

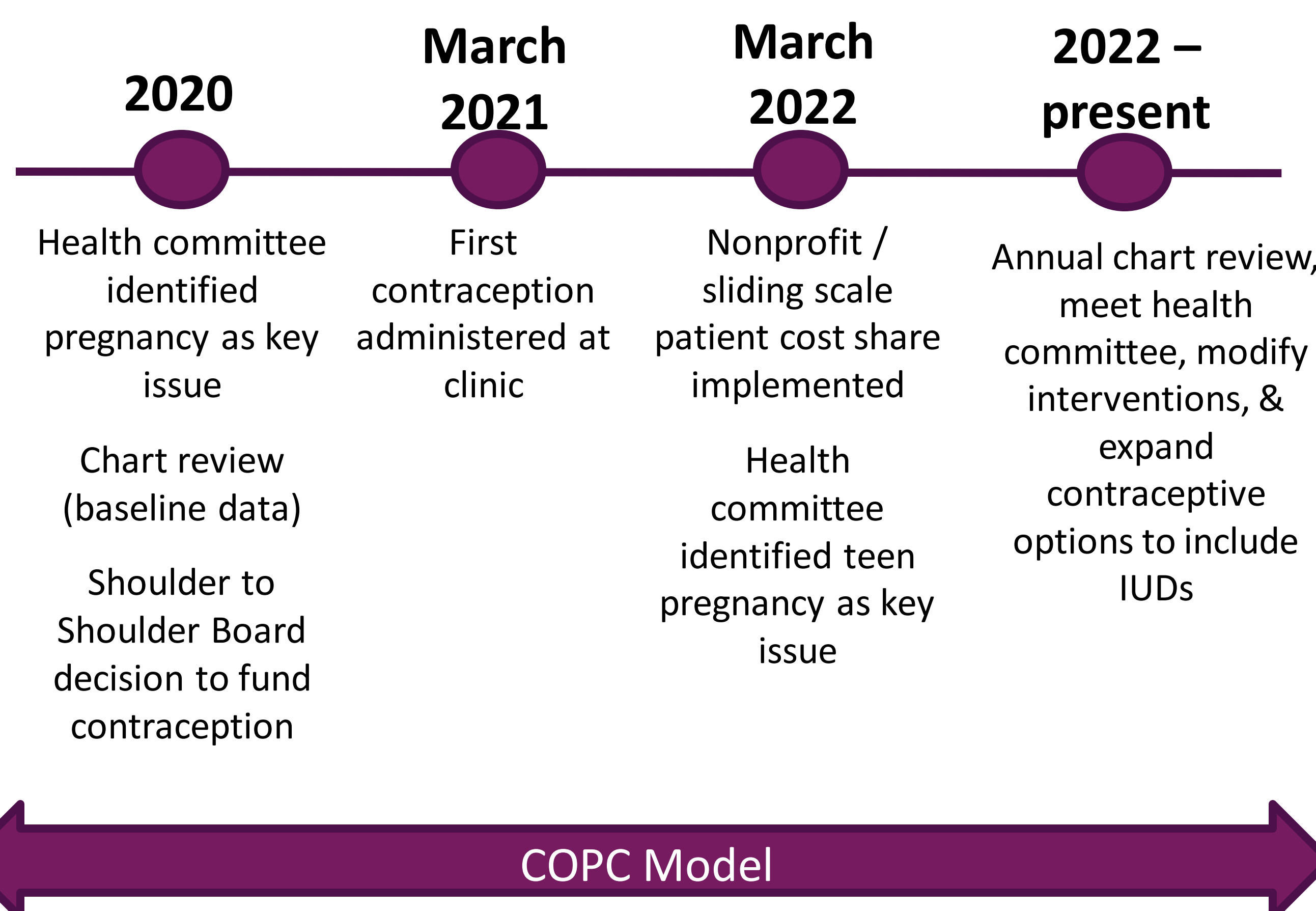
BACKGROUND

In San José, del Negrito, Honduras a rural town in northwestern Honduras with a catchment area of 5,000+, the community identified lack of access to contraception, limited reproductive health knowledge and high rates of teen pregnancy as key issues affecting the community. Unintended and short interval pregnancy is associated with unsafe abortions, preterm birth, low birth weight, maternal and infant mortality. 42% Honduran young women have an unmet need for contraception and 45% pregnancies are unintended. Contraception in Honduras is theoretically free via public clinics, but is frequently out of stock and abortion is illegal. Effective contraception improves the social and economic role of women and enables them to fully participate in society.

