

# PRACTICAL IMPLEMENTATION APPROACHES FOR CONTRACEPTIVE CONTINUATION AMONG ADOLESCENTS

Contraceptive continuation, according to the World Health Organization (WHO), refers to the ongoing use of a chosen contraceptive method by a woman over a specified period.

While many adolescent sexual and reproductive health (SRH) programs have traditionally focused on uptake - supporting young people to start using a method, continuation ensures that those who wish to avoid pregnancy can do so reliably, without unintended gaps. Evidence from the Adolescents 360 (A360) project shows that without deliberate strategies to support continuation, early discontinuation can undermine the benefits of contraceptive use. For adolescents, continuation can be more challenging than for older users, as their contraceptive needs may fluctuate with changing relationships, living situations, or access to services. They are also more vulnerable to discontinuation due to side-effects, misinformation, or lack of support from partners, families, or health providers.

To achieve impact, A360 in its second investment phased shifted its focus to intentionally integrate strategies to support contraceptive continuation alongside uptake with the aim of supporting adolescents to sustain use of modern contraception, inclusive of method switching, while still in need of contraception. This brief draws on the experiences and lessons from the A360 project to outline practical approaches that improve contraceptive continuation among adolescents.

## USER-LED COUNSELING

An approach is said to be user-led when it is guided by the needs and priorities of the people using that service. User-led counseling begins with ensuring that



adolescents understand they have the right to choose from a full range of contraceptive methods available to them. There are a number of counseling approaches that apply a user-led methodology and PSI has one evidence-based approach which has been rigorously evaluated and proven effective at supporting improved continuation. Counseling for Choice (C4C) is an approach that empowers individuals to make informed decisions about their reproductive health by focusing on their unique needs and preferences, emphasizing a client-centered approach that considers individual priorities, lifestyle, and goals. When clients are in control of their contraceptive decisions, they can choose methods that suit their lifestyle, leaving them satisfied with their choice and content to continue using their method for as long as they are in need. More on C4C can be found [here](#).

In each of A360's geographies, the standard counseling methodologies used varied in their degree of user-responsiveness. Most applied a primarily provider-led approach. A360 advocated to strengthen these approaches by integrating C4C to reframe family planning counseling toward a more user-led process. Instead of focusing first on method effectiveness, providers are trained to explore the adolescent's personal priorities such as privacy, bleeding changes, convenience, or return to fertility, and align contraceptive options to those needs. Using structured job aids like the NORMAL tool (for explaining bleeding changes), choice books, and the 3Ws framework, C4C supports adolescents to make informed, confident

choices that anticipate and manage side-effects. Evidence from Nigeria, Kenya, and Ethiopia shows that when providers use C4C tools effectively, adolescents report higher satisfaction and stronger understanding of their chosen method. For example, in Nigeria, 85.5% of girls surveyed in 2023 answered “yes” to all four questions on the Method Information Index Plus (MII+), a global measure of counseling quality and a strong predictor of continuation. Similarly, in Ethiopia, quality audits demonstrated that Health Extension Workers trained in C4C provided counseling that was consistently more interactive, responsive, and tailored to girls’ needs compared with traditional approaches like REDI. These improvements not only enhance the quality of the initial counseling session but also directly support continuation while in need, since adolescents are better prepared for side-effects, reassured about switching, and more confident in returning for follow-up.

## POST-SERVICE FOLLOW-UP

A360 learned early that contraceptive uptake without structured follow-up was insufficient to sustain adolescent use. High discontinuation rates often linked to side-effects, missed refills, or stigma, highlighted the need for deliberate mechanisms that keep girls engaged with care. The continuation strategy therefore embedded follow-up as a central component, ensuring that once a girl adopts a method, she receives timely reminders, support to manage challenges, and clear pathways back to services.

In Nigeria, provider follow-up calls, and appointment cards proved powerful in supporting continuation. Girls who consented to phone reminders were contacted up to three times, achieving a 94% return rate for method refills. Additionally, appointment cards were integrated into government Client-Based Records Management (CBRM) systems to support providers to identify missed visits and remind girls of refill dates. This approach increased the proportion of continuing users from 44% to 71% over one year.

In Ethiopia, A360 strengthened the Tickler Box system, a paper-based filing and reminder tool at facilities combined with client follow-up cards. When a girl misses her visit, community health volunteers such as the Women Development Army (WDA) are mobilized to track and encourage her return. This hybrid model links facility records with community networks, creating a safety net that reduces silent discontinuation. Similarly, in Kenya, “To Come Again” (TCA) cards were revitalized, increasing the proportion of continuing users from 18% to 28% within six months.

Overall, follow-up systems show strong results when they are integrated into existing government structures and supported by routine provider supervision. Follow-up strategies work best when they combine structured reminders, supportive counseling, and responsive health systems that adolescents can trust.

## SUSTAINABLE COMMODITY ACCESS

One of the persistent barriers to contraceptive continuation is commodity stockouts and weak supply chain systems. A360’s experience demonstrates that sustainable access to contraceptives is achievable when projects deliberately integrate supply chain strengthening into their continuation strategies.

