Barriers in the access of contraception for minors

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"Viewing adolescent sexuality as a potentially positive experience, rather than as something inherently dangerous, may help young people develop healthier patterns and make more positive choices regarding sex".

Lynn Ponton

Potentially protective influences: Awareness raising campaigns, role models, education of parents, peer-educators, Internet, Social networks, NGOs

CLOSE SOCIAL ENVIRONMENT:
- Peers
- Familly
- Sources of education
- Social norms (towards adolescent sexuality & contraception)

General physical and psychosocial characteristics of adolescence

Individual characteristics

BROADER SOCIAL INFLUENCES:
- Sex education
- Organisation of SRH health care
- Availability of contraception

Adolescence as a barrier

Adventure seeking behaviouring

Pregnancy can't happen to me!

Impulsivity

Alcohol / Drugs

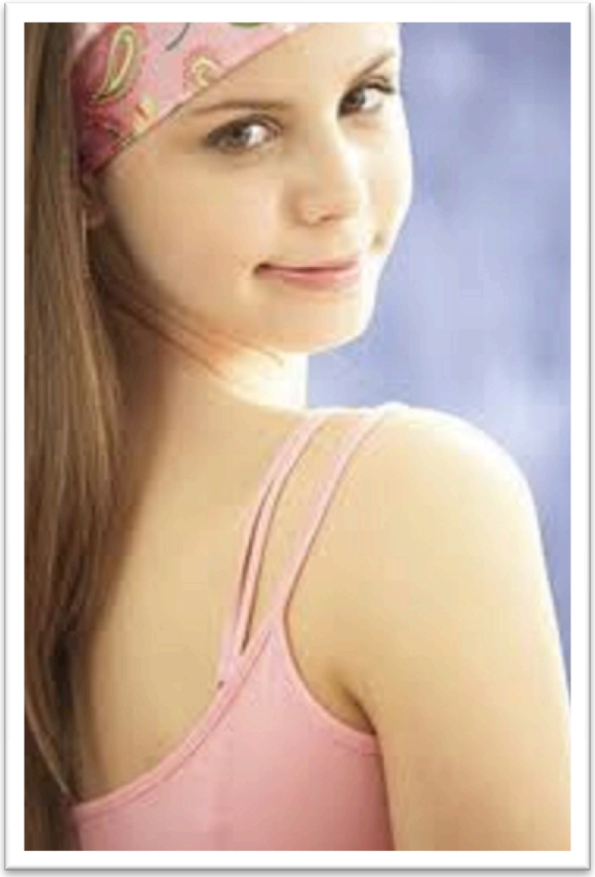
Rapid changes of mood and emotions

Sense of invulnerability

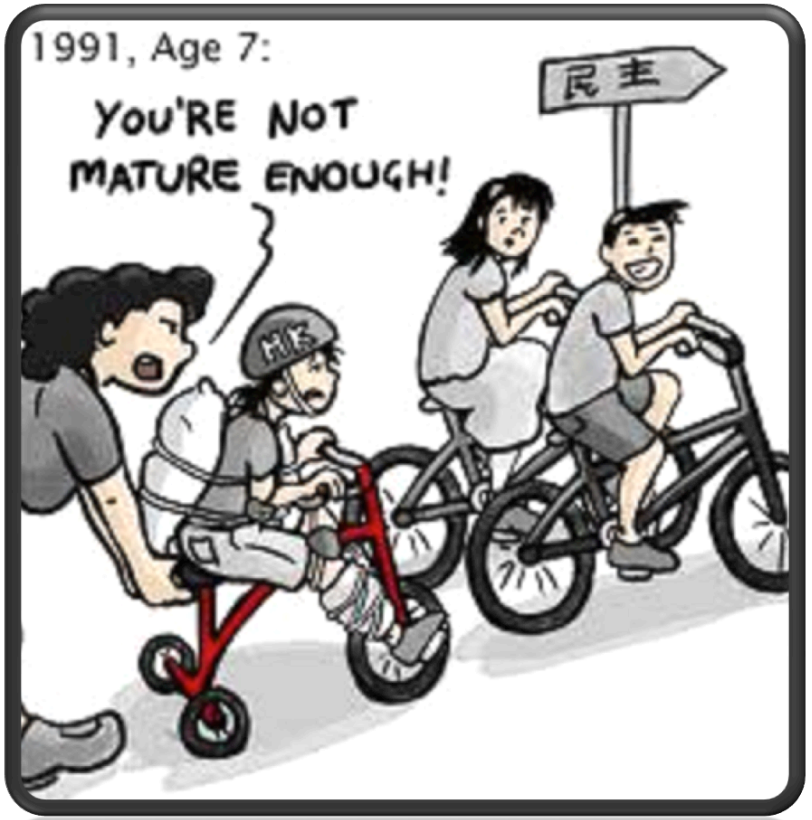
I have sex rarely!

