



Original article

An Analysis of Adolescent Content in South Africa's Contraception Policy Using a Human Rights Framework



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A B S T R A C T

Purpose: To evaluate whether the updated South African national contraception policy and guidelines adequately address the needs of adolescents.

Methods: We used the World Health Organization (WHO) guidance and recommendations on ensuring human rights in the provision of contraceptive information and services as an analytic framework. We assessed the South African policy in relation to each WHO summary recommendation. Specifically, we determined where normative guidance pertaining to adolescents is present and whether it is adequate, normative guidance pertaining to all populations but not specifically adolescents is present, or normative guidance for that recommendation is missing from the policy. We developed an analytic table to discuss with coauthors and draw conclusions.

Results: We found specific guidance for adolescents relating to 6/9 WHO summary recommendations and 11/24 subrecommendations. Adolescents are highlighted throughout the policy as being at risk for discrimination or coercion, and laws protecting the rights of adolescents are cited. Confidentiality of services for young people is emphasized, and youth-friendly services are described as a key element of service delivery. Areas to strengthen include the need for normative guidance ensuring both availability of contraceptive information and services for young people and adolescent participation in development of community programs and services.

Conclusions: South Africa's contraception policy and guidelines are comprehensive and forward looking. Nevertheless, there are gaps that may leave adolescents vulnerable to discrimination and coercion and create barriers to accessing contraceptive services. These findings provide insight for the revision and development of adolescent health policies in South Africa and other settings.

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IMPLICATIONS AND
CONTRIBUTION

Laws and policies that improve adolescents' access to contraceptive services, irrespective of marital status and age, can contribute to preventing unwanted pregnancies. This study used a novel analytic framework to determine where South Africa's updated contraception policy and guidelines address the needs of adolescents and identified areas to be strengthened.

Policies that improve adolescents' access to contraceptive information and services, irrespective of marital status and age, can prevent early and unwanted pregnancy [1]. However, to date,

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no systematic study of inclusion of adolescent-specific issues in national policies and guidelines has been performed. This article examines how well the recently updated South African contraception and fertility planning policy and guidelines address the specific needs of adolescents.

Approximately one-quarter of women aged 15–19 years in South Africa report having been pregnant [2]. Although teen fertility has mirrored a decline in fertility among all women in South Africa, South African teens experience a birth rate of 54 per

1,000 women aged 15–19 years, twice that of teens in the United States. [3–6]. Six percent of female high school learners report ever having had an abortion, and 1 in 10 report being forced to have sex [7]. Observed declines in teen childbearing may be attributed to national school-based and peer sex education efforts, adolescent-friendly clinic initiatives, and community level programs including mass media interventions [5].

Young women in South Africa also have a disproportionately high rate of HIV infection despite national efforts focused on HIV prevention, 113,000 new infections occurred in 2012 among women aged 15–24 years in the country, which is more than four times the incidence among young men [8]. This disparity is attributed both to social-behavioral risks faced by young women, often in sexual relationships with older men, as well as possible greater biologic vulnerability to HIV infection [9]. Not only has contraception been highlighted as a key strategy to reduce maternal and child mortality from complications related to early childbearing, access to comprehensive contraceptive services has also been demonstrated to be a highly effective strategy for HIV prevention and is a pillar of Prevention of Mother to Child Transmission initiatives [10–14]. The need to ensure access to high-quality and equitable contraceptive services to South African adolescents has never been more pressing.

South Africa revised its contraception policy in 2012 in the form of two documents, the National Contraception and Fertility Planning Policy and Service Delivery (PSD) and the complementary National Contraception Clinical Guidelines [15,16]. These, hereafter referred to as the PSD guidelines and clinical guidelines, were updated from existing contraception policies established a decade earlier and were formally launched in 2014 [17,18]. This study addresses a gap in global health literature by analyzing these important national normative documents to improve understanding of best practices for adolescent reproductive health policies and guidelines. The objective of this study was to evaluate whether the South African policy and clinical guidelines address adolescents' needs adequately using a human rights analytic framework.

Methods

A focused literature review of adolescent contraceptive trends and service provision in South Africa from 2000 onward was conducted to gain familiarity with the policy context. Subsequently, the previous (2001, 2003) and updated (2012) contraception policy and guidelines were examined, searching for specific instances where adolescents are referenced. This was done through careful reading of the text as well as electronic word searching for “adolescent,” “youth,” or “young” in all documents.

On identification of instances where adolescents were described or mentioned in the updated policy and guidelines documents, an evaluation of the human rights characteristics of the two documents was conducted by applying each of the summary recommendations found within the World Health Organization (WHO) 2014 publication titled “Ensuring human rights in the provision of contraceptive information and services.” [19] This WHO document is intended to provide guidance for policy-makers, managers, providers, and other stakeholders in the health sector on priority actions necessary to ensure integration of a human rights-based approach to the provision of contraception. A human rights-based approach aims to improve outcomes by analyzing and addressing inequalities,

discriminatory practices, and unjust power relations [20]. Health services that apply human rights principles ensure fully informed decision-making, respect for dignity, autonomy, privacy and confidentiality, and sensitivity to individuals' needs and perspectives [19].

The contraception-specific guidance and recommendations were developed through a structured WHO guidelines development process performed by a group of public health and human rights experts and included the identification of priority questions and outcomes, a systematic review of evidence, and formulation of recommendations. The result of this process was a document containing nine summary recommendations, some including subrecommendations, for a total of 24 unique recommendations (Table 1).

Assessment process

The PSD and clinical guidelines were assessed in relation to each of these WHO summary recommendations and subrecommendations. Specifically, the assessment determined where (1) specific normative guidance pertaining to adolescents is present and whether it is adequate, (2) normative guidance pertaining to all populations (but not specifically adolescents) is present (and whether adolescent-specific guidance is needed), or (3) normative guidance for that recommendation is missing from the guidelines. This process led to an analytic table which was then used for discussion with coauthors to draw conclusions and recommendations (Appendix).

The analytic team was strategically selected and consisted of an adolescent medicine clinician (A.H.); a physician and public health professional with expertise in designing, implementing, and evaluating adolescent-friendly health services (V.C.); an obstetrician-gynecologist and family planning clinical researcher who had served as a consultant for the South African guideline development (P.S.); a United Nations Populations Fund adolescent program specialist with expertise in adolescent policy and programs in sub-Saharan Africa (T.S.); and a key informant who participated in development of the updated guidelines (M.P.). One author (A.H.) reviewed the guideline documents to assess their content alongside the human rights analytic framework. Another author (V.C.) verified these assessment findings. Two authors (P.S. and T.S.) provided information on the country level context when necessary, and an additional author (M.P.) reviewed the findings for accuracy.

Results

We found specific normative guidance for adolescents relating to six of nine WHO summary recommendations and to 11 of 24 subrecommendations. Our findings for each recommendation (1–9), specific to each subrecommendation as indicated (e.g., 1.1), are summarized in the following sections, with detailed quotations and citations included in the Appendix.

1. Non-discrimination in provision of contraceptive information and services (1.1–1.2)

Both documents include adolescent-specific normative guidance related to this recommendation. The clinical guidelines address equal access free from discrimination (1.1) by specifically stating that contraceptive method provision should not be denied on the grounds of young age alone. More generally, in a

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