Contraception

Issues in Adolescent Health and Development

Department of Child and Adolescent Health and Development
World Health Organization, Geneva

Department of Reproductive Health and Research
World Health Organization, Geneva

WHO Library Cataloguing-in-Publication Data

Contraception in adolescence.
(Issues in adolescent health and development)

Adolescent 2. Contraception - methods 3. Contraceptive agents 4. Contraceptive devices 5. Pregnancy in adolescence 6. Review literature I.Rivera, R. II.Series.

ISBN 92 4 159144 7 (NLM classification: WS 460)

© World Health Organization 2004

All rights reserved. Publications of the World Health Organization can be obtained from Marketing and Dissemination, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to Publications, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Printed in

Contents

Acknowledgements

The World Health Organization (WHO) would like to thank the author of this paper, Dr R. Rivera of Family Health International, North Carolina, United States of America. Special thanks also go to Dr V. Cullins of EngenderHealth, and Dr S. Jain, independent consultant, and to Dr A. L. Waddell for their contributions to the revision and final editing of the document.

Acknowledgement is also made of the inputs and coordinating roles played by Dr V. Chandra-Mouli, Ms J. Ferguson and Dr P. Olukoya of the WHO Department of Child and Adolescent Health and Development (CAH) and Dr B. Peterson of the WHO Department of Reproductive Health and Research (RHR). Special thanks also go to Dr H. Bathija and Dr. I. Shah (RHR), and to Ms M. Cabral de Mello, Dr M. Islam, Dr S. Jejeebhoy and Dr O. Meirik formerly of RHR.

Preface

There is widespread acknowledgement that although adolescents share many characteristics with adults, their health-related problems and needs are different in a number of significant respects. Following on from this, there is a growing recognition among clinicians and public-health workers alike that the approaches used to prevent and respond to health problems in adults need to be tailored (to a greater or lesser extent) if they are to meet the special needs of adolescents.

The Department of Child and Adolescent Health and Development (CAH), in collaboration with other WHO departments, has initiated a series of literature reviews and discussion papers in order to identify existing recommendations on clinical management, and to assess how appropriate these are for adolescents across a wide range of health issues. This process has also led to the formulation of new recommendations on clinical management where none existed, or where existing ones are inappropriate.

This same process is also contributing to the improvement of existing WHO guidelines and algorithms and to the development of new ones to enable health-care providers to meet better the special needs of adolescents, effectively and with sensitivity. Even though WHO advocacy statements often draw attention to the particular vulnerabilities of adolescents, its guidelines on clinical management still tend to be directed towards meeting the needs of adults.

In addition to the present work, which addresses various issues and aspects of contraception use in adolescence, reviews and discussion papers have also been carried out – and corresponding documents produced – in the areas of:

- Lung health
- Malaria
- Nutrition
- Pregnancy
- Sexually transmitted infections
- Unsafe abortion.

Work is also under way to develop similar documents on HIV/AIDS care; chronic illness; mental health; and substance abuse.

Introduction

Adolescent fertility regulation and pregnancy prevention is one of the most important health-care issues of the twenty-first century. More than 15 million girls between the ages of 15 and 19 give birth every year worldwide, and an additional 5 million have abortions. In Central America, 18% of all births are to women in their teens and in Africa this figure is 23%. Even supposedly "developed" countries are not insulated from these trends. In the United States, there are nearly 1 million adolescent pregnancies each year, with over 450 000 ending in abortion (Alan Guttmacher Institute, 1998; International Planned Parenthood Federation, 1994). Although the full extent of the unmet need for contraception is hard to gauge there is clearly a great need for increased adolescent reproductive and sexual health education (Table 1).

Since research suggests that behaviour in adolescence sets the pattern for the rest of an individual's life, the paucity of existing sexual and reproductive health-care programmes for adolescents is particularly disturbing. Studies show that women who begin childbearing early are more likely to fall into a pattern of having births too closely together, and that these women will tend towards having larger families (International Planned Parenthood Federation, 1994). The consequences of unsafe abortion and unwanted pregnancies are also extremely worrying. In addition, inadequate sexual health care contributes to the spread of sexually transmitted infections (STIs) and may lead to damaging effects on an adolescent's lifelong health and fertility.

In response to this need for increased attention to adolescent fertility, the 1994 International Conference on Population and Development (ICPD) stressed the importance of taking adolescent sexual and reproductive health needs seriously, and emphasized that these needs should be seen as basic human rights. In the ICPD Program of Action, governments, in collaboration with nongovernmental organizations (NGOs), are urged to meet the special needs of adolescents while safeguarding their rights to privacy, confidentiality, respect and informed consent.

Though some progress is being made, many sexual and reproductive health-care programmes continue to ignore the needs of adolescents. Most existing programmes for adolescents are small, and are often initiated by NGOs on an experimental or trial basis. Nevertheless, the lessons learned from such initiatives will be extremely useful in developing large-scale programmes focused on improving adolescent reproductive and sexual health. Evidence has shown that initiatives which focus upon youth development and which respect adolescents as autonomous individuals are more successful in attracting adolescents to health services, thus enhancing STI prevention, and preventing early pregnancy and childbearing (Kirby, 2001a; Fitzgerald et al., 1999; McBride & Gienapp, 2000; Whitaker et al., 2000; Taylor-Seehafer & Rew, 2000). Furthermore, programmes that have the added dimension of adolescent participation, peer counselling and other adolescent-friendly attributes in their programme design tend to be very successful (Kirby, 2001b; Kilbourne-Brook, 1998; Family Health International Network, 2000; Weiss et al., 1996). Additionally if such a programme is administered within the context of a supportive political and cultural environment, adolescent pregnancy, childbearing, and STI rates plummet (Santow & Bracher, 1999).

The purpose of this document is to focus upon factors that influence health-care provider and adolescent client interactions. Once within a clinical setting, the qualities of those interactions further determine whether the provider will help or hinder an adolescent's progress towards responsible reproductive and sexual health behaviours.

This paper's principal aim is to consider the special requirements of adolescents for fertility regulation and pregnancy prevention and to make recommendations on how providers should tailor clinical management practices to meet these special needs. Recommendations made within this document are intended for policy-making and guideline-producing agencies to frame important considerations that should inform development of clinical guidelines for health-care providers. The underlying goal of this document is to define and distinguish between medical care approaches to providing reproductive and sexual health care to adolescents rather than adults.

Table 1: Percentage of adolescent births that are unplanned and percentage of married adolescents aged 15–19 who do not want a child soon in selected countries

Country	% of unplanned adolescent births	% of married adolescents who do not want a child soon
Sub-Saharan Africa		
Botswana (1988)	77	62
Ghana (1993)	64	83
Kenya (1993)	57	66
Namibia (1992)	56	28
Zimbabwe (1994)	50	70
Asia		
Bangladesh (1994)	21	71
Philippines (1993)	44	81
Sri Lanka (1987)	30	76
Thailand (1997)	32	76
Turkey (1993)	24	71
Latin America		
Brazil (1996)	49	88
Colombia (1995)	44	83
Dominican Republic (1991)	40	66
El Salvador	48	82
Peru	52	90

Source: Alan Guttmacher Institute. Into a New World. Young Women's Sexual and Reproductive Lives. New York, 1998.

预览已结束，完整报告链接和二维码如下：
https://www.yunbaogao.cn/report/index/report?reportId=5_30088