



Childbearing and unmet need for family planning among married female adolescents: Evidence-based policy recommendations using Bangladesh SVRS¹ 2022

Background

Pregnancy among adolescent girls aged between 10 to 19 years puts their overall physical, social and economic wellbeing at a great risk. Along with an elevated risk of maternal morbidity and mortality, girls who become pregnant during adolescence are more likely to have pre-term births² and have a higher rate of neonatal mortality.³ Further, adolescent motherhood imposes other social obstacles including restricted mobility, halt of education, lack of life skills, lack of employment opportunities, lack of decision-making ability and above all, lack of empowerment to lead a healthy life.⁴

In the context of Bangladesh, adolescent childbearing is generally a combination of child marriage⁵ and low rates of contraceptive use.⁶ The Bangladesh Demographic and Health Survey

(BDHS) 2022 demonstrates a rapid pathway from marriage to early childbearing among adolescent girls, as the median age at marriage among women aged 20-24 years old was only 17.3 years, median age at first sex was 17.6 years, and median age at first birth was 19.5 years.⁷

A married adolescent girl's need for family planning is unmet if she does not desire having children but is not using any method of contraception.⁸ Having unmet need for family planning indicates a higher chance of unplanned, poorly timed or closely spaced pregnancies, which affect both the mother's health and the health and safety of her child.

Hence, for policies and programs to make efforts to prevent adolescent early or unplanned pregnancy and reduce adolescent fertility, it is crucial to understand the pattern of unmet need for family planning.

1 Sample Vital Registration System

2 Marvin-Dowle, K., et al., 2018, 'Impact of adolescent age on maternal and neonatal outcomes in the Born in Bradford cohort', *BMJ Open*. 2018; 8(3): e016258, <https://bmjopen.bmj.com/content/8/3/e016258>, accessed on 3 April 2024

3 Noori N, Proctor JL, Efevbera Y, et al. 'The Effect of Adolescent Pregnancy on Child Mortality in 46 Low-and -Middle-Income Countries' *BMJ Global Health* 2022;7:e007681. <https://gh.bmj.com/content/7/5/e007681>, accessed on 27 March 2024

4 World Bank, 2022. 'The Social and Educational Consequences of Adolescent Childbearing', February 25, 2022. <https://genderdata.worldbank.org/data-stories/adolescent-fertility/>, accessed on 26 March 2024

5 According to the Child Marriage Restraint Act 2017, in Bangladesh 'child marriage' happens when the male has not completed 21 years of age and female has not reached 18 years of age.

6 Kamal SMM. Childbearing and the use of contraceptive methods among married adolescents in Bangladesh. *Eur J Contracep Repr*. 2012;17(2):144–54. <https://pubmed.ncbi.nlm.nih.gov/22242676/>, accessed on 22 February 2024

7 National Institute of Population Research and Training (NIPORT) and ICF. 2023. Bangladesh Demographic and Health Survey 2022: Key Indicators Report. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF. <https://dhsprogram.com/pubs/pdf/PR148/PR148.pdf>, accessed on 11 September 2023

8 Bradley SE, Casterline JB. Understanding unmet need: history, theory, and measurement. *Stud Fam Plann*. (2014) 45:123–50. 10.1111/j.1728-4465.2014.00381.x. <https://doi.org/10.1111/j.1728-4465.2014.00381.x>, accessed on 22 February, 2024



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Methodology

Data from the Sample Vital Registration System (SVRS) 2022 was used for the present policy brief. The SVRS is a regular surveillance system undertaken by the Bangladesh Bureau of Statistics (BBS), with the aim to determine the annual population change at the national and sub-national levels. The SVRS 2022 covered a total of 2,012 Primary Sampling Units (PSUs) across the country following an Integrated Multi-Purpose Sample (IMPS) Design, developed from the 2011 Population Census. A total of 306,954 households were included in the SVRS 2022 with a population coverage of 1,302,788 individuals. Computer Assisted Personal Interviewing (CAPI) technique was used to collect data through 11 survey modules. The Birth module and Contraceptive Use module were administered to ever married women aged between 15 to 49 years and from among them, adolescent women aged 10-19 years were considered for the analysis.