At the beginning & at the end of the relationship

The alterations in development of adolescents



Puberty begins earlier



Psychosocial maturity is achieved much later

Individual characteristics

- Self-esteem
- Self-confidence
- Self-determination
- Self-efficacy
- Intelectual capacity
- Personal aspirations
- Medical condition (chronic disease / dysability)

Competence as a Predictor of Sexual and Reproductive Health Outcomes for Youth: A Systematic Review

Competence subconstruct	Findings	
	Sufficient evidence for protective association	Comments on subgroups and measures
Cognitive competence: Academic ability or achievement	Ever had sex	Protective for males and females Protective for White, Black, and Latino youth
	Use of contraception	Protective for females Insufficient evidence to examine race/ethnicity effects Findings for contraceptive use versus condom use
	Pregnancy/birth	Protective for females and males Insufficient evidence to examine race/ethnicity effects Measures of self-reported grades and standardized test scores more likely than other academic achievement measures to show protective association
Cognitive competence: Intelligence quotient	Ever had sex	Protective for 13–15-year-old males and Black males Linear association for youth aged 15 and younger Curvilinear association for youth aged 15–21
	Use of contraception	Curvilinear association Some evidence of risk association Findings for ever used contraception rather than consistency of contraceptive use
	Pregnancy/birth	Curvilinear association
Social/behavioral competence: Partner sexual communication	Use of contraception	Protective for females

House LD, et al. J Adolesc Health 2010;46:S7–S22.

The influence of peers is significant!

Adolescents tend to conform to the peer group.

Social network effects in contraceptive behavior among adolescents

Longitudinal data from a nationally representative sample of adolescents - a multivariate structural model

RESULTS:

10% increase in the proportion of classmates who use contraception - 5% increases the likelihood of individual contraception use

Ali MM, et al. J Dev Behav Pediatr 2011;32(8):563-71.

Family influences

- Family structure
- Quality of relationship
- Openess in communication
- Control over dating
- Transgenerational influences (mother as ‘a role model’)

* Domestic violence, sexual abuse, social custody, trafficking, forced marriage

Parental Acceptability of Contraceptive Methods Offered to Their Teen During a Confidential Health Care Visit

A random sample of 261 parents/guardians (daughter aged 12–17 years) - a telephone survey examining the parental acceptability of seven contraceptive methods:

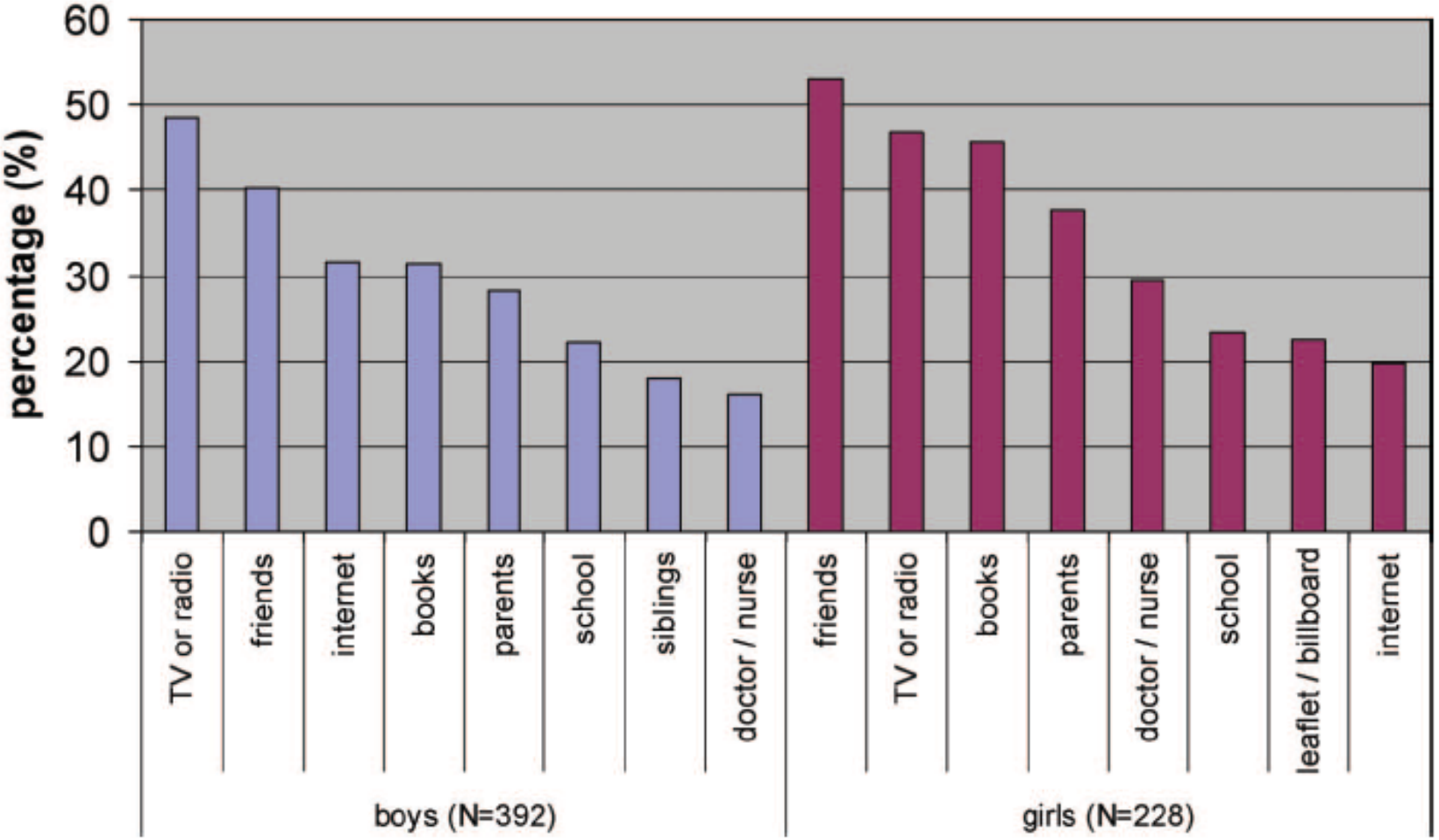
OCP	59%
condoms	51%
injectable contraception	46%
EC	45%
transdermal patch	42%
implant	32%
IUD	18%

