

Navigating contraceptive access: young people and contraceptive access in Solomon Islands

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Background



What we know from the Pacific Literature

PLOS ONE

RESEARCH ARTICLE

Family planning in Pacific Island Countries and Territories (PICTs): A scoping review

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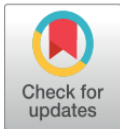
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Abstract

The use of contraceptives for family planning improves women's lives and may prevent maternal deaths. However, many women in low and middle-income countries, including the Pacific region, still die from pregnancy-related complications. While most health centres offer family planning services with some basic contraceptive methods, many people do not access these services. More than 60% of women who would like to avoid or delay their pregnancies are unable to do so. This scoping review identifies and analyses evidence about

- Family planning services & contraceptives available at all health clinics
- Mostly women access FP at clinics than men & young people
- Young people rarely visited clinics for contraceptives
- Limited research to explore contextual issues of access for young people in SI



OPEN ACCESS

Research Aim

- To explore young people's experiences in accessing FP services and contraceptives across three (3) health clinic settings in Solomon Islands.

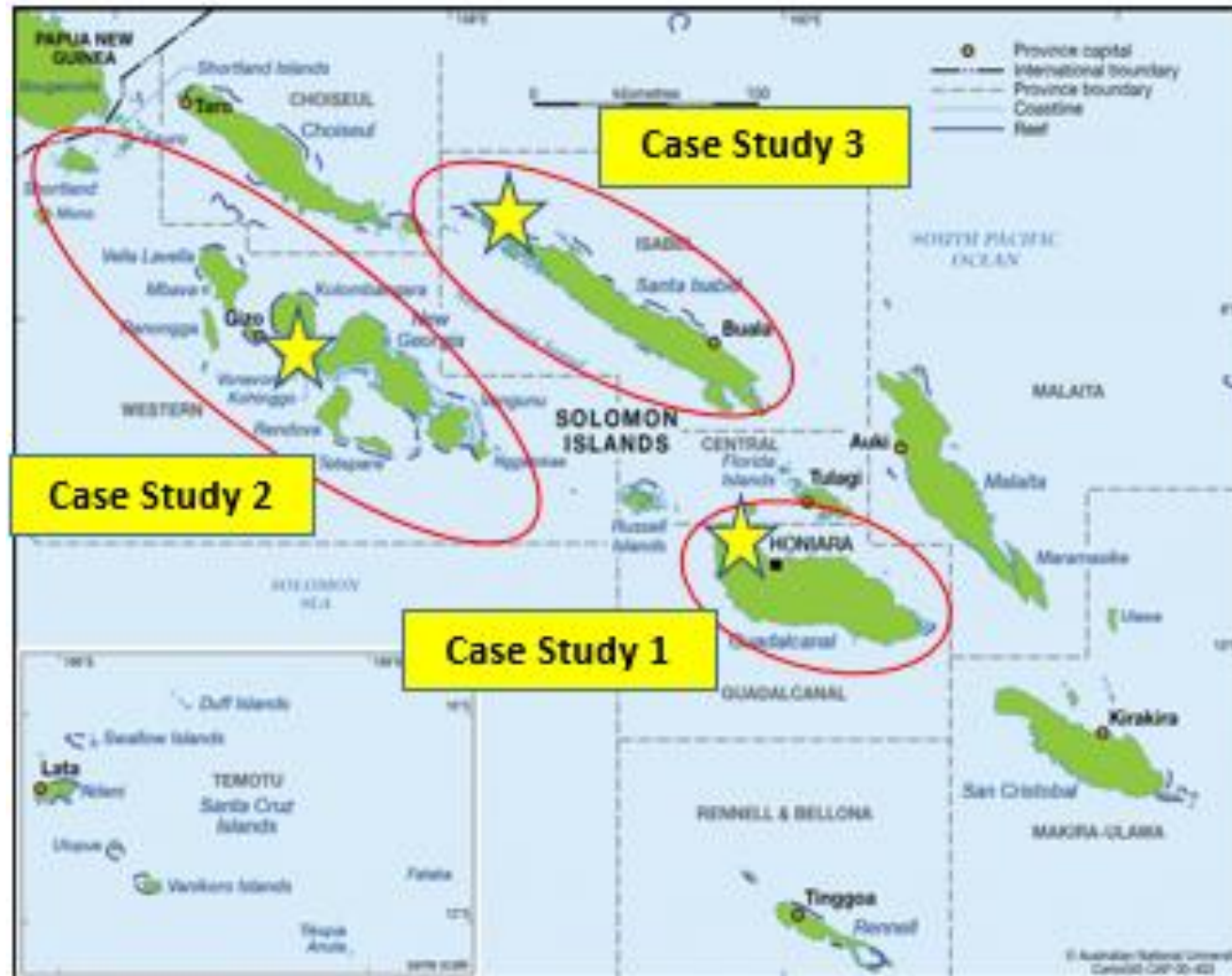
Research Objective

- Describe the facilitators and barriers to young people's access to FP services and contraceptive use across the three (3) health clinic settings

