

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 ZIMBABWE?

- According to the latest national survey, 16 percent of young married women in Zimbabwe reported having an unmet need for family planning, and 32 percent of sexually active unmarried women reported having an unmet need.²
- The proportion of women with unmet need translates into more than 103,000 women—an estimated 93,000 married and 10,400 unmarried women.³
- One outcome of high unmet need is unplanned pregnancies. In Zimbabwe, 31 percent of pregnancies among married women ages 15 to 24 are unplanned.
- Among married women, 53 percent use a modern method of family planning and 1 percent uses a traditional method.⁴
- Total demand for family planning—women currently using plus those with unmet need—is 69 percent for married women and 82 percent for unmarried women.⁵
- According to a study by the Population Reference Bureau, 22 percent 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.⁶

WHY ARE YOUNG WOMEN IN ZIMBABWE 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.⁷ Infrequent sex (27 percent), followed closely by not having sex (24 percent), were the top two reasons cited for not using contraception; many wrongly believe that if they only have sex occasionally, they are not at risk, and therefore do not need to use family planning. Opposition to use, either by the respondent, their husband or partner, or

Youth Reproductive Health Data (Ages 15-24)

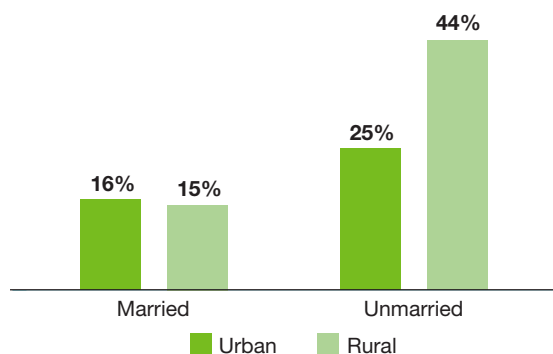
- Marital status for young women
 - 15-19 – 23%
 - 20-24 – 66%
- Median age of marriage – 20
- Sexually active by age 15
 - Women – 4%
 - Men – 4%
- Median age at first childbearing – 20.2 years
- Infant mortality
 - <20 – 55 deaths/1,000 live births
 - 20-29 – 50 deaths/1,000 live births
- Under-5 mortality
 - < 20 – 79 deaths/1,000 live births
 - 20-29 – 73 deaths/1,000 live births
- Modern contraceptive use among married women
 - 15-19 – 35%
 - 20-24 – 59%
- Modern contraceptive use among unmarried sexually active women
 - 15-19 – 35%
 - 20-24 – 58%
- Unmet need for family planning
 - Married – 16%
 - Unmarried – 32%
- Total demand for family planning (currently using contraceptive + unmet need)
 - Married – 69%
 - Unmarried – 82%
- Unplanned pregnancies – 31%
- Difficulties accessing health care (all women) – 60%
- Ever experienced intimate partner violence – 48%

Source: Zimbabwe Demographic and Health Survey 2010-2011.

owing to perceived religious prohibition was the third most commonly cited reason for not using (20 percent). The fourth reason for not using contraception was postpartum/breastfeeding (12 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 (5 percent) stated that lack of access (distance or costs) was the reason for not using.

While unmet need for married women is low in both urban and rural areas, about two in five sexually active unmarried women in rural areas experience unmet need



Source: Zimbabwe Demographic and Health Survey 2010-2011.

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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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 Zimbabwe Demographic and Health Survey (DHS) 2010-2011 (Harare, Zimbabwe and Calverton, MD: National Statistics Agency, Zimbabwe and ICF International, 2012).
- 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 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.
- 7 PRB analysis of data from the Zimbabwe DHS 2010-2011.



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