Hartman LB, et al. J of Adolesc Health 2013; 52:251–4.

Sources of information

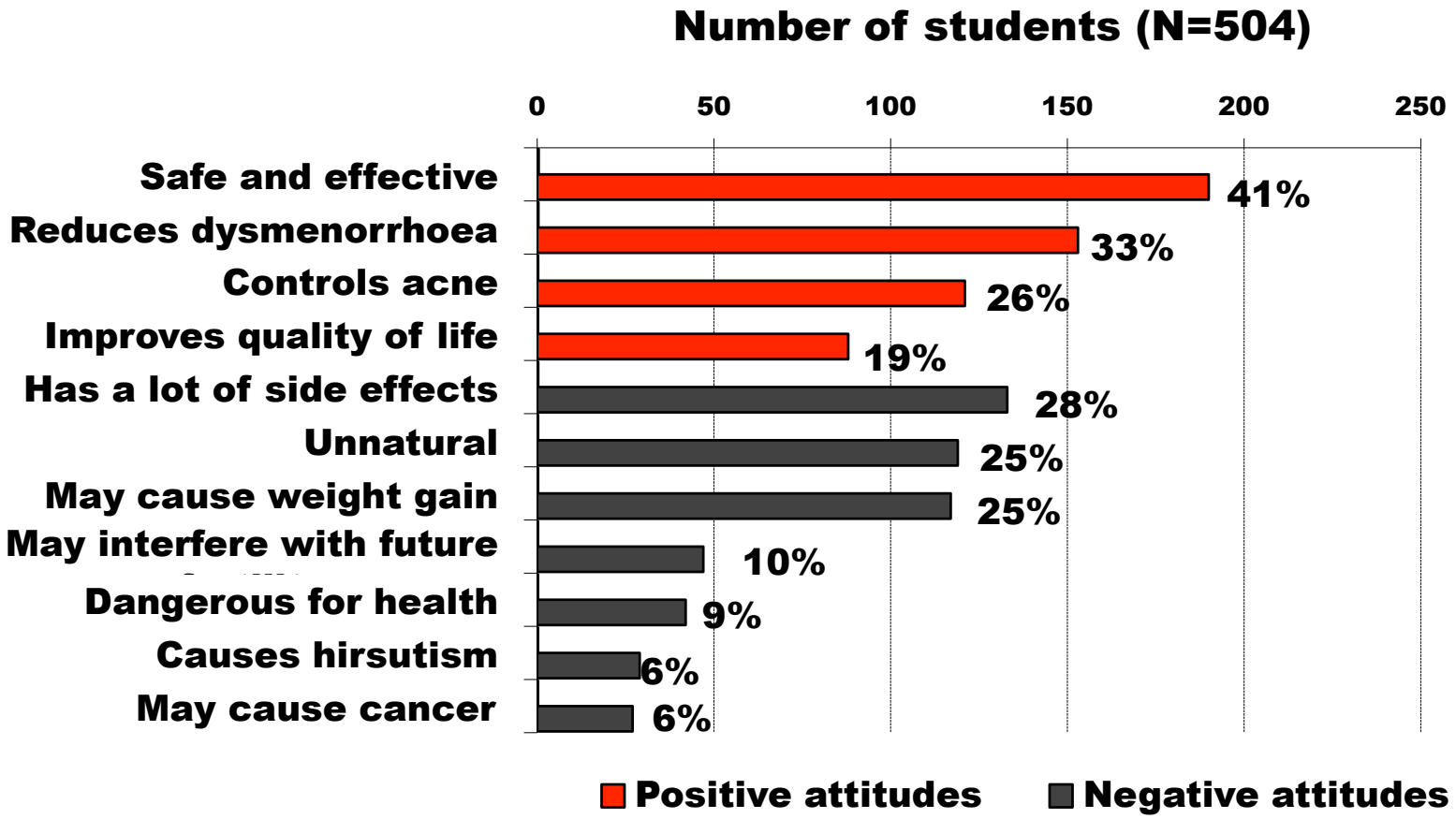
- Ideally: parents + school + health care services
- Commonly: peers + mass media + Internet
- Great variations across Europe

