



Adolescents and Family Planning: What the Evidence Shows



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Definitions

- For the purposes of this study, **adolescents** are defined as those ages 10-24 years old.
- **Demand** is conceptualized with a nuanced understanding of how gender dynamics influence adolescents' reproductive desires. These include the number, timing and spacing of children, as well as whether they want to use various options to control their fertility and have the agency to do so effectively.
- **Supply** is defined as the provision of reproductive health services, particularly family planning, that are appropriate for adolescents' needs and are available in a way that is accessible to them.
- **Accessibility** in this context includes issues such as the availability of an appropriate mix of contraceptive methods, infrastructure, health systems and provider knowledge, attitudes and competence.¹



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Introduction

The International Center for Research on Women (ICRW) conducted a review of the literature to identify barriers to adolescents' access to and use of family planning services, programmatic approaches for increasing access and uptake of those services, gaps in the evidence that require further research, and areas that are ripe for future investment.

The Importance of Family Planning for Adolescents

Roughly one-quarter of the world's population — 1.8 billion people — is between 10 and 24 years of age²

Among the many sexually active adolescents worldwide, large numbers want to avoid, delay or limit pregnancy but lack the knowledge, agency or resources to make decisions regarding their reproduction. On average, unmet need for contraception is greater among unmarried adolescents than those who are married, however married adolescents ages 15-19 experience a higher percentage of unmet need than all married women.³ Among unmarried

adolescents, the need is significantly greater among 15-19 year olds, as compared to those ages 20-24.⁴ Indeed, marital status is a factor that cannot be overlooked in a world where one-third of girls in developing countries are wed before age 18, and one in nine is married by the age of 15.⁵ While both married and unmarried girls are sexually active, some 90 percent of the births experienced by adolescent mothers occur within marriage.⁶

Socio-cultural and structural barriers often prevent adolescents from achieving their reproductive desires, which can result in unintended

Methods

ICRW's literature review included 24 systematic reviews published since 2000 that evaluated programs providing family planning information and services. All of these studies used experimental or quasi-experimental methods. While not every study focused specifically on adolescents and family planning (i.e., some included family planning for adults or primarily addressed HIV prevention), all included some level of attention to

adolescent family planning information and/or services. The analysis was supplemented with reviews of more than 200 additional peer-reviewed articles and grey literature reports that identified best practices, recent findings and innovative solutions for different types of programmatic approaches. Finally, to corroborate and expand upon the gaps in the evidence that were identified in the literature, we interviewed several donors to understand

their perspectives on what is needed to advance adolescent sexual reproductive health and rights and family planning.

Limitations of this research: Adolescents may not demonstrate measurable behavioral results until well after the end of the program or evaluation, so successful interventions may be missed in the literature. Also, few adolescent-focused initiatives are specifically defined as "family planning" programs

and instead fall within a more comprehensive framework of sexual and reproductive health and rights. Finally, limited evidence is available about which strategies and programs most effectively reach distinct groups of adolescents, such as married and unmarried, rural and urban, and younger and older youth. Evidence regarding effective strategies for reaching very young adolescents (10-14 years old) is particularly thin.

and unhealthy pregnancies, among other outcomes. To help adolescents better access and use family planning services, we must understand the barriers they encounter in defining their reproductive intentions, and in demanding, accessing and using contraceptives. And we must understand what works in empowering them to overcome these obstacles.

Effectively addressing these issues results in stronger families and societies: When girls grow up healthy, educated and empowered, they become productive and effective leaders, earners, providers and, if they so choose, mothers. This in turn has a ripple effect on children, households, communities and nations. And when girls and boys are provided with education, information and services to protect and promote their sexual and reproductive health, they are better equipped to engage in healthy decisions and behaviors now and for decades to come. Such positive outcomes therefore make it critical for us to understand adolescents' reproductive desires and enable them to achieve these aspirations by providing them with appropriate, high-quality information and services.

Conceptual Framework

The following conceptual framework was developed to guide ICRW's analysis, and is based on past examinations of reproductive health barriers and programmatic approaches, as well as ICRW's *Women's Demand for Reproductive Control* paper.⁷ It postulates that adolescents must achieve three demand-side objectives and two supply-side objectives, though not necessarily in sequence^a, in order to sustainably and effectively use family planning to fulfill their desired reproductive outcomes throughout their lifetimes.