Results

Age Specific Fertility Rates (ASFR) among adolescents

The adolescent fertility rate is calculated as the number of births to adolescent girls aged 10-14 years and 15-19 years (separately) per 1,000 women in each age group.⁹

⁹ SDG indicator metadata. <https://unstats.un.org/sdgs/metadata/files/Metadata-03-07-02.pdf>, accessed on 9 March 2024

The ASFR among 10-14 years old adolescents was 0.6 and among 15-19 years old adolescents was 73.9 births per thousand women in SVRS 2022 (**Table 1**). The single-year ASFR indicates the highest fertility rates are among adolescents aged 18 years (106 births per 1000 women) and 19 years (147 births per 1000 women). Adolescent fertility rate in Bangladesh was much higher compared to the ASFR among 15-19-year-old girls in 2021 in Indonesia (36 births per 1000 women), Pakistan (54 births per 1000 women) and Nepal (63 births per 1000 women).¹⁰

The high rate of adolescent fertility in Bangladesh is influenced by the rural adolescent mothers, with the fertility rate among rural adolescents aged 15-19 years almost double (82 births per 1000) compared to urban adolescents (47 births per 1000) (**Table 1**). Marriage before the legal age,¹¹ low contraceptive use¹⁰ and lower education¹⁰ among rural adolescents may have resulted in a lack of decision making ability among rural adolescents to decide for family planning or timing for their childbirth.

Heterogeneity exists in the health and social behavior among the people in the different administrative divisions¹² in Bangladesh, mainly

¹⁰ World Population Review, 'Teenage Pregnancy by Country, 2024'. <https://worldpopulationreview.com/country-rankings/teenage-pregnancy-rates-by-country>, accessed on 9 May 2024

¹¹ Bangladesh Bureau of Statistics (BBS), Bangladesh Sample Vital Statistics 2022., accessed on 16 July 2023

¹² Divisions are the first-level administrative divisions in Bangladesh, there are eight divisions of Bangladesh, each named after the major city within its jurisdiction that also serves as the administrative seat of that division, distributed geographically across the country

Table 1. Fertility rates among female adolescents aged 10-19 years according to place of residence, SVRS 2022

| Age in years | Place of residence | | |
|--------------|--------------------|-------|-------|
| | Rural | Urban | Total |
| 10-14 | 0.6 | 0.6 | 0.6 |
| 15 | 13.0 | 7.3 | 11.7 |
| 16 | 35.0 | 19.7 | 31.3 |
| 17 | 71.8 | 39.8 | 64.3 |
| 18 | 115.9 | 72.0 | 105.6 |
| 19 | 165.4 | 87.4 | 146.6 |
| 15-19 | 82.1 | 47.0 | 73.9 |



due to varying geographical location, tradition, culture, attitude and social structure. This is reflected in adolescent fertility rates (15-19 years), which varied widely across the administrative divisions, with the lowest in Sylhet (35.2 births per 1000 women) and highest in Rajshahi (92.6 births per 1000 women). (Figure 1). The social custom in Bangladesh expects child birth immediately after marriage to prove fertility for a woman. High adolescent fertility in Rajshahi clearly aligns with the high rate of child marriage in Rajshahi,¹³ where married adolescent girls face family pressure to initiate early childbearing after marriage.

