

# Knowledge Brief

*Health, Nutrition and Population Global Practice*

## SOCIOECONOMIC DIFFERENCES IN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH: SOURCES OF FAMILY PLANNING INFORMATION

*Rafael Cortez, Claire Brindis,  
Mara Decker and Jennifer Yarger*

*January 2015*



### KEY MESSAGES:

- Knowledge of, and access to, family planning methods are key to the prevention of unintended pregnancies and sexually transmitted infections during adolescence.
- An analysis of data from six countries showed that adolescents are more likely to learn about family planning through the media if they are never-married than ever-married.
- In almost all of the countries studied, adolescent women are more likely to hear about family planning through the media if they live in urban areas and have more wealth and education. Nepal is an exception with adolescents equally likely to hear about family planning in rural and urban areas.
- There is a need to invest in media campaigns involving radio and increase training and support for health workers to provide family planning services and information to adolescents.

### Introduction

Adolescent Sexual and Reproductive Health (ASRH) is one of five areas of focus of the World Bank's Reproductive Health Action Plan 2010–2015 (RHAP), which recognizes the importance of addressing ASRH as a development issue with important implications for poverty reduction. Delaying childbearing and preventing unintended pregnancies during adolescence has been shown to improve health outcomes and increase opportunities for schooling, future employment, and earnings (Greene and Merrick, 2005).

Knowledge of family planning (FP) methods and how to access them is an important precursor to use of a method and, in turn, the prevention of unplanned pregnancies and sexually transmitted infections (STIs) during adolescence (Agha, 2002; Piotrow, Kincaid, Rimon, Rinehart, and Samson, 1997). Communication campaigns are designed to reach men and women through use of radio, television, magazines, and other media to transmit FP information, as well as information about HIV testing and treatment, among other health issues (Hutchinson and Wheeler, 2006; Van Rossem and Meekers, 2007). Health workers also disseminate FP information in clinic settings or through community health worker models (Argaw, 2007; Lehmann

and Sanders, 2007; Mmari and Magnani, 2003).

Regional DHS data on sources of information on FP for 15–19 year olds indicate that in Sub-Saharan Africa, an average of 21 percent have heard about FP information through the radio, 5 percent have heard about it on the TV, and 11 percent have read about it in newspapers/magazines. In LAC, an average of 10 percent has heard about FP on the radio, 17 percent on the TV, and 25 percent in newspapers/magazines. In South Asia, an average of 11 percent has heard about FP on the radio, 19 percent through the TV, and 14 percent in newspapers/magazines. (United States Agency for International Development, 2014).

Using data from the most recent Demographic and Health Surveys (DHS) on female respondents ages 15–19, this brief examines the overall level at which adolescent women receive FP information from various sources and compares use of FP information sources by socioeconomic status (SES) in 6 countries: Bangladesh, Burkina Faso, Ethiopia, Nepal, Niger, and Nigeria.

Cross tabulations between socioeconomic characteristics and sources of FP information for never-married and ever-married adolescent women within each country were

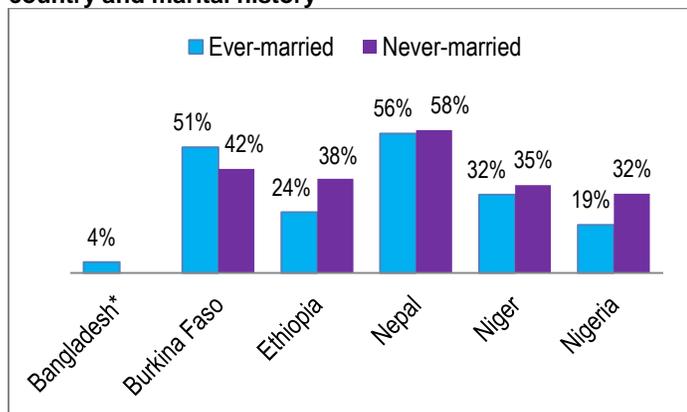
completed if at least 10 percent of the subpopulation (for example: never-married women in Nepal) reported on sources of FP information. Pearson's chi-squared tests were used to assess the statistical significance of differences in sources of FP info by rural/urban residence, education level, employment status, and household wealth quintile. Throughout the report, only differences significant at the 0.05 level (two-tailed tests) are discussed. All data in this report are weighted.

