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• 国际动态 •

推动青少年选择长效可逆避孕方式的全球共识声明

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全球努力防止意外怀孕和改善青少年的妊娠间距，将会降低孕产妇和婴儿的发病率和死亡率，减少不安全的人工流产率，减少艾滋病/性病的发病率，改善营养状况，保证女孩受教育，提高经济机遇，有助于达到可持续发展的目标。包括世界卫生组织在内的14 家机构承认并承诺呼吁所有推进青少年性与生殖健康和权利的组织，确保青少年能够充分和明智地选择避孕药具，通过：①为所有性活跃的青少年（从月经初潮到24岁），无论婚姻状况如何，提供尽可能多的避孕选择，包括长效可逆的避孕方法；②在避孕教育、咨询和服务过程中，确保提供长效可逆的避孕方法作为必要的避孕方式选择；③向政策制定者、服务提供者、社区、家庭成员、青少年提供循证医学信息，为有意愿避免、延迟或间隔怀孕的性活跃青少年，提供避孕方式（包括LARCs）的安全性、有效性、可逆性、成本效益、可接受性、续用率，以及健康利弊方面的可靠信息。

1 为什么是现在？

在全球范围内，占世界人口1/4的是青少年，总计有18亿，而许多青少年选择推迟性行为的起始时间。性活跃的青少年，有意愿避免或推迟怀孕，直到完成学业，就业，结婚，或间隔怀孕。同时在发展中国家，三分之一的女孩在18岁之前结婚，大约12%在15岁前结婚，大多数会结婚后很快怀孕。约1600万15~19岁的的青少年每年都会生育；对于一些人来说，生育是在计划中的，但是对于大多数人来说完全在计划之外。全球61个低收入和中等收入国家中，估计有3300万15~24岁年轻女性的避孕需求未得到满足。除了过早生育的青少年妇女和她们的孩子存在显而易见的风险，快速重复怀孕的现象（即2年内妊娠2次）也被更多的关注，并且同流产（包括不安全流产）、孕产妇和新生儿发病率的增加联系起来。此外，世界一些地区青少年不安全流产的比率仍然很高；在撒哈拉以南非洲，25岁以下的女性占据了不安全流产的51%。

当我们在讨论青少年性与生殖健康权利的“可及性和可选择性”时，我们必须认识到，真理胜过一切。如果不给青少年提供合理的、公正的信息，以及不提供可满足其生殖健康需求的长效可逆避孕措施，我们将就这样让他们远离健康。

——国际青年计划生育联盟

尽管众多公约组织如世界卫生组织WHO、国际助产士联盟（ICM）和联合国人口基金（UNFPA），维护青少年获取一系列的避孕方法的权利，这个年龄组的人群仍然在使用避孕药具上遇到重重障碍。青少年避孕药具的使用障碍，包括他们的避孕知识有限、传言和误解、供应商的偏见、缺乏家庭伙伴和社区的支持、消极的社会规范和许多青少年有避孕需求但生活在LARCs服务缺失的地方。这些问题使青少年陷入限制性的处境，尤其体现在他们对LARCs的使用能力方面。通常，法律和政策也限制了青少年使用LARCs，或只支持在第一次生育后使用 LARCs。结果，青少年通常无力获取全方位的避孕方法（包括LARCs），或无法使用任何避孕方法。

青少年友好性的服务应该根据青少年的偏好和需求，提供低花费的或者免费的避孕措施，包括男用／女用安全套，紧急避孕措施，以及全套的现代避孕方法，包括长效可逆性避孕。

——2013世界状况人口报告·联合国国人口基金

2 LARCs

2.1 LARCs是有效、可接受、可逆和安全的

LARCs 是最有效的避孕方法之一。美国的LARCs 有效性研究指出，典型皮下埋植的使用者在第一年的使用中，100 人有不到1 人妊娠（0.5%）。15 在使用含铜宫内节育器（IUD）的使用者中，第1年100 人也有不到1 人妊娠（0.8%），效果一直持续