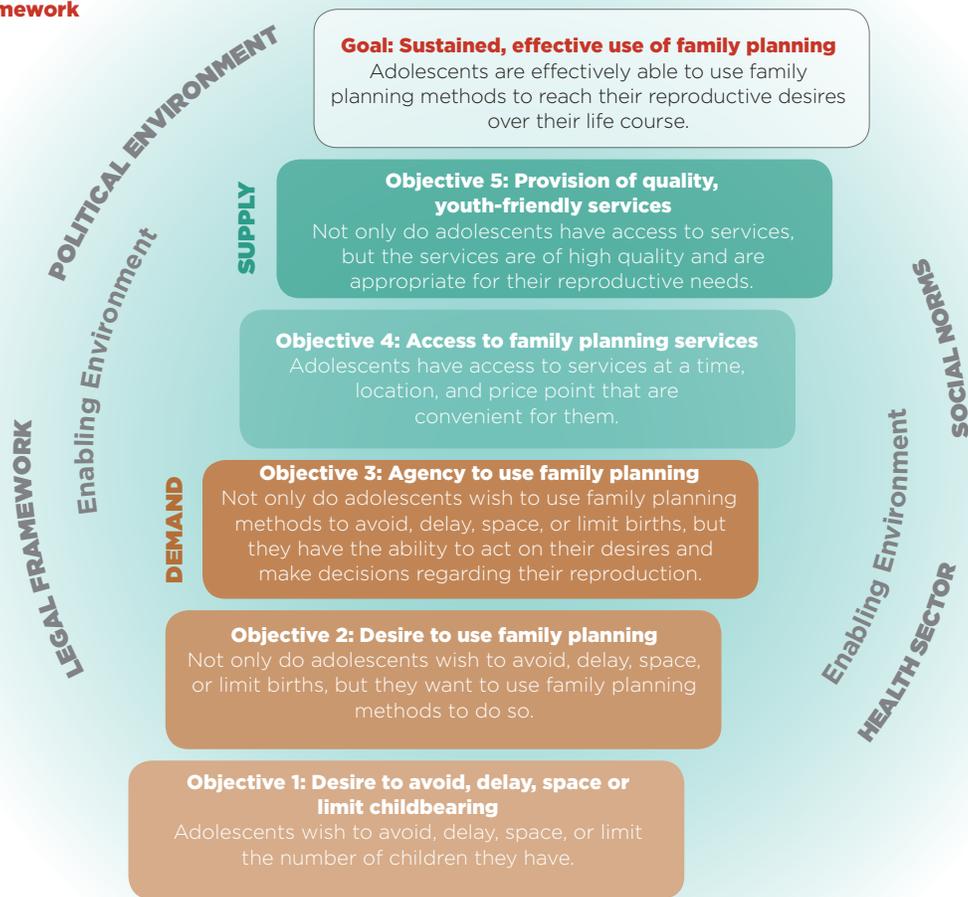
The first three objectives operate primarily on the demand side. Achieving **Objective 1** signifies that adolescents want to avoid, delay, limit or space their pregnancies. They understand the benefits of waiting to initiate sexual activity or of having [more] children and want to control their reproduction. With **Objective 2**, adolescents have a desire to use family planning methods, which demands a basic understanding of contraceptive methods and how reproduction occurs. However, wanting to use family planning methods is not sufficient to enable adolescents to actually use them. Adolescents need to be able to achieve **Objective 3** — possess the agency to access and use contraceptives — which means they must be empowered with the knowledge and self-efficacy to make and act on their decisions.⁸ While we have categorized Objective 3 as a “demand-side” factor, it can also be viewed as the bridge between the

traditional demand-side and supply-side components to contraceptive use. For example, even if adolescents want to use family planning methods and there are high-quality, youth-friendly methods available, if they do not have the confidence to walk into a clinic and ask for contraception, they will not be able to use it.

Objectives 4 and 5 represent the “supply-side” components. Achieving **Objective 4** means that adolescents have access to family planning methods at a location, time and price that is feasible and convenient. **Objective 5** is attained when services are not only available for adolescents, but they are high quality, youth-friendly and offer a variety of methods that are appropriate for them. By achieving all of these objectives, adolescents are able to effectively use family planning methods in line with their fertility intentions throughout their lives. This is an important distinction, as reproductive desires and appropriate methods will change over one's reproductive lifetime.

