

Implants for Adolescents:

An option worth considering for healthy timing and spacing of pregnancy



The long-acting contraceptive implant is often considered for use in women who have chosen to stop childbearing or who are unsure of whether they want any children in the future. However, implants can be appropriate for all women, including adolescents who want to delay or space childbearing to ensure healthy timing and spacing of pregnancy.

Contraceptive use among adolescents is often low and inconsistent.

- In less than half of the countries in sub-Saharan Africa, fewer than 20 percent of young women have ever used a modern contraceptive method.ⁱ
- Adolescents have a high unmet need for contraceptives. One study reported that nearly 11.5 million or 24.5 percent of married adolescent women ages 15-19 in low and middle income countries have unmet need for contraceptivesⁱⁱ.
- Poor compliance, inconsistent use and discontinuation among adolescents are common and often lead to unplanned and repeat pregnanciesⁱⁱⁱ.
- User error is a common reason for method failure with oral contraceptives and condoms, temporary methods often used by adolescents.
- Preliminary findings on the use of implants among young women in Kenya found that only 11% of implant users switched methods or quit the method as compared to 42% of oral contraceptive and DMPA users^{iv}.

Implants are convenient, safe and effective for adolescents.

- According to the World Health Organization^v, implants are safe and suitable for nearly all women, including adolescents.
- The implant is effective for three to five years, and for young women who want to become pregnant, fertility returns immediately once the rods are removed.
- The implant is discreet and easy to use. Unlike pills and condoms, the implant does not depend on the regular compliance of the user.
- Adolescents are less likely to have certain medical conditions that preclude them from using the implant (i.e. deep vein thrombosis, liver tumors and breast cancer).^{vi}

Implants virtually eliminate the problem of user error or incorrect use and therefore reduce the chance of method failure.

The implant can help delay the first pregnancy among adolescents.



- Compared to women in their twenties, teens are twice as likely to die from pregnancy and child-birth related causes and their babies face a 50 percent higher risk of dying before the age of 1 year old^{vii}.
- Health experts recommend that young women delay their first pregnancy until at least age 18, when the risk of adverse outcomes for mother and baby are reduced^{viii}.
- However, adolescents often do not use contraception due to lack of knowledge, misconceptions about side effects, and fear of judgment from health providers.
- Offering this method to more young women can increase effective contraceptive use, and reduce risks related to early pregnancies.

The implant can help adolescents avoid unintended or repeat pregnancies.

- In one study, adolescent mothers using a method other than the implant or no method at all were 35 times more likely to become pregnant again within the first year postpartum as compared to implant users^{ix}.

- The implant may be a good option for adolescent women who discontinued or experienced a method failure, and would like to try something different to delay her first or space her next pregnancy.

Studies show that even when adolescent mothers say they do not want more children anytime soon and are given special attention and contraceptive counseling during the postpartum period, repeat pregnancies within two years are common (Stevens-Simon et al, 1999; Berenson et al, 1993).

The implant may be a good option for adolescents who are at high risk of unintended pregnancy.

- Young adolescent mothers may want to avoid getting pregnant again soon, but may also have little control over their fertility due to other social and economic factors.
- Barriers to effective contraceptive use among at-risk adolescents include lack of access and transportation to a clinic and personal funds to pay for a regular supply of contraceptives; little control and decision-making power in relationships, especially if in a relationship with an older man, and family or community pressure to get pregnant.
- The convenience, ease, confidentiality and long duration of the implant can help at-risk adolescents overcome common barriers to contraceptive use.

The implant has few disadvantages.

- Side effects are minimal and similar to other methods, including changes in menstrual bleeding, headaches, and mood changes. Implant users sometimes experience acne.
- One study showed that adolescent compliance with return visits was low, but not significantly worse than adolescent users of other methods^x. Nonetheless, providers should emphasize the importance of follow-up visits, especially for addressing concerns about side effects, sexually transmitted infections, or removal of the implant if requested.



The implant may be a good option for adolescent clients.

Many adolescents are uninformed about *all* their contraceptive options, including the implant. When properly counseled, adolescents may choose implants over other methods^{xi}. Studies show that adolescent mothers who choose implants over pills have higher rates of continued use and lower rates of new pregnancy^{xii}. Providers may want to consider counseling adolescents on implants, in addition to other methods, as it may address the unique family planning needs of young people.

i Khan, Shane, and Vinod Mishra. 2008. Youth Reproductive and Sexual Health. DHS Comparative Reports No. 19. Calverton, Maryland, USA: Macro International Inc.

ii Ross, John A. and Winfrey, L. William. 2002. Unmet Need for Contraception in the Developing World and the Former Soviet Union: An Updated Estimate.

International Family Planning Perspectives. Vol 28, No 3, September 2002.

iii Berenson, Abby B., Wiemann, Constance M. 1993. Patient Satisfaction and Side Effects with Levonorgestrel Implant (Norplant) Use in Adolescents 18 years of Age or Younger, *Pediatrics*, Volume 92, August, pages 257-260.

iv Family Health International (FHI), Technical Brief: Preliminary Report: Contraceptive Implants in Sub-Saharan Africa—Reaching Young Women, based on: Hubacher D, Olawo A, Kemunto C, Kiarie J. Giving young women in Kenya an opportunity to use contraceptive implants instead of short-acting methods: preliminary results on acceptability. International Conference on Family Planning: Research and Best Practices, Munyonyo, Uganda, November 15–18, 2009.

v World Health Organization Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), INFO Project. Family Planning: A Global Handbook for Providers. Baltimore and Geneva: CCP and WHO, 2007.

vi WHO. Department of Reproductive Health and Research. 2004. Medical eligibility criteria for contraceptive use, Third Edition.

vii Extending Service Delivery (ESD) Project, HTSP 101: Everything You Want to Know About Healthy Timing and Spacing of Pregnancy, http://www.esdproj.org/site/PageServer?pagename=HTSp_Tools

viii UNICEF, Facts for Life 3rd edition, New York, United Nations Children's Fund, 2002; WHO/UNFPA Pregnant Adolescents: Delivering on Global Promises of Hope, WHO, 2006

ix Stevens-Simon, Catherine; Kelly, Lisa; Singer, Dena. 1999. Preventing Repeat Adolescent Pregnancies with Early Adoption of the Contraceptive Implant. *Family Planning Perspectives*, Volume 31, Number 2, March/April.

x D. Rainey, L. Parsons, P. Kenney, and D. Krowchuk. 1995. Compliance with return appointments for reproductive health care among adolescent Norplant users, *Journal of Adolescent Health*, Volume 16, Issue 5, Pages 385-388.

xi FHI Technical Brief (see above)

xii Polaneczky, Margaret; Slap, Gail; Forkey, Christine; Rappaport, Aviva; and Sondheimer, Steven. 1994. The Use of Levonorgestrel Implants (Norplant) for Contraception in Adolescent Mothers. *The New England Journal of Medicine*. Volume 331, pages 1201-1206.