

# **UNDERSTANDING ADOLESCENT UNMET NEED FOR CONTRACEPTION IN THE PACIFIC ISLANDS**

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# INTRODUCTION

Who Am I?

What led me to this topic?



Image credit: [https://www.tripadvisor.com.au/LocationPhotoDirectLink-g294144-d311955-i76249259-Iririki\\_Island\\_Resort\\_Spa-Port\\_Vila\\_Efate.html](https://www.tripadvisor.com.au/LocationPhotoDirectLink-g294144-d311955-i76249259-Iririki_Island_Resort_Spa-Port_Vila_Efate.html)

# WHY PACIFIC? WHY ADOLESCENTS? WHY CONTRACEPTION?

- Adolescents in the Pacific
- Public Health Impacts of Contraception
- What we know from other studies



Image credit: <http://asiapacificislandescapes.com.au/people-places-faces-cultures-smiles/>

# RESEARCH QUESTION:

*From the perspectives of Key Informants, what are the key factors that contribute to adolescent unmet need for contraception in the Pacific Islands?*

*(Adolescents: 10-19yrs)*

# METHODS

- 12 key informants over skype and phone
- Talanoa approach – discussions, building shared understanding
- Snowball sampling

## Key Informants

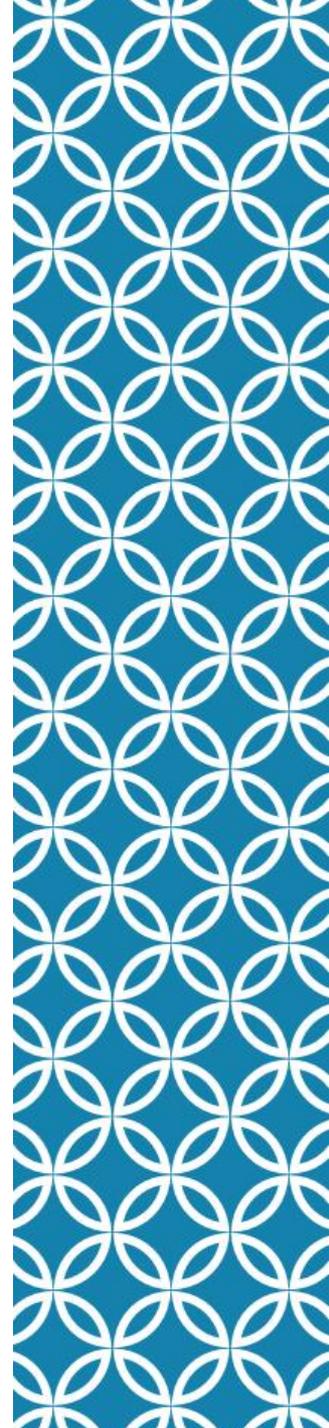
- 8 Pacific Islanders and 4 from outside PICTs
- Geographic focus of work: Cook Islands, Fiji, Kiribati, PNG, Tuvalu, Vanuatu, regional work focus.
- Current roles: Senior managers, doctors, nurses/midwives, SRH technical advisors, and peer educators.
- Types of organisations: international NGOs, local NGOs and IPPF Member Associations, Ministries of Health and multilateral organisations



# FINDINGS

## 3 Major Themes:

- Sexuality and Morality
- Gender, Relationships and Power
- Agency, Ambivalence and Engagement



# FINDINGS: SEXUALITY AND MORALITY

## Morality as a Barrier to SRH Information

*“...in our culture, we are not allowed to know about our reproductive organs [...] It's beyond our culture to know about a girl's body and some sort of things like that [...] they think like if we learn about how our bodies works and how other bodies [...] How the other bodies work, we will be more affected to have sex.” – Interview 9, Kiribati focus*

