




Youth-friendly sexual health services in Estonia: association with contraceptive use

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Research on the effectiveness of youth-friendly sexual health (SH) services on young people's SH has shown positive results but is limited

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Interventions that aimed to increase knowledge of and access to SH services among 15- to 24-year-old Chinese youth had long-term effects on the use of contraception

Tu X, Lou C, Gao E, et al. Long-term effects of a community-based program on contraceptive use among sexually active unmarried youth in Shanghai, China. *J Adolesc Health* 2008

High quality communication, emphasis on client choice - positive effect on contraceptive use

Paine K, Thorogood M, Wellings K. The impact of the quality of family planning services on safe and effective contraceptive use: a systematic literature review. *Hum Fertil* 2000

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Finding an effective methodology with which to evaluate the independent effect of SH services for young people is challenging

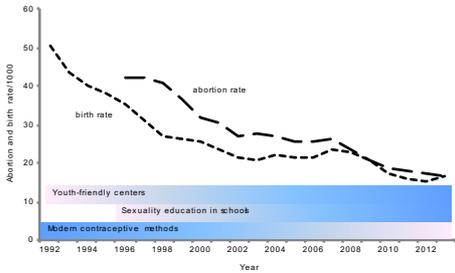
- reporting bias
- effect comes later
- other factors influencing

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Birth rates and induced abortion rates among 15- to 19-year-old women in Estonia



Estonian Medical Birth Registry and Estonian Abortion Registry

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 **Services for contraceptive counselling**

Traditionally – provided by gynaecologists in
women's outpatient clinics

Since the mid-1990s, new health care services -
private gynecological practices,
a family doctor system,
network of youth-friendly SH services (in
Estonian, *noorte nõustamiskeskused*)

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 **Youth-friendly SH services in Estonia**

Specially designed for young women and men up to the age of 25
Network leadership (Estonian Sexual Health Association)

Following general 'youth-friendly' principles:

- availability without additional restrictions
- easy access & convenient opening hours
- drop-in services
- short waiting times
- no/low cost
- integrated SH services
- privacy and confidentiality
- respect and friendliness
- sufficient length of the visit
- 'informed choice' etc



McIntyre. WHO 2002; Tylee et al Lancet 2007; Sannisto Eur J Contracept Repr 2009; IPPF 2012; Chandra-Mouli
Reprod Health 2014

 **Main integrated elements of services:**

- contraceptive care
- preventing, diagnosis and treatment of STD/HIV
- abortion care
- identification/care for sexual violence
- psychological and sexual life problems
- + sexuality education lectures



A set of quality standards

The highest service volume was reached in 2008
(33 700 visits)

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 **Hormonal contraceptive methods and IUDs -**
subsidized and prescribed by doctors and
midwives, visit to a service provider is needed

Condoms - easily accessible

Parental consent is not needed for adolescents to
acquire contraceptives

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 **Research question**

Is there an association between visiting youth-
friendly SH services and the use of effective
contraceptive methods among young women aged
16-24 in Estonia?

Obstacles met by young people when accessing
contraceptive services?

Satisfaction with contraceptive services?

Paik K, Ringmets I, Laanpre M, Rahu M, Kamo H. Contraceptive use among young women in Estonia: association with contraceptive services. Eur J Contracept Repr 2016 Apr;21(2):132-40

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 **Materials and methods**

Estonian Women's Health Survey (EWHS 2004)

Estonian female population aged 16–44 (sample size n= 5190)

Response rate 53.8%

The data of 16- to 24-year-old women requiring contraception
(n=868) were analysed

The association between visiting different contraceptive
services and the use of effective contraceptive methods
(hormonal, IUD, condom) and, specifically, hormonal
methods, were explored using multiple logistic regression
analysis

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Multiple logistic regression analysis

Dependent variables	Independent variables
Use of hormonal, methods IUD, condom	Age
Use of hormonal methods during the last sexual intercourse	Native language
	Type of contraceptive service (women's outpatient clinic, youth-friendly clinic, private gynaecology and family doctor)
	School sexuality education (yes/no)

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Association between the use of contraception among 16- to 24-year-old women and type of a contraceptive service

EWHS 2004

Use of hormonal methods, condom, IUD

	AOR	95% CI
women's outpatient clinic	1	
youth-friendly clinic	1.82	1.03-3.23
private gynecology clinic	2.08	1.11-3.92
family doctor	1.82	0.95-3.49

Use of hormonal methods

	AOR	95% CI
women's outpatient clinic	1	
youth-friendly clinic	2.87	1.54-5.37
private gynecology clinic	2.44	1.20-4.95
family doctor	2.37	1.17-4.78

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Association between sexuality education and the use of contraception among 16- to 24-year-old women

EWHS 2004

Use of hormonal methods, condom, IUD

	AOR	95% CI
school-based sexuality education	2.69	1.32-5.50

Use of hormonal methods

	AOR	95% CI
school-based sexuality education	3.79	1.51-9.49

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Obstacles when accessing contraceptive services

(% of affirmative answers)

EWHS 2004

Obstacle	16-19 years n=284	20-22 years n=365	23-24 years n=219
Difficult to make an appointment	21.8	26.6	30.6
Long journey/poor transport connections	6.0	6.0	5.0
Previous negative experience	4.6	6.0	6.4
Shame	7.4	2.2	0.9
Fear of gynecological examination	13.4	7.4	5.5
No obstacles	46.1	45.8	50.2

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Satisfaction with contraceptive services

(% of very/quite satisfied)

EWHS 2004

Aspect	Women's clinic	YFC	Private clinic	Family doctor
Friendlyness	85.9	94.1	93.5	88.7
Competence	86.3	92.4	90.7	83.1
Confidentiality	85.9	93.2	85.2	85.9
Length of the visit	80.6	89.0	88.0	83.1

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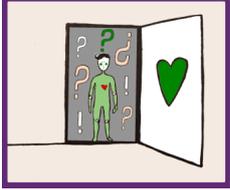
Conclusions

Finding an effective methodology with which to evaluate the independent effect of SH services for young people is challenging

Although causal association cannot be proved, the findings suggest that using effective contraception among teenage and young women is, at least partly, attributable to visiting youth-friendly SH services

Easy access to youth-friendly SH services is needed to ensure better uptake of effective contraceptive methods

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Thank you!

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