到第 10 年；左炔诺孕酮宫内节育器具有类似的保护水平（0.2%），避孕有效性长达 5 年。与已婚或成人相比，未婚青少年的性活动往往是低频、不集中的，因为青少年可能想掩饰性生活或避孕方法的使用，改善后 LARCs 的使用可以解决这些问题。与 LARCs 相比，其他短效的方法则更多地导致意外怀孕。在一个发展中国家，和皮下种植的使用者相比，意外怀孕的报道只出现在短效避孕方式使用者中。青少年与成年人相比，使用短效的方法时往往有较差的依从性和/或更高的停药率。美国选择项目显示，青少年中育龄妇女的 LARCs 续用率均明显高于那些短效避孕方法使用者。原因在于该方法令人满意、副作用可以接受、不是每天都需要、也没有周期性的依从性。在城市贫民窟，最初寻求短效避孕药的年轻肯尼亚妇女，欣然接受了高续用率的皮下埋植（8 个月内 80%）。美国的模型已表明，即使长效可逆避孕方法不能用于疗效的全部时间，他们和短效方法相比在三年内还是节省了成本。除此之外，同短效的避孕方法相比，使用 LARCs 后能更快恢复生育力。

2.2 LARCs 的安全性声明

全球几个主要的医疗管理机构发表声明，确认为青少年提供 LARCs 是安全的。美国妇产科国会和美国儿科学会发表声明，确认 LARCs 对青少年来说是安全恰当的。鉴于青少年早期（或）或意外怀孕的高风险性，他们可能会从 LARCs 的推广使用中受益。世界卫生组织的第五版《避孕方法选用的医学标准》列出了所有品种的宫内节育器和皮下埋植为 1 级（即在任何情况下使用的方法）或 2 级（即通常使用的方法）。此外，它指出 LARCs 可以被青少年和未生育过的青年安全使用，20 同样，美国疾病控制中心也支持推广青少年对 LARCs 的使用。

2.3 LARCs 额外的健康益处

有效研究表明，LARCs 的使用带来了许多避孕作用以外的健康益处。例如，含孕激素的 IUD 和皮下埋植往往可以减少痛经，因此可用于治疗某些妇科疾病，包括子宫内膜异位症，也可以促进血红蛋白水平升高，这些可能有助于减少发展中国家青少年女性中常见的健康问题——贫血。

3 服务提供者指南

获得全方位的避孕方法是青少年的权利。所有青少年，包括已婚或未婚，性活跃或不活跃的，均需要符合年龄和发育水平的性教育。对于青少年来说，获得保密的避孕信息（包括延迟首次性行为）和避孕方式的相关知识，获取咨询和服务，免于提供者的评判或偏见是特别重要的，无论他们的婚姻状况如何。青少年必须接受全面的避孕药具（包括 LARCs）使用信息，以利于作出明智的选择。全面的信息和咨询、特别是侧重于青少年独特需求的信息，对做出明智的选择是至关重要的。这有助于青春期的青少年了解具体使用方法、所选择的避孕方法的优点和所有可能的副作用，提升使用者满意度，促进避孕的持续性。如果他们希望随时更换另一种方法，鉴于 LARCs 的有效性，这些方法必须在辅导青少年避孕方式时充分告知。基于全面了解咨询信息后，如果他们愿意，甚至他们有权选择一个不太有效的方法。青少年有权在任何时间拒绝或中止使用任何避孕方法，但是必须在合理的时间范围内提供移除服务。由于青少年存在感染包括人类免疫缺陷病毒（HIV）在内的性传播疾病的可能性，所以应强调 LARCs 和避孕套的双重使用，因为 LARCs 不能预防性病/艾滋病。

国际妇产科联合会和国际助产士联盟对那些尝试减少服务提供者偏见（这些偏见将会将影响其为青少年提供 LARCs 服务）的行动提供全力支持。我们鼓励与国际妇产科联合会和国际助产士联盟相关联的妇产科医生、助产士等，通过他们在本国的资源网络，在国内倡导 LARCs 的使用并扫清障碍，以满足青少年的生殖健康需求。

——国际妇产科联合会和国际助产士联盟

4 指导纲领

确保所有性活跃的青少年都能够受益于避孕药具，获取预防意外怀孕的机会，以及从合理的怀孕时间和间隔怀孕中获得健康和社会效益，需要卫生保健专业人员、决策者、家长和社区、捐助者、计划执行机构和政府的共同努力：①为青年人创造一个拥有充分方法选择的有利环境，包括提供对于他们的需求、了解和使用全面避孕方法的社区支持；②与青少年成为伙伴，并鼓励他们维护自身权益，以确保他们关于避孕信息、咨询和方法选择的愿望、意图和需要得以满足；③促进并鼓励使用监测年龄分布的数据来扩大青少年避孕方法选择的研究进展；④正如 WHO2012 指导方针所描述：服务提供者之间应当承担共同的责任，28 使青少年拥有在各级卫生保健系统更多的机会获得完整的避孕服务；⑤加强职前和在职医生、助产士、护士和其他一线服务提供者的教育，为更好地

