

A Glimpse of Early Adolescent Fertility in Sierra Leone

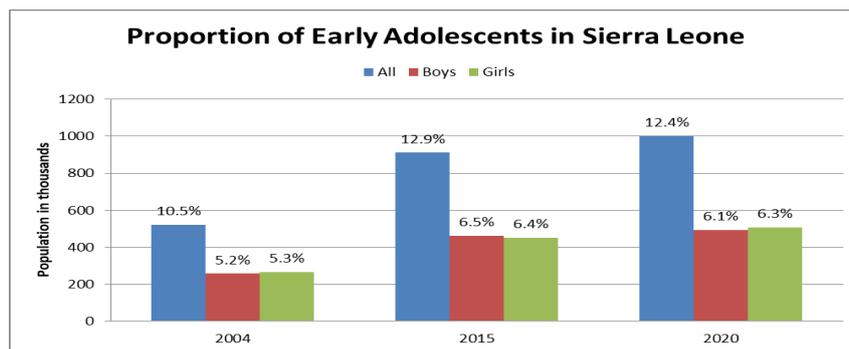
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Expert Group Meeting on the Evaluation of Adolescent Fertility Data and Estimates

1. Introduction

The period following the onset of puberty during which a young person develops from a child into an adult is referred to as adolescence. Menarche has been identified as a key marker of the onset of puberty among girls which on average occurs around age 12 globally. For statistical purposes and SDG reporting, adolescents refer to persons aged 10-19 years, with those aged 10-14 years described as early or young adolescents. SDG indicator 3.7.2 measures the adolescent birth rate per 1,000 girls in those age groups (UN DESA POP, Oct 2020; UN, April 2019). Given the scarcity of data for ages 10 -14 years, the stride that has been made by the UN Population Division to compute estimates for the SDG indicator 3.7.2 (birth rates per 1,000 girls aged 10-14 years) is laudable.

Young adolescents comprise 12.4% of the entire population of Sierra Leone in year 2020, and slightly more than half of them are girls. The proportion of young adolescent girls in 2004 and 2015 was 5.3% and 6.4% respectively of the country's population.



Drawing from the UN Population Division, a rate of “6 or more births per thousand” early adolescent girls is considered as elevated (UN DESA POP, 2020 p6), and Sierra Leone is a country with elevated early adolescent fertility as evidenced by the available rates from the various existing sources that are discussed in the following sections.

2 Data Sources

There is dearth of literature on estimates of early adolescent fertility in Sierra Leone and data on the same population is largely deficient.

- **VRS** – As far as the vital registration system in Sierra Leone is concerned serious data gaps exist. In addition to the fact that birth registration is largely incomplete and only about 81.1 per cent of the birth of children aged under five years are registered with civil authorities (UNICEF & Statistics Sierra Leone, 2018), the VRS hardly produces data on birth registration by age of mother.
- **Surveys** - The Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) have been the major sources of data on early adolescent fertility. The data on early

adolescent fertility from these sources are derived from birth histories of adolescent girls aged 15 – 19 years (UN, April 2019). Given that the data from these are not based on direct report of early adolescent girls and some work has been done by the UN population Division and the DHS team, I will therefore turn my attention to the census data on which most of my discussion is based.

- **Census** - modern population censuses conducted in Sierra Leone have collected data on early adolescent fertility by including questions that seek responses on live births for both the current (occurred within a year to the census enumeration) as well as the lifetime fertility of women from age 10 - 49 years from which data on births can be obtained (Weekes et. el., October 2017; Weekes et. al, November 2016). However, census analyses and reports on fertility usually exclude girls aged 10-14 years because they are not considered as part of the traditional reproductive group which is deemed age 15-49 years.

The 2015 census to be precise, asked questions firstly on the number of children including whether they stay with the mother or whether they stay elsewhere; and secondly on the complete birth histories including month and year of birth as well as the name, sex and survival status of the birth (Weekes et. el., October 2017).

Census data are not error-free and have certain limitations, some of which are not unique to it. A limitation of the 2004 data on fertility is that current fertility was over reported, which contrasts with under reporting of current fertility in the 2015 census (Weekes et. el., October 2017; Weekes et. al, November 2016). More often than not, when assessments of census fertility data are made, the number of births to early adolescents is sometimes used. The numbers are deemed unrealistic where they appear non-negligible or high, and where they appear negligible, they are said to be under reported.

