

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.¹

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 TANZANIA?

- According to the latest national survey, almost one-quarter of young married women in Tanzania reported having an unmet need for family planning, and one-third of sexually active unmarried women reported having an unmet need.² The proportion with unmet need translates into more than 511,000 women—an estimated 386,700 married and 125,000 unmarried women.³
- Between 1999 and 2010, unmet need among young married women remained unchanged with about 1 out of every 4 married women experiencing unmet need. At the same time, unmet need among sexually active unmarried women declined dramatically from 42 percent to 33 percent.⁴
- One outcome of high unmet need is unplanned pregnancies. In Tanzania, about one-quarter (24 percent) of pregnancies among married women ages 15 to 24 are unplanned.
- Among married women, 21 percent use a modern method of family planning and 5 percent use a traditional method.⁵
- Total demand for family planning—women currently using plus those with unmet need—is 49 percent for young married women and 82 percent for unmarried women.⁶

- An estimated 27 percent of young married women in the poorest households experience unmet need, compared to 19 percent of women from the wealthiest households. But almost half (46 percent) of the poorest unmarried women have unmet need compared to one-third of the wealthiest women.⁷
- According to a study by the Population Reference Bureau, about half (46 percent) of young married women with a demand for contraception who have experienced intimate partner violence (IPV) in the last 12 months have an unmet need for family planning.⁸

Youth Reproductive Health Data (Ages 15-24)

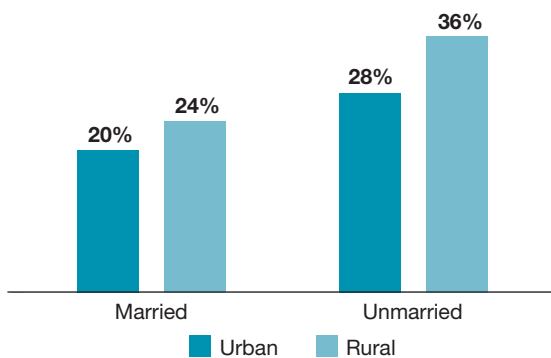
- Marital status for young women
 - 15-19 – 18%
 - 20-24 – 63%
- Median age of marriage – 19
- Sexually active by age 15
 - Women – 13%
 - Men – 7%
- Median age at first childbearing – 19.5 years
- Infant mortality
 - <20 – 77 deaths/1,000 live births
 - 20-29 – 54 deaths/1,000 live births
- Under-5 mortality
 - < 20 – 111 deaths/1,000 live births
 - 20-29 – 84 deaths/1,000 live births
- Modern contraceptive use among married women
 - 15-19 – 12%
 - 20-24 – 24%
- Modern contraceptive use among unmarried sexually active women
 - 15-19 – 35%
 - 20-24 – 48%
- Unmet need for family planning
 - Married – 23%
 - Unmarried – 33%
- Total demand for family planning (currently using contraceptive + unmet need):
 - Married – 49%
 - Unmarried – 82%
- Unplanned pregnancies – 24%
- Difficulties accessing health care (all women) – 36%
- Ever experienced intimate partner violence – 46%

Source: Tanzania Demographic and Health Survey 2010.

WHY ARE YOUNG WOMEN IN TANZANIA NOT USING CONTRACEPTION?

- A recent analysis revealed the top three reasons why women ages 15 to 24 who say they want to avoid a pregnancy are not using family planning.⁹ Method-related reasons—especially fear of side effects and health concerns—were the number one most commonly cited reasons for not using (34 percent). The second most commonly cited reason was opposition to use, either by the respondent, their husband or partner, or owing to perceived religious prohibition (23 percent). Lastly, postpartum/breastfeeding was the third most common reason given for not using family planning (19 percent), although many young women are not sure how long they are safe from getting pregnant after giving birth.
- While lack of contraceptive supplies—and logistical problems in getting the contraceptives to the provider—continue to be a challenge in some areas, only a small proportion of women (3 percent) stated that lack of access (distance or costs) was the reason for not using.

While unmet need for family planning among young married women is decreasing, about one-third of sexually active unmarried women in rural areas experience unmet need



Source: Tanzania Demographic and Health Survey 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.

ACKNOWLEDGMENTS

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- 2 Unless otherwise noted, all data for this fact sheet come from the Tanzania Demographic and Health Survey (DHS) 2010 (Dar es Salaam, Tanzania and Calverton, MD: National Bureau of Statistics, Tanzania and ICF Macro, 2011).
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- 4 MacQuarrie, *Unmet Need for Family Planning Among Young Women*.
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- 9 PRB analysis of data from the Tanzania DHS 2010.



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