向青少年提供适宜的避孕辅导充分准备，并减少和消除服务提供者为青少年提供避孕方式（包括LARCs）的偏见；⑥确保医疗保健系统为性活跃的青少年提供稳健和可持续的高质量、广范围的避孕节育服务（包括LARCs）。通过上述行动的确定和投资，我们能够为这一代青少年的生活创造吃就的改善。

在那些接受了错误信息的卫生服务提供者看来，LARC对于青少年来说是不安全的、不合适的，他们的观点受到了自身偏见的挟持。但事实上，LARC是针对青少年的最安全、最方便以及最有效的避孕措施之一。这些避孕措施是避孕的金标准，并且对使用维护要求极低——这也正是青少年群体所喜欢的。青少年群体异质性大，社会背景、宗教背景以及文化背景差异巨大，但是他们对性与生殖健康的诉求是一致的。我们希望卫生服务提供者、捐助者、政策制定者以及政府信任我们的决定，并倡导高效的避孕措施，而不是质疑我们的知识水平或者尝试理解我们的体质和需求。

——国际青年计划生育联盟

14家承诺机构：美国国际开发署（USAID）、 计划生育 2020（FP2020）、 比尔及梅琳达 • 盖茨基金会（Bill & Melinda Gates Foundation） 、英国援助基金会（UKaid）、澳大利亚政府外交贸易署（AGDFAT）、国际妇产科联合会（FIGO）、国际助产士联盟（ICM）、国际计划生育青年联盟（IYAFP）、国际探路者（PFI）、加强生殖健康行动证据组织（E2A）、家庭健康国际组织（FHI360°）、玛丽斯特普国际组织（MSI）、国际人口服务组织（PSI）、香港国际采购促进协会（IPPA）

（本共识报告的技术内容已通过世界卫生组织/生殖健康与研究部审查，参考文献略）

[责任编辑：张璐]

推动青少年选择长效可逆避孕方式的全球共识声明

（英文原文）

GLOBAL CONSENSUS STATEMENT FOR EXPANDING CONTRACEPTIVE CHOICE FOR ADOLESCENTS AND YOUTH TO INCLUDE LONG-ACTING REVERSIBLE CONTRACEPTION

The World Health Organization/Department of Reproductive Health and Research (WHO/RHR) has contributed to the technical content and review of this statement.

GLOBAL CONSENSUS STATEMENT FOR EXPANDING CONTRACEPTIVE CHOICE FOR ADOLESCENTS AND YOUTH TO INCLUDE LONG-ACTING REVERSIBLE CONTRACEPTION

"Age alone does not constitute a medical reason for denying any method to adolescents."
– Medical Eligibility Criteria for Contraceptive Use, World Health Organization

Global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents and youth will reduce maternal and infant morbidity and mortality, decrease rates of unsafe abortion, decrease HIV/STI incidence, improve nutritional status, keep girls in school, improve economic opportunities, and contribute toward reaching the Sustainable Development Goals. We recognize and commit ourselves and call upon all programs promoting the sexual and reproductive health and rights of adolescents and youth to ensure full and informed choice of contraceptives, by:

- Providing access to the widest available contraceptive options, including long-acting reversible contraceptives (LARCs, i.e., contraceptive implants and intrauterine contraceptive devices) to all sexually active adolescents and youth (from menarche to age 24), regardless of marital status and parity.
- Ensuring that LARCs are offered and available among the essential contraceptive options, during contraceptive education, counseling and services.
- Providing evidence-based information to policy makers, ministry representatives, program managers, service providers, communities, family members, and adolescents and youth on the safety, effectiveness, reversibility, cost-effectiveness, acceptability, continuation rates, and the health and non-health benefits of contraceptive options, including LARCs, for sexually active adolescents and youth who want to avoid, delay or space pregnancy.

WHY NOW

Globally, there are 1.8 billion adolescents and youth, composing 25% of the world's population.[1] While many adolescents and youth choose to delay sexual initiation, a significant number are sexually active and want to prevent or delay a pregnancy for multiple years—until finishing school, gaining employment, getting married, or to space their children. At the same time, one third of girls in developing countries are married or in union before the age of 18 and approximately 12% are married or in union before reaching age 15,[2] with the expectation that most will become pregnant soon after their weddings.[3] Approximately 16 million adolescents, ages 15-19, give birth annually; for some, these births are planned, but for many others, they are not.[4] An estimated 33 million young women

"When we talk about 'full access and full choice' in regards to adolescent and youth sexual and reproductive health and rights, we have to recognize that currently, nothing could be further than the truth. By not giving adolescents and youth sound, unbiased information and access to long-acting reversible contraception that can meet their needs, we are simply letting youth down."