Another drawback of the census is that still births may sometimes be included during the enumeration although only information on live birth is required (Statistics Sierra Leone, October 2017). Also, questions on fertility that are usually asked of girls and women aged 10 to 49 years are sometimes not responded to directly by the girls themselves because they may not be the respondents at the time of data collection (UN DESA POP, 2020). But that notwithstanding, the fact that the respondents interviewed are knowledgeable adults of the households, should lend credence to the data.

3. Methodology

Direct estimates of early adolescent fertility based on the 2004 and 2015 censuses data have been computed in order to guide my discussion. The results of the computation are shown in Table 1 and Figures 1&2.

In order to surmount the problem of over-reporting and under reporting of current fertility, children ever born data have been used for the analysis. With the assumption that most early adolescent girls could not have reached physiological maturity, all reported two or more births to girls in this age group has been excluded in my analyses. Another reason for omitting two or more births is that it is likely

that twin or triplet births may have been recorded as two or three instead of just one birth. The total population adjusted for age misreporting is used as the denominator. The age specific fertility rates (ASFRs) are shown in Table 1 and Figures 1 & 2 and they are computed using the formula:

$$ASFR_{10-14} = \sum(B_{10-14}/P_{10-14}) * 1,000$$

Where:

ASFR₁₀₋₁₄ = the age specific fertility rate of girls aged 10 to 14 years

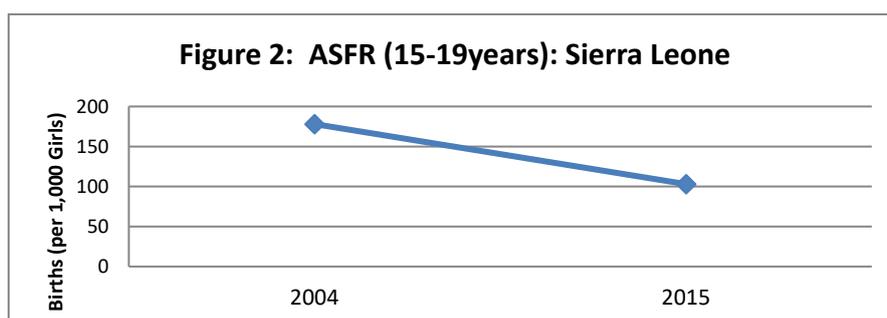
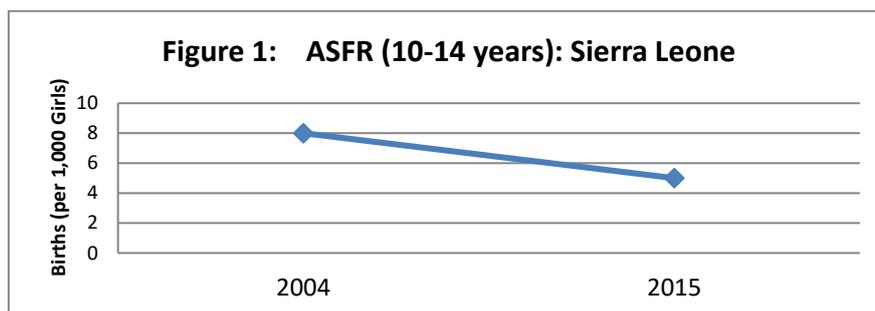
B₁₀₋₁₄ = the number of births to girls aged 10-14 years

P₁₀₋₁₄ = the population of girls aged 10 – 14years

4. Trend in Early Adolescent Fertility

Year	(10 – 14 years)	(15 -19 years)
2004	8	178
2015	5	103

Source: Re-analysis 2004 & 2015 Censuses Data



An early adolescent age specific rate of 8 births per 1,000 girls is recorded for 2004; and a rate of 5 births per 1,000 girls is recorded for 2015. When these indicators and those from the UN Population Division are compared (an estimated 9 births per 1,000 girls for year 2000 or earlier with a reduction of 6.4 births per 1,000 girls during the period 2000 – 2007 and 2010 -2017) (UN, April 2019 p1-2), certain similarities are observed.

In spite of the variation in the rates of estimated early adolescent fertility that are obtained from the existing data sources (the DHS, MICS and Census), there are corroborations in the trend. (1) All of the

rates show elevated levels of fertility at least during the initial period. (2) A declining trend from an elevated to a high level is observed. (3) There is corroboration in the correspondence of elevated early adolescent fertility and elevated older adolescent fertility. (4) Also, when other demographic indicators for Sierra Leone such as the high total fertility rates of 6.1 children in 2004 and 5.7 children in 2015 (Weekes et. al., November 2016 p15; Weekes et. al., October 2017, p18) are compared with the ASFRs for young adolescents, there is also support for the observed relationship between TFR and adolescent fertility.