OBJECTIVES

- Increase availability of contraception
- Provide education on reproductive health
- Reduce unintended & short interval pregnancy

METHODS



RESULTS

Figure 1: Contraception (n=153)

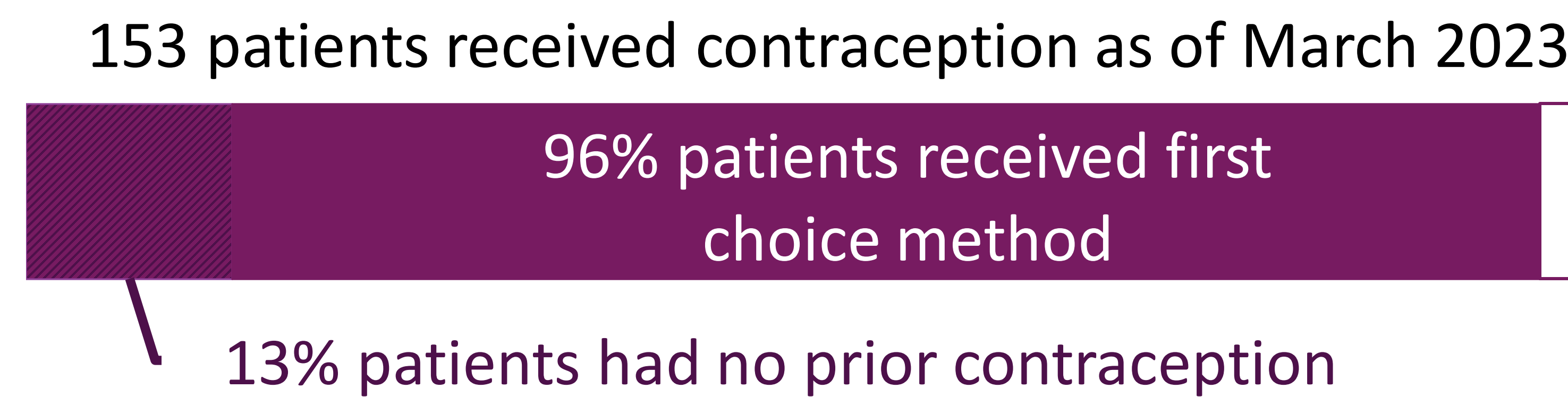


Figure 2: Types of Contraception Dispensed

(% patients) Sum >100%, as 6 (4%) patients switched methods

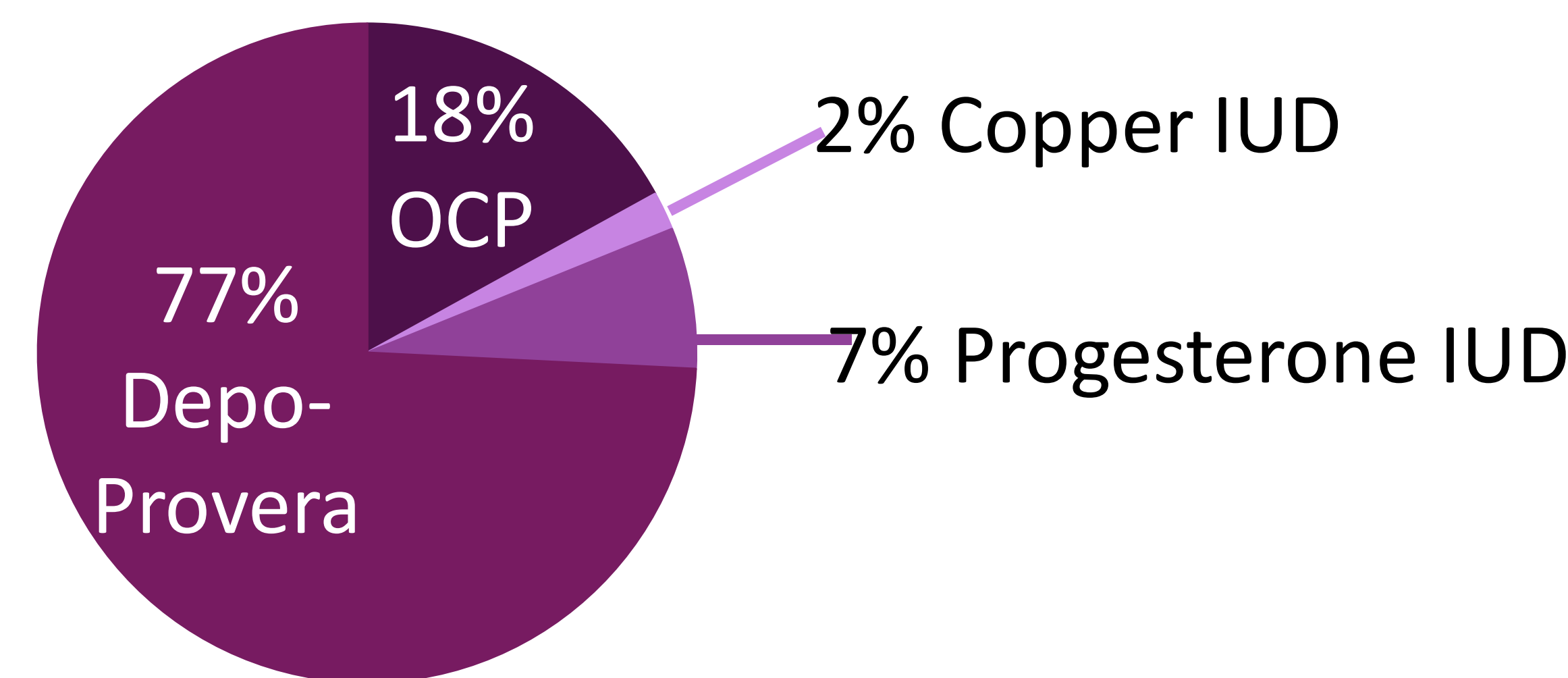


Figure 3: Pregnant Patients (data shown for 2023, n=56)