Unmet need for family planning among adolescents

SVRS 2022 found that 40% of married adolescent girls aged 15-19 years were using family planning methods, with almost all girls using a method for spacing between their childbirth. On the other hand, unmet need for family planning among the adolescent girls was 34%. The unmet need for family planning among adolescents was mainly for spacing (32%), as compared to 2% with an unmet need for limiting childbirth (Table 2). Unmet need among the married adolescent girls was much

Figure 1. Age Specific Fertility Rate (ASFR) among married female adolescents aged 10-19 years in 8 administrative divisions in Bangladesh, SVRS 2022

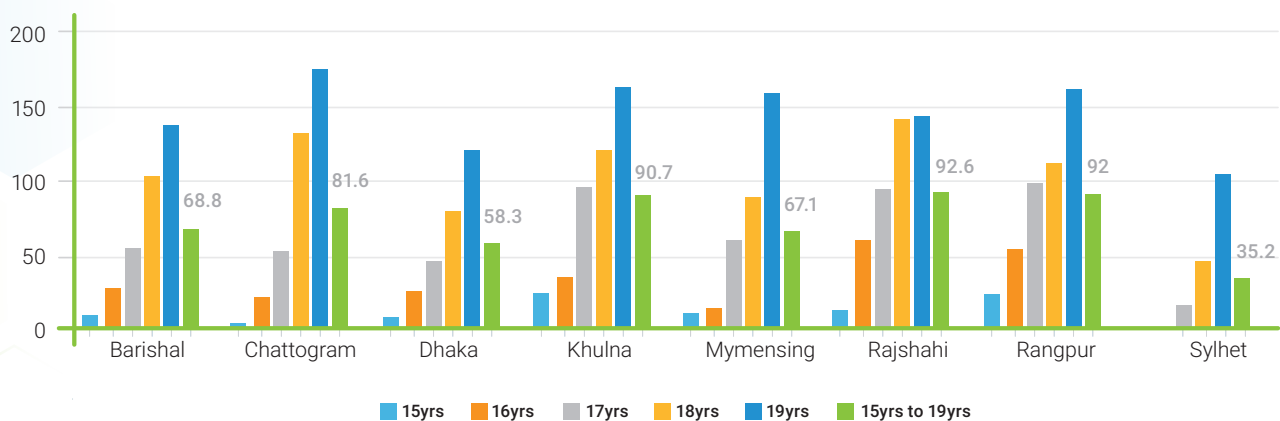
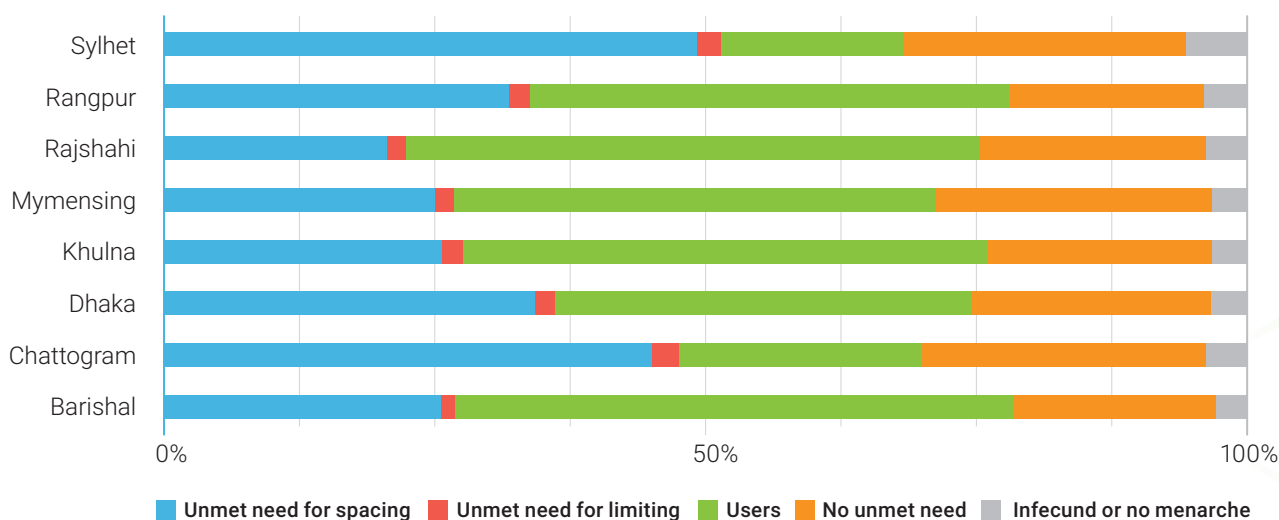


