



Understanding Modern Contraceptive Sources Among Adolescents: A Global Analysis



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Introduction

Research Questions

Where do adolescents go Do adolescents go to different sources for their modern family planning methods? than older women?

> How do the contraceptive sources used by adolescents vary by contraceptive method, socioeconomic status (SES), and geography?

Data

- Secondary analysis of Demographic and Health Survey (DHS) data from all USAID Population and Reproductive Health priority, Ouagadougou Partnership, and FP2020 countries with a DHS since 2012
- Only ever-married women were interviewed in Afghanistan, Bangladesh, Egypt, Pakistan, and Yemen
- Women asked which, if any, method they are using to avoid pregnancy
- Modern contraceptive users asked where they obtained their method the last time

DHS data from 37 countries

25-29

Methods

- "Adolescents" defined as ages 15-19; compared to non-adolescents ages 20-49
- Country results shown if unweighted denominator is >=100. If n<100, data included in pooled global analysis but not shown at country level
- All analyses weighted using survey weights
- Each country weighted equally to produce global averages (survey weights multiplied by a survey-specific constant to make each country contribute equally to the total)
- Lactational amenorrhea method (LAM) and DHS category called "other modern method" excluded from analysis because source is not systematically collected for these methods

Contraceptive Source Categories

All public sources including hospitals, clinics, and CHWs

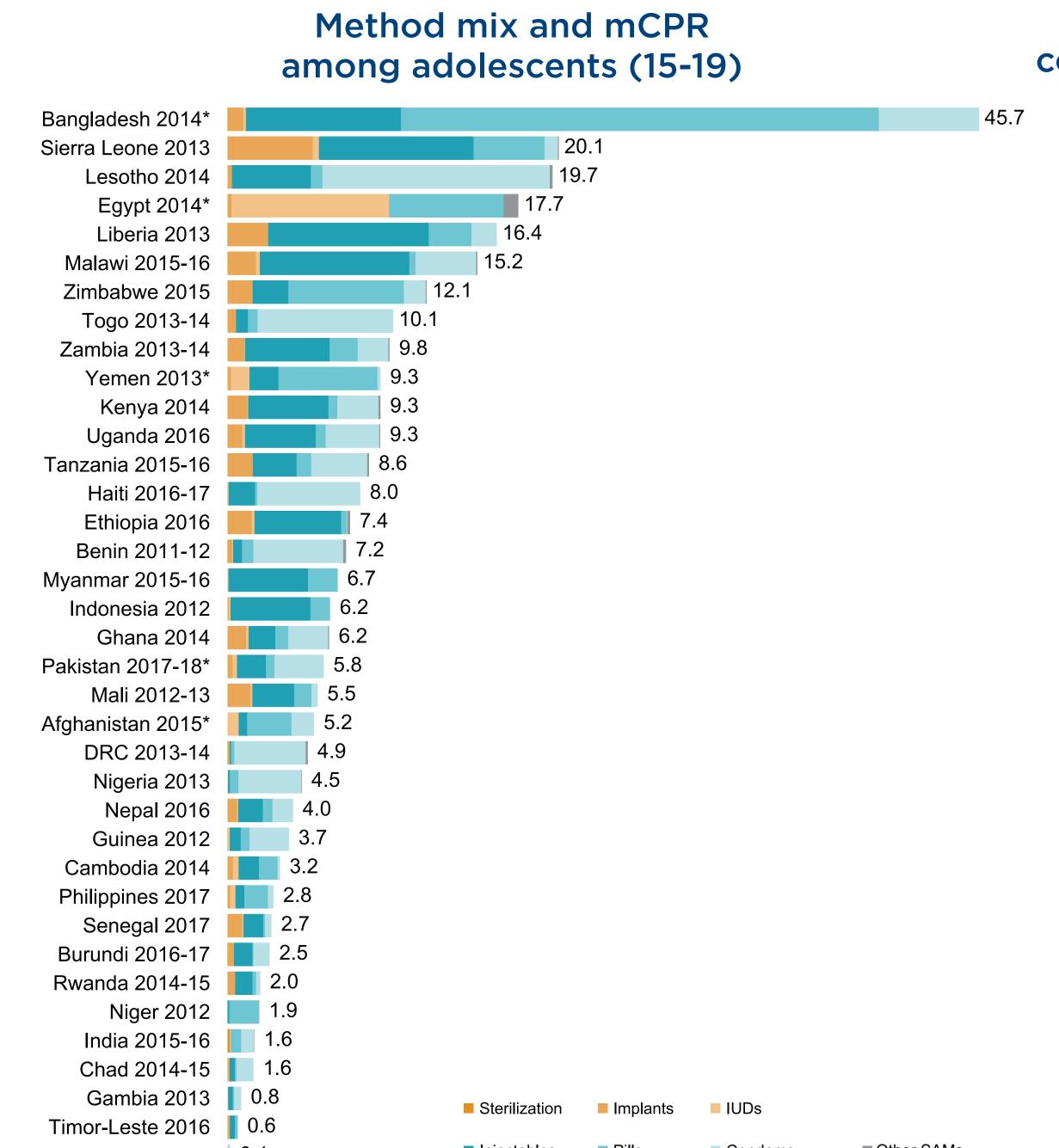
maternity homes, other private medical Pharmacy, drug shop, dispensary, chemist, shop, market, bar, disco, vending machine, gas station, grocery store, guest house/hotel, warehouse, other private Mission hospital, mission health center/clinic, church, mosque, religious

