

# Unit 21

## ADOLESCENTS AND FAMILY PLANNING

### Learning Objectives

By end of this unit, learners will be able to:

- ❖ Define adolescence
- ❖ Describe the physical, emotional, and social changes that occur in adolescents
- ❖ State the fertility rate for adolescents in Malawi
- ❖ Discuss the reproductive health knowledge and behaviours of adolescents in Malawi
- ❖ Explain the importance of family planning services for adolescents
- ❖ Describe strategies for reducing adolescent pregnancy rates and adverse health consequences of risky sexual behaviours
- ❖ Describe what adolescents need to know to choose and use family planning methods
- ❖ Explain how providers and policy makers can improve adolescents' access to family planning services
- ❖ Describe information for counselling adolescents
- ❖ Determine medical eligibility for adolescents
- ❖ Describe issues to consider when providing family planning methods to adolescents
- ❖ Demonstrate skills in family planning counselling for adolescents.

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## Unit 21: Adolescents and Family Planning

### Key Points

- ❖ All contraceptive methods are safe for adolescents.
- ❖ Adolescents in Malawi are at high risk for sexually transmitted infections (STIs), including HIV.
- ❖ Many youth do not have the information they need to avoid unsafe sexual behaviours.
- ❖ Nearly two-thirds of adolescent girls in Malawi have given birth by age 20.
- ❖ Misinformation about how pregnancy occurs is common.
- ❖ Most teenage boys in Malawi do not use condoms when having sexual intercourse.
- ❖ Fear and embarrassment keep some adolescents from seeking sexual and reproductive health care.
- ❖ Adolescents need nonjudgmental and respectful family planning services tailored to their situations.
- ❖ Unmarried and married youth often have different sexual and reproductive health needs.

### 21.1 Defining Adolescence

According to the United Nations, adolescents are individuals from ages 10 to 19 years of age. This age group poses special challenges for service providers because it is a very diverse population. There are married and unmarried adolescents, adolescents who are parents, and adolescents who are not yet physically mature enough to have children. Some adolescents are sexually active by choice; some adolescents are sexually active but not by choice; and other adolescents are not yet sexually active. Many adolescents are in school, and many are not in school. Because of this diversity, different groups of adolescents are likely to have different concerns and needs.

### 21.2 Adolescent Sexual Activity in Malawi

Numerous studies have shown that large numbers of Malawian adolescents are sexually active. A 2007 Malawi survey that gathered information about adolescents' reproductive health knowledge and behaviour found that, among 15–19-year-olds, 26% of females and 49% of males are unmarried and sexually active. Among 20–24-year-olds, 16% of females and 9% of males had had sexual intercourse by age 15, and by age 20, 79% of females and 74% of males had had sex.

Other findings of the survey include:

- Male condoms are the most commonly used contraceptive method among adolescents in Malawi. Among those who have used a method, 40% of females and nearly all males have used a male condom.

- However, most adolescent males in Malawi did not use a male condom the last time they had sexual intercourse. Among 12–19-year-old males who had sex in the previous year, 57% had one sexual partner and did not use a condom at last sex; 8% had two or more partners and did not use a condom at last sex.
- Nearly 40% of adolescents in Malawi do not know of any place to obtain contraceptive methods.
- 10% of 15–19-year-old women report having been physically forced or threatened into having sexual intercourse at some point.
- Transactional sex is common among youth who have had sex with someone other than a spouse in the past year; 80% of females and 9% of males have received something in exchange.
- Sixty-three percent of women aged 20 have had a child. Among them, 18% wanted the child later, and 15% did not want to have a child at all.

(Wittenberg, Jonathan, Alister Munthali, Ann Moore et al. 2007)

### Fertility rate of adolescents in Malawi

The average age of first sexual intercourse in Malawi, for both boys and girls, is 17 years (Population Reference Bureau 2010). Malawi's adolescent fertility rate, defined as the number of births per 1,000 women aged 15-19, was 178 for the years 2000–2007, one of the highest in the world (World Health Organization Statistical Information System 2009).