Accomplishing these objectives is dependent on the individual adolescent. This is also strongly influenced by — but not limited to — the social norms of the environment in which adolescents live, as well as the local political atmosphere, health sector and the legal frameworks. The young person's partner, parents, family, peers and community also play a role in how he/she forms and achieves his or her reproductive desires.

The Conceptual Framework



^a While the framework is presented as a series of objectives, these are not necessarily sequential. Demand and supply objectives could be achieved simultaneously, or supply-side facilitators, such as the provision of youth-friendly services, could be present before it is socially or culturally acceptable for adolescents to use contraceptives in a particular context.

Additionally, as an adolescent's reproductive desires shift, the required agency and type of services needed will shift. For example, while it may be acceptable for an unmarried adolescent to want to avoid pregnancy, societal views may shift once the adolescent gets married, and then shift again after the first birth.

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For each objective, we identified key barriers adolescents face, as well as rigorously evaluated programmatic approaches that, either directly or indirectly, address these obstacles. While factors that influence adolescents' family planning desires, decisions and actions may not always be changed or influenced by programmatic approaches, they must be considered when designing and implementing programs.

In general, we found that **interventions were better able to achieve measurable improvements in knowledge and attitudes than in behavior.** Such programs were most effective when they combined individual education, improvement of services and community outreach/mobilization to inform communities about available services and to increase acceptability of adolescents' use of family planning. Some of the most effective efforts included educational interventions, mass

media, interpersonal/peer-to-peer communication and education, conditional cash transfers (CCTs), and improvements to health services.

Meanwhile, **programs that impacted behavior were more likely to change contraceptive behavior than sexual behavior.** Those that involved adolescents in program design tended to be more successful and programs that increased contraceptive use usually had a health services component.

Demand Side

OBJECTIVE 1: How to Increase Desire to Avoid, Delay, Space or Limit Childbearing

Programs that aim to increase the value of girls and promote the benefits and cultural acceptability of delaying sexual activity and first pregnancy, and ultimately, of having smaller families, directly address barriers that inhibit girls from wanting to avoid, delay, space or limit their childbearing.

Some of the interventions that have been most successful in achieving **Objective 1** are indirect approaches that increase school enrollment, which contributes to delayed marriage and pregnancy. In particular, programs that offer CCTs, incentives or support in the form of school uniforms and supplies lower barriers to attending school and increase the opportunity cost of

missing school and getting pregnant. While there is not as much evidence of their effect on reproductive desires, youth development programs are able to build adolescents' self-confidence and provide them with a greater sense of opportunities throughout the course of their life other than parenthood, which can indirectly discourage early marriage and pregnancy.

OBJECTIVE 2: How to Increase the Desire to Use Family Planning Methods

Programs that disseminate information about sexual and reproductive health and about family planning methods are essential to increasing adolescents' understanding of how fertility and pregnancy prevention work. This information, along with programs that change social norms around the

cultural acceptability of adolescents' contraceptive use, can enable youth to overcome barriers to wanting to use family planning methods.

Programs that have been most successful in achieving **Objective 2** provide information and change social norms through education and media campaigns. In order to be successful, such programs need to be sure to provide both adolescent boys and girls with reproductive health information that is culturally appropriate and relevant to them. For school-based educational programs to achieve Objective 2, they must be appropriately designed and teachers need to be suitably trained and feel comfortable with the material. Some communication programs that target specific contraceptive method use and deliver messages through the Internet, mobile phones,