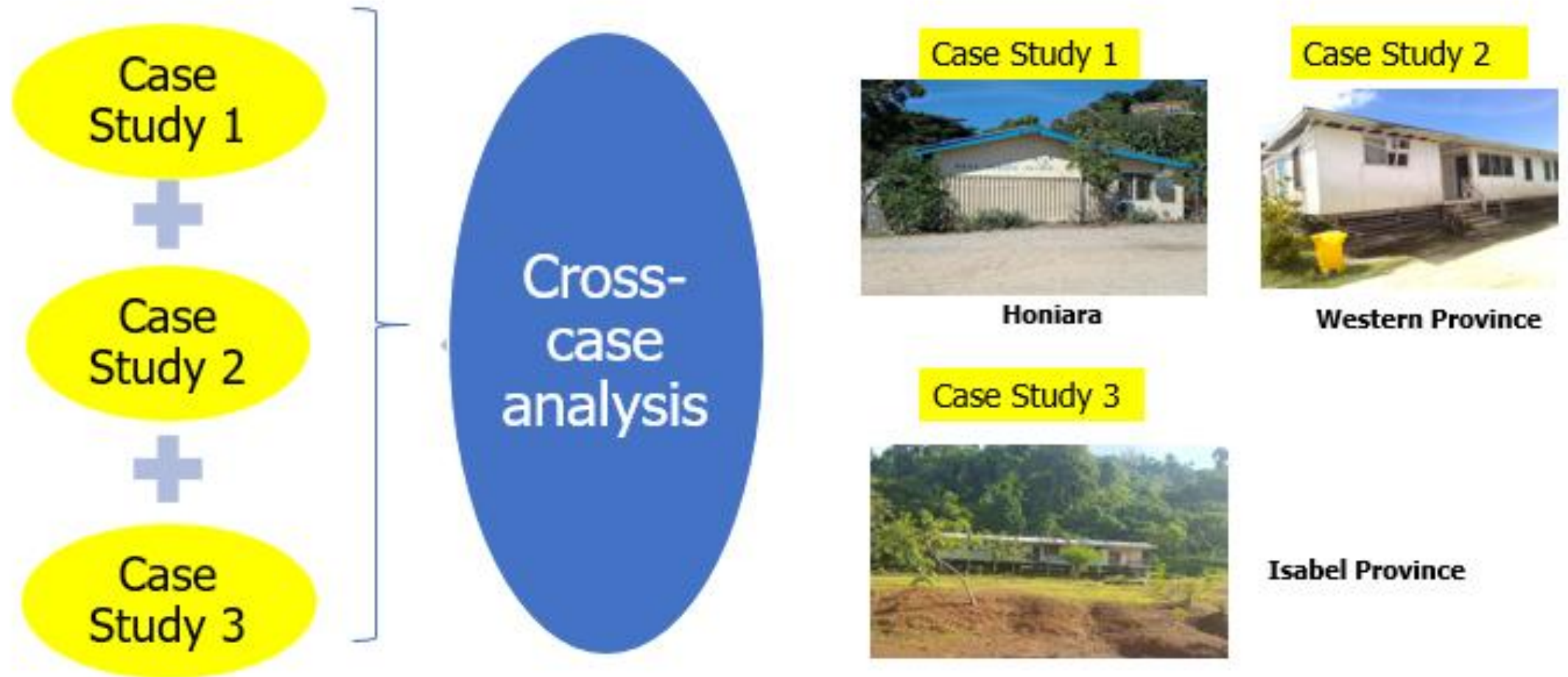
Ethics Approval

1. Solomon Islands Health Research and Ethics Board - SIHRERB
(HRE024/19)
2. James Cook University Human Research Ethics **(H7959)**.

Study locations in Solomon Islands



Research methodology: mixed method case study design



Data Collection Methods



Analysis



Participant Profile

Participants/Gender	Case study 1 (Urban)	Case study 2 (Peri-urban)	Case study 3 (Rural)	Total
FP Managers/Providers				
Female	6	4	3	13
Male	0	0	1	1
Service Users				
Female	2	5	7	14
Male	1	1	9	11
Service Non-Users				
Female	3	3	10	16
Male	4	3	11	18
Total	16	16	41	73

Key findings

- FP services at all case study sites - mostly available, accessible & acceptable for married women.
- FP services rarely accessed by young people and men, although available and generally accepted.

1. Friendly, smiling and welcoming attitudes

- “...nurses must be able to start a friendly conversation...” **(Male-user)**
- “...nurses must be patient with those who come to the clinic and speak kindly with them...” **(Female-user)**
- “...I think it’s just our (nurses) attitudes, if we are not welcoming, then people will not come...” **(FP Manager)**
- [“when nurses come (to the clinic) they must talk nice to people, and not put on a ‘sharp face’ (an angry or unhappy outlook)]. **(Female-user)**

2. *Privacy & confidentiality*

- [*“ there should be a separate room for young people or parents to go. I think sometimes when they saw a lot of people around they are ashamed to go in”...*]. (**Female-user**)
- [*“They (nurses) speak slowly (calm voice), if you speak harsh, people will be afraid to come to the clinic”...*] (**Female-user**)

3. Inclusive services

*“...whenever it’s time for FP, we always call on women...so when it’s time to give FP methods only women will go, and during FP awareness at the clinic, men are not present so...men’s turn out in FP is poor”