- SRH in schools
- Community education and Engagement to Improve SRH Knowledge

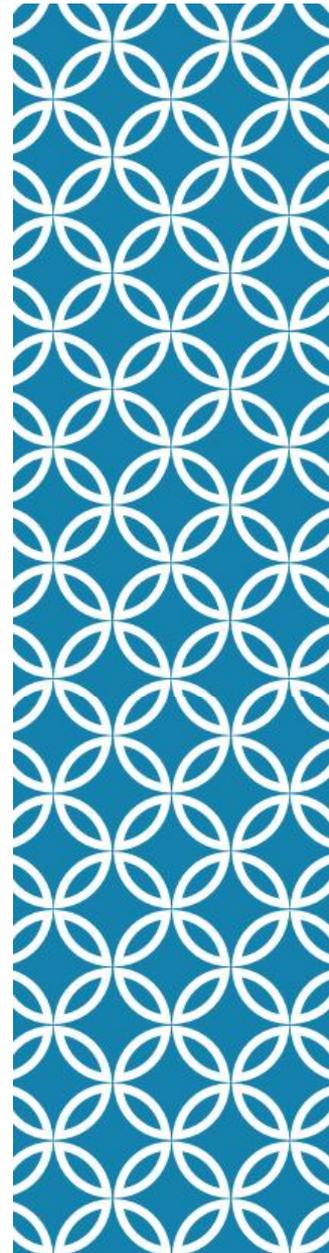


# FINDINGS: SEXUALITY AND MORALITY

## Acceptability of Contraception for Adolescents

*“...there's nothing in our traditional Fijian culture, if you want, our own Fijian sub-culture that tells me that I cannot access family planning but there is certainly a stigma around the fact that I'm unmarried and the fact that I'm sexually active and therefore the fact that I'm trying to access planning...” – Interview 2, Fiji focus*

*“...very much accepting the educational component but, I guess, they just cannot digest the fact that their kids are sexually active and therefore they needed contraception, they cannot accept that.” – Interview 1, Regional focus*



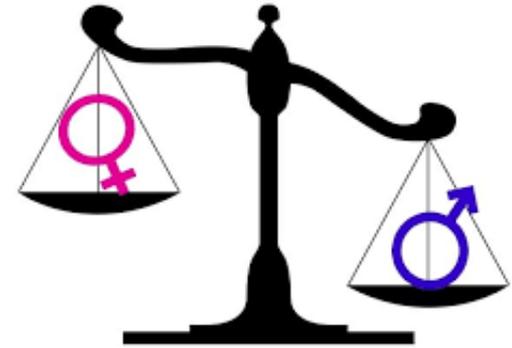
# FINDINGS: SEXUALITY AND MORALITY

## Morality as a barrier to ASRH services

- Privacy
- Health Worker Attitudes
  - Confidentiality
  - Judgemental health workers
  - Solutions to health worker factors
- Policies – restrictions and lacking definition
- NGO capacities for ASRH

*“They’re young, they’re getting to feel these things, and there’s all these pressures. So the challenge of just getting to get a contraceptive, a product to help them, whether a condom or a pill to stop them from getting pregnant is just a small fraction of the issues that they’re thinking about. They have to think about not getting caught or no-one knowing that they are sexually active or other, you know, stigmatisation and all these other things.” – Interview 7, Tuvalu*

# DEFINITIONS



Hegemonic masculinity (Connell 1987, Connell and Messerschur 2005): norms that legitimise men as dominant and having dominance over women.

Agency: Capacity of individuals to act independently and make their own free choices.