Demand-Side Barriers

Objective	(1) Desire to avoid, delay, space or limit childbearing	(2) Desire to use family planning	(3) Agency to use family planning
Barriers for Girls	<ul style="list-style-type: none"> Gendered roles/expectations <ul style="list-style-type: none"> Wife/mother Remain chaste Need to prove fertility Low value of childbearing alternatives Religious values Son preference Desire to secure a relationship 	<ul style="list-style-type: none"> Stigma around accessing and using methods and adolescent sexuality Taboos around communication Lack of understanding of: <ul style="list-style-type: none"> Reproductive health Family planning methods, including side effects Cultural taboos in providing information about reproductive health and family planning 	<ul style="list-style-type: none"> Limited decision-making autonomy and power Early marriage Family pressure to have children/not use a method Poor partner communication Sexual coercion and other forms of violence Transactional sex Limited self-efficacy
Barriers for Boys	<ul style="list-style-type: none"> Gendered roles/expectations <ul style="list-style-type: none"> Father Sexually active Need to prove sexual prowess and fertility Religious values Son preference 	<ul style="list-style-type: none"> Stigma around accessing and using Taboos around communication Lack of understanding of: <ul style="list-style-type: none"> Reproductive health Family planning methods Lack of perceived responsibility in family planning use 	<ul style="list-style-type: none"> Limited self-efficacy



social media and other sources, have been shown to be effective. These programs were most successful when they addressed gender norms that shape boys' notions of masculinity and limit girls' control over sex.

OBJECTIVE 3: How to Increase Agency to Use Family Planning

Agency-building programs can increase adolescent girls' capacity to negotiate sexual behaviors, comfort with discussing issues related to reproductive health, and self-confidence to not only choose

their own path for the future, but also effectively pursue it. Programs that promote multiple, positive roles that girls can play in society reinforce the fact that girls have the power to choose what they want and that they need not be limited by traditional norms. Increasingly, evidence suggests that working directly with married adolescent girls and their families can improve their agency within relationships as well. Informational programs, specifically peer-to-peer education interventions, have been most successful at enabling adolescents to achieve **Objective 3**, by increasing their communication and negotiation skills related to their reproductive desires. Indirectly, youth development programs have also effectively built adolescents' self-confidence and empowered them to advocate for their rights and beliefs.

Demand-Side Programmatic Approaches

Objective	(1) Desire to avoid, delay, space or limit childbearing	(2) Desire to use family planning	(3) Agency to use family planning
Direct Programmatic Approaches	<ul style="list-style-type: none"> Information <ul style="list-style-type: none"> o Alternative roles/options for girls o Benefits of delaying, spacing and limiting Mass media <ul style="list-style-type: none"> o Acceptability of avoiding, delaying, spacing, or limiting small families 	<ul style="list-style-type: none"> Information (School/curriculum-based education, workplace-based education, interpersonal/peer-to-peer education, new media) <ul style="list-style-type: none"> o Sexual and reproductive health o Family planning methods Mass media <ul style="list-style-type: none"> o Acceptability of method use 	<ul style="list-style-type: none"> Information (School/curriculum-based education, interpersonal/peer-to-peer education) <ul style="list-style-type: none"> o Alternative roles/options for girls o Sexual activity negotiation skills
Indirect Programmatic Approaches	<ul style="list-style-type: none"> Youth development CCTs/incentives 		<ul style="list-style-type: none"> Youth development

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Supply Side

OBJECTIVE 4: How to Increase Access to Family Planning Services

While there is some evidence around the use of community-based distribution/outreach, vouchers and social franchises to achieve **Objective 4**, more research is needed. What the evidence does demonstrate is that lack of access to family planning services is another significant hurdle for adolescents seeking reproductive control. Their ability to use services requires four basic components: a convenient and secure location, an affordable cost, convenient operating hours and knowledge of the services and how to access them. These are all supply-side challenges. However,



approaches that boost adolescents' knowledge and awareness of family planning (demand-side), frequently also result in them better knowing where and how to use services.

Similarly, supply-side efforts to improve the quality of services often include components designed to improve access and vice-versa. Indeed, the evidence shows that efforts to increase young people's access to services are most effective when linked to interventions that target young people's knowledge, skills, attitudes and behaviors.

