



Policy Analysis of Subdermal Contraceptive Implant Uptake and Continuation among Adolescent Girls in Addis Ababa's School-Based Health Programmes, 2013

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Abstract

Adolescent sexual and reproductive health is a persistent public health concern. School-based health programmes are a strategic avenue for improving access to modern contraception. This analysis examines the policy framework for subdermal contraceptive implant services within such programmes in a major urban context. This policy analysis evaluates the policies guiding the provision of subdermal contraceptive implants to adolescent girls (16-19 years) in school-based health programmes. Its objectives are to assess how these policies influence both service uptake and method continuation, and to identify specific facilitators and barriers within the policy framework. A qualitative policy analysis was undertaken. This involved a review of pertinent policy documents, programme guidelines, and service protocols. An analysis of documented stakeholder perspectives was used to supplement the document review and evaluate policy coherence and implementation challenges. The policy environment was found to facilitate initial implant uptake effectively. However, significant barriers to long-term continuation were identified. Policies predominantly emphasised initial access and counselling, with insufficient provisions for systematic follow-up care, management of side effects, and accessible removal services. This gap contributed to early method discontinuation. Existing policies supporting school-based implant services are not comprehensive enough to promote sustained use. A misalignment between policies enabling access and those ensuring ongoing care compromises the long-term benefits of the method for adolescent users. Programme guidelines require revision to incorporate robust follow-up mechanisms. Revisions should mandate structured follow-up visits, clarify protocols for managing side effects within the school setting, and ensure clear pathways for timely implant

removal. Provider training must be expanded to include competencies in supporting method continuation, adolescent health, contraceptive implants, school-based health services, health policy, Ethiopia, continuation rates. This analysis offers evidence to policymakers and programme managers on specific policy gaps that affect implant continuation rates, highlighting the need for integrated policies that support both access and sustained use.

Keywords: *adolescent sexual and reproductive health, school-based health programmes, contraceptive implant, Sub-Saharan Africa, health policy analysis, uptake and continuation*

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