July 2022

Enabling adolescents to obtain & use the contraception they want & need

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World Health Organization

human reproduction programme hrp research for impact

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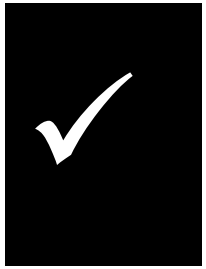
Progress made so far

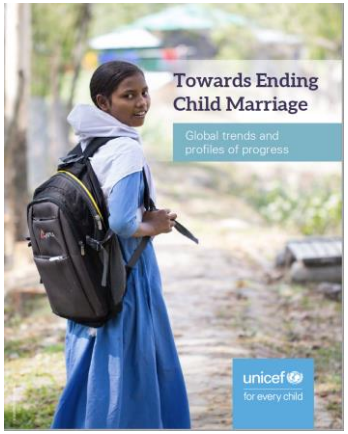


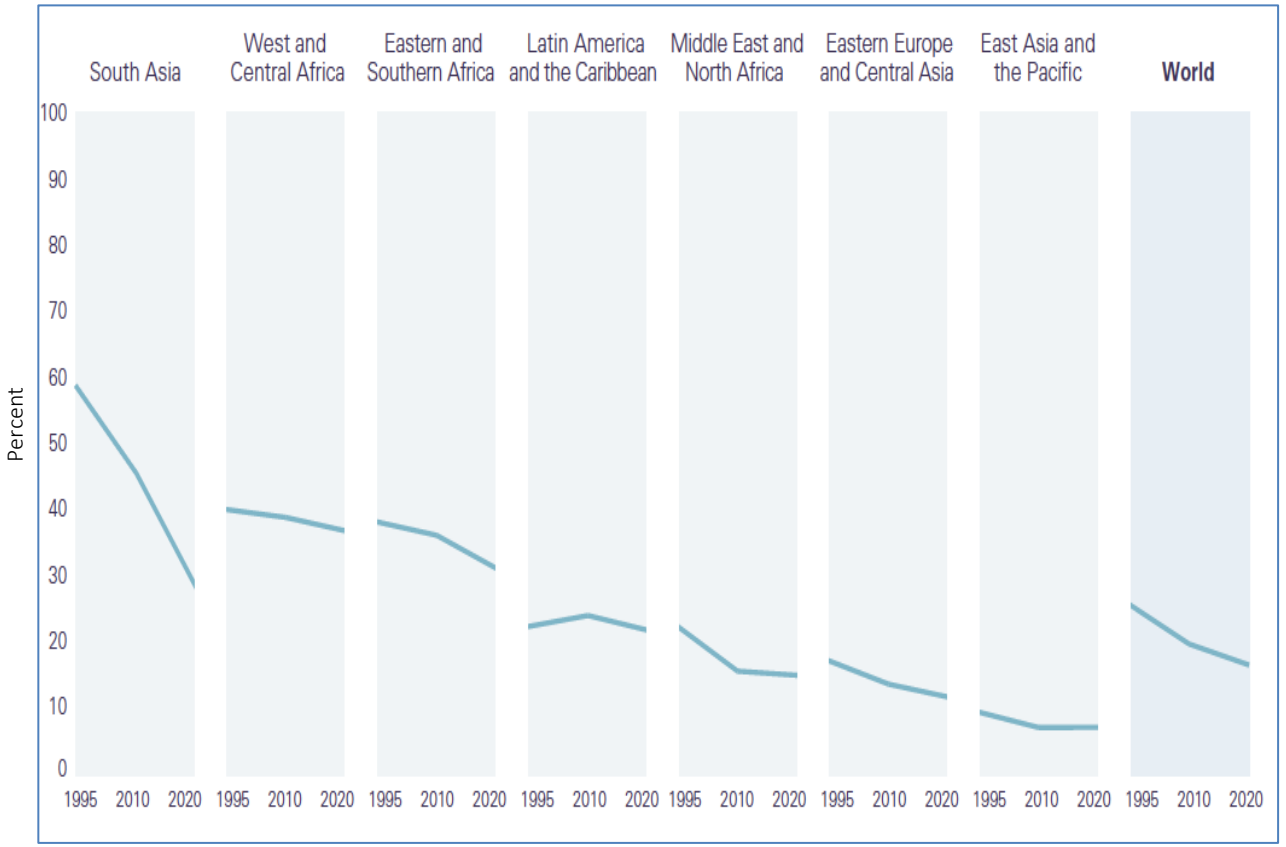
Thinking underpinning policy & programme guidance

Large scale & sustained programmes

Child marriage has decreased across world regions with uneven progress

- Globally child marriage has declined markedly over the last 25 years from 31% in 1995 to 19% in 2020.
- Progress has been more marked in some regions, notably in South Asia.
- Despite the declines, levels of child marriage remain high in sub-Saharan Africa (34%) and South Asia (28%) as of 2020.