–International Youth Alliance for Family Planning

aged 15-24 across 61 low and middle income countries have an unmet need for contraception.[5] In addition to the well-documented risks of early childbearing for both adolescent women and their children, the phenomenon of rapid repeat pregnancy (i.e., a pregnancy within 2 years of a previous pregnancy) is increasingly recognized and is associated with increased maternal and newborn morbidity, as well as abortions, including unsafe abortions.[6] Additionally, unsafe abortion among adolescents remains high in some parts of the world; in sub-Saharan Africa (SSA), women under 25 years of age account for 51% of unsafe abortions.[7]

In spite of the numerous statements and conventions ratified by groups such as the World Health Organization (WHO), the International Confederation of Midwives (ICM), and United Nations Population Fund (UNFPA) that uphold the rights of adolescents and youth to access a range of contraceptive methods, those in this age group often encounter numerous barriers in accessing contraceptives. Barriers to adolescents' and youth's contraceptive use include limited knowledge of their contraceptive options, myths and misconceptions, provider bias, lack of family, partner, and community support, negative social norms, and an absence of LARCs services in the places where many adolescents and youth access contraceptives.[8-11] All of these contribute to a restrictive environment for adolescents and youth, especially in their ability to access LARCs. Frequently, laws and policies also restrict adolescents' and youth's access to LARCs, or only support the use of LARCs after a first birth.[12-14] As a result, adolescents and youth typically do not have the full range of contraceptive options available to them, including LARCs, or are unable to access any method at all.

> *"Adolescent-friendly services should offer low-cost or free contraception, including male and female condoms, emergency contraception, and a full range of modern methods, including long-acting reversible methods, according to adolescents' preferences and needs."*
>
> – UNFPA 2013 State of World Population Report

EFFECTIVENESS, ACCEPTABILITY, REVERSIBILITY, AND SAFETY

LARCs are among the most effective contraceptive methods. An effectiveness study in the United States noted that typical implant use results in less than 1 pregnancy per 100 users (.05%) over the first year of use.[15] The copper intrauterine device (IUD) also results in less than 1 pregnancy per 100 typical users (.08%) during the first year, for up to 10 years; and the levonorgestrel IUD offers similar protection levels (.02%) for up to five years.[15] Since the sexual activity of unmarried adolescents and youth is often sporadic and less frequent compared with married or adult populations, and because adolescents and youth may want to conceal sexual activity or contraceptive use, improved access to LARCs may address these challenges. Short-acting methods, compared with LARCs, result in more unintended pregnancies. In one developing country, unintended pregnancy was reported only among the users of short-acting contraceptives as compared to implant adopters.[16] Adolescents, compared with adults, often have poorer compliance and/or higher discontinuation rates when using short-acting methods.[17] In the United States, the CHOICE Project showed that continuation rates for LARCs among women of reproductive age, including adolescents and youth, are significantly higher than for those using short-acting methods, due to satisfaction with the method, acceptance of side effects, and the lack of need for daily or pericoital adherence.[18] In an urban slum, young Kenyan women, who were initially seeking short acting contraceptives, readily accepted implants with high continuation rates (80% in 18 months).[16] Modeling in the United States has shown that even if long-acting reversible contraceptives are not used for the full duration of efficacy, they are cost-saving relative to short-acting methods within three years of use.[19] In addition, the return to fertility after using LARCs is faster than it is with some short-term methods.[20]

Safety

Several major medical governance bodies have issued statements affirming the safety and appropriateness of offering LARCs to adolescents and youth. The American Congress of Obstetricians and Gynecologists and the American Academy of Pediatrics have issued statements affirming that LARCs are safe and appropriate for adolescents. As adolescents are at high-risk for early and/or unintended pregnancy, they may benefit from increased access to

LARCs.[21,22] The World Health Organization's Fifth Edition Medical Eligibility Criteria lists all varieties of IUD and implants as either Category 1 (i.e., use method in any circumstance) or Category 2 (i.e., generally use the method). Furthermore, it states that LARCs (both IUD and implants) can be used safely by adolescents and nulliparous youth.[20] Similarly, the Center for Disease Control also supports improving adolescent and youth access to LARCs.[23]

