

## Youth Reproductive Health: Satisfying Unmet Need for Family Planning

### WHAT IS UNMET NEED FOR FAMILY PLANNING?

Women with unmet need are broadly defined as those who want to postpone their next birth for two years or more, or not have any more children, but are not using a family planning method.<sup>1</sup>

### WHY LOOK AT UNMET NEED IN YOUTH?

Although countries are making progress in addressing the family planning needs of youth ages 15 to 24 globally, challenges persist. Inadequate availability of services, lack of knowledge, legal barriers, and negative provider attitudes all prevent young people from obtaining services. But youth have a right to sexual and reproductive health care—including family planning services. In addition to benefitting the health and well-being of young people themselves, increased investment in family planning for youth contributes to broader development goals such as improvements in the overall status of women and reductions in poverty among families. The more we understand the characteristics of young women with unmet need, and the reasons they are not using family planning, the more we can improve services and better meet the needs of young women and men around the world.

### WHAT IS THE SITUATION IN MALAWI?

- According to the latest national survey, about one-quarter of young married women in Malawi reported having an unmet need for family planning, and 46 percent of sexually active unmarried women reported having an unmet need.<sup>2</sup> The proportion with unmet need translates into more than 225,000 young women—an estimated 202,000 married and 23,500 unmarried women.<sup>3</sup>
- Between 2000 and 2010, unmet need for family planning among young married women decreased from 31 percent to 26 percent.
- One outcome of high unmet need is unplanned pregnancies. In Malawi, 38 percent of pregnancies among married women ages 15 to 24 are unplanned.
- Among married women, 35 percent use a modern method of family planning and 4 percent use a traditional method.<sup>4</sup>
- Total demand for family planning—women currently using plus those with unmet need—is 65 percent for young married women and 85 percent for unmarried women.<sup>5</sup>
- An estimated 27 percent of young married women with no education, and 27 percent with only a primary education, experience unmet need, compared to 22 percent of women with secondary education.<sup>6</sup>

- While there is a small difference in unmet need among young married women living in urban versus rural areas—23 percent and 27 percent respectively—more than half (53 percent) of sexually active unmarried women in rural areas have an unmet need, compared to 32 percent in urban areas.<sup>7</sup>
- According to a study by the Population Reference Bureau, about one-third of young married women with demand for contraception who have experienced intimate partner violence (IPV) in the last 12 months have an unmet need for family planning.<sup>8</sup>

### Youth Reproductive Health Data (Ages 15-24)

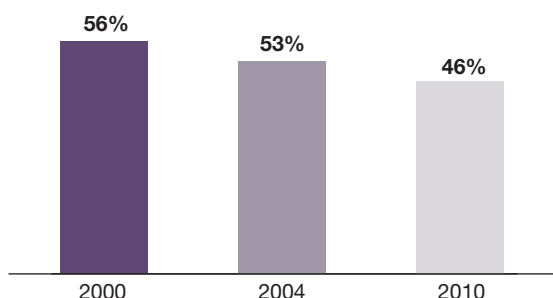
- Marital status for young women
  - 15-19 – 20%
  - 20-24 – 65%
- Median age of marriage – 18
- Sexually active by age 15
  - Women – 14%
  - Men – 22%
- Median age at first childbearing – 18.9 years
- Infant mortality
  - <20 – 97 deaths/1,000 live births
  - 20-29 – 66 deaths/1,000 live births
- Under-5 mortality
  - < 20 – 149 deaths/1,000 live births
  - 20-29 – 119 deaths/1,000 live births
- Modern contraceptive use among married women
  - 15-19 – 26%
  - 20-24 – 38%
- Modern contraceptive use among unmarried sexually active women
  - 15-19 – 30%
  - 20-24 – 51%
- Unmet need for family planning
  - Married – 26%
  - Unmarried – 46%
- Total demand for family planning (currently using contraceptive + unmet need)
  - Married – 65%
  - Unmarried – 85%
- Unplanned pregnancies – 38%
- Difficulties accessing health care (all women) – 82%
- Ever experienced intimate partner violence – 37%