Sources of useful information on contraceptives



Delva W, et al. Sexual behaviour and contraceptive use among youth in the Balkans. Eur J Contrac Rep Health Care 2007;12(4):309–315

Knowledge and attitudes on hormonal contraception



Sedlecky K, et al. Family planning in Serbia - the perspective of Belgrade's university female students. Eur J Contrac Rep Health Care 2011;16:469-79

Knowledge and attitudes – Western Europe

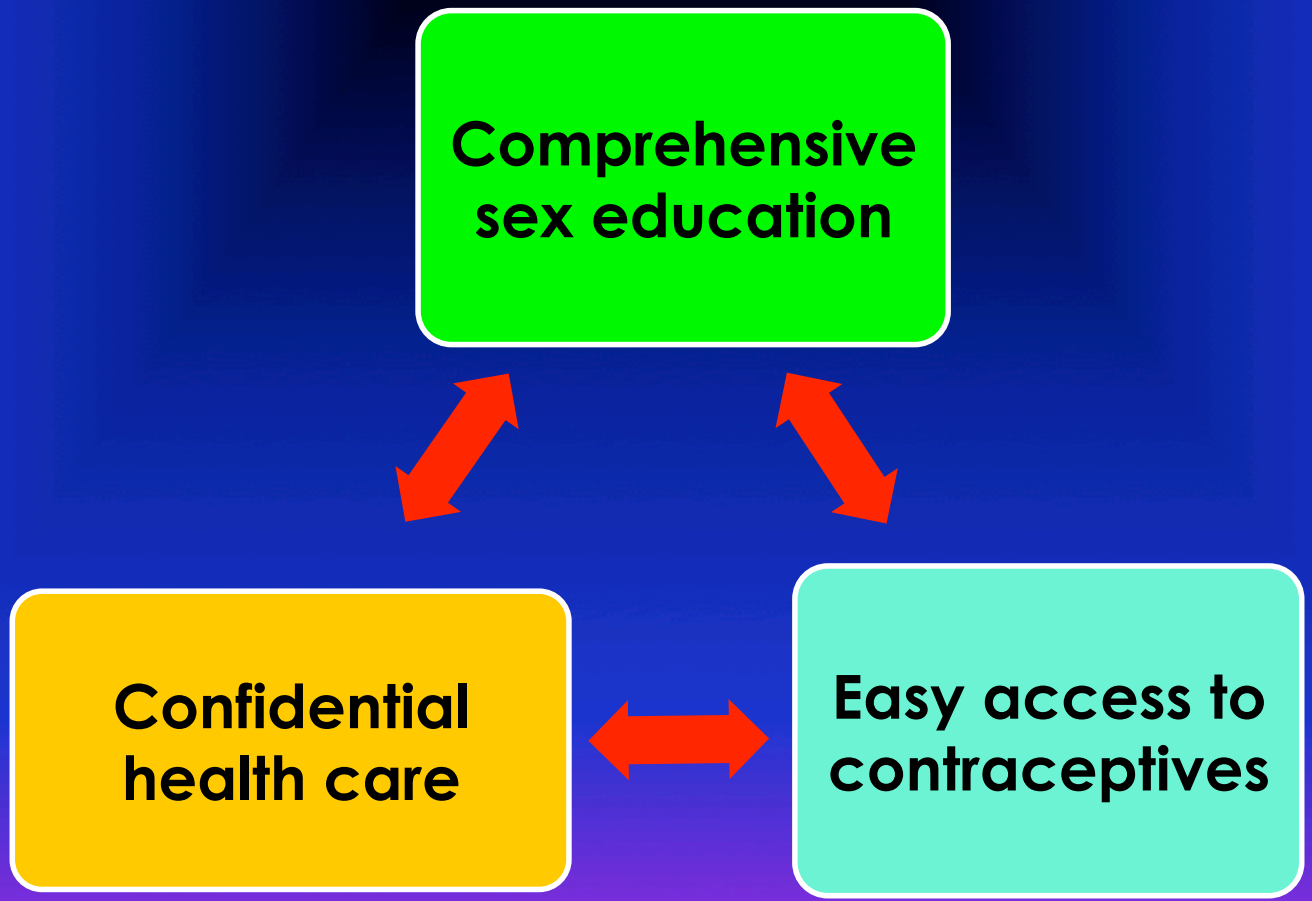
- **Mistrust of the pill (the impact of ecological debate - the artificial nature of the products)**

