Why is family planning for adolescents important in an emergency setting?

In any setting, adolescents have the right to receive accurate and complete information about SRH, including FP. Unfortunately, parents and other adult role models commonly don’t want to discuss issues such as FP with adolescents because of cultural or religious norms, which prohibit sexual relations before marriage. In addition, health workers may be unwilling to provide FP information or services to adolescents (particularly those who are unmarried) because of their own personal beliefs or cultural pressures.

Access to FP is particularly important in crisis settings, when adolescents are affected by the loss of normal family and social support structures and when facility- and community-based systems for providing FP information and services may be disrupted. During emergencies, adolescents may be sexually exploited or may engage in high-risk sexual behaviors. This can lead to unwanted pregnancy, which may lead to other negative consequences such as death of the mother and/or the child, unsafe abortion, and social stigmatization of the young mother.

What FP interventions should ASRH programs implement in emergencies?

While comprehensive FP programming is not considered part of the MISP, contraceptives should be available during the acute phase of an emergency to respond to requests for FP. Later, when the situation has stabilized, it is important to consider ways to reach adolescents with FP information and comprehensive services.

- **Provide adolescent-friendly services**: Facility-based services should be “adolescent-friendly,” meaning that the facility has been set up in such a way that ensures privacy and confidentiality, and makes adolescents feel comfortable accessing services. To provide adolescent-friendly services, health providers should be aware of the vulnerability of adolescents to early pregnancy and the dangers of pregnancy in adolescence. They must treat adolescent clients with a positive attitude and respect the right of an adolescent to receive confidential FP information and services, regardless of age or marital status and without the consent of a parent or guardian.

- **Offer a broad-method mix**: ASRH programs should include information and access to a broad mix of FP methods, including EC. It is important to emphasize to the young FP client that s/he may choose whatever method(s) s/he prefers, without feeling as if s/he has been coerced into choosing any specific method.

- **Provide quality counseling**: Provide complete information about all of the methods available and their effectiveness and allow the adolescent to make a choice. Quality FP counseling includes explanation (and demonstration, when appropriate),
Some considerations for FP counseling include (WHO, 2007):

- All methods of FP are safe for use by adolescents, although permanent methods, such as tubal ligation and vasectomy should be discouraged for adolescents without children.

- Young women may be less tolerant of side effects. It is important to explain possible reactions during FP counseling in order to increase the likelihood that they will continue FP and seek alternative methods if the side effects persist.

- Adolescents have less control over when and with whom they have sex and over contraception than older women, which increases their need for EC. Any adolescent who requests emergency contraception should receive counseling on all methods of FP and should be allowed to take EC with her (see text box).

- Adolescents may prefer more discreet methods (such as injectables or intra-uterine devices) that can be used without drawing attention and would require fewer visits to the health facility.

- **Encourage condom use for dual protection:** Since they may engage in unsafe sexual practices that put them at risk for STIs or HIV/AIDS, adolescents should be strongly encouraged to use condoms for dual protection against pregnancy and STI/HIV.

- **Look for alternative ways to reach adolescents:** Because of the barriers to accessing RH information and services faced by adolescents, it is important that ASRH programs look for alternative ways to reach out to this group.

  Community-based services may be the best way to reach particularly at-risk sub-groups of adolescents, such as married girls, child heads of household and girl-mothers. Training adolescents in CBD can be great resources to the ASRH program by providing community- or home-based FP counseling, distribution of certain methods (typically condoms and oral contraceptive pills - OCPs) and referrals to health facilities for other methods. Adolescents may be more likely to access FP services from adolescents trained in CBD because they feel more comfortable in the home setting and because they feel less intimidated about discussing SRH issues with a peer than they would with an adult.

  In situations where schools are functional, teachers can provide RH orientation sessions, which include discussions on FP. The **Letter Box Approach** (Sharma & Sharma, 1995) is a method through which adolescents can anonymously submit questions via a letter box and teachers respond to the questions during group educational sessions. This method could also be implemented through peer educators. Teachers or other trusted members of the community may also serve as community distributors of condoms and OCPs. (For more information on the Letter Box Approach, please see the reference below.)

**SUGGESTED READING:**


