

BEHAVIOR PROFILE: ADOLESCENT FIRST BIRTH

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR

Sexually active adolescents use a modern contraceptive method to delay first birth until after age 18

71 Percentage of sexually active unmarried women age 15-19 currently using any modern method of contraception



BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS	BEHAVIOR ANALYSIS		STRATEGY
	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>Sexually active adolescents use a modern contraceptive method to delay first birth until after age 18</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Decide to use a modern contraceptive method 2. Obtain family planning counseling from a qualified provider 3. Select appropriate modern contraceptive method 4. Obtain chosen method 5. Use chosen method as instructed 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Adolescents cannot easily access family planning services because the hours and location of the health facilities are inconvenient.</p> <p>Service Provider Competencies: Adolescents do not feel comfortable seeking family planning because clinics do not always maintain privacy, and providers are often judgmental or may deny them care.</p> <p>Service Experience: Adolescents often do not have a positive experience when seeking family planning at health facilities because policies around adolescent sexual and reproductive health are not always clear, including clinic guidelines on parental permission, rights to privacy, and requirements for physical exams.</p> <p>SOCIAL</p> <p>Family and Community Support: Adolescents, especially girls, do not access family planning because they do not have social support and suffer stigma and social exclusion if they are known to access family planning.</p> <p>Gender: Adolescents, especially girls, do not discuss or pursue family planning services because traditional concepts of masculinity drive sexual decision making.</p> <p>Norms: Adolescents do not discuss or pursue family planning services because adolescent sexuality is often highly moralized in communities and can be especially taboo for girls.</p> <p>INTERNAL</p> <p>Self-Efficacy: Adolescents, especially girls, do not discuss family planning with sexual partners or service providers because they lack confidence to do so.</p> <p>Knowledge: Adolescents do not obtain or use modern contraceptives because they have limited information on sexuality, reproduction, and contraceptive methods.</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Create and enforce clear policies establishing adolescents' rights to access a wide variety of modern contraception methods without judgement and with the expectation of privacy.</p> <p>Providers: Offer a adolescent-friendly contraception services, including assurance of privacy and acceptance, counseling on appropriate methods and continuous care.</p> <p>COMMUNITY</p> <p>Community Leaders: Provide forums for the broader community to discuss the issue of girls' safety, support to girls' future planning, and a adolescent reproductive health service utilization.</p> <p>HOUSEHOLD</p> <p>Family Members: Support and actively engage in all aspects of adolescents' life including relationships and sexuality.</p> <p>Male Partners: Discuss and mutually agree on when and how to plan for the future.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p><i>Strategy requires Communication Support</i></p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Ensure sexual reproductive health services are provided to adolescents at no-cost or highly subsidized (via vouchers, social franchising or other financing models).</p> <p>Partnerships and Networks: Use variety of service delivery mechanisms (outreach, posts, social franchising, etc.) and innovative partners to reach a wide range of adolescents and create confidence in accessing services.</p> <p>Policies and Governance: Ensure and enforce clear policy around adolescents' right to access contraception services confidentially, respectfully and without a physical exam.</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Products and Technology: Offer a full range of contraceptive options to adolescents including long-acting reversible contraceptives.</p> <p>Quality Improvement: Train providers to offer a adolescent-friendly services including providing confidential, nonjudgmental information and services, accurate information on medical eligibility criteria for adolescent contraceptive use, etc.</p> <p>DEMAND AND USE</p> <p>Communication: Use a adolescent-appropriate media to reinforce messages and normalize both adolescent access and use of modern contraception, and create opportunities for community-wide reflection on gender norms, and other issues and concerns.</p> <p>Communication: Create peer-to-peer clubs and other opportunities to work with male and female adolescents on masculinity, healthy relationships and communication.</p> <p>Skills Building: Ensure schools adopt comprehensive sexual and reproductive health curriculum covering family planning options and deliver it by age rather than grade.</p>