Table 2: Percentage distribution of ever-married women according to their met and unmet need for contraceptives by specific age group, SVRS 2022

| Unmet Need for contraceptives | 15-19 years (%) | 20-49 years (%) |
|--------------------------------------|-----------------|-----------------|
| Unmet need for family planning | 33.7 | 24.5 |
| Unmet need for spacing | 31.7 | 14.2 |
| Unmet need for limiting | 2.0 | 10.4 |
| Met need for family planning (users) | 40.4 | 51.7 |
| Using for spacing | 40.0 | 47.4 |
| Using for limiting | 0.4 | 4.3 |
| No unmet need | 22.1 | 5.4 |
| Infecund, no menarche or menopausal | 3.6 | 18.2 |
| Total (n) | 20,123 | 248,218 |

¹³ BBS, 'Bangladesh Sample Vital Statistics 2022', December 2023. [12% girls married before 15 years and 52% girls married before age 18 years in Rajshahi, which is highest among all administrative Divisions]

Figure 2. Met and unmet need among married adolescent girls, aged 15-19 years in administrative divisions, SVRS 2022



higher (34%) compared to the married women aged ≥ 20 years (25%). Almost a quarter of the married adolescent girls (22%) did not express an unmet need for contraceptives, that is, either their last childbirth or current pregnancy was planned or they were planning for a pregnancy soon. Pregnancy during adolescence, either planned or unplanned, puts both the mother and her child at a greater risk of morbidity and mortality. Therefore, it is important that adolescents who express no unmet need for contraceptives, because they desire for a pregnancy, are also a focus of policy attention to ensure they are educated regarding the risks of adolescent pregnancy.

Unmet need for contraceptives among the married adolescent girls aged 15-19 years varied widely across the eight administrative divisions. For instance, around half of the married adolescent girls residing in Sylhet (51%) and Chattogram (48%) were found to have an unmet need for contraceptives, whilst unmet need was much lower in Rajshahi (22%) Barishal (27%) and Khulna (27%) (Figure 2). Such lower unmet need also supports the fact that the practice of early marriage and early childbearing is common in these geographic locations.¹⁴ Further, married adolescent girls (aged 15-19 years) with 'no unmet need' also

varied across Divisions, which ranged from 18% in Rangpur to 26% in Sylhet and Chattogram.

Conclusions

- ASFR among adolescents aged 15-19 years was found much higher in Bangladesh (73.9 births per 1000 women) compared to the ASFR among 15-19 year old girls in other Asian countries during the same period, such as in India (11 births per 1000 women), Myanmar (25 births per 1000 women), Indonesia (36 births per 1000 women), Pakistan (54 births per 1000 women) and Nepal (63 births per 1000 women).
- The fertility rate among rural adolescents (82.1 births per 1000 women) was almost double the fertility rate among urban adolescents (47 births per 1000 women) in Bangladesh.
- Adolescents (aged 15-19 years) had a higher unmet need for family planning (34%) compared to adult women (aged 20-49 years) (25%).
- More than one in every five married adolescent girls were desiring a childbirth and thus were not using any contraceptive methods (expressed as 'no unmet need'), which could indicate a lack of awareness regarding the need to use contraception and the possible health hazards of adolescent pregnancy.
- Geographical variation exists in fertility rates, unmet need as well as no unmet need for family planning among adolescent mothers from different administrative divisions.

