METHODS

To identify policy and program interventions that have been proven to increase youth use of contraception, PRB staff conducted a literature review of 44 studies and systematic reviews (scholarly, gray, and program reports) on youth sexual and reproductive health (SRH) published between 2000 and 2016. From this evidence base, we identified legal approaches and programmatic interventions that have proven effective in improving access to and use of contraception among youth ages 15 to 24. We did not include adolescents ages 10 to 14 in the review, due to limited data for this age group.

The evidence on what works to address youth FP needs is varied and at times contradictory, due in part to the nature of this population. Youth’s thoughts, interests, and behaviors are constantly changing and evolving, and different populations of youth (for example, married, out of school, disabled) have varied needs. Further, the impacts of youth interventions are often not observable for years after a study closes, when youth may initiate or resume sexual behavior.1

Variations in outcomes are also related to intervention design and implementation. The 2016 Lancet Commission on Adolescent Health and Wellbeing found greater effectiveness when interventions were packaged together rather than implemented individually; however, when interventions are packaged together it can be challenging to tease out the impact of specific interventions.2 Finally, the manner in which interventions are implemented varies by study.

Acknowledging these challenges, we selected policy and program interventions for which three conditions apply:

- Evidence from low- or middle-income countries (LMIC) shows the policy or program intervention removes a barrier to or results in increased contraceptive use among youth ages 15 to 24.
- It is feasible for the policy or program intervention to exist or be adopted at scale at the national level in most LMIC.
- The policy or program intervention can be compared across countries.

When selecting interventions, we chose those with supporting evidence directly linked to increased youth contraceptive use, although this criterion limited the number of policy and program interventions that were ultimately included. Cash transfer programs, for example, have had an impact on decreasing pregnancies among youth and increasing age of sexual debut, but the evidence has not yet identified a direct link to contraceptive use.3
We shared two draft sets of interventions with youth SRH experts, revised the framework based on their feedback, and ultimately selected eight indicators that fit the selection criteria:

- Parental and spousal consent.
- Provider authorization.
- Restrictions based on age.
- Restrictions based on marital status.
- Access to a full range of FP methods.
- Comprehensive sexuality education (CSE).
- Youth-friendly FP service provision.
- Enabling social environment.

We devised four color-coded categories to classify how well a country is performing for each indicator. The color assigned for each indicator in a country’s results is based on the extent to which that country provides the most favorable policy environment for youth to access and use contraception:

**GREEN:** Strong policy environment.

**YELLOW:** Promising policy environment but room for improvement.

**RED:** Policy environment impedes youth from accessing and using contraception.

**GRAY:** Policy addressing the indicator does not exist.

To conduct this analysis, we reviewed all potentially relevant policy documents published by each country’s government that could be accessed online. We contacted multiple government and nongovernmental stakeholders in each country to ensure that relevant policies were not inadvertently omitted in our search of those available online, and to validate our analysis. A full list of policies reviewed is provided in each country summary.

Countries are categorized based on the language in the most recent version of a given law or strategy. For example, a new reproductive health law in a given country is considered to supersede an old reproductive health law in that country. In cases where there is evidence that an older, more restrictive law is still in effect despite a newer strategy that extends access to youth FP, we consider this as an existing policy restriction. In addition, if there are overt inconsistencies across recent policy documents, we consider this as an existing policy restriction.

REFERENCES


## SCORECARD INDICATORS OVERVIEW

The following table summarizes the definitions and categorizations of the eight Scorecard indicators, with details provided below.

<table>
<thead>
<tr>
<th>POLICY INDICATOR</th>
<th>Strong policy environment</th>
<th>Promising policy environment but room for improvement</th>
<th>Policy environment impedes youth from accessing and using contraception</th>
<th>Policy addressing the indicator does not exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental and Spousal Consent</td>
<td>Law or policy exists that supports youth access to FP services without consent from both third parties (parents and spouses).</td>
<td>Law or policy exists that supports youth access to FP services without consent from one but not both third parties.</td>
<td>Law or policy exists that requires parental and/or spousal consent for youth access to FP services.</td>
<td>No law or policy exists that addresses consent from a third party to access FP services.</td>
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<tr>
<td>Provider Authorization</td>
<td>Law or policy exists that requires providers to authorize medically advised youth FP services without personal bias or discrimination.</td>
<td>Law or policy exists that requires providers to authorize medically advised youth FP services but does not address personal bias or discrimination.</td>
<td>Law or policy exists that supports providers’ non-medical discretion to authorize youth FP services.</td>
<td>No law or policy exists that addresses provider authorization.</td>
</tr>
<tr>
<td>Restrictions Based on Age</td>
<td>Law or policy exists that supports youth access to FP services regardless of age.</td>
<td>N/A</td>
<td>Law or policy exists that restricts youth access to FP services based on age.</td>
<td>No law or policy exists addressing age in access to FP services.</td>
</tr>
<tr>
<td>Restrictions Based on Marital Status</td>
<td>Law or policy exists that supports youth access to FP services regardless of marital status.</td>
<td>Law or policy exists that supports access to FP services for unmarried women, but includes language favoring the rights of married couples to FP.</td>
<td>Law or policy exists that restricts youth access to FP services based on marital status.</td>
<td>No law or policy exists addressing marital status in access to FP services.</td>
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<tr>
<td>Access to a Full Range of FP Methods</td>
<td>Law or policy exists that supports youth access to FP methods, including the provision of LARCs.</td>
<td>Law or policy exists that supports youth access to a full range of FP methods without defining full range of methods to include LARC methods.</td>
<td>Law or policy exists that restricts youth from accessing a full range of FP methods based on age, marital status, and/or parity.</td>
<td>No law or policy exists addressing youth access to a full range of methods.</td>
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<tr>
<td>Comprehensive Sexuality Education</td>
<td>Policy supports the provision of sexuality education AND mentions all nine UNFPA essential components of CSE.</td>
<td>Policy supports provision of sexuality education without referencing all nine of the UNFPA essential components of CSE.</td>
<td>Policy promotes abstinence-only education or discourages sexuality education.</td>
<td>No policy exists supporting sexuality education of any kind.</td>
</tr>
<tr>
<td>POLICY INDICATOR</td>
<td>Strong policy environment</td>
<td>Promising policy environment but room for improvement</td>
<td>Policy environment impedes youth from accessing and using contraception</td>
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<tr>
<td>Youth-Friendly FP Service Provision</td>
<td>Policy details three service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services: provider training, confidentiality and privacy, free or reduced cost.</td>
<td>Policy references targeting youth in provision of FP services but mentions fewer than three of the service-delivery elements of the HIPs recommendations for adolescent-friendly contraceptive services.</td>
<td>N/A</td>
<td>No policy exists targeting youth in the provision of FP services.</td>
</tr>
<tr>
<td>Enabling Social Environment</td>
<td>Policy details strategy addressing two enabling social-environment elements of the HIPs recommendations for adolescent-friendly contraceptive services: address gender norms; build community support.</td>
<td>Policy references building an enabling social environment but does not include specific intervention activities addressing both HIPs-recommended elements.</td>
<td>N/A</td>
<td>No policy exists to build an enabling social environment for youth FP services.</td>
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</tbody>
</table>
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