Anna (17): I wouldn't want to use the pill . . . The idea of just like putting a toxin in my body is . . . just puts me off

Cara (17): I would go on the pill, but all are the history of pills. And then a few years later, taking them back off, so, you're worry because you don't know what's in them really . . .

Brown KE, et al. Eur J Contrac Rep Health Care 2007;12:269–78

European approach to sexual and reproductive health (SRH) care of teenagers



BZgA

Federal Centre for Health Education

WHO Regional Office for Europe and BZgA

Standards for Sexuality Education in Europe

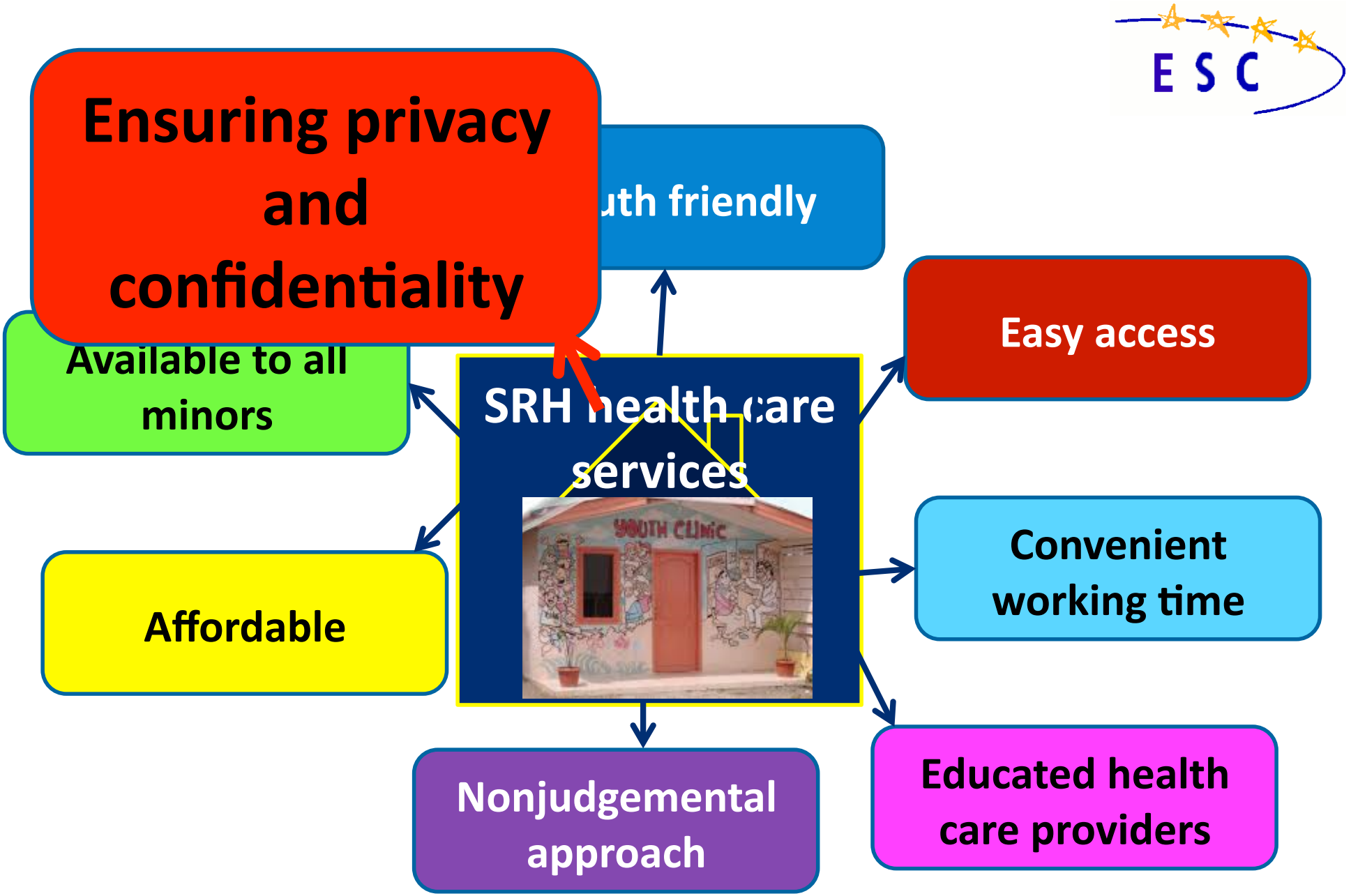
A framework for policy makers, educational and health authorities and specialists