¹⁴ BBS, 'Bangladesh Sample Vital Statistics 2022', December 2023. [higher proportion of girls married before age 18 years in Rajshahi (52%), Barishal (50%) and Khulna (48%)]



Key recommendations

To ensure safe sexual and reproductive health for adolescent girls, focused interventions are needed. In addition to continued efforts to prevent child marriage, specific actions related

to family planning need to be taken to not only ensure adequate spacing (>24 months) between pregnancies for adolescent mothers but to also delay the age at first birth. Specific recommendations related to family planning are outlined below:

Married adolescents who have 'no unmet need' for family planning should be educated about the negative impact of adolescent pregnancy

Adolescent girls with 'no unmet need' for family planning are those who are married during adolescence, sexually active, not using any contraceptive methods, and desiring a childbirth immediately.

- A strong awareness campaign needs to be taken to disseminate information on risk of pregnancies and childbearing during adolescence targeted towards married adolescent girls and their families who want the girls to become a mother within adolescence.
- Family Planning workers at the grassroots level, during their household visits could provide counselling and education on family planning methods, and the benefits (health, social and economic) of delaying first birth, and adequate spacing between births.
- Use of Premarital Counselling (PMC) Guidebook needs to be ensured by frontline workers of DGFP which aims to delay the age at marriage as well as delay the first childbirth for young girls aged 17 and 18 years.¹⁵

Concerned National Agency/partners:

- Directorate General of Family Planning (DGFP)
- Development partners (DPs)

Target Audience:

- Married adolescent girls who express 'no unmet need' for family planning.

¹⁵ Rajbhandari, P and Rahman, A, K, S, 2022, 'Premarital Family Planning and Reproductive Health Counseling in Bangladesh: Helping Youth Make Informed Life Choices', Knowledge Success, USAID, April 27, 2022. <https://knowledgesuccess.org/2022/04/27/premarital-family-planning-and-reproductive-health-counseling-in-bangladesh/>, accessed on 9 May 2024

Barriers in access to contraceptives among married adolescents who have an 'unmet need' should be identified and addressed

A comprehensive Family Planning campaign needs to be launched primarily targeted towards married adolescent girls with unmet need for contraceptives.

- Advocacy activities need to be strengthened considering the reasons for non-use of family planning by adolescents.
- Adolescent mothers with at least one child need to be of particular focus for ensuring access to family planning methods for desired spacing (>2 years) before the next child. This information can be disseminated through the health workers during the household visit, through the health service providers at the health facility, and through communication campaigns in mass and social media.
- Counselling for post-partum family planning is inevitable during the antenatal care (ANC) visits during the last trimester of pregnancy, particularly for adolescent mothers. Health service providers at the facilities could communicate the benefit of post-partum family planning methods and the available options for adolescent mothers during the ANC and delivery.

Concerned National Agency/partners:

- Directorate General of Family Planning (DGFP)
- Development partners (DPs)

Target Audience:

- Married adolescent girls who express an 'unmet need' for family planning.

Targeted interventions and resource allocation needed to mitigate geographical variation in unmet need for family planning

Government policy in Bangladesh largely supports distribution of resources according to the requirements of administrative divisions. Geographical variation in terms of adolescent fertility and unmet need for family planning highlights the need for targeted interventions including both motivational campaigns for and distribution of the family planning methods accordingly.

- Family planning workers in Rangpur, Rajshahi and Khulna divisions need to pay more attention to the adoption of family planning methods by the adolescent girls, who are married before legal age at marriage, to delay the first childbirth, which would in turn reduce the ASFR in those divisions.
- Married adolescent girls from Chattogram, Mymensing and Sylhet need to be covered under the extensive awareness campaign to adopt family planning methods to delay their first child birth, as higher proportion of girls in these locations are desiring a pregnancy immediately after marriage (no unmet need), increasing the risk of potential health hazards with pregnancy during adolescence.
- Campaigns for and wider distribution of family planning methods need to be taken in Sylhet, Chattogram, Rangpur and Dhaka for adolescent mothers to address the unmet need for spacing childbirths.

Concerned National Agency/partners:

- Directorate general of Family Planning (DGFP) – national and regional offices in association with Development partners (DPs)

Target Audience:

- DGFP officers and field level workers in regional offices

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