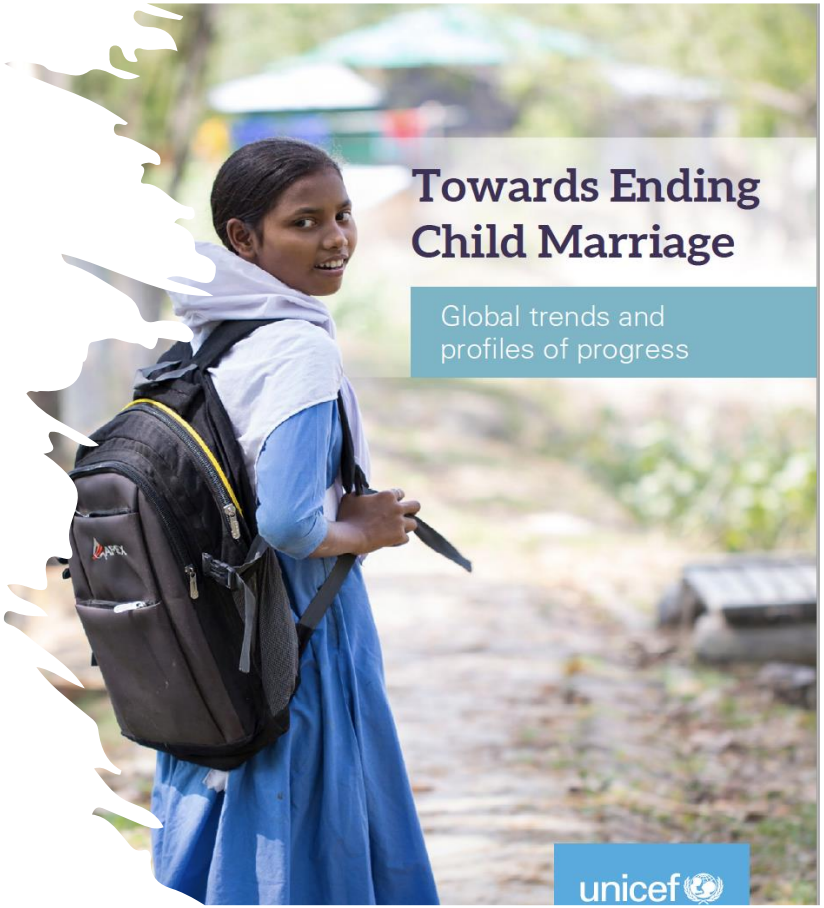




Source: UNICEF. *Towards Ending Child Marriage: Global trends and profiles of progress.* New York: UNICEF; 2021

Child marriage: Progress needs to be accelerated

- While the global reduction in child marriage is to be celebrated, no region is on track to meet the SDG target of eliminating this harmful practice by 2030.
- Over the next 10 years, up to 10 million more girls will be at risk of child marriage as a result of the COVID-19 pandemic.

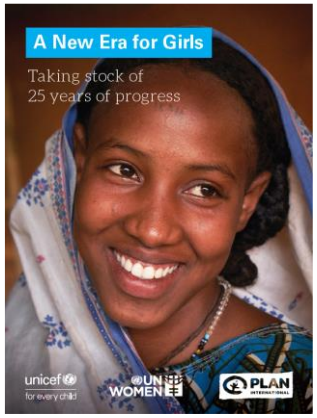


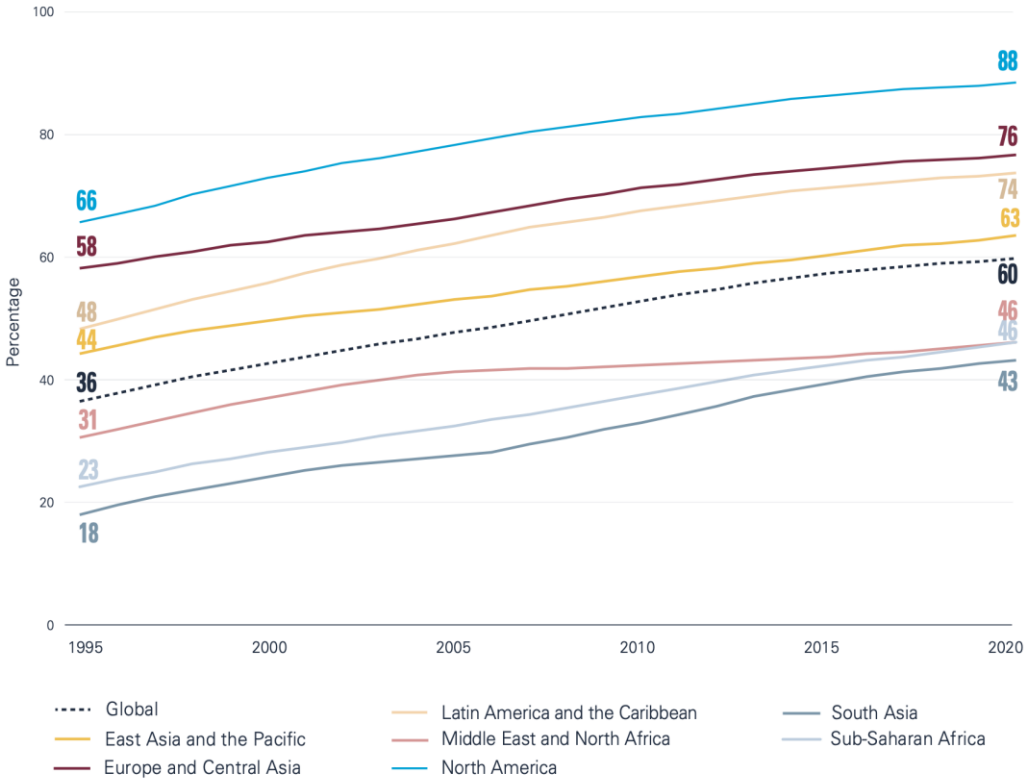
Source: UNICEF. *Towards Ending Child Marriage: Global trends and profiles of progress.* New York: UNICEF; 2021

Contraceptive uptake has increased across regions with uneven progress & huge disparities

Percentage of adolescent girls aged 15–19 years who have their need for family planning satisfied with modern contraceptives methods, by region, 1995–2020

- Globally, the proportion of adolescent girls aged 15–19 years whose needs for family planning were satisfied by modern methods rose from 36% to 60% between 1995 and 2020.
- Wide variation is observed across regions. South Asia, sub-Saharan Africa and the Middle East and North Africa have all observed steady increases in adolescent girls' demand for family planning satisfied by modern methods over the past 25 years.
- Fewer than 1 in 2 adolescent girls in these regions have their demand satisfied compared to around 3 in 4 girls in Latin America and the Caribbean, and Europe and Central Asia, and 88% of girls in North America.