ADDITIONAL HEALTH BENEFITS

The use of hormonal contraceptive methods, including LARCs, offers multiple secondary non-contraceptive health benefits. Hormonal IUDs and implants often decrease menstrual flow and pain, and as such can be used to treat certain gynecological conditions, including endometriosis, among others.[24] Hormonal IUD and implant use can also lead to higher hemoglobin levels, which may contribute to reductions in anemia, a common health condition among adolescent and young women in developing countries.[25,26]

Guidance for Service Providers

The Right of Adolescents and Youth to Access a Full-Range of Contraceptive Methods

All adolescents and youth, married or unmarried, sexually active or not sexually active, need age and developmentally appropriate sexuality education. The right to receive confidential information on pregnancy prevention, including the delay of sexual debut, and contraceptive information, counseling and services, free of provider judgment or bias, is of particular importance for adolescents and youth– regardless of marital status and parity. Adolescents and youth must receive information on the full range of contraceptive methods, including LARCs, in order to make an informed choice. Comprehensive information and counseling, specifically focused on adolescents' and youth's unique needs and concerns, are critical to informed choice. This helps adolescent girls and young women to understand the advantages specific to the different methods and any and all possible side effects, improving client satisfaction, and increasing contraceptive continuation, including switching to another method, if they choose.[17] Given the effectiveness of LARCs, these methods must be included when informing and counseling adolescents and youth about contraceptives. They have the right to choose a less effective option if they desire, based on full information and counseling about their choices. As with any contraceptive method, adolescents and youth have the right to decline or discontinue the use of any contraceptive, at any time. Removal services must be available and accessible within a reasonable timeframe.

> *"FIGO and ICM fully support action to reduce provider bias that may prevent LARCs from being offered in a non-discriminatory manner to young people. We encourage obstetricians, gynecologists, and midwives affiliated with FIGO and ICM through their national associations to work to promote strategies and remove barriers in their countries to the use of LARCs to meet young people's reproductive health needs."*
>
> – International Federation of Gynecology and Obstetrics (FIGO) and International Confederation of Midwives (ICM)

Since adolescents and youth are disproportionately affected by sexually transmitted infections (STIs), including HIV, dual-method use of LARCs and condoms should always be emphasized, as LARCs do not provide protection against STIs/HIV.[27]

PROGRAMMATIC GUIDANCE

Ensuring that all sexually active adolescents and youth are able to benefit from contraceptives and the opportunity to prevent unintended pregnancies, as well as reap the health and social benefits offered by healthy timing and spacing of pregnancies, requires a joint effort by health care professionals, policymakers, parents and communities, donors, program implementing organizations, and governments.

Together we must work to:

- Create an enabling environment for full method choice for adolescents and youth that includes community support for them to demand, access, and use a full range of methods.
- Partner with adolescents and youth, and encourage them to advocate for themselves, to ensure their desires, intentions, needs, and concerns with respect to contraceptive information, counseling and method choices are met.
- Promote and encourage the use of age-disaggregated data to monitor progress in expanding method choice for adolescents and youth.
- Include appropriate task-sharing of responsibilities among providers, as outlined in the WHO's 2012 guidelines,[28] so that adolescents and youth have greater access to a full array of contraceptive options, at all levels of the health system.
- Strengthen pre-service and in-service education for physicians, midwives, nurses, and other frontline workers to better prepare them to provide appropriate contraceptive counseling for adolescents and youth, and to mitigate provider bias against offering contraceptives including LARCs to this population.
- Ensure robust and sustainable health systems to ensure quality provision of the widest range of contraceptive services including LARCs to sexually active adolescents and youth.

"LARC is seen as unsafe or ill-suited for adolescents and youth by many providers who share medically inaccurate information influenced by their own biases and beliefs. But the truth of the matter is that LARC is one of the safest, most convenient and most effective contraceptive technologies for youth. These methods offer gold standard contraceptive protection and require little to no maintenance - a feature that adolescents and youth can appreciate. Adolescents and youth are diverse and come from a myriad of societal, religious, and cultural contexts but what we have in common is our need for privacy and respect in the area of sexual and reproductive health. We rely on health care providers, donors, policy makers, and governments to trust our decisions and our call for highly effective contraceptive options rather than question our knowledge and understanding of our own bodies and needs."

–International Youth Alliance for Family Planning

By committing to and investing in the actions above, we can all create lasting change in the lives of the largest generation of adolescents and youth ever to come of age.

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