FACT SHEET

ADDING IT UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents In Developing Regions

Why Delaying Pregnancy Is Critical
- Preventing unintended pregnancy is essential to improving adolescents’ sexual and reproductive health and their social and economic well-being.
- Complications of pregnancy and childbirth are a leading cause of death among 15-19-year-old women in developing regions, and babies born to adolescent mothers face greater health risks than those born to older mothers.
- Adolescent childbearing is associated with lower educational attainment among the mothers, and it can perpetuate a cycle of poverty from one generation to the next.
- About half of pregnancies among adolescents aged 15-19 in developing regions are unintended, and more than half of these end in abortion. Most of these abortions occur in countries where the procedure is often unsafe.

Adolescents’ Needs for Contraception
- Among the 252 million women aged 15-19 in developing regions, 15% (38 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 38 million adolescents, 40% (15 million) are using modern contraceptives. The most common methods are male condoms and the pill, followed by injectables.
- The other 60% (23 million) are not using a modern method; these adolescent women have an unmet need for modern contraception. Among these women, 84% are using no method at all, and the remainder use traditional methods, which are less effective than modern methods.
- Unmet need is much higher among adolescents than among all women aged 15-49 who want to avoid pregnancy (60% versus 26%). Also, younger adolescents aged 15-17 generally have higher unmet need than do those aged 18-19.
- In Africa and Asia, more than two-thirds (66% and 69%, respectively) of sexually active adolescents who want to avoid pregnancy experience unmet need. In Latin America and the Caribbean, that proportion is 36%.
- Young women’s reported reasons for not using contraceptives despite not wanting a pregnancy often include having infrequent sex, not being married, having concerns about side effects, breast-feeding or not having resumed menstruation after a birth, and their or their partners’ opposition to contraception.

Cost of Meeting Contraceptive Needs
- In 2016, the estimated annual cost of providing contraceptive services to the 15 million women aged 15-19 who currently use modern contraceptives is $222 million.
- 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 15 million adolescent women currently using contraceptives, costs would increase from $222 million to

MEETING ADOLESCENTS’ CONTRACEPTIVE NEEDS

Improving and expanding contraceptive services in developing countries would reduce unintended pregnancies by six million.

Outcomes of intended pregnancies
- Green = Births
- Yellow = Miscarriages

Outcomes of unintended pregnancies
- Blue = Births
- Light Blue = Miscarriages
- Light Grey = Abortions

Pregnancies among women aged 15-19 (in millions)

NOTE: Unintended pregnancies are not eliminated in the full-use scenario because some women experience contraceptive failure.

These estimates are the most current data available for adolescents and come from the 2016 Adolescent Adding It Up report. However, they are not directly comparable to Adding It Up 2017, which draws on more recent survey data and estimates for unintended pregnancies, abortions and costs. Updated estimates for adolescents are forthcoming.
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 young people.

- If the 23 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 $770 million annually, an increase of $548 million annually.

A large portion of the cost increase ($310 million out of $548 million) would be for Sub-Saharan Africa because much unmet need is concentrated in this region, and health systems there are greatly in need of strengthening.

- The annual cost per user would average $21 for developing regions as a whole and would range from $14 in Asia to $21 in Latin America and the Caribbean and $29 in Africa. Put differently, the cost per capita in developing regions would be 12 cents.

Benefits of Meeting All Contraceptive Needs

- 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, total pregnancies would drop from 21 million to 15 million. Unintended pregnancies would drop by six million per year (59%), resulting in

- 2.1 million fewer unplanned births, a decline of 62%;
- 3.2 million fewer abortions (a decline of 57%), of which 2.4 million would have been unsafe; and
- 700,000 fewer miscarriages of unintended pregnancies, a decline of 60%.

Maternal deaths—those due to complications of pregnancy and childbearing—among women aged 15–19 would drop from the current level of 17,000 per year to 11,500. Most of the deaths averted would be in Africa (4,800), the region with the world’s highest maternal mortality.

Recommendations

- Meeting adolescent women’s contraceptive needs requires working on several fronts: ending child marriage, preventing sexual abuse and coercion, increasing girls’ education, empowering girls and women, and providing high-quality contraceptive services.

- Boosting girls’ education increases their ability to make autonomous decisions. Studies show that adolescents who are in school are less likely than those not in school to have sex and more likely to use contraceptives when they do have sex.

- Engaging young men in sexual and reproductive health programs can also help bring about more gender-equitable attitudes.

- Adolescents need access to age-appropriate sexual and reproductive health information before they are sexually active. Policies and programs should be in place to address the needs of this age-group, including the provision of comprehensive sexuality education.

- 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.

- Contraceptive services must be provided in a way that protects young women’s rights to voluntary, informed and confidential contraceptive choice.

- The counseling provided with contraceptive methods must be strengthened. All young women need correct information about their risk of becoming pregnant, choices of contraceptive methods and possible side effects, and support in switching methods when desired.

**Sources**


This report was made possible by grants from the Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation, the Swedish International Development Cooperation Agency and the UK Government. The views expressed are those of the authors and do not necessarily reflect the positions and policies of the donors.