WORLD HEALTH ORGANIZATION

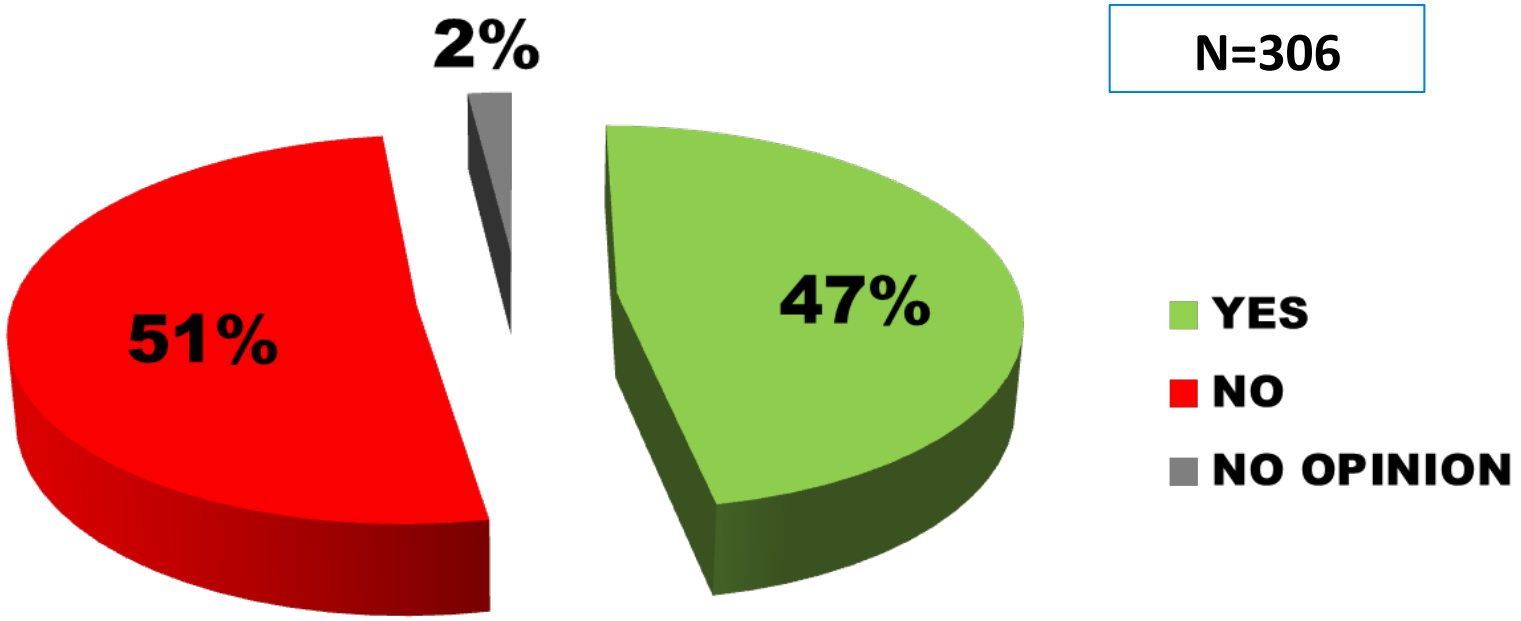
Effects of ‘health education’ in Finland

Average age of adolescents	14.8 years		15.8 years	
Investigation period	**2000-2002**	**2006-2007**	**2000-2002**	**2006-2007**
Non-use of contraception at the most recent episode of intercourse	21%	18.5%	16.5%	13.5%
The percentage of those who had started to have intercourse by the age of 15 or 16	18.5%	15%	34%	30.5%
The abortion rate among 15–19-year olds	2002		2008	
	16.3/1,000		12.7/1,000	

Loeber O, et al. Aspects of sexuality education in Europe – definitions, differences and developments. Eur J Contrac Rep Health Care 2010;15:169–76.


Ensuring privacy and confidentiality
uth friendly
Available to all minors
Easy access
SRH health care services
YOUTH CLINIC
Affordable
Convenient working time
Nonjudgemental approach
Educated health care providers

Do gynaecologists in Serbia prescribe COC to girls aged 18 and under?