As a result of not using or having access to effective contraception, many adolescents in Malawi are at risk of having unintended pregnancies and consequently are also at risk of unsafe abortion and obstetrical complications.

- According to the 2004 Demographic and Health Surveys report, only 16.6% of currently married Malawian women aged 15-19 are currently using a modern contraceptive method.
- For women aged 20-24, this figure rises somewhat to 25.4%. By far, the most common method used by these women is DMPA.

### Risk of STIs/HIV

Adolescents tend to engage in unpredictable or risky behaviours, motivated by convenience and the need to assert their independence and be accepted by their peers. This can put adolescents at risk not only for unintended pregnancy but also for STIs, including HIV. This is particularly a problem for adolescent girls who tend to have less power in their relationships than do their male peers.

- According to the 2008 report of the Joint United Nations Programme on HIV and AIDS (UNAIDS), Malawian women aged 15–24 years have an HIV prevalence rate of 8.4%. This rate in men of the same age is only 2.4%.

## 21.3 Importance of Family Planning for Adolescents

As these data indicate, many adolescents in Malawi need clear and accurate family planning information and counselling as well as access to safe and effective contraceptive methods. Providing these services will help adolescents improve their health and well-being and reduce the adverse consequences of risky behaviours. These consequences include:

- **Medical:** Unsafe abortion; STIs and HIV infections; risk of mother-to-child transmission of HIV if HIV-infected; infertility; nutritional deficiencies; obstetrical complications; death
- **Psychological:** Truancy, depression and suicidal tendencies

- **Social:** Early marriages, poor education as a result of dropping out of school
- **Economic:** Unemployment; prostitution; low-wage jobs, inability to afford and provide basic amenities for self and child.

(Ministry of Health 2007)

## 21.4 Strategies for Reducing Adolescent Pregnancy and Risk of STI/HIV Infection

Improving the health and well-being of adolescents, reducing their pregnancy rates and reducing the adverse health consequences noted above require a three-part strategy:

- 1. Providing adolescents with the information and understanding they need to avoid unsafe behaviours and use family planning methods**
- 2. Increasing adolescents' access to family planning services**
- 3. Providing adolescents with effective, "youth-friendly" family planning counselling.**

## 21.5 What Adolescents Need to Know

Adolescents need to know that their bodies are capable of reproduction. Girls can get pregnant even before their menstrual periods become regular, and most girls usually begin menstruating between the ages of 9 and 16.

Many adolescent girls believe they cannot get pregnant until they have had intercourse several times. Many boys believe this, too. Therefore, adolescents need to know that each and every act of unprotected sex represents the possibility for pregnancy and/or acquiring an STI or HIV.

Adolescents need to know:

- That there are safe and effective methods for preventing pregnancy, STIs, and HIV/AIDS, and where to obtain these methods
- That these methods are available to them and that they are not required to have parental or spousal consent to receive a contraceptive method
- Ways to say no to unwanted sexual advances or to negotiate with a partner about condom use
- How to resist peer pressure and establish relationships that are healthy and respectful of themselves and of their partners
- The potential consequences of irresponsible sexual behaviour, including the consequences of unwanted pregnancies, unsafe abortion, STIs, and HIV/AIDS
- How to protect themselves from STIs and HIV/AIDS
- Basic, accurate information about their sexuality, how their reproductive organs function, and how family planning methods work, including simple and clear information about the menstrual cycle and when a female can become pregnant
- Information about emergency contraceptive pills (ECPs) and where to obtain them.

This information should be offered during family planning counselling, during the provision of other health care services, and in as many other situations and activities as possible. For example:

- Offer life-skills education and counselling on sexuality and nutrition during youth outreach and recreational activities

- Provide family life education to young people, both in and out of school, before they begin sexual activity
- Promote peer-to-peer youth education
- Educate parents about adolescents' problems and needs and how the parents can assist their adolescent children.