Source: Aggregates calculated by United Nations, Department of Economic and Social Affairs, Population Division from survey data compiled in World Contraceptive Use 2019 (POP/DB/CP/Rev2019).

Note: Modern methods of contraception include female and male sterilization, the intrauterine device (IUD), the implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), lactational amenorrhea method (LAM), emergency contraception and other modern methods not reported separately (e.g., the contraceptive patch or vaginal ring).

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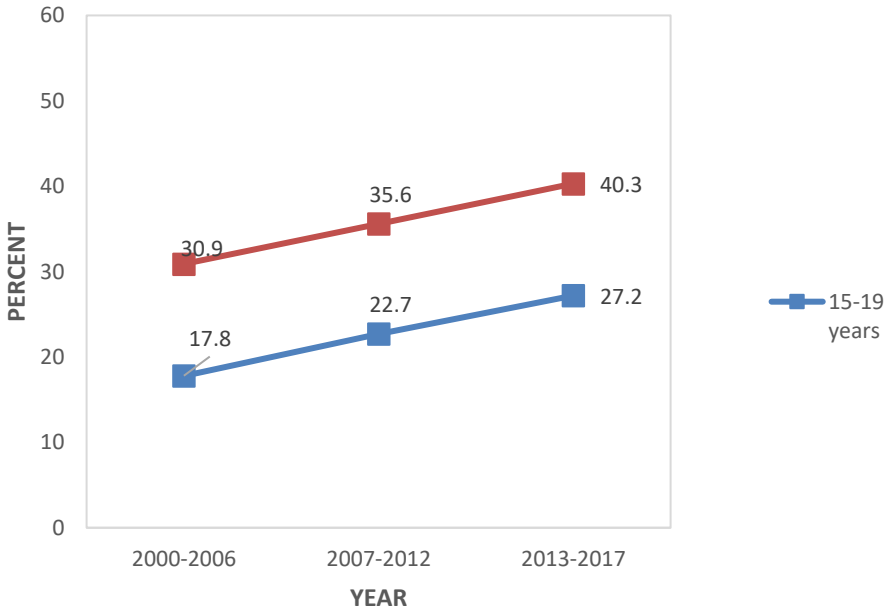
Contraceptive uptake has increased across regions with lower levels of use in adolescents that in adults

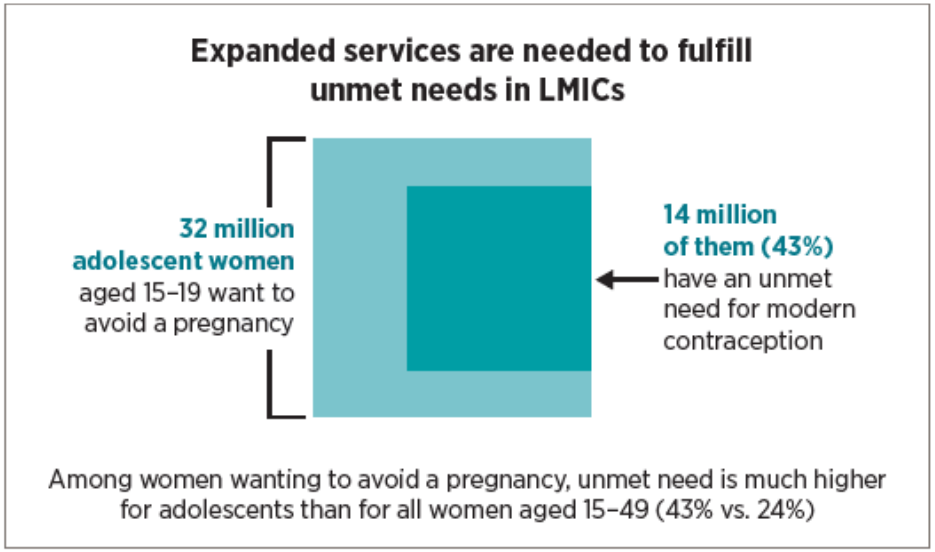
- There has been an increase in the aggregate-level of modern contraceptive use in adolescents aged 15-19 years from 17.8% in 2000-2006 to 27.2% in 2013-2017 and in adult women aged 20-34 years from 30.9% in 2000-2006 to 40.3% in 2013-2017.
- The use of modern contraceptives was consistently higher among adult women in all 3 survey rounds.

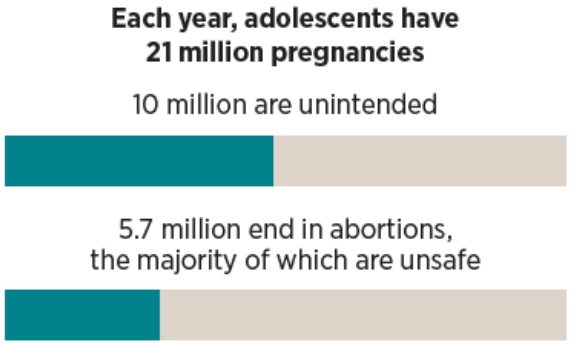


Note: this is data for 43 countries with at least one survey taken in each of the three rounds to ensure we studied the same cluster of countries in each survey round. The 43 countries were: Albania, Armenia, Bangladesh, Belize, Benin, Burundi, Cambodia, Cameroon, Chad, Colombia, Congo, Cuba, Côte d'Ivoire, Dominican Republic, Egypt, Ethiopia, Ghana, Guinea, Guinea-Bissau, Guyana, Haiti, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Malawi, Mali, Mongolia, Nepal, Nigeria, Philippines, Rwanda, Senegal, Serbia, Sierra Leone, Tajikistan, Tanzania, Thailand, Togo, Uganda, Vietnam, Zimbabwe.

Source: Li Z, Patton G, Sabet F, Zhou Z, Subramanian S, Chuling L. Contraceptive use in adolescent girls and adult women in low- and middle-income countries. *JAMA Network Open*. 2020;3(2):e1921437.