Sedlecky, Rašević. Are Serbian gynaecologists in line with modern family planning? Eur J Contracept Reprod Health Care 2008;13:158–63.

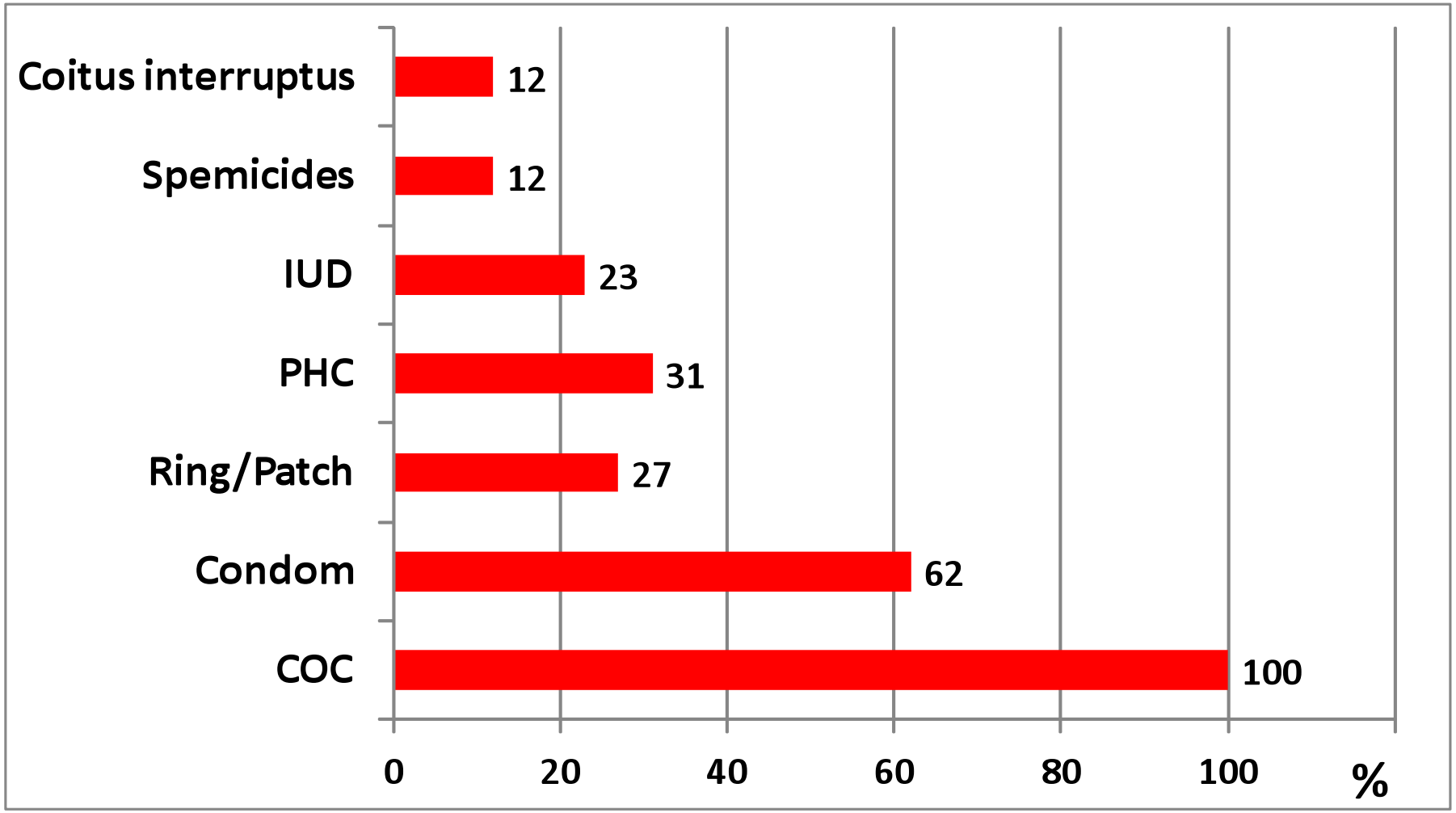
QUESTIONNAIRE ABOUT THE ACCESS OF CONTRACEPTION TO AGED GIRLS ≤ 18 YEARS

1. Can girls aged ≤ 18 years obtain contraception without parental consent in your country?
2. How is sexual education provided to children and adolescents in your country?
3. How do the majority of adolescents in your country procure contraceptives?
4. Are contraceptives for adolescents in your country free of charge/ subsidized?
5. List three contraceptive methods which are the most popular among adolescents in your country
6. What are three main barriers in the access of contraception for adolescents in your country?