5. Discussion

Among the factors that are associated with early adolescent fertility are early onset of sexual activity and early marriage. Early sexual debut is regarded as a precursor to early adolescent pregnancy and childbearing, and is sometimes the results of coercive sexual intercourse (UN, April 2019). According to the 2013 DHS reports, Sierra Leonean women tend to initiate sexual activity before marriage and the average age at sexual initiation is during adolescence (Statistics Sierra Leone & ICF International, 2014). Early marriage among girls is said to occur usually to older boys and men in polygamous unions that place girls in disadvantaged gender situations (UN, April 2019). For Sierra Leone in 2015, about 3.3 per cent of early adolescents were reported ever married, compared to 22.5% of their older counterparts. The Multiple Indicator Cluster Survey report shows that, 15.3% of girls aged 15-19 years were married (Weekes et. al., October 2017; UNICEF & Statistics Sierra Leone, 2018).

While premarital childbearing may appear shameful and stigma-prone in the global context (UN April, 2019), very few subcultures in Sierra Leone are known to outrightly loathe it even though many do not embrace it. Cultural practise of legitimating births even after delivery or at any stage after the birth in Sierra Leone by itself obviates any shame or stigma. In addition, the recent policy that allows pregnant girls to attend school erodes the stigma associated with premarital birth, thereby making the practise acceptable among their contemporaries. Moreover, when childbearing, no matter the circumstances surrounding it is viewed as an achievement, one could safely surmise that there is social acceptance or approval of the phenomenon in the Sierra Leonean context. However, it should also be pointed out that when pregnant girls are sent to school, the danger of losing them to maternal death due to unsafe abortion and other health complications, while holding the risks associated with their age constant, is minimized on one hand; but may also perpetuate elevated levels of adolescent fertility as it becomes normative.

Taking into consideration the proportion of girls in marital union, the norms on premarital sex and childbearing in Sierra Leone, and the existence of rape and sexual penetration among girls and the social acceptance or perception of childbearing generally, the elevated levels of early adolescent fertility that have been estimated by the UN Population Division should not appear unrealistic.

Another characteristic of early adolescent fertility is that births are unintended, coupled with high unmet need for family planning. These girls have a much higher unmet need for family planning due to restrictive access and lack of information on the subject. Also, negative outcomes of early adolescent fertility include poor birth outcomes such as preterm delivery, low birth weight, infant mortality and intergenerational perpetuation of poverty, which the provision of family planning and contraception can avert (UN DESA POP, 2020). While the UNFPA has done a lot towards improving access to contraception, there is still room for improvement because the use of contraception among adolescents is low (UNFPA Sierra Leone July 2020; UNFPA & Government of Sierra Leone).

Although early adolescent childbearing is common in Sierra Leone, the exhibited patterns of fertility decline from 2004 to 2015 in spite of the economic situation of the country could have been the result of family planning programs and gender laws put in place by the Government to curb gender and domestic violence in the country. These include among others, the 2007 Registration of Customary Marriage and Divorce Act which stipulates age 18 as the minimum age of marriage and the Sexual Offences Act 2012, which considers intercourse with persons under age 18 as illegal or sexual violation (Government of Sierra Leone 2009, Government of Sierra Leone 2012).

5. Conclusion:

The issue of high adolescence fertility has captured the attention of government functionaries and policy makers and the wider Sierra Leonean society; hence the promulgation of family planning and enforcement of policies and laws to tackle it directly and indirectly. There is no doubt that the existing policies in place will ensure that deficiencies in data are minimised and the quality of data improved as the phenomenon of early adolescent child bearing becomes normative.

However, national policies implemented to address gender issues that bear directly on fertility should be approached with caution in order to ensure that the outcome of the implementation of those policies do not undermine the prospect of achieving the demographic dividend in Sierra Leone. For example, in the process of “leaving no one behind” the cycle of poverty should not be perpetuated as the policies become pronatalist.

Given that there is a growing interest among the international community on the 10-14 years age group (UN DESA POP, 2020) and that cross-sectional studies have come up with various rates on early adolescent fertility, panel studies should be undertaken in the future in addition to the DHS and MICS to understand emerging traits and better predict the phenomenon of early adolescent fertility and their outcomes on women and girls as they progress from childhood to adulthood.

Census in Sierra Leone should also include the 10 -14 years age group in analyses of fertility. Also, data collection programmes like the MICS and the DHS in Sierra Leone should collect data directly on early adolescent girls about their fertility experiences and not just base fertility within this age group on the fertility histories of adolescents aged 15-19 years in order to fill some of the identified data gaps.

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