

MIND THE GAP: A COMMENTARY ON DATA GAPS AND OPPORTUNITIES FOR ACTION IN MEETING THE CONTRACEPTIVE NEEDS OF ADOLESCENTS



Today, there are 1.2 billion adolescents aged 10-19 living across the world. As the generation of the future it is our collective responsibility to empower them with the tools they need to thrive, and doing so is central to achieving the Family Planning 2020 (FP2020) and Sustainable Development Goals. Understanding and meeting their sexual and reproductive health needs is critical, yet most adolescents don't have the information and services they need to realize their sexual and reproductive health and rights.

- Of the 252 million adolescent women aged 15-19 living in developing regions in 2016, an estimated 38 million are sexually active and do not want a child in the next two years.
- And yet, 60% of the 38 million adolescents who are married or unmarried and sexually active and who do not want to get pregnant are not using modern contraceptives.
- About half of pregnancies among adolescent women aged 15-19 living in developing regions are unintended and more than half of these end in abortion, often under unsafe conditions.ⁱ

If we do not improve information and services for these adolescents, particularly in Africa and Asia where unmet need for contraception is highest, an entire generation may miss the opportunity to take control over their bodies and their destinies. Enabling all adolescents (married and unmarried and those with and without children) to avoid unintended pregnancy and the adverse consequences will reap savings in maternal and child health care, boost young women's education and economic prospects, and give them the opportunity to reach their full potential.

To enable governments and the international development community to empower this generation of adolescents to thrive, we need better data to inform effective policies and programmes, measure progress, and ensure accountability at local, national, and global levels.

Reaching adolescents with appropriate and effective information and services will require data on their sexual and reproductive knowledge and behaviors, including:

- When adolescents begin sexual activity, regardless of their age or marital status;
- Whether education and health systems are reaching in-school and out of school adolescents with sexual and reproductive health information and services;
- What adolescents know about contraceptives, and what differences exist in contraceptive knowledge and use between married and unmarried adolescents; and
- Monitoring our efforts to see if we are reaching adolescents and making progress toward FP2020 and SDG goals.

Household surveys, such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Survey (MICS), provide national and subnational information on important issues related to adolescent sexual activity, marriage, childbearing, and contraceptive use. But there are important data gaps that limit our understanding of these behaviors and limit our ability to monitor progress.ⁱⁱ

DEVELOPED BY:

This commentary was produced by members of FP2020's Performance, Monitoring, and Evidence Working Group, and reviewed by stakeholders working on adolescent sexual and reproductive health. It aims to highlight critical gaps in measurement, reliability, analysis, and use of data to understand adolescent sexual and reproductive health, and recommends a discrete set of short and medium-term actions that countries, donors, and family planning stakeholders can take to overcome these challenges.

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Many of the gaps we face are related to challenges of measuring sexual and reproductive health for *all* adolescents, irrespective of age or marital status. In many countries, particularly in Asia and North Africa, unmarried women (including unmarried adolescents) are excluded from surveys about sexual and reproductive health due to sensitivities about sexual activity outside of marriage. There are also concerns that many adolescents may be reluctant to “admit” to sexual activity, particularly when interviewed in their home setting. Furthermore, many groups including young men, very young adolescents (10-14 years), and adolescents not living in households are not included in data collection. Health management information systems (HMIS), which could act as an alternative source of data on adolescents, rarely or unreliably collect data on the age and sex of clients, thus limiting the use of health system data for monitoring progress on reaching adolescents.

Many of the gaps we face are related to the ways that we define indicators and the ways that data are analyzed and reported. In countries where we do measure contraceptive use among unmarried sexually active women, limits on how we define “unmarried and sexually active” often impede what we can do with the data. Typically, an adolescent or woman is only considered to be sexually active if they’ve had sex within the last month, whereas all married women are considered sexually active. Given patterns of sporadic sexual activity among unmarried adolescents, this definition can result in 50% of adoles-

cents who have ever engaged in sex being excluded. Data shows that when the timeframe for sexual activity is expanded to the past year, 90% of adolescents who have ever had sex are captured.ⁱⁱⁱ

Married 15-19-year-olds have distinct needs from unmarried sexually active adolescents. Data that are available in reports, however, often pool married and unmarried adolescents together or, when reporting on unmarried women, do not disaggregate by age. Acquiring the information needed to understand the contraceptive use of these different groups requires attaining and analyzing original datasets.

Some of our limitations in monitoring progress are related to the ways we use or don’t use the data that are available. While there are established global and national indicators that family planning stakeholders use for decision making, few of them focus on the specific needs of adolescents. There have been limited efforts to establish an effective and agreed-upon set of indicators for adolescent sexual and reproductive health. At the same time, there are limitations to the Adolescent Birth Rate indicator—the single global indicator on adolescent sexual and reproductive health monitored for both FP2020 and the Sustainable Development Goals. Using a wider range of data sources and indicators could provide a better understanding of adolescent sexual and reproductive health.

Overcoming these data challenges will require the collective efforts of country governments, donors, data collection agencies, health providers, and civil society organizations. Immediate actions that can be taken include:

- Reporting disaggregated data whenever possible by age, sex, and marital status;
- Expanding the definition of “unmarried and sexually active” to include those who have had sex in the past year;
- Using existing data sources creatively to examine the reliability of sexual activity and contraceptive use data for adolescents; and
- Improving data sharing on adolescents so that a wider range of data sources are available for analysis and use.

Longer-term actions that should be taken include:

- Collecting data on sexual and reproductive health among married and unmarried adolescents in all countries;
- Improving HMIS systems to collect age and sex-disaggregated data on adolescent clients while protecting their privacy;
- Establishing an international working group to agree upon a wider and more effective set of adolescent specific indicators that countries can use to monitor sexual and reproductive health behaviors and progress in increasing access to information and services; and
- Identifying data needs and using a wider range of sources including surveys, but also school-based surveys, mobile self-reporting, and special surveys focused on vulnerable groups, such as very young adolescents, to better understand behaviors and program performance.

Implementing these actions will require sufficient capacity and resources at national and sub-national levels, and will require the support of the international community. Overcoming these challenges will help us get the information and data on adolescents we need to inform effective policies and programmes, measure progress, and enable accountability at local, national, and global levels.

REFERENCES

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ⁱⁱ Guttmacher Institute. “Research Gaps in Adolescent Sexual and Reproductive Health.”

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ⁱⁱⁱ Kalamar, AM and Hindin MJ “How Often Are Adolescents Having Sex? Evidence From 42 Low- and Middle-Income Countries” 2017 Population Association of America Annual Meeting <https://paa.confex.com/paa/2017/meetingapp.cgi/Paper/15066>