nstitution, NGO health facility, mobile clinics, fieldworkers

Private hospitals, clinics, doctors, nurses, midwives, health centers,

Friend, relative, partner, parent, traditional healer, traditional birth ttendant, school, the respondent herself, "other," don't know missing da

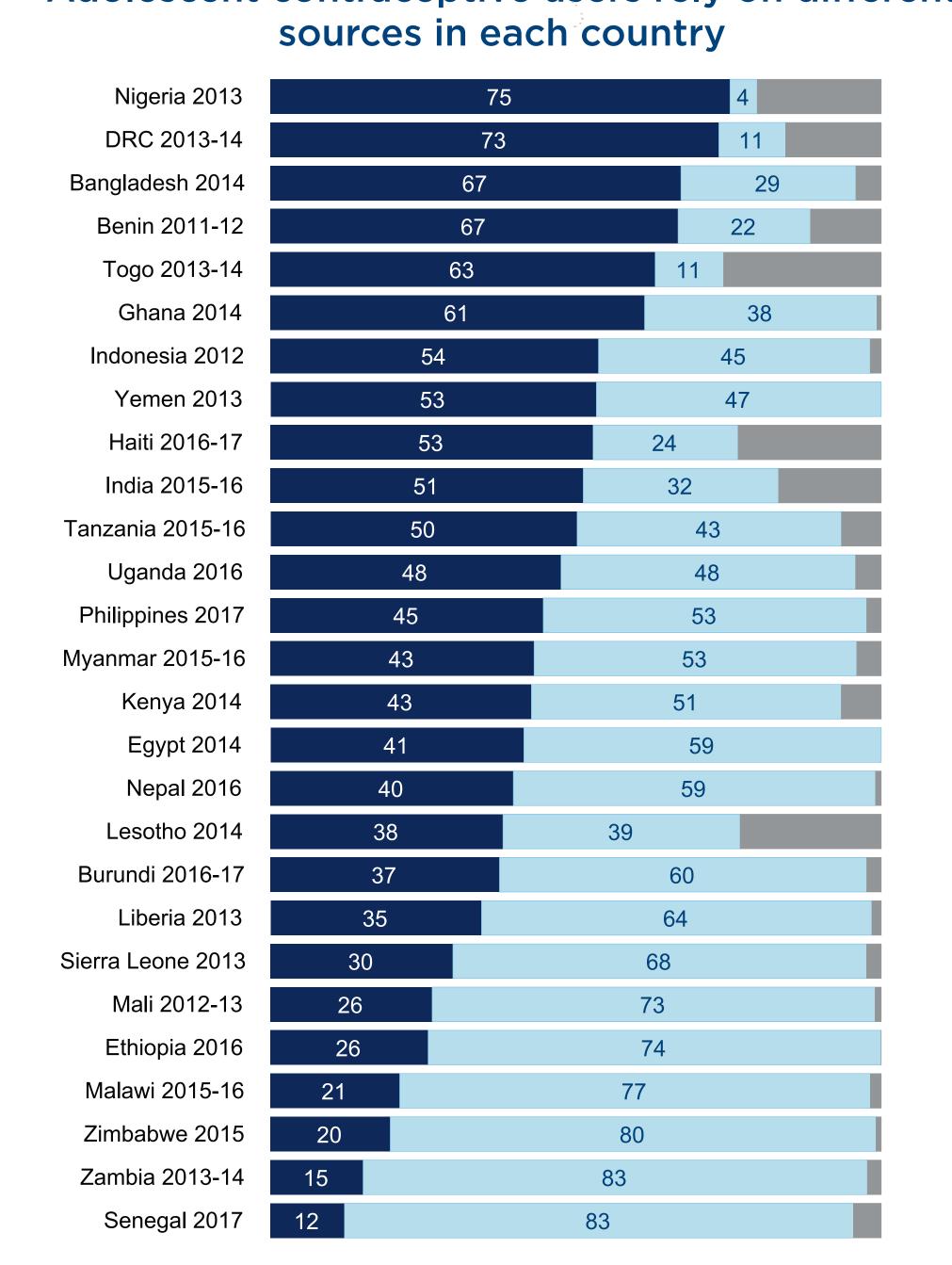
Results



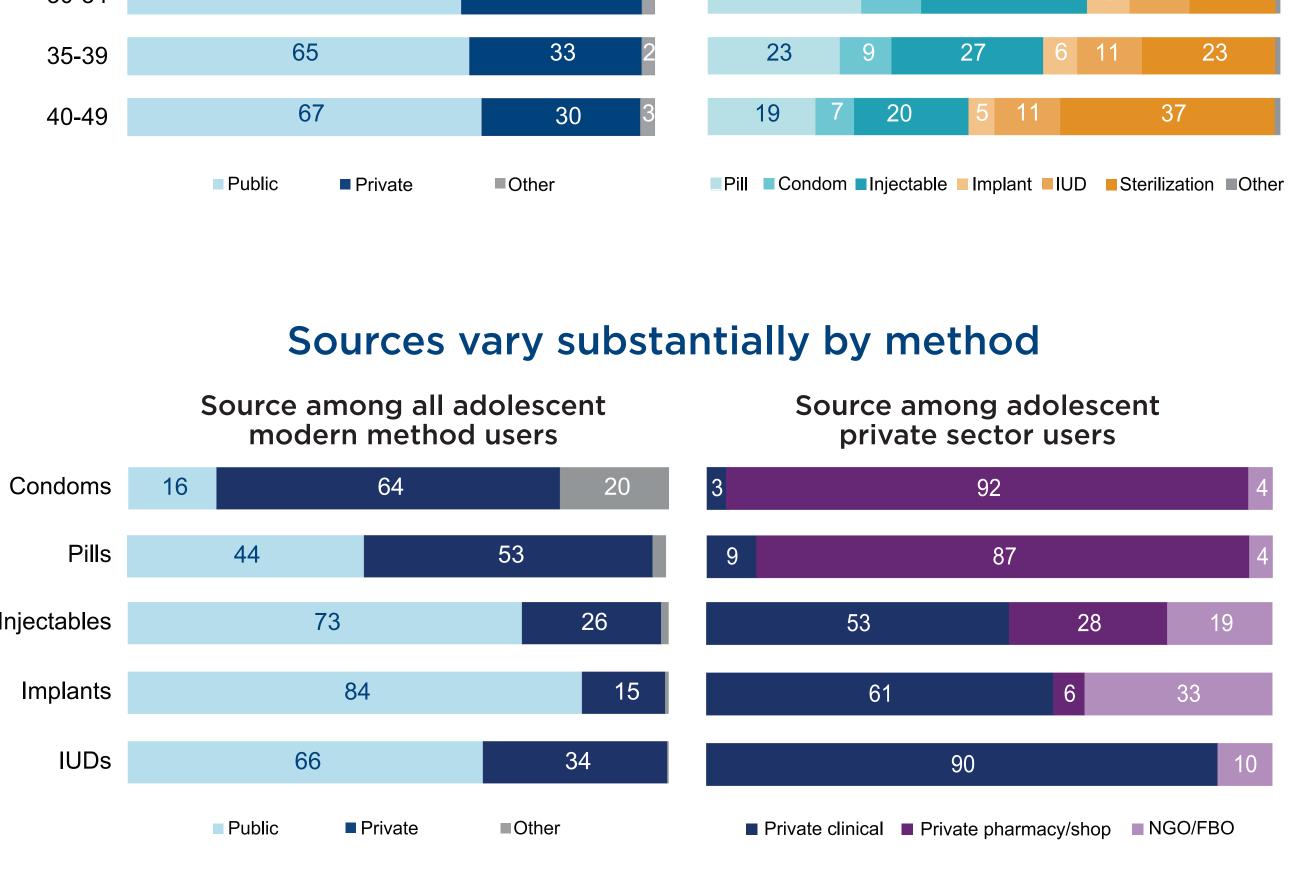




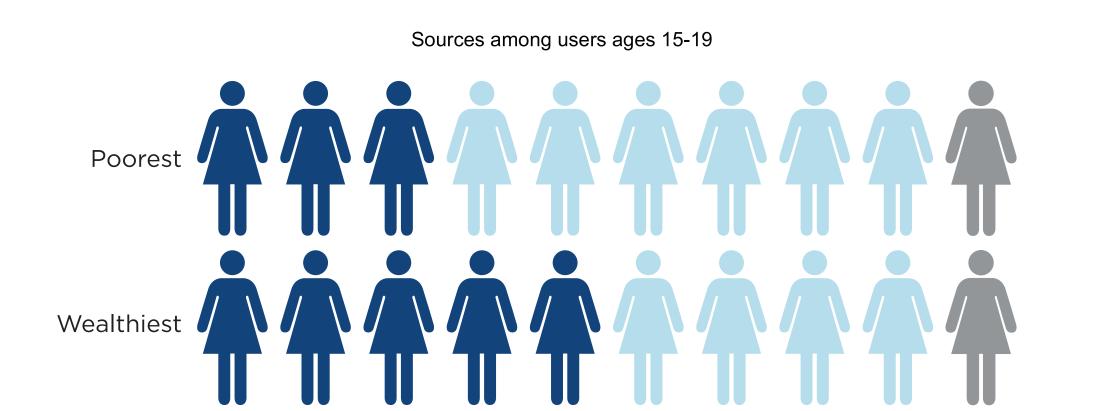
Adolescent contraceptive users rely on different sources in each country



The youngest users rely more on private sources and on short-acting methods compared to older users



