



## Contraceptive Security Indicators Survey

# Policy

## Policies that Decrease Access to Contraceptives

Policies indicate the level of government commitment to contraceptive security (CS) and influence national practices that can promote or hinder CS. Supportive family planning/reproductive health (FP/RH) policies are integral to the existence of successful health systems and strong FP programs. The policy section of the survey recognizes that how FP/RH policies are made, who makes them, and the level of contention on the issues being addressed, all have implications for policy implementation. The indicators in this section aim to address key policies affecting CS and their implementation to help determine whether a country has an enabling environment for and is committed to CS.

## Laws, Regulations, and Policies that Decrease Access to FP

Policies or legal barriers that reduce access to FP and RH commodities and services indicate a regulatory environment that may further disadvantage underserved, marginalized, or other vulnerable sub-populations by perpetuating systemic inequities within the national health system. National guidelines or plans conceived for the general population sometimes fail to effectively address the specific needs of certain sub-populations; but sometimes, policies target specific sub-groups and actively hinder their access to FP services. These instances, in which respondents report policy barriers that decrease access through regulation, were not reported for most sub-populations; in fact, the only reported policies that hinder access were centered around youth or unmarried individuals. Although many of the surveyed countries reported policies crafted to address the unique FP and contraceptive services needed by youth, and survey answers largely demonstrate a commitment to specifically improving access for young populations, the most common national policies that decrease access are the ones that target younger age groups. These hindering policies have been divided into three main groups: youngest unmarried youth (ages 15-19) vs. married youth, and unmarried youth of a slightly older age (20-24)<sup>1</sup>.

## Unmarried Youth: Ages 15-19

The sub-population that faces the most policy barriers to obtaining access to vital FP and RH services is comprised of unmarried young people between the ages of 15 and 19. Young people face many operational, cultural, or other environmental barriers to access, but legal restrictions that explicitly bar access for youth reflect an unwillingness to ensure CS even at the federal level. General findings within the policies reported in this section are summarized below:

- No selling of contraceptives to people under age 18, and/or parental consent is needed (*cited by 4 countries*)
- Any unmarried youth under 18 who obtain contraceptives must be reported to authorities (*India only*)

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<sup>1</sup> Based on USAID-defined youth age groups and those defined by the Demographic and Health Survey (DHS).

- Contraceptives may not be dispensed to unmarried people, or there are restrictions regarding which providers can dispense them and/or authorizations needed (*cited by 4 countries*)
- Medical eligibility criteria (*3 countries*)
- Contraceptive policies are aimed at adults, with no specific support for adolescents
- Minors are not expected to be sexually active
- Unmarried women are prohibited from accessing free FP commodities, with a minimum age of 20 for married women wishing to obtain contraceptives

## Married Youth: Ages 15-19

Married youth sometimes face fewer legal restrictions, but among this sub-population, respondents still report the following barriers:

Regardless of parental consent or marital status, “providers are not allowed to offer FP commodities to youth below the age of 18 years.”

*Uganda*  
2019 CSI Survey Response

- No selling of contraceptives to people under 18, and/or parental consent is needed
- Contraceptive policies are aimed at adults, with no specific support for adolescents
- Minors not expected to be sexually active

## Unmarried Youth: Ages 20-24

While some countries allow this sub-population to access contraceptives strictly for medical purposes (and not for family planning), a handful of countries block access to the use of contraceptives even as a medical necessity.

- Must be prescribed contraceptives for a health condition in the public sector
- Only married couples are eligible, and providers must ask about marital status
- Policy that contraceptives can only be dispensed to married men and women of reproductive age
- Unmarried women are prohibited from accessing free FP commodities

“In the public sector, unmarried youth must be prescribed contraceptives through a doctor or midwife for a health condition. In the private sector, however, they are able to purchase contraceptives.”

*Afghanistan*  
2019 CSI Survey Response