## 21.6 Improving Adolescents' Access to Family Planning Services

Improving adolescents' access to family planning services involves coordinated efforts by family planning providers, family planning service managers, and local and national health officials. Strategies include:

- Training providers to offer "youth-friendly" counselling (see Section 21.7)
- Dedicating special areas of family planning clinics for adolescents, to help ensure privacy
- Using outreach and mobile clinics with staff trained to respond to adolescents' needs
- Offering clinic hours convenient for youth, such as after school and during weekends
- Locating services in convenient, safe areas
- Educating community-based contraceptive distributors and primary health workers (extension workers) about adolescents' challenges and needs and how they can assist them appropriately
- Offering youth a full range of family planning services, including ECPs and STI/HIV counselling and testing
- Providing psychosocial support and education about rape and harmful sexual practices and beliefs, such as ritual sexual cleansing
- Strengthening policies related to adolescent reproductive health services
- Obtaining political and community acceptance and support
- Offering services free or at low cost.

## 21.7 Tips for Effective, Youth-Friendly Counselling

The process used in effective counselling is the same for both adolescents and adults. However, often adolescents face different reproductive health issues and have different family planning needs than older clients. Counselling young adults requires being even more open, more flexible, more knowledgeable, and more understanding. Making a good connection with young people also requires specific knowledge of their needs and a greater willingness to be honest and to respect them as clients who need to make informed choices. It is especially important to show that you are listening, ask appropriate questions and not criticise.

Tips for providing effective, “youth-friendly” family planning counselling include:

- Show young people that you enjoy working with them.
- Develop a relationship that is based on respect for him or her as an individual.
- Counsel in private areas where you cannot be seen or overheard. Assure the client of confidentiality.
- Use simple language. Avoid terms such as “family planning,” which may seem irrelevant to youth who are not married.
- Help clients believe that they have some control over their own lives and that they can make their own decisions, act on those decisions, and evaluate the consequences.
- Pay close attention to non-verbal cues—those subtle behaviours that often say as much or more as the words we use.
- Speak without expressing judgment. For example, say, “You can” rather than “You should.” Do not criticise, even if you do not approve of what the young person is saying or doing.
- Make sure that a young woman’s choices are her own and not the result of pressure from her partner or her family. In particular, if she is being pressured to have sex and does not want to, help her think about what she can say and do to resist that pressure. Practice skills to negotiate condom use.
- Pay close attention to peer interaction when in a group education session and note for follow-up when peer pressure may be affecting an individual’s participation or responses.
- Help adolescent clients examine available alternatives and make positive changes by encouraging them to talk through possible courses of action and the consequences of those actions.
- Take time to fully address questions, fears and misinformation about sex, STIs, and contraception. Many youth want reassurance that the changes in their bodies and their feelings are normal. Be prepared to answer common questions about puberty, monthly bleeding, masturbation, night-time ejaculation, and genital hygiene.



(Photo: Helen Hawkings, courtesy of Photoshare)

(WHO/RHR and CCP, Knowledge for Health Project 2008, and Kiplinger, N. 1999)

## 21.8 Medical Eligibility Criteria for Adolescents

**All contraceptive methods are safe for adolescents.**

## 21.9 Adolescent Contraception

Adolescents are **medically eligible to use any method of contraception and must have access to a variety of contraceptive choices**. Age alone does not constitute a medical reason for denying any method to adolescents. While some concerns have been expressed regarding adolescents' use of certain contraceptive methods (such as DMPA by youth under 18), these concerns must be balanced against the advantages of avoiding pregnancy.

Social and behavioural issues should be important considerations in the choice of contraceptive methods by adolescents.

- In some settings, adolescents may be at increased risk for STIs, including HIV.
- Methods that do not require a daily regimen may be preferred by some adolescents.
- Adolescents have been shown to be generally less tolerant of side effects than older adults, which is one reason why adolescents have higher discontinuation rates.
- Method choice may also be influenced by factors such as sporadic patterns of intercourse and the need to conceal sexual activity and contraceptive use.