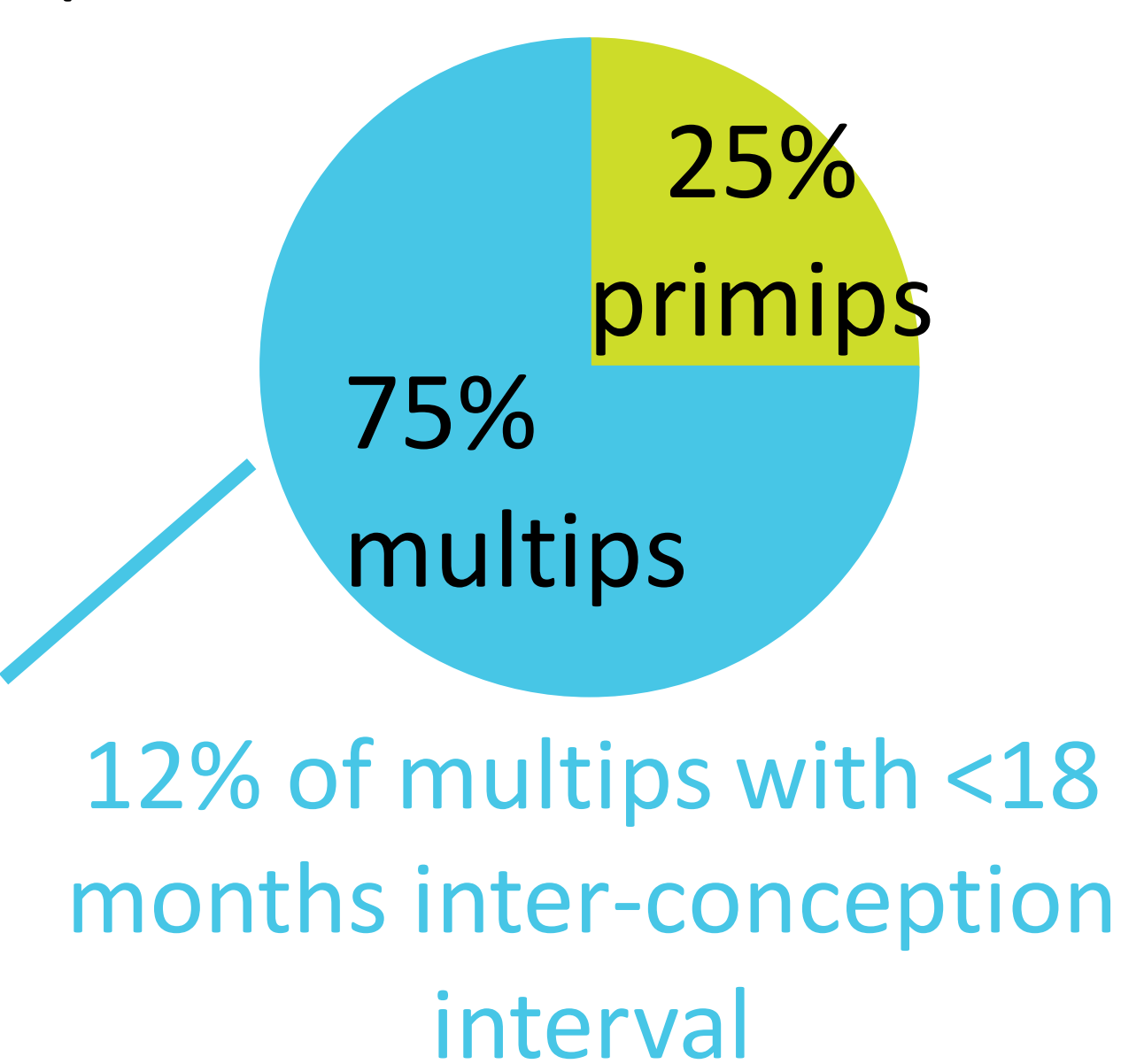


Figure 4: Pregravid Contraception (data for 2020 vs 2023, n=12,14)