Many millions of adolescents who want to avoid/delay birth are not using an effective method of contraception.

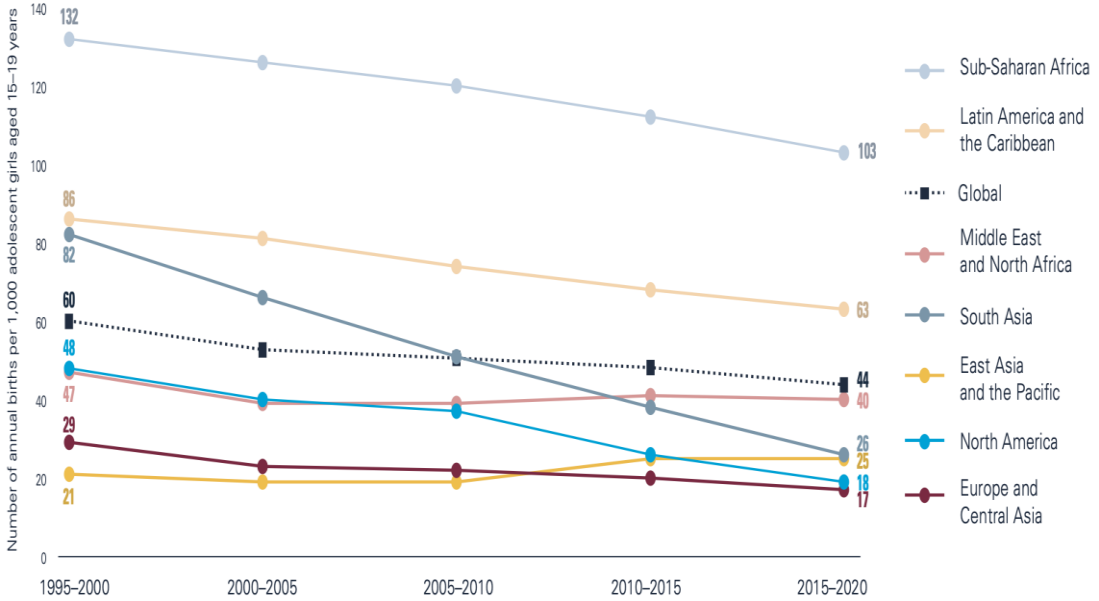




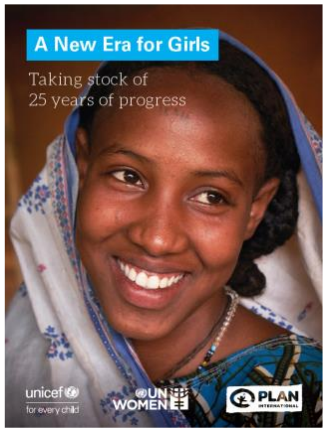
Sully EA et al. Adding it Up. Investing in the Sexual & Reproductive Health, 2019. New York, Guttmacher Institute, 2020.

Levels of adolescent birth bearing have declined across regions with uneven progress & huge disparities

- Over the past 25 years, the adolescent birth rate has declined from 60 births per 1,000 girls aged 15–19 years to 44, globally.
- South Asia has made the most progress in reducing early childbearing since 1995, with the adolescent birth rate dropping from 82 to 26 births*.
- Sub-Saharan Africa experienced a 22% decline in the adolescent birth rate during this period, although it continues to have the highest rate of any region globally, at 103*.
- In East Asia and the Pacific, adolescent childbearing has slightly increased, from 21 to 25 births.*



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2019 Revision.*



*All these relates to rates per 1,000 adolescent girls aged 15-19 years

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Motherhood in childhood: Progress has been made but it has been slow and uneven.

- "Across the globe, there are encouraging signs of declining levels of motherhood in childhood and adolescence (i.e., births in girls below 18 years of age). Nevertheless, in many ways, the pace of decline has been alarmingly slow – often by only a few percentage points per decade – and has not kept pace with declines in total fertility.
- Additionally, underlying regional trends indicate that in some places, patterns today are not much different from what they were more than half a century ago."

Even where there has been progress, some groups are – consistently - left behind.

Neal *et al. Reproductive Health* 2015, **12**:13
http://www.reproductive-health-journal.com/content/12/1/13

REPRODUCTIVE HEALTH

RESEARCH Open Access

Adolescent first births in East Africa: disaggregating characteristics, trends and determinants

Sarah E Neal[1*], Venkatraman Chandra-Mouli[2] and Doris Chou[3]

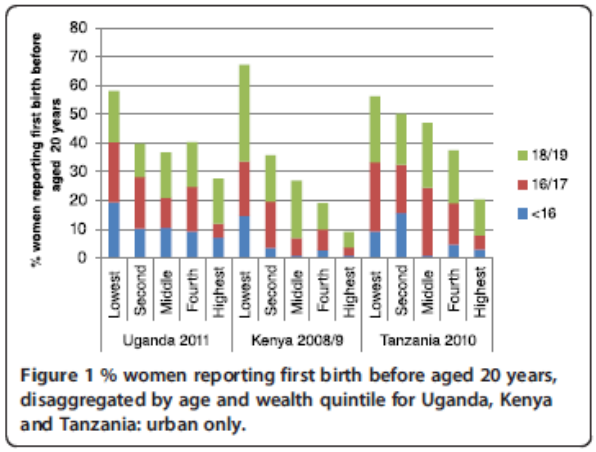


Figure 1 % women reporting first birth before aged 20 years, disaggregated by age and wealth quintile for Uganda, Kenya and Tanzania: urban only.

Conclusions:

Adolescent first births, particularly at the youngest ages, are common among the poorest & least educated, & progress in reducing rates in this group has not been made over the last few decades.

