communities with whom they interact.

**Innovation:** Participatory created comic through workshops and interviews to capture real-life stories and issues

**Who:** International Organisation for Migration (IOM)

**Where:** Namibia

**Link:** http://www.comminit.com/srhrfrica/content/chasing-dreams-comic-book-and-facilitators-guide

Zanzu.be

**What:** Website about sexual and reproductive health in 13 multiple languages

**Innovation:** Having all the sexual and reproductive health (SRH) information in 13 languages in one place, including an audio tool for blind people.

**Who:** Sensoa / German Federal Centre for Health Education (BZgA)

**Where:** Belgium

**Link:** http://www.zanzu.be
Engaging online

Tips & tricks to engage effectively online with young people

Overcoming online barriers

• Language barriers: use wording suitable for young people
• Cultural barriers: Adapt global messages to local cultural background
• Agents of change: Young people have different role models and sources from which they process information
• Positive sex message: Communicating sexual health is not only about preventing the bad, but also about enjoying positive, healthy, fulfilling, and violence-free expressions of sexuality.
Engaging online

**Tips & Tricks to improve online communication**

- Write short paragraphs and avoid jargon
- Use visual tools
- Use empowering images (steer away from negative stereotypes and overly positive settings)
- Be proactive and to the point
- How to use hashtags
- Analyze your reach
- Use multiple channels
- Explore offline tools
Inform us about your work!

As the RHSC we are interested to hear about the advocacy work you have done around the key messages and would be happy to include any suggestions or recommendations in our future work. Please inform us:

**Emilie Peeters**
Advocacy Officer, RHSC  epeeters@rhzsupplies.org

**David Eeckhout**
Interim, RHSC  deechkout@rhzsupplies.org

Stay in touch!


Uganda demographic and health survey (UDHS,2011 / WHO)