## Study Findings

### RADIO, TELEVISION, AND NEWSPAPERS/MAGAZINES

Radio is the most common source of family planning information in all countries studied, except Bangladesh, where television is the most common source (Figure 1). Hearing about FP through the radio is most common among ever-married and never-married adolescent women in Nepal (56 and 58 percent, respectively). It is also more common among never-married adolescent women than those ever-married in all countries studied, except Burkina Faso. Among never-married adolescent women, 58 percent in Nepal, 42 percent in Burkina Faso, 38 percent in Ethiopia, and 35 percent in Niger have heard about FP through the radio. Among ever-married adolescent women, 51 percent in Burkina Faso, 56 percent in Nepal, and 4 percent in Bangladesh have heard about FP through the radio.

**Figure 1. Percentage of women aged 15–19 who have heard about FP through the radio in the last few months, by country and marital history**

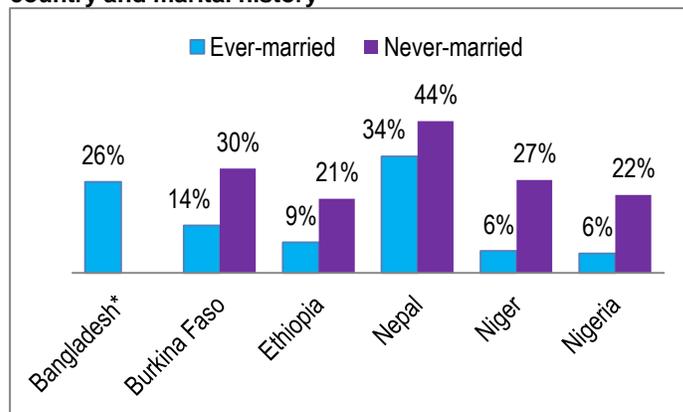


\*Only ever-married women were surveyed in Bangladesh.  
**Source:** Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Viewing any content about FP on television is most common among never-married and ever-married adolescents in Nepal (34 percent and 44 percent, respectively) (Figure 2). Television as a source of FP information is more common among never-married adolescents than those ever-married in all countries whose DHS data was analyzed. Among never-married adolescents, 44 percent in Nepal, 30 percent in Burkina Faso, and 27 percent in Niger have seen some FP content on television. Among ever-married adolescents, 34 percent in Nepal and 26 percent in Bangladesh have obtained information about FP through television.

Reading about FP in newspapers/magazines is more common among never-married than ever-married women in all countries analyzed. Among never-married adolescent females, at least one in ten have read about FP in newspapers/magazines in Nepal (23 percent), Ethiopia (15 percent), and Burkina Faso (10 percent). Among ever-married adolescents, fewer than 10 percent have read about FP in newspapers/magazines in all countries studied.

**Figure 2. Percentage of women aged 15–19 who have seen some FP content on television in the last few months, by country and marital history**

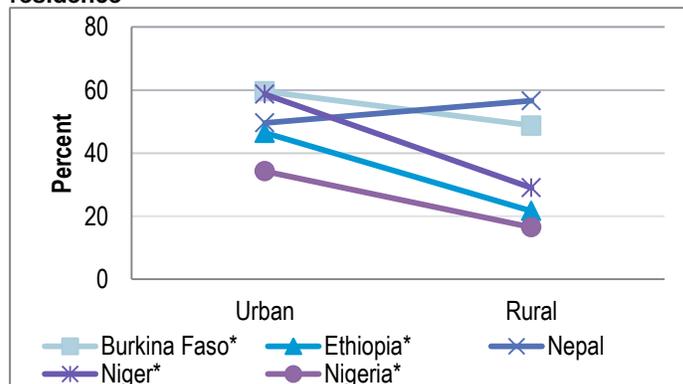


\*Only ever-married women were surveyed in Bangladesh.  
**Source:** Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Group differences in receiving FP information from radio, television, and newspapers/magazines were examined in the six selected countries. In general, adolescent women were more likely to learn about FP through media sources if they live in urban areas and have more wealth and education.