(Service Provider)*

“...those who provide the service are usually women so this is the barrier for men to go to the FP clinic...men also need to know about FP not only women” (Male non-user)

4. Dedicated FP day and time for young people

["I think the nurse should allocate a day dedicated for FP awareness for young people because this is not happening, many times nurses mostly attend to the sick and have no time for young people"].

(male non-user).

5. *Parents/Guardians influence*

- *[We sometimes encounter problems when parents came to talk to us that they were not happy we inserted contraceptives (Implants) on their children, they (parents) said that this led their children astray...]* **(FP provider)**.
- *Some parents will accept FP for their children because they understand what life today is like, but some will not, so this is why some children came without their parents' consent to take FP].* **(FP provider)**.

Implications for FP Education/Service Provision

Facilitators

- Training friendly FP service providers
- Shift from women-focused services to inclusive services
- Services are male and youth-friendly
- Incorporation of cultural values/practices at service delivery points

Barriers

- Unwelcoming attitudes of service providers (impatient, unkind, not smiling).
- No privacy/confidentiality
- No proper education and counseling with parents and young people

Conclusion

- For **Resilient Health Professionals** – we need to do more research in our context and adapt to the uniqueness of our context.
- We need to build a **FRIENDLY and SMILING workforce** to sustain future SRH/FP services in Solomon Islands and the broader Pacific context.

We are building our future together

