

Chapter 11

SPECIAL POPULATIONS

CONTRACEPTION FOR THE ADOLESCENT

The incidence rate of teen pregnancies in the Philippines was 13.6% in 2013.(97)

In the ASEAN region, the Philippines ranks third among countries with the highest incidence rate of teenage pregnancy. Pregnancy among adolescents (adolescents as defined by the WHO as individuals aged 10 to 19 years) is associated with several potential medical problems, including the following:

- High health risk
- Unsafe abortion
- Inadequate or lack of prenatal care
- Sexually transmitted disease from unprotected sex



Teen pregnancy also has social consequences, such as loss of educational and employment opportunities as well as emotional and financial unpreparedness for raising a child. The percentage of sexually active young people who use any contraceptive method remains low at 21%.

Contraception for adolescents has the following features:

- All currently available modern contraceptive methods are safe for adolescents.
- The use of progestogen-only injectables, such as depot medroxyprogesterone acetate (DMPA), for individuals below 18 years old has raised concerns because of their potential effects on bone density. However, the WHO clarified that such effects are balanced against the risk of an unplanned pregnancy.
- Young people often do not have the medical conditions that limit the use of certain contraceptive methods in older clients.
- Certain adolescent groups may be at a high risk for acquiring HIV and other sexually transmitted infections (STIs). This fact should greatly influence the selection of an appropriate contraceptive method for them.
- High discontinuation rates in this age group are due to low threshold to tolerance to some side effects. Therefore, members of this age group must be counseled about the temporary nature of these effects to motivate them to continue using the contraception.
- For some adolescents, the use of a daily regimen may be inappropriate because of the unpredictable frequency of intercourse and the need for privacy with regard to birth control use and sexual practices.
- For married or teenage mothers, healthy timing and spacing of pregnancy should be emphasized so that they may opt to use a long-acting reversible contraceptive method.
- Educating adolescents on contraceptive methods and FP services should be done to provide correct information and improve knowledge on contraceptive use and appropriateness of contraception.

The provision of adequate reproductive health (RH) counseling services for adolescents remains challenging because of the barriers posed by factors such as national policies, culture, misconception, poverty, and lack of education.

RH counseling services must be made accessible, available, affordable, and understandable in a supportive and non-judgmental environment. Just like any client, young individuals must be assured of confidentiality and privacy and

must not be subjected to unnecessary procedures before they can avail of the appropriate contraceptive method. Young individuals must be counseled first to delay sexual activity until a later time when they are more capable of starting a family.

RECOMMENDED METHODS

Combined hormonal contraceptives: combined oral contraceptives, combined contraceptive patch, combined contraceptive vaginal ring, combined injectable contraceptives

- These methods can be used by adolescents without restriction (MEC 1). However, daily intake of pills may be difficult for some individuals, particularly for those who value confidentiality and have issues with compliance.
- Injectables and vaginal rings may effectively address the need for secrecy.
- COCs containing 20 µg estradiol have been observed to reduce bone mineral density; however, high formulation shows negligible effects.

Progestosterone-only contraceptives: progesterone-only pill, DMPA or norethisterone enantate injectables, and levonorgestrel and etonogestrel implants

- Both implants and progesterone-only pills can be used without restriction.
- The potential effect of injectable DMPA (MEC 2) on bone mineral density is waived by its preventive effect on unplanned pregnancy.
- Studies show that DMPA causes a loss of bone mineral density; however, discontinued use of DMPA allows the recovery of the lost density. Whether DMPA ultimately affects the peak bone mass levels of adolescents in the long run remains unclear.

Barriers: condoms, spermicide, diaphragm, and cervical cap

- Barrier methods can be used without restrictions.
- Condoms provide dual protection against sexually transmitted diseases; in addition, they are affordable, readily available, and convenient to use.
- Young men may need to practice condom application because they are more likely to commit errors than older, more experienced users.
- Diaphragms and cervical caps are among the least effective methods, may not be as readily available, and may be cost restrictive. However, they can be used for safe and reversible contraception as needed, provided that the user is appropriately counseled and motivated with regard to the use of this method.



Intrauterine devices (IUDs): copper-bearing IUDs, IUS

- These devices can generally be used (MEC 2), but three factors should be considered:
 - Expulsion is likely to occur in nulliparous adolescents who have started sexual activity because of the small size of the uterus.
 - The risk of failure is less than the risk of pregnancy.
 - This method may not be appropriate for certain adolescents at higher risk for STIs.

Fertility-awareness based methods

- Adolescents can use this modality if motivated enough to observe strict compliance.
- However, young women, especially those with irregular cycles, must avoid using this method because of its high failure rate.
- Special counseling is necessary for young individuals to ensure correct usage of this method.



METHODS TO AVOID

Sterilization: tubal ligation, vasectomy

- These methods must be used with caution for this age group because they are considered permanent.
- Adolescents who wish to undergo these procedures must be counseled on the availability of other methods that provide safe, long-term, but reversible contraception.