In almost all countries analyzed, more adolescent women in urban areas have received FP information through radio, television, and newspapers/magazines in the last few months than those in rural areas. One notable exception is that, in Nepal, equally high percentages of adolescents in urban and rural areas have heard about FP on the radio (Figure 3).

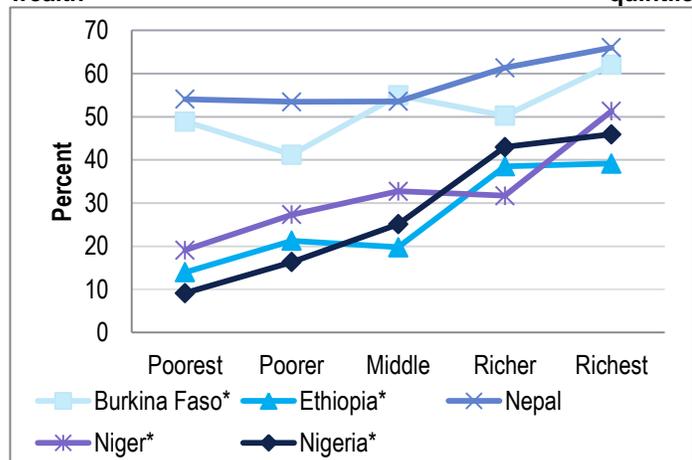
**Figure 3. Percentage of ever-married women aged 15–19 who have heard about FP on the radio, by country and residence**



\*Statistically significant difference (p<.05)  
**Source:** Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

The relationship between household wealth and receiving FP information through radio, television, and newspapers/magazines is not always linear in the countries studied. However, ever-married and never-married adolescents from the wealthiest households are more likely to have learned about FP through these media sources than those from the poorest households. Nepal is an exception where high percentages of adolescents, regardless of marital status, in each wealth quintile report having heard about FP on the radio (Figure 4). Notably, the wealth disparity within each country is particularly large for viewing anything about FP on television. In Nepal only 10 percent of ever-married adolescents from the poorest households have viewed anything about FP on television, compared with 75 percent of their wealthiest counterparts.

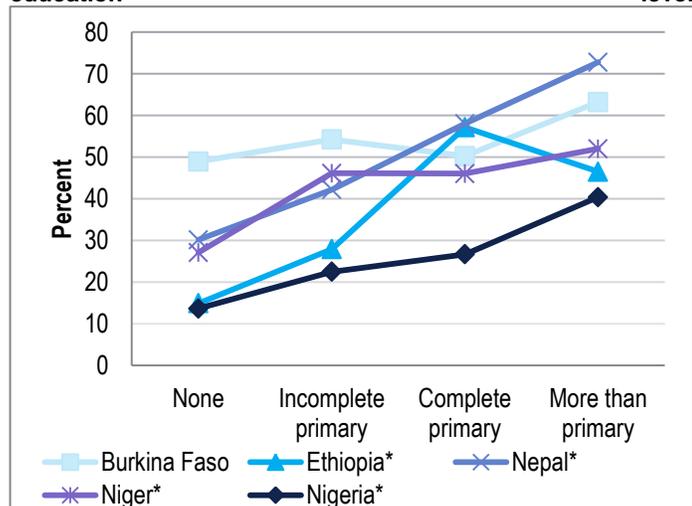
**Figure 4. Percentage of ever-married women aged 15–19 who have heard about FP on the radio, by country and wealth quintile**



\*Statistically significant difference ( $p < .05$ )

Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

**Figure 5. Percentage of ever-married women aged 15–19 who have heard about FP on the radio, by country and education level**



\*Statistically significant difference ( $p < .05$ )