Neal *et al. Reproductive Health* (2018) 15:146
https://doi.org/10.1186/s12978-018-0578-4

Reproductive Health

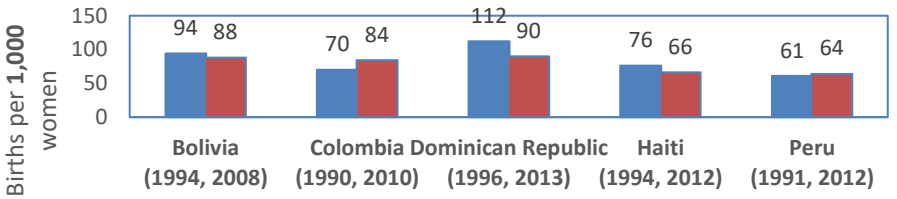
RESEARCH Open Access

CrossMark

Trends in adolescent first births in five countries in Latin America and the Caribbean: disaggregated data from demographic and health surveys

Sarah Neal[1*], Chloe Harvey[1], Venkatraman Chandra-Mouli[2], Sonja Caffe[3] and Alma Virginia Camacho[4]

Age-specific fertility rate for 15–19 years, based on Demographic and Health surveys (DHS)



Findings:

- Adolescent first births continue to be more common among the poorest & rural residents, & births among the youngest age-group (< 16 years) are particularly concentrated among these populations.
- There has been little progress in reducing adolescent first births over the last two decades in these countries (Haiti: modest decline, Bolivia & Dominican Republic: stagnated, Colombia and Peru: increased).

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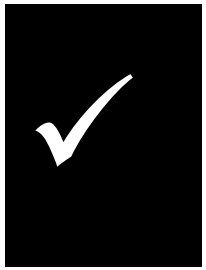
Progress made so far

Thinking underpinning policy & programme guidance



Large scale & sustained programmes

1. If early childbearing within marriage is socially accepted & even encouraged, interventions targeted at ***increasing contraceptive knowledge & availability, would do little to prevent wanted pregnancies.***
2. Development agencies should continue their general economic & social development efforts to ***address the systematic poverty & disadvantage which breeds adolescent child bearing, including gender inequality, which can lower girls' bargaining power over contraception & fertility decisions within marital & other sexual relationships.***

McQueston, Silverman, Glassman. Adolescent Fertility in low & middle income countries: Effects & Solutions. Centre for Global Development, 2012.

A rich body of work on enabling & structural approaches in HIV prevention

" The search for effective intervention approaches to reduce the spread of HIV/AIDS is an on-going process. It is noted however that one area that has received insufficient attention in HIV prevention is influencing the social and environmental determinants of risk known as 'enabling approaches'. Enabling approaches intend to remove barriers or constraints to protective action or conversely to erect barriers or constraints to risk-taking. "
Tawil et al, 1995.

- Tawil O, Verster A, O'Reilly KR. Enabling approaches for HIV/AIDS prevention: can we modify the environment and minimize the risk? AIDS. 1995 Dec;9(12):1299-306.
- Sweat MD, Denison JA. Reducing HIV incidence in developing countries with structural and environmental interventions. AIDS. 1995;9 Suppl A:S251-7.
- Gupta GR, Parkhurst JO, Ogden JA, Aggleton P, Mahal A. Structural approaches to HIV prevention. Lancet. 2008 Aug 30;372(9640):764-75. doi: 10.1016/S0140-6736(08)60887-9. Epub 2008 Aug 5.

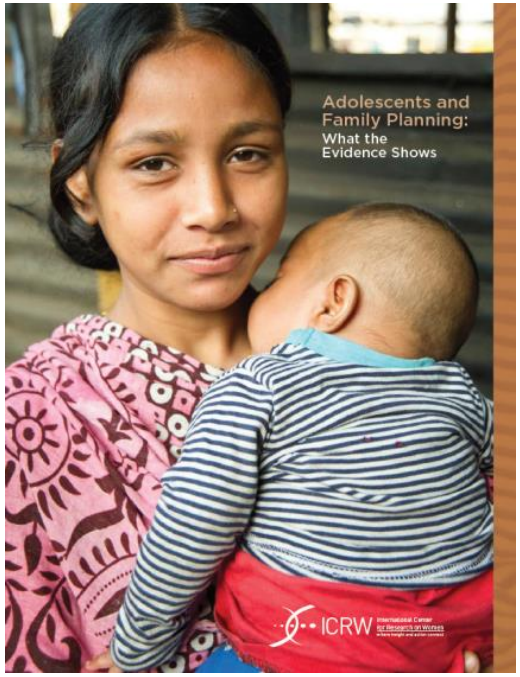
Demand- and supply-side objectives to increase contraceptive access and uptake by adolescents

Demand for contraception

- Desire to avoid, delay, space or limit child bearing
- Desire to use contraception
- Agency to use contraception

Supply of contraception

- Access to contraceptive services
- Provision of adolescent-friendly services



ICRW International Center for Research on Women where insight and action connect

McCleary-Sills A, Sexton M, Petroni S, Kanesathasan A, Edmeades J, Warner A, et al. Understanding the Adolescent Family Planning Evidence Base. ICRW. Washington DC, 2014.