Expanding the number of method choices offered can lead to improved satisfaction, increased acceptance and increased prevalence of contraceptive use. Proper education and counselling both before and at the time of method selection can help adolescents make informed and voluntary decisions. (WHO/RHR 2004)

### Considerations for specific contraceptive methods

#### Hormonal contraceptives (oral contraceptives, injectables and implants)

- Injectables can be used without others knowing.
- Some young women find regular pill-taking difficult.

#### Emergency contraceptive pills

- Young women may have less control than older women over having sex and using contraception. They may need ECPs more often.
- ECPs can be provided in advance, for use when needed. ECPs can be used whenever a client has unprotected sexual intercourse, including sex against her will, or after contraceptive failure.

#### Male and female condoms

- They protect against both STIs and pregnancy, which many young people need.
- They are readily available, affordable, and convenient for occasional sex.
- Young men may be less successful than older men at using condoms correctly. They may need practice putting condoms on.

#### Intrauterine contraceptive devices (IUCDs)

- IUCDs are more likely to come out among women who have not given birth because their uteruses are small, although this is not a reason to deny them to young women.

#### Female sterilisation and vasectomy

- These should be provided with great caution since young people are among those most likely to regret sterilisation. However, there is no medical reason to deny these methods.

## Adolescents and Family Planning Case Study

### **Situation**

Chifundo is a 17-year-old school girl with a 1-year-old child. Her parents are supporting her because the father of the child refused to marry her. She has recently started being sexually active again and is frightened that she might get pregnant for a second time. She comes to the family planning clinic seeking help.

### **Questions**

1. What information would you cover during family planning counselling?
2. What contraceptive methods would be suitable for this client?
3. What specific behavioural issues can be addressed during counselling?

# Adolescents and Family Planning Case Study Answer Key

## Questions about case study

1. What information would you cover during family planning counselling?
  - **That there are safe and effective methods for preventing pregnancy, STIs and HIV/AIDS and where to obtain them**
  - **That these methods are available to her and that parental consent is not needed to receive a family planning method**
  - **Ways to say no to unwanted sexual advances or to negotiate with a partner about condom use**
  - **How to resist peer pressure and establish relationships that are healthy and respectful of themselves and of their partners**
  - **The potential consequences of irresponsible sexual behaviour, including the consequences of unwanted pregnancies, unsafe abortion, STIs, and HIV/AIDS**
  - **How to protect herself from STIs and HIV/AIDS**
  - **Basic, accurate information about her sexuality, how her reproductive organs function, how family planning methods work, including simple and clear information about the menstrual cycle and when she can become pregnant**
  - **Information about ECPs and how to obtain them.**
  
2. What contraceptive methods would be suitable for this client?

**She is medically eligible for any method. However, some methods might be more appropriate than others. If she does not want to become pregnant again for at least 2 years, a long-term method (implant, IUCD) might be preferable. Male or female condoms may be appropriate for dual protection. Other methods could be DMPA, combined oral contraceptives (COCs) or fertility awareness methods (FAM).**
  
3. What specific behavioural issues can be addressed during counselling?
  - **In some settings, adolescents may be at increased risk for STIs, including HIV.**
  - **Methods that do not require a daily regimen may be preferable.**
  - **Adolescents have been shown to be less tolerant of side effects than older adults, one reason why they have higher discontinuation rates.**
  - **Method choice may be influenced by factors such as sporadic patterns of intercourse and the need to conceal sexual activity and contraceptive use.**

# Adolescents and Family Planning Role Plays

**Note:** See Unit 5: Family Planning Counselling, for the steps of a family planning counselling session and the Effective Teaching Appendix for guidelines about conducting role plays.

## Role Play 1: Seeking Family Planning

### Participant roles

**Provider:** You are an experienced family planning service provider. You do not, however, believe that adolescents should use any family planning method other than condoms, even though national policies state that adolescents may use any method.