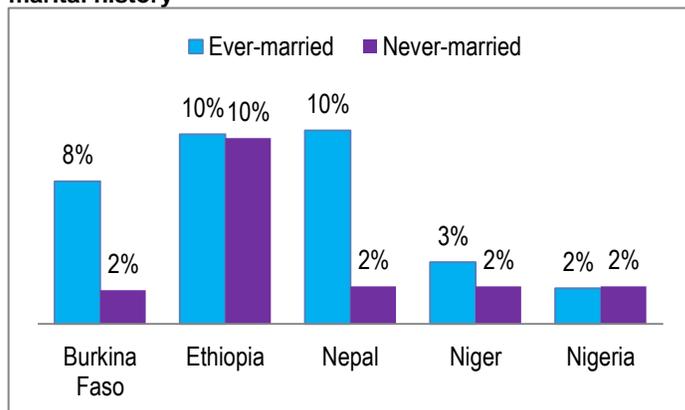
Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Education level is positively associated with learning about FP through radio, television, and newspaper for women regardless of marital status in all countries analyzed with two exceptions: radio among ever-married women in Burkina Faso and newspapers among never-married women in Nepal (Figure 5). Adolescent women with no education have particularly low rates of hearing about FP through media sources; less than 15 percent of women regardless of marital status with no education have learned about FP through television or newspapers/magazines in all countries studied.

### FAMILY PLANNING COMMUNITY OUTREACH WORKER

Another way that adolescent women may learn about FP is through a visit by a FP worker (or other community health worker who speaks with them about FP). Visits by FP workers are relatively rare among adolescent women, regardless of marital history (Figure 6).

**Figure 6. Percentage of women aged 15–19 who have been visited by a FP worker in the last 12 months, by country and marital history\***



\*This data is not available for Bangladesh

Source: Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Receiving a visit from a FP worker is most common among ever-married adolescents in Ethiopia (10 percent) and Nepal (10 percent) and among never-married adolescents in Ethiopia (10 percent). While still a relatively rare occasion, receiving a visit from a FP worker is more common among ever-married women in all countries, except Nigeria where only 2 percent of women regardless of marital status report a FP worker visit. The percent reporting a FP worker visit in Niger is similarly low (3 percent and 2 percent for those ever-married and never-married).

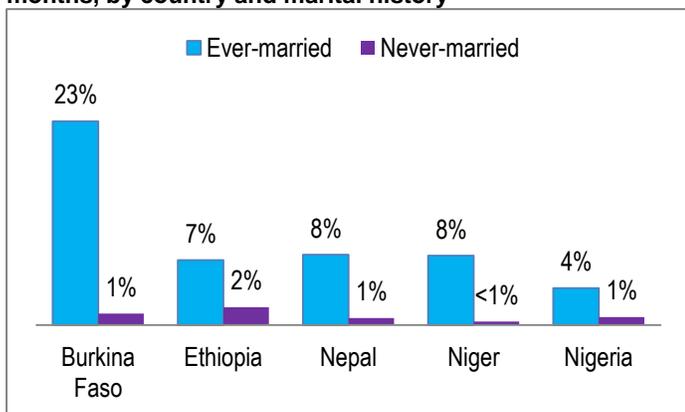
There are no significant differences in FP worker visits by rural/urban residence, wealth quintile, or employment status in Ethiopia and Nepal. In Ethiopia, ever-married adolescents with incomplete or complete primary education are more likely to receive a FP worker visit (14 percent) than those with more than primary education (11 percent) or no education (6 percent).

### HEALTH FACILITY

Adolescents who have access to health facilities, whether for

reproductive or other health needs, may receive FP information from health facility staff. In Burkina Faso, 23 percent of ever-married adolescents have talked with health facility staff about FP in past twelve months (Figure 7). This occurred among less than 10 percent of ever-married adolescents in the other countries studied. Never-married women rarely spoke with a health facility staff in all of the countries studied, reflecting that they may be far less likely to seek such services.

