

Countdown 2015

EUROPE

Campaigning for universal access
to reproductive health

The need for family planning among adolescents

Understanding the need

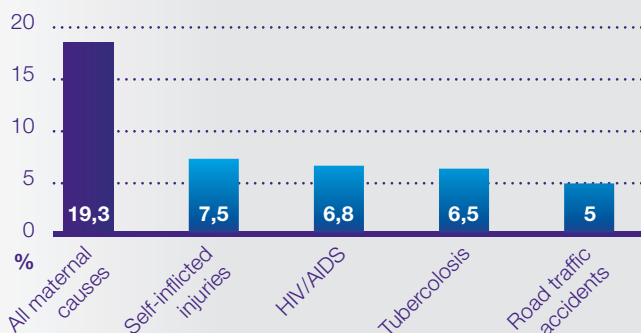
More than 15 million girls and adolescent women (aged 10-19 years) become mothers every year. In sub-Saharan Africa, over half of adolescents have a child. These are just two examples of why family planning is as vital for the health and well-being of girls and adolescents as it is for adults.

The need for family planning among young people is even clearer in light of the startling fact that **pregnancy-related complications are the most common causes of death for 15-19-year-old females.** (see also Box 1)

Yet young people are among the groups most likely to have an unmet need for family planning. In other words, they are sexually active and wish to avoid pregnancy, but are not using a modern method of contraception. This includes at least one-third of girls in developing countries who marry before the age of 18.

In the coming decades, the number of adolescents in the world is expected to increase dramatically. The result will be the largest-ever group of young people in history becoming sexually active, and therefore having a need for family planning, especially contraception.

Box 1. Top five causes of death worldwide:
Young women aged 15-24 (2004)



Adolescents have a right to health and family planning

Governments have committed to ensuring young people's rights to health, and to developing "preventive health care, guidance for parents and family planning education and services." This was agreed in Article 24 (2f) of the United Nations Convention on the Rights of the Child (UNCRC).

Article 12 of the UNCRC also provides for the views of children to be given due weight in all matters relating to their welfare. This provides an explicit directive to meaningfully consult young people when designing family planning interventions.

In addition, the 1994 International Conference on Population and Development (ICPD) Programme of Action explicitly calls for meeting the sexual and reproductive health needs of adolescents:

What is family planning?

Family planning refers to supplies and services which enable individuals and couples to attain and plan for their desired number of children, and the spacing and timing of births. Supplies include modern contraceptive methods, such as oral pills, injectables, IUDs, hormone-releasing implants, vaginal barrier methods, and male and female condoms. Services include health care, counselling and information and education related to sexual and reproductive health.

"...countries must ensure that programmes and attitudes of health-care providers do not restrict adolescents' access to the services and information they need. ...Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care, and greatly reduce the number of adolescent pregnancies. Governments are urged, in collaboration with NGOs, to establish appropriate mechanisms to respond to the special needs of adolescents." (Chapter VII (E)).

Consequences of unmet need among young people

Compared to women aged 21-30, the risk of dying in childbirth is twice as high for those aged 15-20, and five times as high for girls under 15. Obstructed labour is especially common among young, physically immature women giving birth for the first time. It can lead to death of the mother or baby, fistula, anaemia and postpartum haemorrhage. In addition, children born to girls and adolescent mothers have double the risk of dying in their first year compared to children born to older women.

Girls and young women who become pregnant are less likely to finish their education, which increases their risk of living in poverty. There are estimates that between 8% and 25% of girls in some sub-Saharan African countries drop out of school because they are pregnant. In addition, adolescent girls who give birth are also more vulnerable to violence throughout their lives.

"Most of our work has been with young people, and it's clear they simply don't have access to contraceptives. There isn't even adequate information about reproductive health."

– Sarita Barpanda, Country Programme Advisor,
Interact Worldwide, India

Barriers to adolescents' access to family planning

Lack of youth-friendly services. For many adolescents, there is simply no way to attain contraception and associated health information and services. This is largely because family planning programmes have focused on married women and have not aimed to meet the needs of young people. Clinics are often located in places that are difficult for young people to get to, or open at times when young people cannot attend. And in most places, contraceptives are not free or otherwise affordable for adolescents, who are unlikely to have their own income or access to family funds.

Legal and social barriers. Social, cultural or religious restrictions on adolescent sexuality can lead to implicit and explicit barriers to family planning. For example, laws may require young people to get parental or spousal consent to access contraceptives. This is a major barrier, since parents or spouses do not always support a young person's desire for family planning or decision to be sexually active. In other cases, even if there are no laws preventing a young person's access to family planning, faith-based health service providers may refuse to provide it on the basis of religious or cultural beliefs.

Limited sexuality education. The lack of comprehensive sexuality education in most countries means that many young people do not have accurate information about sexual and reproductive health and contraception. Even where sexuality education is available in schools, it may be of poor quality. There is also a general lack of sexuality education for adolescents who are not in school, such as girls who marry at a young age.

Lack of political commitment and funding. Across the developing world, funding for family planning has declined as a percentage of total health funding, just as demand has increased. This has affected people of all ages. However, adolescents have been among the most neglected groups. The 2011 *Millennium Development Goals (MDG) Report* noted scant progress in meeting young people's needs for family planning.

In addition, the priorities and processes of donors and governments have neglected young people. For example, indicators for unmet need, including for the MDG related to family planning (MDG 5), only measure the needs of women who are married or in a 'consensual union', and neglect those in less stable relationships, which includes many adolescents.

WHAT EUROPEAN DONOR GOVERNMENTS CAN DO

- Prioritize adolescents in family planning programmes, and set targets for reaching them.
- Recognize diversity among adolescents, and uphold the principles of equality and non-discrimination.
- Pay particular attention to girls aged 10–14 years and to other hard-to-reach groups.
- Ensure that monitoring involves disaggregation of data according to age, gender, level of poverty and geographic location, and assess success based on how well adolescents' needs are met.
- Involve adolescents in design of programmes, policies, monitoring and evaluation.
- Ensure services are youth-friendly, accessible without parental or spousal consent, and support adolescents to make informed choices.
- Address the heightened financial barriers that adolescents face – for example, by ensuring access to free contraceptives and other sexual and reproductive health services.
- Support comprehensive sexuality education in formal and non-formal education settings, and integrate it into life skills and income-generation training.
- Develop and strengthen programmes that keep girls in school and enable them to return to school after pregnancy.
- Implement strategies to reduce early childbearing and early and forced marriage.

Countdown 2015 Europe is a consortium of 16 leading European non-governmental organizations working to address the unmet need for family planning in developing countries. The consortium raises awareness and promotes increased European donor support in terms of policies and funding to ensure universal access to reproductive health and family planning worldwide. For more information, please contact the International Planned Parenthood Federation European Network (IPPF EN) at: countdown2015europe@ippfen.org or visit www.countdown2015europe.org



This project is funded by The European Union

This project is implemented by IPPF European Network



This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of the IPPF European Network and can under no circumstances be regarded as reflecting the position of the European Union or our other funders. IPPF European Network and its partners would also like to thank the Bill & Melinda Gates Foundation for their continued support.