**Client:** You are a 16-year-old girl. You and your boyfriend recently became sexually active. You have tried to use male condoms, but the boyfriend doesn't like them, and neither of you really know how to use them.

You go to the clinic looking for another family planning method because you are afraid of getting pregnant. Several of your friends are using oral contraceptives, and they haven't gotten pregnant yet, even though they sometimes forget to take the pills. You think pills would be good for you too, but you are nervous and ill at ease.

### Focus of the role play

The focus of the role play is on the interaction between the clinician and the client. The clinician needs to assess the client's knowledge and understanding of family planning, specifically COCs and condom use. She needs to assess the appropriateness of these methods for the client.

### Discussion questions

1. How did the service provider approach the client? How did personal biases affect this interaction?
2. How did the client respond to the service provider?
3. Did the service provider help the client to make the best decision for her? Did she provide the client with all the information she needed?
4. How might the service provider improve her interaction with the client?

## Role Play 2: Family Planning Counselling for Adolescents

### Participant roles

**Provider:** You are an experienced family planning service provider who often counsels adolescents. You are seeing a client who has come to the regular service for abdominal pains. You cannot find a physical cause for these pains. The girl is very anxious about something, and this may be the cause of the pain.

**Client:** You are a 13-year-old girl. You have come to the clinic because you told your mother you had bad stomach pains and couldn't go to school. You are very anxious. A 20-year-old neighbour said he likes you and offered to take you for a ride on his motorcycle. The boy's offer made you feel proud and big, but you are scared because your older sister died in childbirth after becoming pregnant at age 15, and you have heard rumours that you might get pregnant if you are alone with a boy. Your mother won't talk about sex and only tells you that "boys are bad." You haven't told anyone about what the boy said. You decide to confide in the provider.

### Focus of the role play

The focus of the role play is on how the provider can explain in simple terms the information the girl needs to know about her body, how girls get pregnant, the potential consequences of unprotected sex, the availability of family planning, as well as the girl's feelings and concerns about her changing body, about sex, and about how to handle pressure to have sex.

### Observer

Note the way that the provider counsels the client. Does the provider:

- Help the client explore her feelings?
- Offer encouragement?
- Use active listening skills?
- Speak without expressing judgement?
- Help the client take control of her body and her sexuality?
- Provide information in a way that the client can fully understand?
- Answer questions fully?

### Discussion questions

#### For provider:

1. What was the most difficult part of playing the role?
2. What would you like to have done better?

#### For client:

1. What did the provider do that made sharing your story easier?
2. What did the provider do that made you want to come back if you needed more services?
3. What did the provider do that made you feel uncomfortable or unwelcome?

## Role Play 3: Seeking Family Planning

### Participant roles

**Provider:** You are an experienced family planning service provider.

**Client:** You are a 17-year-old girl. You have a new boyfriend with whom you are sexually active. You want to have a baby, but you want to wait until your boyfriend gets a job and can support you and the baby. You go to the clinic for a family planning method.

### Focus of the role play

The focus of the role play is on the interaction between the clinician and the client. The clinician needs to assess the client's knowledge and understanding of how her body functions, pregnancy, and family planning. She needs to help the client explore methods and assess the appropriateness of these methods for the client.

### Discussion questions

1. How did the service provider interact with the client?
2. How did the client respond to the service provider?
3. Did the provider give the client all the information she needed?
4. Did the service provider help the client to make the best decision for her?
5. How might the service provider improve her interaction with the client?

# Adolescents and Family Planning Small Group Activity - Brainstorming

## Instructions

1. Divide the class into groups to brainstorm about different aspects of providing “youth-friendly” family planning services. Give each group flip chart paper to record their responses. Assign one of the topics below to each group (or assign topics you have created), ask them to pick a recorder, and give them 10–15 minutes to work.
2. Reunite the class and have each group present their findings. Allow time for input and discussion from other students.
3. Summarise findings and remind students that providing adolescents with effective, youth-friendly family planning services is one of the key strategies for reducing adolescent pregnancy and adolescents’ risk of STI/HIV infection.