1 in 3 of the poorest adolescent contraceptive users, and 1 in 2 of the wealthiest, rely on private sources

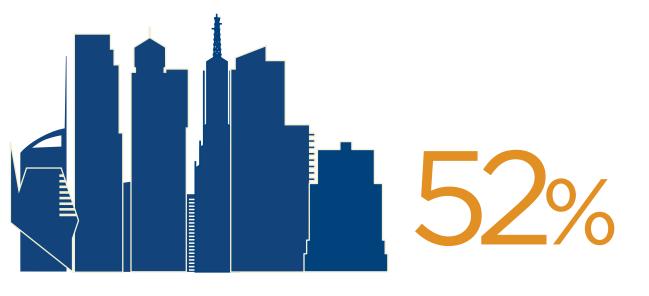


Poorest and wealthiest are the bottom and and top two DHS wealth quintiles, respectively









Conclusions

- Adolescent contraceptive users rely more heavily on the private sector than older women
 - This is partially explained by the fact that adolescents mostly use short-term resupply methods, which are most commonly sourced from the private sector
- More than half of urban adolescents, and the wealthiest adolescents, obtain their methods from the private sector
- The private sector also serves rural and poor users: 1 out of every 3 poor and/or rural adolescent users relies on private sector sources
- Many countries are focused on meeting adolescent demand for contraception as part of their FP2020 commitments
- The private sector has a critical role to play in meeting adolescent contraceptive needs including providing a full range of methods and high quality of care

For more information, please visit www.shopsplusproject.org or contact: Sarah_Bradley@abtassoc.com

*Married women only