Educational interventions on contraceptive methods in adolescents: face-to-face or virtual?

Víctor Moquillaza Alcántara, Angela Yauyo Puquio, Xiomara Marquez Lopez, Pamela Villegas Yaranga

Despite the decline in teenage pregnancy rates it is still a public health problem. Previous reviews have shown that the situation is getting worse in Latin America, where during the last 20 years there have been few interventions that seek to increase the use of family planning methods.\textsuperscript{1,2} In countries like Peru, during 2018 the proportion of teenage pregnancy reached 12.6%, although there are regions that come to present 32%\textsuperscript{3}.

These high percentages are explained by the factors that predispose their existence, among which is the low knowledge about contraceptive methods, a characteristic that begins in adolescence and remains until adulthood.\textsuperscript{4} Studies in Germany have shown that, although adolescents may know the existence of certain contraceptive methods, many do not identify when they should be administered and how they could access them. Also, that the adolescent is in a school of lower academic level or being of immigrant origin were characteristics that are associated with less knowledge.\textsuperscript{5}

Faced with this problem, educational interventions have been generated that seek to resolve doubts regarding the use of contraceptive methods; however, many of the studies suggest a face-to-face intervention, which may not present the advantages offered by providing the same knowledge under a virtual system such as a web page.

This is aggravated in Andean environments such as those in Latin America, where rural areas are characterised by poor access to health services or institutions where these face-to-face educational interventions are provided, due to the distance between establishments and homes.\textsuperscript{6,7}

In Table 1 we show characteristics that could be considered before evaluating the investment of resources in an investigation that poses an educational intervention. In it we can highlight the scope that a virtual intervention can have thanks to the internet, which breaks the temporary limitations (since it does not require a specific schedule) and geographical (because one can access them from anywhere). Although it is also necessary to consider that the web content is restricted to the quality of the expert who validated the content, and this must be updated from time to time.

A recent systematic review where the impact of educational interventions for the use of contraceptives was evaluated reported that only those that include audio or videos manage to reduce the rate of teenage pregnancy over time, likewise, those that also include text messages manage to maintain the continued use of contraceptive methods. On the other hand, those that are face-to-face and use written material only increase knowledge, but do not guarantee its use.\textsuperscript{8}
Therefore, we seek to help researchers or those who design interventions in the field of distance education for the reduction of teenage pregnancy. These interventions can be subsidised by the government through public funds and executed by university research groups; especially in environments where there are barriers to access to education or healthcare, since the internet can be an agile, common and beneficial means for the adolescent population, reaching large masses and therefore being a contribution to the public health of countries.

Table 1: Characteristics of face-to-face and virtual educational interventions.

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<thead>
<tr>
<th>Requirements</th>
<th>Face-to-face</th>
<th>Virtual</th>
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<td></td>
<td>Professionals who go to the place where the intervention and support material (physical or electronic audio-visual) will be generated.</td>
<td>Electronic elements (HTML text, videos or audios) with information validated by a team of experts.</td>
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<tr>
<td>Permanence in time</td>
<td>The support elements can be reused, but the professional must come every time an intervention is generated.</td>
<td>The electronic elements are publicly accessible and possible to be used anywhere.</td>
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<td>Investment</td>
<td>The payment to the human resource for each intervention should be considered.</td>
<td>A single payment to the human resource is generated for the advice in the elaboration of the electronic elements, then it is invested only in the maintenance of the hosting.</td>
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<td>Benefits</td>
<td>There may be a direct feedback with the exhibitor for any questions.</td>
<td>It can reach any audience in any geographical area due to the internet, likewise no specific time is required to participate.</td>
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<td>Limitations</td>
<td>Generating an intervention requires managing the layout of the exhibitors, likewise, its replica only reaches a limited group of people. Finally, modesty can be a barrier to consulting a particular topic.</td>
<td>The content provided will be “current” for the time in which the audio-visual resource was generated. Also, the necessary learning curve, servers and hosting maintenance should be considered.</td>
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Competing interests:
Nil.

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