## Suggested topics for brainstorming

- Create a youth-friendly lexicon: What simple terms can be used to discuss sexuality and family planning with young people (terms for menstruation, male and female anatomy, contraception, STI, HIV, condom, etc.)
- Myth busters: Identify common myths and misunderstandings that adolescents may have about sex and family planning. Write a list of myths in one column and how providers can respond to those myths in a second column.
- Be a youth-friendly provider: Make a list of “dos” and “don’ts” for the way providers should talk and behave in order to be a youth-friendly provider.
- Message maker: What are the most important messages to pass on to adolescents about their sexuality and family planning? Are there some messages just for girls? Are there some messages just for boys? What opportunities exist, or can be created, outside of the family planning clinic, for delivering these messages to adolescents?

## Adolescents and Family Planning Quiz Questions

**Questions 1–14.** Indicate whether the following statements about adolescents are **true** or **false** by writing a **“T”** for true or an **“F”** for false in the space provided before each statement.

1. Adolescents are defined by the United Nations as individuals from ages 10 to 19.
  2. According to a 2007 study, most males ages 12-19 in Malawi use condoms regularly.
  3. Nearly 40% of adolescents in Malawi do not know where to obtain contraceptive methods.
  4. Adolescent males in Malawi are at greater risk of STIs and HIV than adolescent females because males have more partners.
  5. Girls can get pregnant before their menstrual periods become regular.
  6. Most adolescents understand that a girl can get pregnant the first time she has sex.
  7. Adolescents need to know that contraceptive methods are available to them, and they do not require parental or spousal consent.
  8. Because of privacy issues, providers should only offer family planning counselling to adolescents when they are at the family planning clinic.
  9. Malawi’s adolescent fertility rate from 2000-2007, defined as the number of births per 1,000 women aged 15-19, was 178—one of the highest in the world.
  10. An adolescent will pay closer attention to what a provider says if the provider criticises the client’s risky sexual behaviour.
  11. All contraceptive methods are safe for adolescents.
  12. Adolescents have been shown to be more tolerant of side effects than older adults and can therefore easily tolerate any contraceptive method.
  13. Young women should be provided with ECPs in advance, for use when needed.
  14. Young men may be less successful than older men at using condoms correctly.
15. Why is it important to offer family planning services to adolescents?
16. List three strategies to improve adolescent access to family planning services:

17. List three tips for providing effective, youth-friendly family planning counselling:

18. List two social or behavioural issues that should be considered when adolescents choose contraceptive methods:

# Adolescents and Family Planning Quiz Questions

## Answer Key

- T 1. Adolescents are defined by the United Nations as individuals from ages 10 to 19.
- F 2. According to a 2007 study, most males ages 12-19 in Malawi use condoms regularly. ***The majority of males reported not having used a condom at last sex.***
- T 3. Nearly 40% of adolescents in Malawi do not know where to obtain contraceptive methods.
- F 4. Adolescent males in Malawi are at greater risk of STIs and HIV than adolescent females because males have more partners. STIs/HIV are more of a problem for girls who have less power in their relationships than do boys. The rate of HIV among adolescent females in Malawi is almost 3 times higher than the rate among adolescent males.
- T 5. Girls can get pregnant before their menstrual periods become regular.
- F 6. Most adolescents understand that a girl can get pregnant the first time she has sex. Many believe that girls cannot get pregnant until they have had intercourse several times.
- T 7. Adolescents need to know that contraceptive methods are available to them and they do not require parental or spousal consent.
- F 8. Because of privacy issues, providers should only offer family planning counselling to adolescents when they are at the family planning clinic. ***Offer family planning counselling when providing other health care services for youth and in as many other situations and activities as possible.***
- T 9. Malawi's adolescent fertility rate from 2000-2007, defined as the number of births per 1000 women aged 15-19, was 178—one of the highest in the world.
- F 10. An adolescent will pay closer attention to what a provider says if the provider criticises the client's risky sexual behaviour. ***Do not criticise, even if you do not approve of what the young person is saying or doing.***
- T 11. All contraceptive methods are safe for adolescents.
- F 12. Adolescents have been shown to be more tolerant of side effects than older adults and can therefore easily tolerate any contraceptive method. ***Adolescents have been shown to be less tolerant of side effects, one reason why adolescents have high discontinuation rates for some methods.***
- T 13. Young women should be provided with ECPs in advance, for use when needed. Young women may have less control than older women over having sex and using contraception. They may need ECPs more often.
- T 14. Young men may be less successful than older men at using condoms correctly. ***Young men may need practice putting condoms on.***
15. Why is it important to offer family planning services to adolescents?  
**To help prevent and reduce the adverse consequences of risky behaviours (unintended pregnancy, STIs/HIV).**