Country	Confidentiality	Provision of sexual education in schools
Israel	YES	MANDATORY
Belgium	YES	MANDATORY
The Netherlands	IT DEPENDS	MANDATORY
United Kingdom	YES	OPTIONALLY
Germany	YES	MANDATORY
Estonia	YES	MANDATORY
Latvia	FOR OLDER ADOLESCENTS	MANDATORY
Lithuania	FOR OLDER ADOLESCENTS	MANDATORY
Czech Republic	YES	MANDATORY
Poland	NO	OPTIONALLY
Sweden	YES	MANDATORY
Finland	YES	MANDATORY
Switzerland	YES	MANDATORY, partially
Italy	YES	OPTIONALLY, in some schools
Spain	YES	NGOs
Portugal	YES	MANDATORY
Greece	YES	NOT AVAILABLE
Cyprus	NO	NOT AVAILABLE in state schools
Serbia	FOR OLDER ADOLESCENTS	NOT AVAILABLE
Bosnia and Herzegovina	FOR OLDER ADOLESCENTS	NGOs
Croatia	YES	MANDATORY
Slovenia	YES	OPTIONALLY
Romania	YES	NGOs
Russia	YES	NOT AVAILABLE
Kazahstan	YES	NGOs
Hungary	FOR OLDER ADOLESCENTS	MANDATORY/NGOs

Country	Procurement of contraception	Free contraceptives	Subsidized contraceptives
Israel	YFS + GP + Ob/Gyn	COC	none
Belgium	PHARMACIES	CHC, IUD	none
The Netherlands	GP	COC	none
United Kingdom	YFS + GP + FP centres	all	all free
Germany	Ob/Gyn	all	all free
Estonia	YFS + GP + Ob/Gyn	condoms sometimes	Cu-IUDs
Latvia	GP + Ob/Gyn	none	none
Lithuania	GP + Ob/Gyn	none	none
Czech Republic	Ob/Gyn	none	none
Poland	GP + other	none	none
Sweden	YFS	Condoms, Cu-IUD, EC	COC, ring, implant, LNG-IUS
Finland	YFS	First three packs COC	IUD/implants sometimes
Switzerland	Ob/Gyn	none	none
Italy	YFS + Ob/Gyn	COC > 30 mcg EE	none
Spain	GP	COC, POP, LARC	same
Portugal	YFS + GP + Ob/Gyn	COC, POP, EC (LNG), implants	all 60%
Greece	Ob/Gyn	none	none
Cyprus	Ob/Gyn	none	none
Serbia	YFS + Ob/Gyn	COC	some COCs 25% for all
Bosnia and Herzegovina	Ob/Gyn	COC	depends on the region
Croatia	GP + Ob/Gyn	none	none
Slovenia	Ob/Gyn	COC, POC, injectables, IUD	same
Romania	PHARMACIES	some COCs, condoms	some COCs, condoms
Russia	YFS + paediatric gyn.	none	none
Kazahstan	YFS (cities) + PHC (rural)	none	COCs, condoms, spermicides
Hungary	GP	none	none

Three most frequently prescribed methods



Three main barriers in the access of contraception for minors

1. Poor knowledge (11/26)
2. Negative attitudes/prejudices regarding contraception (11/26)
3. The problems related to health care system (12/26)
4. Barriers related to the procurement of contraceptives (17/26)

Country	Three main barriers
Israel	
Belgium	4
The Netherlands	1, 3, 4
United Kingdom	1, 3
Germany	4
Estonia	1, 2, 3
Latvia	1, 3, 4
Lithuania	4
Czech Republic	4
Poland	2, 3, 4
Sweden	2, 4
Finland	3
Switzerland	2, 3, 4
Italy	1, 4
Spain	1, 2
Portugal	2, 3, 4
Greece	1
Cyprus	4
Serbia	1, 2, 3
Bosnia and Herzegovina	1, 2
Croatia	1, 2
Slovenia	3, 4
Romania	1, 2, 4
Russia	2, 4
Kazahstan	2, 3, 4
Hungary	1, 4

Young people may face other barriers:

- Lack of insurance
- Long waits
- Inflexible operating hours
- Fear that confidentiality will not be respected
- Fear of parents finding out
- Embarrassment
- Misinformation about risks of pregnancy
- Fear of procedures (blood tests or pelvic exams)
- Fear of side effects
- Lack of knowledge (especially among younger teens),
- Discomfort with clinic personnel
- Lack of awareness of legal rights to family planning services and abortion

Barriers in different parts of Europe

- Western and Northern Europe - high rates of immigration
- Central and Eastern Europe - sexual rights of adolescents not respected + financial contraints
- Southern Europe – lack of YFS + cost of contraception

Vulnerable minors face even more barriers!

- Left school at an early age
- Homeless
- Use alcohol and/or drugs
- Sell sex
- Sexually abused
- Young migrants and refugees
- Homosexual, bisexual or transgender
- With mental or physical disabilities

Thank you!