DEMAND FOR FAMILY PLANNING SATISFIED AMONG ADOLESCENTS BY MARITAL STATUS AND PARITY: AN ANALYSIS OF 73 LOW AND MIDDLE-INCOME COUNTRIES.

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Introduction
Despite the worldwide positive trends in contraceptive use and family planning indicators over the last decades, progress among adolescent women has been happening in a slower pace, and the demand for family planning satisfied remains very low in this populational group. Social-cultural and structural barriers often prevent adolescents from achieving their reproductive desires, which can result in unintended and unhealthy pregnancies. The aim of the present study is to describe the demand for family planning satisfied with modern methods (mDFPS) among adolescents aged 15-19 by marital status and parity in low and middle-income countries (LMICs).

Methods
We obtained data from nationally representative surveys (Demographic and Health Surveys and Multiple Indicator Surveys) with public available datasets carried out since 2005. We use the most recently collected data from any country. The present analyses are based on currently sexually active adolescent women aged 15-19 years. mDFPS was defined as the proportion of women in need of contraception that are currently using a modern contraceptive method (IUD, implants, pill, injectable, diaphragm, condom, foam or jelly, patch, emergency contraception; and male and female sterilization). Women in need of contraception are those who are fecund and do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant. Pregnant women with a mistimed or unwanted pregnancy are also considered in need of contraception. We estimated the mean mDFPS coverage for each country and world region by adolescent group defined by marital status and parity (married 1+children, married no children, not married sexually active). Analyses are presented by world region following the UNICEF classification. All analyses took into account the multistage sampling strategies and sample weights.

Results
A total of 73 LMICs with available information for sexually active adolescents were included in this analysis (9 from the CEE and the CIS, 8 from the East Asia and the Pacific, 16 from the Eastern and Southern Africa, 16 from the Latin America and Caribbean, 3 from South Asia and, 21 from the West and Central Africa). Adolescents who were married with no children presented the lowest mean mDFPS coverage in all world regions when compared to married adolescents with one or more children and those who were not married. mDFPS coverage ranged from 12.8\% in West and Central Africa to 41.6\% in Latin America and Caribbean among not married with no children adolescents; from 18.8\% in West and Central Africa to 60.5\% in Latin America and Caribbean among married with one or more children adolescents and, from 19.4\% in East Asia and the Pacific to 73.9\% in CEE and the CIS among not married sexually active adolescents. mDFPS among married adolescents with no children was below 20\% in 32 of the 73 the low and middle-income countries analysed, of which 14 presented a mDFPS below 10\% (8 of them belonging to the West and Central Africa).

Conclusion
Overall, we found that most of the girls who wanted to delay, or limit pregnancy were not using a modern contraceptive method. In all world regions, the lowest mDFPS coverage was found for married adolescents with no children. In this sense, priority countries for interventions are those belonging to the West and Central Africa region. Global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents should consider the existing social norms regarding marriage and fertility expectations so that family planning strategies can effectively reach adolescents in these countries.