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Table 1. Barriers and potential approaches to increase the demand for and supply of contraception among adolescents

OBJECTIVE FOR ADOLESCENTS	BARRIERS	SUCCESSFUL PROGRAMME APPROACHES	EXAMPLES
DEMAND FOR CONTRACEPTION			
To foster the desire to avoid, delay, space, or limit childbearing	• Gendered roles (e.g., expectations to be a wife and mother) • The need to prove fertility • Religious values • Norms of the path to adulthood	Direct (e.g., school-based SRH education) and indirect (e.g., conditional cash transfers) programmes that enhance the acceptability of avoiding, delaying, spacing, and limiting childbearing.	Conditional cash transfers have transformed life trajectories of girls in Mexico and Malawi.
To foster the desire to use contraception	• Stigma • Taboos (communication and cultural) • Lack of understanding (including fear of side-effects)	SRH education and information programmes that improve the understanding of contraceptive methods and SRH.	Life-skills education and vocational training programmes in Uganda and India have been shown to increase contraceptive use.
To foster a sense of agency in relation to contraceptive use	• Early marriage • Family pressure • Sexual coercion and/or violence • Limited decision-making autonomy and power	Direct (e.g., school-based education on sexual negotiation) and indirect (e.g., youth development) programmes that increase the sense of agency among girls and women to exert control over their lives and make their own decisions.	Engaging adolescents directly – as well as their communities – in Bangladesh and India has been shown to improve girls' agency and to prevent early marriage.
SUPPLY OF CONTRACEPTION			
To provide access to contraceptive services	• Lack of awareness of services • Inaccessible location • Inconvenient operating hours • Costs • Waiting times	SRH education and information on where and how to access services and contraceptive service provision to increase access to contraceptive services.	Community-based outreach involving provision of information and services through the national Health Extension Program (HEP) led to remarkable improvements in uptake of modern contraception among adolescents in Ethiopia.
To provide adolescent-friendly services	• Lack of provider sensitivity • Provider reluctance to offer contraceptives to adolescents (due to bias) • Gender biases • Lack of privacy/confidentiality • Contraceptives unavailable or out of stock	SRH information and services programmes to increase provision of high-quality, youth-friendly services for adolescents, tailored to meet adolescents' needs.	Making services responsive to the needs of adolescents has been shown to improve contraceptive use, thereby preventing first pregnancies in China and repeat pregnancies in Kenya. Evidence from studies and projects has been applied at scale in Colombia, Estonia, and Malawi.

Source: Adapted from Glinski et al. (2014) *(20)*.

FAMILY PLANNING

EVIDENCE BRIEF

Reducing early and unintended pregnancies among adolescents

Authors: Francis Obare, Caroline Kabiru (Population Council); Venkatraman Chandra-Mouli.

This is one of seven Family Planning Evidence Briefs prepared for the Family Planning Summit held in London on July 11, 2017. The briefs highlight evidence and provide research and programme considerations for improving access to family planning and reducing unintended pregnancy. Programme considerations are based on the expert views of the authors, who undertook desk reviews drawing on existing evidence.

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide

This document is intended to lead program managers, planners, and decision-makers through a strategic process to identify the most effective and efficient investments for improving the sexual and reproductive health of young people. It was developed as part of a review and technical consultation on adolescent sexual and reproductive health and reflects the deliberation of experts.*

Throughout the steps below, *programmatic responses should address the diversity of adolescents and their needs. Monitoring data should be disaggregated into meaningful categories such as age, marital status, and other key characteristics that are relevant to the context to ensure program beneficiaries are the intended recipients.*

Step 1: Know your adolescent
Step 2: Understand the underlying drivers of adolescent pregnancy
Step 3: Create a supportive environment
Step 4: Reach young people with information
Step 5: Reach sexually active young people with contraceptives
Step 6: Reduce financial barriers to contraceptive services

Unmarried girls, ages 15 to 19, attend a Pathfinder International training about adolescent sexual and reproductive health.© 2017 Paula Bronstein/Getty Images/ Images of Empowerment

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FP2030 COMMITMENT RESOURCE KIT

Developing Bold and Transformative Commitments to Adolescents and Youth

Getting to what works in adolescent sexual and reproductive health: FP2030 commitments can help

Box: Supplementary AYSRHR Commitment Guidance for FP2030 Commitment Makers

Missed Opportunity	Recommended Action	Positive Country Examples
Many commitments propose only one adolescent objective and fail to integrate adolescent specific concerns throughout the commitment	Consider how the different commitment objectives and strategies could be leveraged to improve adolescent outcomes	Kenya, South Sudan, Rwanda
Root causes of adolescent pregnancy and childbearing are inadequately acknowledged or missing entirely	Use available data to align proposed approaches to the most vulnerable adolescents and youth, e.g., married adolescents or those who have experienced violence	Mauritania Cameroon, Nigeria
Many commitments propose ineffective approaches to improving adolescent knowledge and encouraging behavior change	Use globally recognized high impact practices and avoid those approaches that have little evidence of effectiveness	Kenya
Few commitments propose actions to improve the availability and quality of data that is essential to develop effective programs and policies	Strengthen country capacity to collect and use age disaggregated data in HMIS and surveys	South Sudan, Cameroon, Burkina Faso
Few commitments identify ways to partner with young people or with other sectors/ministries that work with youth	Strengthen partnerships with other ministries, especially education and youth, and apply approaches that facilitate youth participation and partnership	South Sudan, Cameroon, Nigeria, Burkina Faso