In Nigeria, the program deployed Big Sistas, peer mobilizers who support girls with counseling, referrals, and access to self-injectable DMPA-SC. This model demonstrated how community-based distribution can bring services closer to adolescents and sustain use, particularly for short-term methods. Alongside this, A360 strengthened commodity redistribution mechanisms by working with state governments and Family Planning/Reproductive Health coordinators to actively transfer contraceptive commodities from low-volume facilities to those with higher client demand. This redistribution helped reduce mismatches between supply and need, ensuring that girls who returned for refills could reliably find their chosen methods available.

In Kenya, sustainable access was advanced by building government capacity in commodity forecasting and management, including training county health coordinators to use national data tools such as Bin cards and FCDRRs. These efforts directly contributed to reductions in stockouts, for example, implant shortages dropped from 20% of facilities in 2022 to just 5% in the first half of 2024. Similarly, in Ethiopia, A360 focused on strengthening reporting and stock monitoring by Health Extension Workers, linking supply chain oversight to routine supervision visits and aligning with the Ministry of Health’s scale-up of long-acting and self-injectable methods.

Together, these tools - community distribution, commodity redistribution, improved forecasting, and integrated reporting, demonstrate what works in ensuring sustainable access. By embedding these practices into government systems, A360 showed how continuity of supply can be institutionalized, reducing stockouts and safeguarding adolescents’ ability to continue contraceptive use without interruption.

## KEY INFLUENCER ENGAGEMENT

A360 understood that adolescents’ decisions to continue contraception are shaped by the people around them like husbands, parents, peers, and community leaders. The program’s approach was to intentionally engage these influencers, ensuring that adolescents had the social support they needed to manage side-effects, return for resupply, and feel confident in sustaining contraceptive use.

In Ethiopia, A360 introduced the Family Circle Model, which convenes girls, their husbands, mothers-in-law, and other close family members in facilitated conversations about reproductive health. These sessions created open spaces where myths could be addressed, gender roles could be discussed, and family members could actively support a girl's contraceptive journey. By fostering dialogue at the household level, Family Circle relieved pressure adolescent girls might face from their families to discontinue contraceptive use and helped normalize ongoing contraceptive use within family structures.

In Kenya, A360's Binti Shupavu story sessions engaged mothers and husbands of adolescent girls in separate forums designed to challenge myths, share accurate contraceptive information, and foster supportive attitudes toward adolescent contraceptive continuation. For mothers, the story sessions built confidence to guide and reassure their daughters, while for husbands of young married girls, the storytelling approach encouraged men to see themselves as supportive partners by normalizing side-effect management and joint decision-making. By reaching these influencers, Binti Shupavu helped create a positive home environment where girls could continue their chosen methods with reduced stigma and resistance.

In Nigeria, A360 prioritized structured dialogues with husbands as a critical entry point for supporting married adolescents. These discussions demystified contraceptive use, normalized side-effect management, and emphasized men's roles as supportive partners. Beyond the family, religious leaders and respected elders were engaged through community dialogues, reframing adolescent contraceptive use as aligned with family wellbeing and community development. Across contexts, A360 learned that influencer engagement must be ongoing and linked to existing community systems. These approaches showed that when influencers are consistently engaged, adolescents face fewer barriers to continuing contraception and gain stronger social acceptance for their choices.

## LIFE-GOALS FRAMING

Adolescents are more likely to continue using contraception when it is directly linked to their life goals and aspirations. A360 grounded its programming in the insight that girls want to stay in school, delay childbearing, and build a stable financial future for themselves through income generation. Framing contraception as a tool to protect these ambitions shifts the narrative from a medicalized choice to a life-planning decision, giving girls a stronger personal motivation to sustain their use over time.

Through Life, Family, Health (LFH) sessions in Nigeria, this framing was combined with life skills development such as decision-making, problem-solving, and financial literacy. Girls explored their aspirations, discussed how contraception could enable them, and practiced skills to negotiate support from partners and families. This integration ensured that continuation was not perceived as a health requirement alone, but as an investment in their futures, helping girls proactively manage side-effects, seek resupply, or switch methods while staying on track with their goals.

## CONCLUSION

Improving contraceptive continuation among adolescents requires a holistic set of approaches that recognize both the individual girl's needs and the environment that shapes her choices. The strategies outlined in this brief: client-centered counseling, life-goals framing, key influencer engagement, post-service follow-up, and sustainable commodity access, demonstrate how programs like A360 translate insights into practical, scalable actions.

Together, these approaches ensure that adolescents are not only supported at the point of uptake but are also empowered and equipped to sustain their contraceptive use over time. By combining personal empowerment, supportive community norms, reliable follow-up, and consistent access to commodities, programs can reduce discontinuation and help adolescents achieve their aspirations. Sustained investment in these approaches will be key to ensuring that contraceptive continuation becomes the norm, enabling girls to take charge of their health and futures with confidence.