**Figure 7. Percent of women aged 15–19 who have talked with a health facility staff about FP in the last twelve months, by country and marital history\***



\*This data is not available for Bangladesh

**Source:** Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

## Policy Challenges

Poverty, low educational attainment, and cultural norms prevent young people from accessing adequate SRH information and services. The World Bank is working to improve ASRH through its RHAP by supporting better access to, and provision of, affordable ASRH services and strengthening monitoring and evaluation of these services and interventions. Post-2015, the WBG is working to ensure Universal Health Coverage (UHC) of SRH by helping countries to build healthier, more equitable societies. To do this requires the following, adapted to each country's unique needs:

- Scaling up the most effective ways to incentivize demand for ASRH, including FP at the country level
- Strengthening country capacity
- Leveraging the World Bank's multisectoral advantage to improve ASRH outcomes, including SRH as a tool for women's empowerment
- Reaching the poorest, marginalized, and vulnerable of populations to facilitate access to health services and promote UHC and equity.

## Conclusion

This report highlights the sources of FP information among adolescent women indicating that, regardless of marital status, most adolescents do not have access to FP information, ultimately leading to low levels of FP knowledge and demand for FP services. Results suggest the need to invest in media campaigns involving radio, which tends to reach more adolescents in socially disadvantaged groups, and to increase training and support for health workers to provide FP services and information to adolescents as an integrated health promotion package. Additional research is needed to understand the relative influence of socioeconomic characteristics on sources of family planning information, as well as what particular media and professional interventions are most effective for adolescents, both ever-married and never-married, living in urban and rural communities.

## References

- Agha, S. 2002. A Quasi-Experimental Study to Assess the Impact of Four Adolescent Sexual Health Interventions in Sub-Saharan Africa. *International Family Planning Perspectives*, 28(2), 67-118.
- Argaw, H. 2007. The Health Extension Program (HEP) of Ethiopia: Summary of Concepts, Progress, Achievements and Challenges. Washington, DC: WHO.
- Greene, M.E., and T. Merrick. 2005. Poverty Reduction: Does Reproductive Health Matter? HNP Discussion Paper. Washington, DC: World Bank.
- Hutchinson, P., and J. Wheeler. 2006. The Cost-Effectiveness of Health Communication Programs: What Do We Know? *Journal of Health Communication*, 11(S2), 7-45.
- Lehmann, U., and D. Sanders. 2007. Community Health Workers: What Do We Know About Them? Washington, DC: WHO.
- Mmari, K.N., and R.J. Magnani. 2003. Does Making Clinic-Based Reproductive Health Services More Youth-Friendly Increase Service Use by Adolescents? Evidence from Lusaka, Zambia. *Journal of Adolescent Health*, 33(4), 259-270.
- Piotrow, P.T., D.L. Kincaid, J.G. Rimon, W. Rinehart, and K. Samson. 1997. Health Communication: Lessons from Family Planning and Reproductive Health. Westport, CT: Praeger.
- United States Agency for International Development (2014). Measure Demographic Health Surveys. Washington, DC: USAID.
- Van Rossem, R., and D. Meekers. 2007. The Reach and Impact of Social Marketing and Reproductive Health Communication Campaigns in Zambia. *BMC Public Health*, 7(1), 352.

This Knowledge Brief was prepared by a World Bank team including: Rafael Cortez (World Bank's Task Team Leader), Mara Decker, Claire Brindis, Jennifer Yarger and Diana Lara (University of California, San Francisco). This note was prepared as part of a series of products of the World Bank's Economic Sector Work on Adolescent Sexual and Reproductive Health (P130031) funded by the World Bank-Netherlands Partnership Program (BNPP).

**The Health, Nutrition and Population Knowledge Briefs of the World Bank** are a quick reference on the essentials of specific HNP-related topics summarizing new findings and information. These may highlight an issue and key interventions proven to be effective in improving health, or disseminate new findings and lessons learned from the regions. For more information on this topic, go to: [www.worldbank.org/health](http://www.worldbank.org/health).