**Source:** Malawi Demographic and Health Survey 2010.

## WHY ARE YOUNG WOMEN IN MALAWI NOT USING CONTRACEPTION?

- A recent analysis revealed the top four reasons why women ages 15 to 24 who say they want to avoid a pregnancy are not using family planning.<sup>9</sup> Postpartum/breastfeeding was the number one reason for not using family planning (32 percent), although many young women are not sure how long they are safe from getting pregnant after giving birth. Method-related reasons—especially fear of side effects and health concerns—were the second most commonly cited (21 percent). The third most common reason was not having sex (16 percent), with 8 percent citing “infrequent sex” as a reason for not using family planning; many wrongly believe that if they only have sex occasionally, they are not at risk, and therefore do not need to use family planning. The fourth reason for not using contraception was opposition to use, either by the husband or partner, or owing to perceived religious prohibition (11 percent).
- While lack of contraceptive supplies continues to be a challenge in some areas, only a small proportion of women (2 percent) stated that lack of access (distance or costs) was the reason for not using.

**While unmet need for family planning is decreasing among sexually active unmarried women (ages 15-24) over the last decade, almost half still have an unsatisfied need**



**Source:** Malawi Demographic and Health Survey 2010.

## REFERENCES

- 1 Sarah E.K. Bradley et al., *Revising Unmet Need for Family Planning* (Calverton, MD: ICF International, 2012).
- 2 Unless otherwise noted, all data for this fact sheet come from the Malawi Demographic and Health Survey (DHS) 2010 (Zomba, Malawi and Calverton, MD: National Statistical Office, Malawi and ICF Macro, 2011).
- 3 Kerry L.D. MacQuarrie, *Unmet Need for Family Planning Among Young Women: Levels and Trends* (Rockville, MD: ICF International, 2014).
- 4 MacQuarrie, *Unmet Need for Family Planning Among Young Women*.
- 5 MacQuarrie, *Unmet Need for Family Planning Among Young Women*.
- 6 MacQuarrie, *Unmet Need for Family Planning Among Young Women*.
- 7 MacQuarrie, *Unmet Need for Family Planning Among Young Women*.
- 8 Toshiko Kaneda, *Intimate Partner Violence and Unmet Need for Family Planning*, research brief (Washington, DC: Population Reference Bureau, 2015), available at [www.prb.org/Publications/Reports/2015/unmet-need-research-brief.aspx](http://www.prb.org/Publications/Reports/2015/unmet-need-research-brief.aspx).
- 9 PRB analysis of data from the Malawi DHS 2010.

## WHAT ARE THE POLICY AND PROGRAM IMPLICATIONS FOR YOUTH?

The evidence indicates several priority action areas requiring attention including the need to:

- Be responsive to the special needs of adolescents and young women and men, ensuring that services are provided in a respectful and confidential manner that does not stigmatize sexually active youth and that enables access to a full range of contraceptive methods.
- Improve and expand the provision of reproductive health information to young people using a variety of methods—including providing sexual and reproductive health education to adolescents and young people in schools and through community programs for those who are not attending school.
- Focus on reducing the leading barriers to family planning uptake—improving counseling services to reduce health concerns and fear of side effects, educating women about their bodies and when they are most at risk of getting pregnant, and breaking down cultural and social barriers to contraceptive use.
- Take advantage of all opportunities! With so many young women experiencing unplanned pregnancies, providers need to integrate family planning counseling, services, and follow-up into postpartum programs as well as other services that provide an opportunity to reach women—services for postabortion care, IPV, child survival, community health, and HIV, among others.

Recognizing the reproductive health rights of young people is an important step toward satisfying the family planning needs of the nation's youth. Ultimately, this goal calls for renewed efforts to address unmet need—tailoring educational programs and family planning services to better reach and respond to youth, especially during this vulnerable stage of their reproductive lives.

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