**FACT SHEET**

**ADDING IT UP**

**Investing in Adolescents’ Sexual and Reproductive Health in Low- and Middle-Income Countries**

The Adding It Up study examines the need for, impact of and cost of fully investing in sexual and reproductive health care—services that together ensure people can decide whether and when to have children, experience safe pregnancy and delivery, have healthy newborns, and have a safe and satisfying sexual life.

**WHO:** Adolescent women aged 15–19 in 132 low- and middle-income countries (LMICs)* in 2019

**WHAT:** Contraceptive services, maternal care, newborn care and abortion services

### Unmet needs for services in LMICs

**Expanded services are needed to fulfill unmet needs in LMICs**

- **32 million** adolescent women aged 15–19 want to avoid a pregnancy.
- **14 million** of them (43%) have an unmet need for modern contraception.

Among women wanting to avoid a pregnancy, unmet need is much higher for adolescents than for all women aged 15–49 (43% vs. 24%).

**Each year, adolescents have 21 million pregnancies**
- **10 million** are unintended.
- **5.7 million** end in abortions, the majority of which are unsafe.
- **5.2 million** make <4 antenatal visits.
- **3.9 million** do not deliver their babies in a health facility.

**Each year, 12 million adolescents give birth**
- **5.2 million** make <4 antenatal visits.
- **3.9 million** do not deliver their babies in a health facility.

### Cost of meeting all service needs

**For only $1 per capita annually in LMICs, all adolescent women in need could receive:**

- **Modern contraception**
- **Maternal care**
- **Newborn care**
- **Abortion care**

This is 59 cents more per capita than current costs.

**Contraceptive services yield cost savings**

Every $1 spent on contraceptive services for adolescents in LMICs beyond the current level would save $3.70 in maternal, newborn and abortion care because contraception reduces the number of unintended pregnancies.

*Countries classified by the World Bank as having a 2018 gross national income per capita of $12,375 or less.*
Impacts of expanding and improving services

Investing in sexual and reproductive health care in LMICs would substantially reduce unintended pregnancies, unplanned births, abortions and maternal deaths among adolescents

<table>
<thead>
<tr>
<th></th>
<th>Annual no. at current levels of care</th>
<th>Annual no. if all needs are met</th>
<th>No. averted if all needs are met</th>
<th>% change if all needs are met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended pregnancies</td>
<td>10.3 million</td>
<td>4.1 million</td>
<td>6.2 million</td>
<td>−60%</td>
</tr>
<tr>
<td>Unplanned births</td>
<td>3.3 million</td>
<td>1.2 million</td>
<td>2.1 million</td>
<td>−63%</td>
</tr>
<tr>
<td>Abortions</td>
<td>5.7 million</td>
<td>2.4 million</td>
<td>3.3 million</td>
<td>−58%</td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>27,000</td>
<td>10,000</td>
<td>17,000</td>
<td>−63%</td>
</tr>
</tbody>
</table>

Notes: Based on 2019 data. Numbers are rounded.

Investing for the future

➔ Investments in meeting adolescent women’s need for modern contraceptive services and pregnancy-related and newborn care would result in greater impacts than investing in either type of care alone and provide good value for money.

➔ Effective actions to improve adolescent sexual and reproductive health take a multifaceted approach and provide young people with access to services that are nondiscriminatory; medically accurate; and developmentally, culturally and age-appropriate.

➔ Full provision of high-quality care, free of stigma and discrimination, would enable adolescents to overcome common barriers to use and to exercise their sexual and reproductive rights.

Source

The information in this fact sheet can be found in Sully EA et al., Adding It Up: Investing in Sexual and Reproductive Health 2019, New York: Guttmacher Institute, 2020.

Acknowledgments

This fact sheet was made possible by UK Aid from the UK Government and grants from the Bill & Melinda Gates Foundation, The Children’s Investment Fund Foundation and the Dutch Ministry of Foreign Affairs. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the donors.