

ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents In Sub-Saharan Africa



Why preventing unintended pregnancy is critical

- Improving adolescents' sexual and reproductive health, including preventing unintended pregnancy, is essential to their social and economic well-being.
- Complications of pregnancy and child-birth continue to lead to preventable deaths and ill-health among 15–19-year-old women in developing regions.
- Adolescents having their first birth account for a disproportionate share of cases of obstetric fistula, a debilitating condition that results from obstructed and prolonged labor.
- Adolescent childbearing is associated with lower educational attainment among mothers, and it can perpetuate a cycle of poverty from one generation to the next.
- Roughly half of pregnancies among adolescents aged 15–19 in Sub-Saharan Africa are unintended, and about half of these end in abortion. Nearly four-fifths of these abortions are unsafe.

Adolescents' need for contraception

- Among the 53 million women aged 15–19 in Sub-Saharan Africa, 23% (12.1 million) need contraception because they are married, or are unmarried and sexually active, and do not want a child for at least two years.
- Of these 12.1 million adolescents, 38% (4.6 million) are using modern contraceptives. The most common method is the male condom (accounting for about four in 10 users), followed by injectables and the pill.

- The other 62% (7.5 million) are not using a modern method; these adolescent women have an unmet need for modern contraception. Among these women, 87% are using no method at all, and the remainder use traditional methods, which are less effective than modern methods.
- Younger adolescents aged 15–17 generally have higher unmet need than those aged 18–19.
- Unmet need is higher among married adolescents aged 15–19 than among sexually active unmarried adolescents (68% versus 59%).
- Among Sub-Saharan Africa's sub-regions, unmet need is highest in Middle Africa, where 73% of sexually active adolescents who want to avoid

pregnancy are not using modern contraceptives. In Southern Africa, this proportion is 32%.

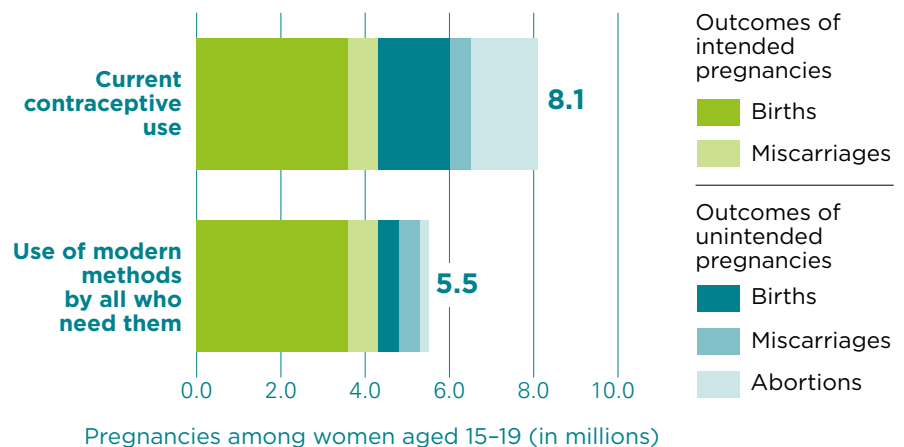
- Young African women often report several reasons for not using contraceptives despite wanting to avoid pregnancy: concerns about contraceptive side effects; infrequent sex; not being married; breast-feeding or not having resumed menstruation after a birth; and their own, their partners' or others' opposition to contraception.

Cost of meeting contraceptive needs

- Based on 2017 estimates, the annual cost of providing contraceptive services to 4.6 million women aged 15–19 who use modern contraceptives in Sub-Saharan Africa is \$58 million. This averages to \$13 per user annually.

MEETING ADOLESCENTS' CONTRACEPTIVE NEEDS

Improving and expanding contraceptive services in Sub-Saharan Africa would result in about 2.6 million fewer unintended pregnancies.



NOTES: Unintended pregnancies are not eliminated in the full-use scenario because some women experience contraceptive failure. Miscarriages include stillbirths.

- Service costs include direct costs for contraceptives, related supplies and health worker salaries, as well as the indirect costs of management functions, construction and maintenance of facilities, information and education activities, and other types of program support.
- If services were improved for the 4.6 million adolescent women currently using modern contraceptives, costs would increase from \$58 million to \$183 million. Examples of improvements that would benefit adolescents include better contraceptive counseling and follow-up, consistent availability of a range of modern methods and providers who are trained to work with adolescents.
- If the 7.5 million adolescent women with unmet need were to use the same mix of modern methods as current users and receive improved services, total costs for current and new users would be \$426 million annually.
- The expanded and improved contraceptive services for all 12.1 million women who need them would cost \$35 per user annually. Put differently, the annual cost per capita in Sub-Saharan Africa would be 42 cents. Much of the increase in cost is for upgrading the health systems that support contraceptive services.

Benefits of meeting all contraceptive need

- Increased use of modern contraceptives by adolescents wanting to avoid pregnancy would prevent unintended pregnancies, save lives and improve health.

- If all adolescent women who need modern contraceptives were to use them, unintended pregnancies would decrease by 2.6 million per year (69%), and total pregnancies would decrease from 8.1 million to 5.5 million per year. This would result in 1.2 million fewer unplanned births; 1.1 million fewer abortions, nearly four-fifths of which would have been unsafe; and 338,000 fewer miscarriages and stillbirths from unintended pregnancies.

- Maternal deaths—those due to complications of pregnancy and childbearing—among women aged 15–19 would drop from the current level of 18,600 per year to 14,500.

Recommendations

- Meeting adolescent women's contraceptive needs requires policies and practices to end child marriage, prevent sexual abuse and coercion, increase girls' education, empower girls and women, and provide comprehensive sexuality education and high-quality contraceptive services.
- Boosting the level of education girls receive increases their ability to make autonomous decisions. Studies show that sexually active adolescents who are in school are more likely than those not in school to use contraceptives.
- Engaging young men in sexual and reproductive health programs can help bring about more gender-equitable attitudes.
- Adolescents need access to medically accurate and complete sexual and reproductive health information before they are sexually active. This information should be age-, developmentally and culturally appropriate. Policies and programs, including comprehensive sexuality education, should be put in place that address this need.
- The most effective approaches to providing sexual and reproductive health services to youth include a combination of health worker training; facility improvements geared toward welcoming adolescents and protecting their privacy; and information dissemination through schools, communities and the media.
- The counseling provided with contraceptive methods must be strengthened. All adolescents need correct information about the likelihood of pregnancy, choices of contraceptive methods, information about possible side effects, and support in switching methods when desired.
- Contraceptive services must be provided in a way that protects young women's rights to voluntary, informed and confidential contraceptive choice.

SOURCES

Most information in this fact sheet is based on special tabulations of data for Darroch JE et al., *Adding it up: investing in contraception and maternal and newborn health, 2017*, Fact Sheet, New York: Guttmacher Institute, 2017. Annotated version available at <https://www.guttmacher.org/fact-sheet/adding-it-meeting-contraceptive-needs-of-adolescents-sub-saharan-africa>.

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