Image credit: <https://www.emaze.com/@ACWQWIWI/gender-inequality>

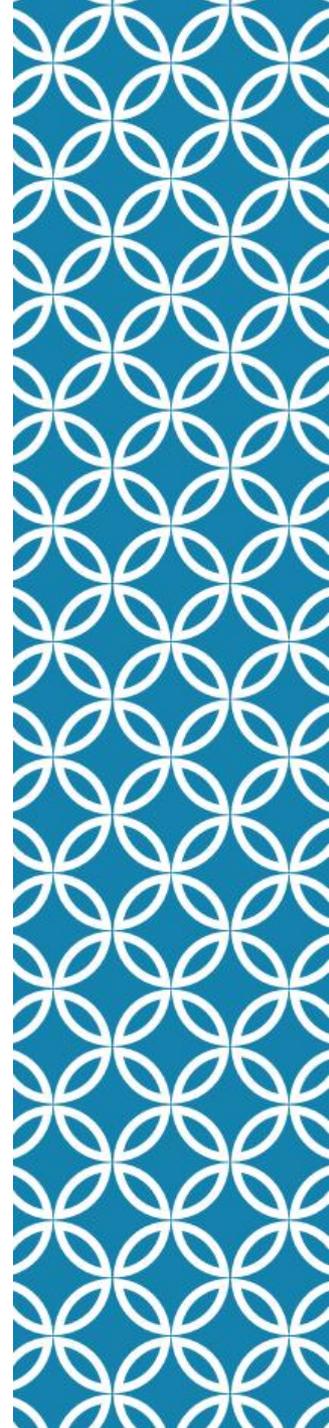


# FINDINGS: GENDER, RELATIONSHIPS AND POWER

- Expectations on women to conform to reproductive role:

*“There is this underlying dream of being part of the respectable class of women who are often referred to as mummas. So, I think there might be this ideology that they ended up with this guy and have kids with them and they’ve married and have this really nice domestic life. But then there’s the practicalities of that and getting pregnant very quickly after, for example very quickly after being with someone which happens quite a bit in order to solidify the relationship or as I’ve mentioned there could be some kind of coercive things going on in order to ensure the relationship.”* – Interview 6, Vanuatu focus

- Decisions about reproduction



# FINDINGS: GENDER, RELATIONSHIPS AND POWER

## Attitudes Towards Adolescent Pregnancies

- Various attitudes
- Stigmatisation but also support of family

*“...Grandma is there to babysit and someone else is looking after them. So they, sometimes, they don't really feel the pressure of just the couple themselves having to face all the needs, financial or otherwise, or just the time, to take care of the kids.” – Interview 7, Tuvalu focus*



# FINDINGS: GENDER, RELATIONSHIPS AND POWER

## Gender Based Violence and Sexual Consent

- Impact on agency
- Awareness of GBV generating acceptability for adol. contraception
- Reproductive Coercion

*“... we’ve heard of women who perhaps had an IUD or had an implant and their husbands have told them they have to have them removed before they go away on their ship...basically, that’s their insurance that their partners won’t have sex with anyone else while they’re away.” – Interview 4, Kiribati focus*

*“There’s a saying in Vanuatu, in Bislama which goes “mekem pikinini olsem lada” ... It means to impregnate a woman, a young woman in order to control her reproductively. In order that she has children so she doesn’t have any sort of further opportunities to walk about” - - Interview 6, Vanuatu focus*



# FINDINGS: GENDER, RELATIONSHIPS AND POWER

## Gender and Negotiating Contraception Use

- ‘Proper behaviour’ for women
- Previous efforts on HIV/STI prevention



*“...the women they are scared. And the men and the boys, like they don't like that habit. And on the other end...when the men intend to use a condom, the woman think... like "oh, why are you using condoms? Do you think I have STI? Or I have HIV/AIDS?" You see what I mean here?” – Interview 9, Kiribati focus*

# FINDINGS: AGENCY, AMBIVALENCE AND ENGAGEMENT

- Moral concerns impact information and services
  - Gender imbalances and sexual violence exacerbates
- 
- Creates ambivalence and reduced agency
- Need for engagement and education in broader community

*“I think what is holding them back is being in the dilemma about making choices about using contraception and knowing that they need to use contraception if they’re sexually active and also bending on the side of the upbringing and Christian values and community values and what the society accepts and not accepts for them.” – Interview 1, Regional focus*



# NEXT STEPS

## Further Research:

- Need to test these themes with Pacific adolescents
- Need for better and more timely data on ASRH
- Links between bride price, reproductive expectations, and contraceptive use for adolescents and potentially all age groups

## Implications and Recommendations for Action:

- Need to dedicate more resources to broader engagement and education
- Need more training to support nurses on ASRH especially counselling and confidentiality
- Interventions must address interrelated factors – and send clear messages to adolescents
- Need to empower young women (and men!) and support them when they are proactive about their SRH