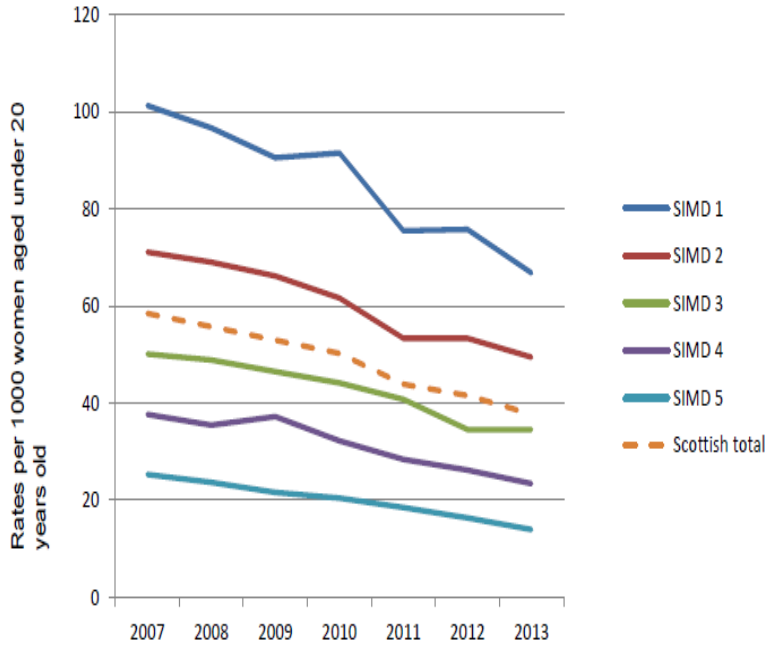
Progress made so far

Thinking underpinning policy & programme guidance

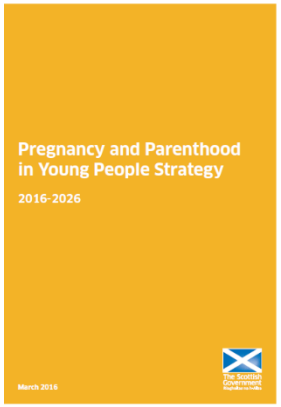
Large scale & sustained programmes

A purposive strategy to identify & address those being left behind: The case of Scotland -1/2

Figure 1: Rates of teenage pregnancy under 20 years old in Scotland by deprivation quintile (SIMD)[7] 2007-2013[8]

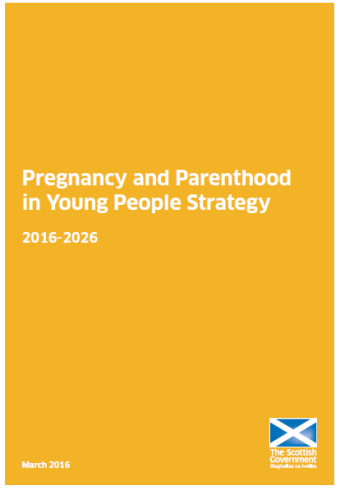


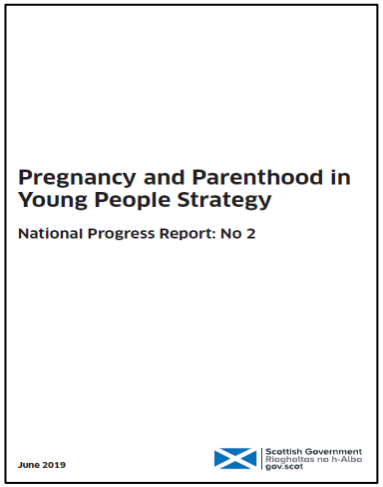
"Females aged under 20 & living in a deprived area are **4.6 times more likely to experience a pregnancy & nearly 12 times more likely to continue the pregnancy** as someone living in the least deprived areas of Scotland."



Pregnancy & parenthood in young people Strategy, 2016-2026 (The Scottish Government, March 2016)

A purposive strategy to identify & address those being left behind: The case of Scotland -2/2





Four strands:

- **Leadership and Accountability:**

Support local implementation through awareness raising, working to understand local need and delivery, and sharing examples of good practice.

- **Giving Young People More Control**:

Take forward work on the development of age & stage appropriate key messages on healthy relationships& consent for professionals caring for & educating early stage & primary aged children.
Work in partnership with the 'Keys to Life' to support young people with learning disabilities & other significant communication difficulties around healthy & safe relationships.

- **Pregnancy in Young People:**

Publish 'Getting Maternity Services Right for Young Parents' & the accompanying quick reference guide.

- **Parenthood in Young People:**

Continue to work with young people & professionals to finalize & publish guidance for supporting young pregnant women & young parents to remain in school.

"The absolute gap in teenage pregnancy rates between the most & least deprived is narrowing. Rates of pregnancy have reduced across all levels of deprivation in recent years, with those in the most deprived areas falling more. However, those living in areas of highest deprivation still have pregnancy rates five times higher than those in the least deprived."

Second chances for adolescent mothers: The case of Jamaica – 1/2

Problem: No continuous education opportunities for pregnant adolescents

- ✓ Providing uninterrupted education for pregnant adolescents throughout the pregnancy period
- ✓ Emotional support for confidence building for pregnant adolescents

Problem: Limited to no re-entry opportunities for adolescent mothers into secondary schools

- ✓ Facilitating secondary school re-entry for adolescent mothers
- ✓ Providing evidence to make a case for national policy change – achieved in 2013

Problem: High second birth rates among adolescent mothers

- ✓ Providing family planning and contraceptive services to adolescent mothers
- ✓ Second pregnancy rate is at 1% currently

AMERICAN JOURNAL OF SEXUALITY EDUCATION
https://doi.org/10.1080/15546128.2022.2093808

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Check for updates

"Second Chances" for Adolescent Mothers: Four Decades of Insights and Lessons on Effectiveness and Scale-up of Jamaica's PAM

Joshua Amo-Adjei[a], Sonja Caffe[b], Zoe Simpson[c], Michelle Harris[d], and Venkatraman Chandra-Mouli[e]

Intervention	Groups targeted
Continued and supplemental education classes	Adolescent mothers
Counselling	(i) Adolescent mothers (i) Families of adolescent mothers (i) Baby-fathers (i.e., fathers of babies, a local term)
School placement	(i) Adolescent mothers (i) Families of adolescent mothers
Childcare and parenting skills building (1978)	(i) Adolescent mothers
Family planning counselling and services (1978)	(i) Adolescent mothers (i) Baby-fathers

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Second chances for adolescent mothers: The case of Jamaica – 2/2

"I was only fifteen when I was sexually assaulted and got pregnant. I wasn't ready to be a mom, I knew I couldn't even take care of myself, much less a child. All I wanted to do at that point was die! At the Centre, I learned that giving up was not an option. Our teachers truly wanted the best for us. … I spent almost a year at the Centre and then returned to regular high school in January 2010… I thankfully graduated with four perfect CXC and one NVQJ… I am now a phlebotomist and a medical technician…A big thank you to the Women's Centre for giving me a second chance!"