Specifically, creating links or referral systems between schools and reproductive health services can

Supply-Side Barriers

Objective	(4) Access to family planning services	(5) Provision of quality, youth-friendly services
Barriers for Girls	<ul style="list-style-type: none"> • Lack of awareness of services • Inaccessible location /limited mobility • Inconvenient operating hours • Long wait times 	<ul style="list-style-type: none"> • Lack of provider quality/ competence • Provider reluctance to provide contraceptives to adolescents • Unavailability of appropriate methods • Stock-outs
Barriers for Boys	<ul style="list-style-type: none"> • Costs • Lack of access to financial resources 	<ul style="list-style-type: none"> • Restrictions on use • Gender biases in service provision • Lack of privacy/ confidentiality • Lack of perceived responsibility in family planning use

Supply-Side Programmatic Approaches

Objective	(4) Access to family planning services	(5) Provision of quality, youth-friendly services
Programmatic Approaches	<ul style="list-style-type: none"> • Information <ul style="list-style-type: none"> ◦ Where/how to access services • Mass media <ul style="list-style-type: none"> ◦ Where/how to access services • Community-based distribution <ul style="list-style-type: none"> ◦ Youth centers ◦ Links/referral with schools • Vouchers • Social franchises • Youth-friendly services 	<ul style="list-style-type: none"> • Information (new media) <ul style="list-style-type: none"> ◦ How methods work ◦ What methods are best for each adolescent's needs • Community-based distribution <ul style="list-style-type: none"> ◦ Youth centers • Vouchers • Social franchises • Youth-friendly services

UNFPA: Essential and Supportive Elements of Youth-Friendly Services — Addressing Objectives 4 & 5

increase adolescents' knowledge of and access to reproductive health services, as can community-based outreach and distribution through innovative models such as vouchers and social franchises.

OBJECTIVE 5: How to Increase Provision of Quality, Youth-friendly Services

For family planning services to effectively meet adolescents' unique needs, providers must be trained to understand the nuances of young people's sex lives and to deliver both counseling and appropriate methods to meet their reproductive desires. A comprehensive, consistent method mix should be available, and providers should be able to explain how different methods work and their associated side effects. Services should be private, confidential and linked with other health services. Specifically, vouchers have shown some success in increasing the privacy and confidentiality of services as well as increasing providers' competence in providing needed services and counseling.

For **Objective 5**, evidence suggests that programs delivering all of these components increase the general quality and "youth-friendliness" of reproductive health services.

Essential	Supportive
<p>Access</p> <ul style="list-style-type: none"> • Convenient hours • Reasonable waiting time • Affordable fees • Separate space and/or hours for youth, where needed <p>Quality</p> <ul style="list-style-type: none"> • Specially trained staff • Respect for youth • Adequate time for client-provider interaction • Privacy and confidentiality • Package of essential services available • Referrals available • Sufficient supply of drugs and commodities • Range of contraceptives offered • Emphasis on dual protection/condoms (male and female) 	<p>Access</p> <ul style="list-style-type: none"> • Outreach services available • Accessible location • Male and female youth welcomed and served • Publicity that informs and reassures young people <p>Quality</p> <ul style="list-style-type: none"> • Comfortable setting • Adequate space • Youth input/feedback to operations • Educational materials available • Provision of additional educational opportunities • Peer providers/counselors available

(Adapted from UNFPA, Expanding Access to Youth Services: <http://web.unfpa.org/adolescents/youthfriendly.htm>)

In addition to these key characteristics of youth-friendly service provision, programs should be tailored to meet the specific needs and barriers of underserved youth in various settings. (Gay, 2010)



Conclusions and Recommendations

This analysis provides a synthesis of the evidence base in regard to interventions that have worked, directly or indirectly, to impact the family planning knowledge, attitudes and practices of adolescents in the developing world. While we have only scratched the surface in terms of understanding the various advantages and limitations of the unique and diverse interventions implemented over the years, we feel confident that there is a path forward. This path leads toward creating a more supportive environment that enables youth to overcome the “demand-side” and “supply-side” barriers to more effectively and sustainably use family planning to reach their fertility desires over the course of their lives.

There is a great deal of evidence about what works to empower adolescents to reach their fertility desires over the course of their lives. However, many gaps and unknowns still remain. Much of the existing evidence is not sufficiently rigorous, and various evaluation findings present nuanced contradictions. As with many other issues in global health, there is no singular programmatic approach or solution that is guaranteed to work; with so much depending on contextual factors, various approaches and combinations of approaches are necessary in different circumstances. Despite this challenge, several conclusions can be drawn from the evidence regarding which types of approaches and what specific components or characteristics of each work best to tackle the barriers to achieving various objectives of adolescent family planning demand, access and use. We have tried to present those conclusions in this brief.

To further advance the field and the evidence base, we offer several recommendations.