16. List three strategies to improve adolescent access to family planning services:

**Any three of the following:**

- **Train providers to offer youth-friendly counselling.**
- **Dedicate special areas of family planning clinics for adolescents, to help ensure privacy.**
- **Use outreach and mobile clinics with staff trained to respond to adolescents' needs.**
- **Offer clinic hours convenient for youth, such as after school and during weekends.**
- **Locate services in convenient, safe areas.**
- **Educate community-based contraceptive distributors and primary health workers (extension workers) about adolescents' challenges and needs and how they can assist them appropriately.**
- **Offer youth a full range of family planning services, including ECPs and STI/HIV counselling and testing.**
- **Provide psychosocial support and education about rape and harmful sexual practices and beliefs, such as ritual sexual cleansing.**
- **Strengthen policies related to adolescent reproductive health services**
- **Obtain political and community acceptance and support**
- **Offer services free or at low cost.**

17. List three tips for providing effective, youth-friendly family planning counselling:

**Any three of the following:**

- **Show young people that you enjoy working with them.**
- **Develop a relationship that is based on respect for him or her as an individual.**
- **Counsel in private areas where you cannot be seen or overheard. Assure the client of confidentiality.**
- **Use simple language. Avoid terms such as "family planning," which may seem irrelevant to youth who are not married.**
- **Help clients believe that they have some control over their own lives, that they can make their own decisions, that they can act on those decisions and evaluate the consequences.**
- **Pay close attention to non-verbal cues, those subtle behaviours that often say as much or more as the words we use.**
- **Speak without expressing judgment. For example, say, "You can" rather than "You should." Do not criticise, even if you do not approve of what the young person is saying or doing.**
- **Make sure that a young woman's choices are her own and not the result of pressure from her partner or her family. In particular, if she is being pressured to have sex and does not want to, help her think about what she can say and do to resist that pressure. Practice skills to negotiate condom use.**
- **Pay close attention to peer interaction when in a group education session and note for follow-up when peer pressure may be affecting an individual's participation or responses.**
- **Help adolescent clients examine available alternatives and make positive changes by encouraging them to talk through possible courses of action and the consequences of those actions.**
- **Take time to fully address questions, fears, and misinformation about sex, STIs, and**

**contraception. Many youth want reassurance that the changes in their bodies and their feelings are normal. Be prepared to answer common questions about puberty, monthly bleeding, masturbation, night-time ejaculation, and genital hygiene.**

18. List two social or behavioural issues that should be considered when adolescents choose contraceptive methods:

**Any two of the following:**

- **In some settings, adolescents may be at increased risk for STIs, including HIV.**
- **Methods that do not require a daily regimen may be preferred by some adolescents.**
- **Adolescents have been shown to be generally less tolerant of side effects than older adults, one reason why they have higher discontinuation rates.**
- **Method choice may also be influenced by factors such as sporadic patterns of intercourse and the need to conceal sexual activity and contraceptive use.**

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