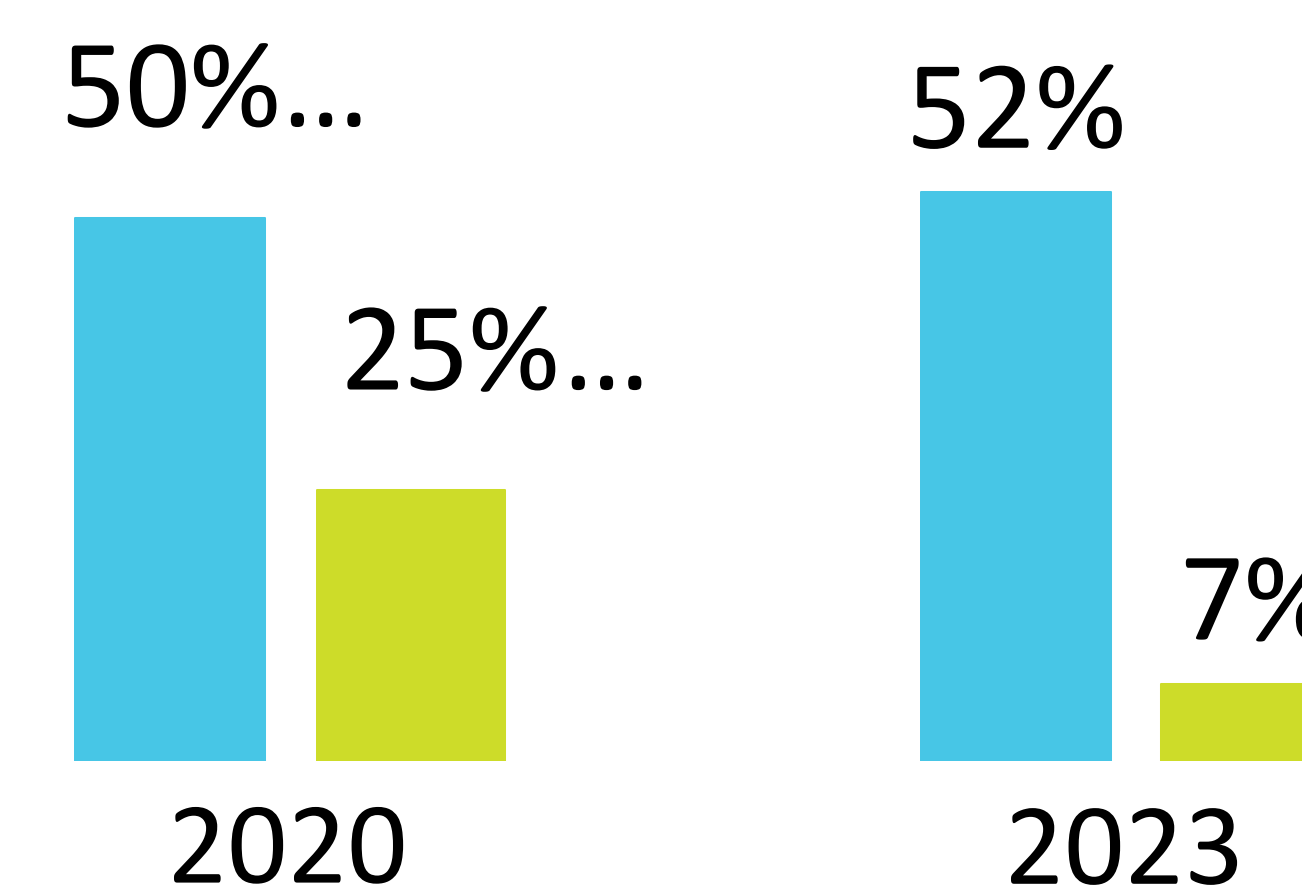
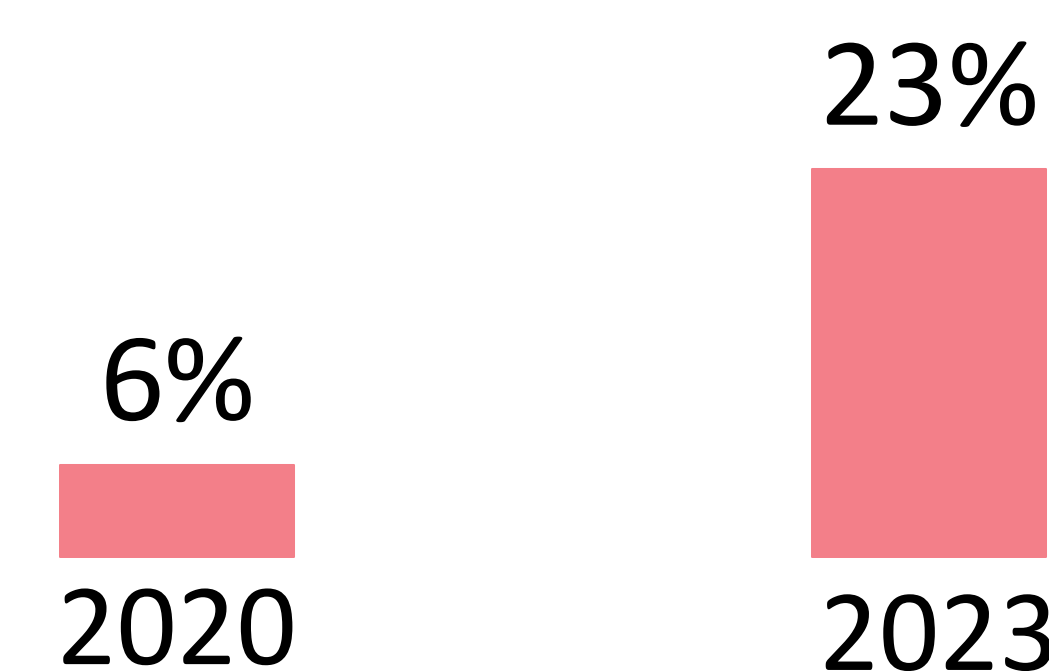


Figure 5: Rate of Teen Pregnancy: 2020 vs 2023 (n=54; n=56)



DISCUSSION

Majority of patients received first choice method, which was typically Depo-Provera

- A similar number of patients got pregnant from 2020 to 2023
- Rates of pre-pregnancy birth control use and short interval pregnancy (<18 months) were similar for multips from 2020 to 2023

Primips used birth control prior to pregnancy about half as often as multips, and this rate decreased by 3-fold from 2020 to 2023

Primips are getting younger. Teen pregnancy rates quadrupled from 2020 to 2023.

Strengths:

- Doctor, clinic trusted by community
- Multi-year partnership and data set

Limitations:

- Data on total number of patients of reproductive age in community not available
- Patients can access certain contraception from multiple locations, so data are incomplete
- Paper charts may be incomplete or missing
- Inconsistent supply chain for contraception
- Patients' preferred contraception methods may be influenced by method availability

CONCLUSION

- Patients without prior access were able to access contraception
- There is a need for outreach to teens and patients who have never been pregnant