Among 260 primiparous adolescents aged 12-16 years from Kingston, St Andrews, St Catherine & Manchester parishes randomly selected from vital records, programme participation reduced the risk by one or more repeat pregnancies by 45%; programme participants were 1.5 times more likely to complete high school than non participants.

Amo Adjei et al (2022). Second chances for adolescent mothers: Four decades of insights and lessons on effectiveness & scale up of Jamaica's programme on adolescent mothers. In press.

A targeted approach to reach women & girls in rural communities: The case of Ethiopia – 1/3

ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA
የዜጎች ጤና ለሃገር ብልጽግና!

To achieve MDG goals, Ethiopia took bold efforts to address the health needs of adolescents & young people.

✓Within the context of the MDGs, the Ethiopian government targeted maternal and childhood mortality reduction in rural areas, where over 80% of the population reside.

✓The Federal Ministry of Health set out to delay & space childbearing through improving access to/uptake of contraception, and to reduce pregnancy-related mortality. It also put in place complementary measures to prevent child marriage.

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MINISTRY OF HEALTH - ETHIOPIA
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A targeted approach to reach women & girls in rural communities: The case of Ethiopia – 2/3

The Federal Ministry of Health launched an ambitious Health Extension Programme (HEP)

- The HEP set out:

✓Deliver health education and basic health services in the community,
✓Strengthen linkages to health facilities
✓Empower rural households to take responsibility for producing and maintaining their health

Trends in Child marriage, Adolescent pregnancy and Modern Contraceptive use among adolescent girls, 15-19 in Ethiopia.

Akwara et al. Reproductive Health (2022) 19:123
https://doi.org/10.1186/s12978-022-01434-6

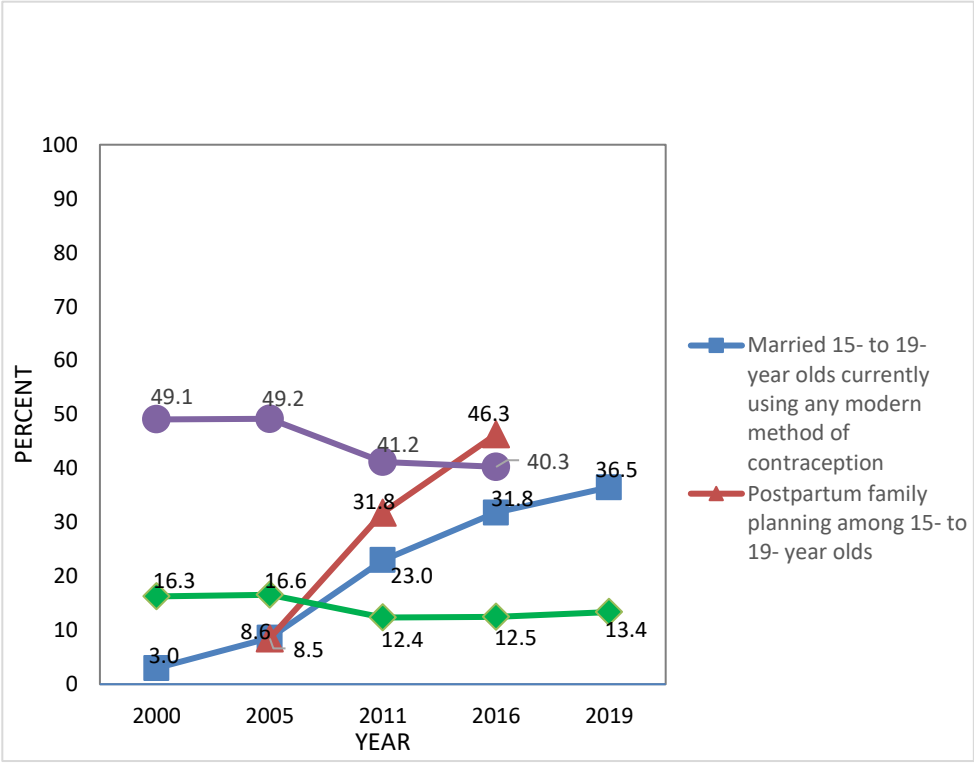
Reproductive Health

COMMENTARY Open Access

ASRHR in Ethiopia: reviewing progress over the last 20 years and looking ahead to the next 10 years

Elsie Akwara[1*], Kereta Worknesh[2], Lemessa Oljira[3], Lulit Mengesha[4], Mengistu Asnake[5], Emiamrew Sisay[6], Dagem Demerew[7], Marina Plesons[1], Wegen Shirka[8], Azmach Hadush[9] and Venkatraman Chandra-Mouli[1]

- 8.8 percentage point decrease in child marriage between 2000 and 2016.
- 33.5 percentage point increase in modern contraceptive use between 2000 and 2019.
- 37.8 percentage point increase in post partum family planning between 2000 and 2016.
- 2.9 percentage point decrease in child bearing between 2000 and 2019.



Data sources: EDHS 2000-2019

World Health Organization hrp

Key Messages

1. Globally, over the last 25 years, girls are less likely to be married by 18, & to become mothers by 18. They are also more likely to use modern contraception & maternal health services.

2. Progress has slow & uneven. Within every country & community multiple, intersecting vulnerabilities mean that groups of adolescents are being left behind.

3. There is growing recognition of the importance of enabling adolescents to make and act on their reproductive choices by addressing legal, policy & procedural constraints, restraints, social & cultural norms & economic constraints.

4. There is a growing body of research evidence, programmatic experience & normative guidance on this. Happily, a small but growing number of countries are demonstrating the feasibility of applying these approaches at scale & the value of doing so.