- 1) **Donors should invest in long-term studies** that capture the results of interventions with adolescents over time, as their needs and fertility desires change. Where longitudinal studies may be challenging and resource-intensive, donors can **leverage existing or past program data** about program participants to understand the long-term effects of an intervention.
- 2) **Implementation research** that elucidates *how and why* certain programs are successful in certain places can help the field better understand whether particular interventions or program elements can be replicated and/or scaled up. This could apply to interventions that aim to influence both the “demand-side” and “supply-side” factors.
- 3) Future research should consider **multi-component interventions**, such as combining mass media programming and capacity building for local organizations with youth-friendly health services. This approach would enable analysis of programs that work on both demand and supply sides.
- 4) All programmatic interventions aimed at influencing adolescent sexual and reproductive health outcomes should strive to include a substantial **monitoring and evaluation** framework and strategy from the beginning, so that the field can better capture and learn from the differential impacts of the various elements of interventions.



- 5) Advocacy is needed in both donor and developing countries to improve the relationship between articulated **policies and their implementation** in practice. Two examples follow:

- a. **Comprehensive sexuality education (CSE)** with certain key characteristics can have positive impacts on reproductive health knowledge, attitudes and practices, including family planning; and school-based CSE has the potential to reach a significant proportion of adolescents, including very young adolescents. However, while many governments note the importance of CSE and have policies on the books pertaining to it, very few are investing adequately in it, and fewer yet utilize evidence-based curricula and/or training programs to build teacher capacity.
- b. In many countries, governments' statements, policies and plans regarding **adolescents' access to contraception** are forward-

thinking, but in practice, many government-supported service providers are reluctant to provide contraception to unmarried youth. Research in select countries on these inconsistencies can build evidence to inform country-level advocacy and policy change that has the potential to foster large-scale change in the short-term.

6) There are 70 million girls under the age of 18 who are currently married, and 14.2 million more are married each year. **Addressing child marriage** therefore has the potential to significantly impact family planning and other reproductive health outcomes. Within the context of addressing the social norms needed to improve all of the demand-side factors addressed in this paper, donors and implementers should work to prevent early marriage, and better understand how delaying marriage impacts first birth. At the same time, understanding how best to support married girls, including helping them to delay and/or space first, second and third pregnancies, would serve as a critical contribution to the field.

7) Finally, this study has demonstrated the tremendous need for **sharing data, information and resources** regarding adolescent reproductive health amongst a wide range of donors, researchers and implementing agencies. We hope that this report is but one contribution toward that goal.

A more comprehensive version of this paper, with a complete list of citations, is available at www.icrw.org.

Endnotes

¹ McCleary-Sills, J., McGonagle, A., & Malhotra, A. (2012). Women's demand for reproductive control: Understanding and addressing gender barriers. Washington, DC: ICRW.

Malhotra, A., & Shuler, S. (2005). Women's empowerment as a variable in international development. In *Measuring Empowerment: Cross-Disciplinary Perspectives*. 71-88. Narayan, D. ed. Washington D.C.: World Bank, Gender and Development Group.

Bongaarts, J. (2008). Fertility transitions in developing countries: Progress or stagnation? *Studies in Family Planning*, 39, 105-10.

² United Nations, Department of Economic and Social Affairs, Population Division (2013). *World Population Prospects: The 2012 Revision, Key Findings and Advance Tables (Working Paper No. ESA/P/WP.227)*. New York: UN Department of Economic and Social Affairs, Population Division.

³ Presler-Marshall, E., & Jones, N. (2012). *Charting the future - Empowering girls to prevent early pregnancy*. Overseas Development Institute: London

⁴ MacQuarrie, K. (Forthcoming - 2013). Tailored to fit: Programming for the sexual and reproductive health of young women in Africa. *Measure DHS Report*. Calverton, MD: Measure DHS.

⁵ UNFPA. (2012). *Marrying too young: End child Marriage*. New York: UNFPA.

⁶ UNFPA, 2012

⁷ McCleary-Sills, McGonagle & Malhotra, 2012

⁸ Golla, A.M., Malhotra, A., Nanda, P. and Mehra, R. (2011). *Understanding and measuring women's economic empowerment: Definition, framework and indicators*. Washington, DC: ICRW.



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