Evidence Assessment: Summary of a Systematic Review

Who is this summary for?
For Doctors and Health Personal, Administrators and Managers of health facilities, Community Health Workers and the partners involved in child and young adults' health.

Brief educational strategies for improving contraception use in young people

Key findings

- Special counseling plus phone follow-up was more effective than counseling alone on use of oral contraceptives (OC) and condoms among young women, 16 to 24 years old;
- Two other types of special counseling also had effects on contraceptive use compared with standard care;
- The need is still great for strategies to improve contraceptive use among young people that are feasible for clinics.

Background

Global high rates of unplanned pregnancy and abortion among young women demonstrate the need for increased access to modern contraceptive services. In sub-Saharan Africa, the birth rate for those aged 15 to 19 years is 121 per 1000. In the USA, 6% of teens aged 15 to 19 years became pregnant in 2010. Most pregnancies among young women to age 25 are unintended. In addition, 87% of unintended pregnancies occur among women who do not use a modern contraceptive method. In low- and middle income countries (LMICs), 33 million women from 15 to 24 years old have an unmet need for contraception. While multifaceted interventions help address the complexity of contraception behavior, most contraception counseling occurs in a clinical setting. Time and counseling expertise are often limited, along with knowledge about specific contraceptive methods, such as long-acting reversible contraception.

Brief educational strategies for improving contraception use in young people, Cameroon
The importance of sexual health education has been well documented over the last years and UNESCO in collaboration with UNICEF, UNAIDS, WHO and UNFPA, has developed an "International Technical Guidance on Sexual Education" to assist authorities in the design and implementation of sexual health education in schools (UNESCO 2009).

Questions

What are the feasible brief educational interventions that can improve contraceptive use among young people for implementing in a clinic or similar setting with limited resources?

Table 1: Summary of the systematic review

	What the review authors searched for	What the review authors found
Studies	Randomized controlled trials (RCTs) and non-randomized studies (NRS). RCTs include trials that assigned individuals or clusters, such as clinics.	Eleven studies met the inclusion criteria, 9 were individually randomized trials and 2 were cluster randomized trials.
Participants	Participants aged 25 years or younger. Participants may have been initiating contraceptive use, switching to a different method, or continuing use of the same method. We also included women who were postpartum or postabortion. The age range for adolescence and young adulthood varies in research and policymaking.	Most studies in our review recruited young women in family planning clinics.
Interventions	The intervention had to be sufficiently brief for a clinic, i.e. one to three sessions of 15 to 60 minutes plus potential follow-up. The strategy had to emphasize one or more effective methods of contraception. Primary outcomes were pregnancy and contraceptive use.	• Counseling • Counseling plus audiovisual • Counseling plus phone calls or text messages • Counseling plus provider training
Controls	Special counseling or standard care	Special counseling or standard care
Outcomes	**Primary outcomes** • Contraception use (at least three months after the intervention began) ◦ Use of a new method; ◦ Improved use or continuation of a method; • Pregnancy (at least six months after the intervention began) Contraceptive use could have been assessed in a variety of ways, such as consistent use or improved adherence. **Secondary outcomes** • Knowledge of contraceptive effectiveness or effective method use • Attitude about contraception or a specific contraceptive method	**Primary outcomes** • Special counseling plus phone follow-up was more effective than counseling alone on use of OCs and condoms among young women, 16 to 24 years old; • Two other types of special counseling also had effects on contraceptive use compared with standard care; • For women age 25 and younger, who were postabortion, a comprehensive package of contraceptive services resulted in more use of effective contraceptives and condoms. An intervention of developmental counseling led to more adolescents who used an effective contraceptive. • Utilizing an audiovisual tool plus counseling showed some associations with contraceptive use. **Secondary outcomes of knowledge or attitude** • Better knowledge of OCs compared with the control group. • Women with counseling plus phone follow-up were more willing to recommend OCs to a friend compared with women in the counseling-only group.
Date of the most recent search: 7 March 2016		
Limitations: This is a moderate quality systematic review**, AMSTAR =9/11**		
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Table 2: Summary of findings

Special counseling + phone follow-up compared with special counseling for improving contraceptive use

Patient or population: young women, 16 to 24 years old, with desire to avoid pregnancy
Settings: clinic
Intervention: special counseling + phone follow-up
Comparison: special counseling

Outcomes	Odds ration (95% CI)	No of Participants	Quality of the evidence (GRADE)
Counseling + phone follow-up vs counseling Consistent OC use (at 3 months; at 6 months)	1.41 [1.06-1.87]; 1.39 [1.03-1.87]	767	**Moderate**

Counseling + phone follow-up vs counseling Condom use at last sex (at 3 months)	OR 1.45 (1.03 to 2.03)	767	**Moderate**

Additional summary of findings

Enhanced counseling + provider training compared with standard care for improving contraceptive use

Patient or population: young women with need for contraception
Settings: clinic
Intervention: special counseling
Comparison: standard care

Outcomes	**Odds ration (95% CI)**	**No of Participants (studies)**	**Quality of the evidence (GRADE)**
Use of effective contraceptive method at 6 months	2.03 [1.04-3.98]	2336 (16)	**Low**
Condom use at 6 months: consistent; correct; consistent and correct	2.32 [1.55-3.46]	2336 (16)	**Low**
Effective user of contraception at 1 year	48.38 [5.96-392. 63]	78	**Very low**
Outcomes	**Reported relative effect (reported P value)**	**Participants (studies)**	**Quality of the evidence (GRADE)**
Effectiveness of method used at last intercourse (at 1 year) sexually active at follow-up; not sexually active at baseline	Adjusted OR 1.51 (P < 0.05); Adjusted OR 2.53 (P < 0.01)	1195	**Very low**
Partner's use of OC at last intercourse (at 1 year) sexually active at follow-up; not sexually active at baseline	Adjusted OR 1.66 (P < 0.05); Adjusted OR 3.06 (P < 0.01)	1195	**Very low**

Applicability

Ten studies were conducted in the USA and one was carried out in China. In law and middle incomes countries, the fertility rate for young women 15 to 19 years old was 49. In many areas, young people may not have access to contraceptives due to cultural, economic, or logistical barriers. These interventions are not resource intensive and may be applied in other low resources settings such as Cameroon.

Conclusions

Few studies tested brief strategies for young people. The field needs well-designed and carefully implemented studies that test practical interventions to improve contraceptive use among young people. More intensive strategies could be more effective, but would also be challenging for many clinics to implement.

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