

China Experiences in Youth and LARC (supported by RHSC)

February 8, 2018

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Why Youth and LARC in China?

- 13 million abortions every year
- 47.5% for women aged 25 and under
- 49.7% for unmarried
- 55.9% repeat abortions
- condoms, withdrawal and calendar methods plus EC most popular
- LARC use almost non-existent because of lack of knowledge, misconceptions of LARC being solely for mums, provider bias and unfamiliarity

推动青少年选择长效可逆避孕方式的全球共识声明

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全球努力防止意外怀孕和改善青少年的妊娠结局, 将会降低孕产妇和婴儿的发病率和死亡率, 减少不安全的人工流产率, 减少艾滋病和性病的发病率, 改善营养状况, 保证女孩受教育, 提高经济机遇, 有助于达到可持续发展的目标, 包括世界卫生组织在内的14家机构承认并呼吁所有推进青少年性与生殖健康和权利的机构, 确保青少年能够充分和明智地选择避孕方式, 通过: ①为所有性活跃的青少年(从月经初潮到24岁), 无论婚姻状况如何, 提供尽可能多的避孕选择, 包括长效可逆的避孕方法; ②在避孕教育、咨询和服务过程中, 确保提供长效可逆的避孕方法作为必要的避孕方式选择; ③向政策制定者、服务提供者、社区、家庭成员、青少年提供循证医学信息, 为有意避免、延迟或间隔怀孕的性活跃青少年, 提供避孕方式(包括LARCs)的安全性、有效性、可逆性、成本效益、可接受性、便利性, 以及健康利弊方面的可靠信息。

尽管众多机构如世界卫生组织 WHO、国际妇产联盟(ICM)和联合国人口基金(UNFPA), 维护青少年获取一系列的避孕方法的权利, 这个年龄段的人群仍然在使用避孕工具上遇到障碍, 青少年避孕工具的使用障碍, 包括他们的避孕知识有限、传言和误解、供应的匮乏、缺乏家庭和社区的支持、同伴的社会压力和许多青少年有避孕需求但无法在 LARCs 服务缺失的地方, 这些问题使青少年面临限制性的处境, 尤其体现在他们对 LARCs 的使用能力方面。通常, 法律和政策也限制了青少年使用 LARCs, 或只支持在第一次生育后使用 LARCs。结果, 青少年通常无力获取全方位的避孕方法(包括 LARCs), 或无法使用任何避孕方法。

1 为什么是现在? 在全球范围内, 占世界人口14%的是青少年, 总计有18亿。而许多青少年选择推迟性行为的时间, 性活跃的青少年, 有意避免或延迟怀孕, 直到完成学业、就业、结婚, 或间隔怀孕。同时在发展中国家, 三分之一的女孩在18岁之前结婚, 大约12%在15-19岁的女孩在18岁之前结婚, 大约12%在15-19岁的青少年每年都会生育, 对于一些人来说, 生育是在计划中的, 但是对于大多数人来说完全在计划之外, 全球61个低收入和中等收入国家中, 估计有3300万15-24岁年轻女性的避孕需求未得到满足。除了过早生育的青少年妇女和他们的孩子存在显而易见的风险, 快速重复怀孕的现象(即2年内妊娠2次)也吸引更多的关注, 并且流产(包括不安全流产)、孕产妇和新生儿发病率的增加联系起来。此外, 世界一些地区青少年不安全流产的比率仍然很高。

2 LARCs 2.1 LARCs 是有效、可接受、可逆和安全的 LARCs 是最有效的避孕方法之一, 美国的有效性研究指出, 典型使用下理论的使用者在第一年的使用中, 100人不到1人妊娠(0.5%), 15在使用含铜宫内节育器(IUD)的使用者中, 100人100人不到1人妊娠(0.8%), 效果一直持续

What has been done in this project?

From supply side

Translation and publication of international documents supporting youth and LARC



The World Health Organization/Department of Reproductive Health and Research (RHR) has contributed to the technical content and review of this statement.

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/SI 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:

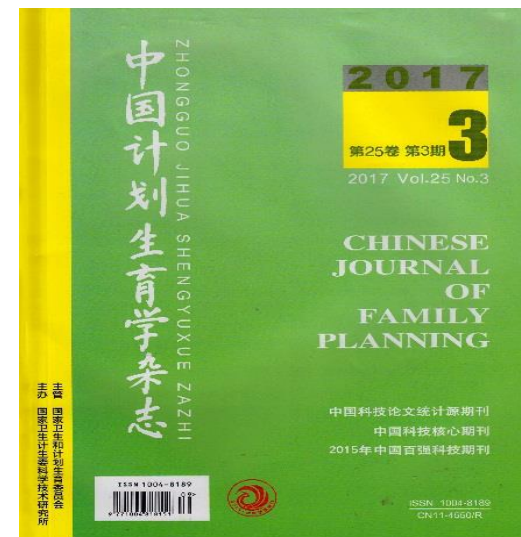
- Providing access to the widest available contraceptive options, including long-acting reversible contraceptives (LARCs), i.e., contraceptive implants and intrauterine contraceptive devices) to all sexually active adolescents and youth (from menarche to age 34), regardless of marital status and parity.
- 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, 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



What has been done in this project?

From supply side

Development of the ‘Guidelines for Youth Access to a Full Range of Contraceptives’



落实青少年长效可逆避孕措施服务指南



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What has been done in this project?

From supply side

Test the Guidelines in six pilot hospitals by providing LARC services to unmarried youth



What has been done in this project?

From demand side

- pamphlets for youth LARC
- posters for youth LARC
- animation video
- “LARC makes LUCK”
- educational sessions



What have been the initial results?

- From Jan 1st to July 31st, 2017, 18,293 surgical abortions in 6 pilot hospitals, 3,937 (21.5%) for women under 25 years old
544 LARC provided with LARC use from 0 to 13.8%
- Additional USD85,000 mobilized to continue the pilot in 6 hospitals and to support 8 operational researches relating youth and LARC
- The Youth Expert Group of FP Committee within China Medical Association taken Youth and LARC as one of their operational research and advocacy priority topics
- An introduction to the 8 Youth and LARC operational researches will be presented in April 14th National FP Conference and a new round of operational research application will be announced with a new funding of USD50,000.

What have been the challenges?

- **Limited access to LARC products eg. Implants**
- **The informed consent for youth LARC services in hospitals needs to be revised (the present requirement is that unmarried youth need signatures from parents to receive LARC services)**
- **Service providers training needs to be scaled up**
- **Lack of awareness on LARC for unmarried young people**

The very first important step.

There is still a long way to go.

Let's go together!

Thank You