Adolescent Fertility and Reproductive Health Programmes in Developing Countries

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Overview

• Current status, trends & context of adolescent fertility

• Key levers influencing adolescent fertility

• Programmatic approaches
Why care about adolescent fertility?

Pregnancies should be…

– Wanted
– Safe
– At the right time
Why care about adolescent fertility?

1) Lower maternal mortality and morbidity
2) Improve schooling achievement
3) Prevent HIV transmission
4) Raise gender equality
5) Reduce poverty
Adolescence is a time when changes in sexual activity happen fast.
And the pace of change is similar for adolescent males
Childbearing begins by age 18 for many girls

% of females 20-24 who had a birth by age 18

- Western Asia/Northern Africa: 11%
- South America: 16%
- Caribbean/Central America: 22%
- South-central/South-eastern Asia: 24%
- Eastern/Southern Africa: 27%
- Western/Central Africa: 31%

NRC & IOM (2005)
Adolescent childbearing is less common than among older generations

% of females who had a birth by age 18

Age 20-24
- Western Asia/Northern Africa: 12%
- South America: 22%
- Caribbean/Central America: 24%
- South-central/South-eastern Asia: 24%
- Eastern/Southern Africa: 27%
- Western/Central Africa: 31%

Age 40-44
- Western Asia/Northern Africa: 21%
- South America: 32%
- Caribbean/Central America: 38%
- South-central/South-eastern Asia: 39%
- Eastern/Southern Africa: 24%
- Western/Central Africa: 11%

NRC & IOM (2005)
And this is especially the case for very early childbearing (by age 16)

NRC & IOM (2005)
The majority of births still occur within marriage

% distribution of births to mothers age 20-24 years by marital status
But many births to teen mothers are wanted later or not at all

% distribution of wantedness of births to mothers under age 20
Unwanted and mistimed pregnancies are a major problem

- Planned births: 53%
- Abortions: 13%
- Miscarriages: 16%
- Unplanned births: 18%

7.9 million pregnancies for adolescents aged 15-19 in Sub-Saharan Africa
Key levers influencing adolescent fertility
Timing of marriage

- Beginning of more frequent sex
- More unprotected sex
- Pressure to begin childbearing
Early marriage declining but still a common experience

% of women who were ever married by age 18

- South-central/South-eastern Asia
  - 20-24 year olds: 42%
  - 40-44 year olds: 58%
- Western/Middle Africa
  - 20-24 year olds: 45%
  - 40-44 year olds: 58%
- Eastern/Southern Africa
  - 20-24 year olds: 37%
  - 40-44 year olds: 53%
- Western Asia/North Africa
  - 20-24 year olds: 23%
  - 40-44 year olds: 46%
- Caribbean/Central America
  - 20-24 year olds: 35%
  - 40-44 year olds: 38%

NRC & IOM (2005)
Schooling

- School attendance & higher education
  $\rightarrow$ lower adolescent fertility

- Rising % of girls attending school after the age of puberty
  $\rightarrow$
  rising % exposed to pregnancy while in school
Contraceptive use

• Challenges for adolescents
  – Provider & general social stigma
  – Location, hours, cost
  – Policy constraints

• Condom use (HIV & pregnancy prevention)
Contraceptive use has risen among sexually-active young women (18 African countries)
Programmatic approaches
Youth-friendly health services

- Evaluations show need intervention at facility, provider & community level
- Modifications at existing health facilities (hours, space, staff training)
- Stand-alone youth centres
School-based programs

- Family life, sex, or AIDS education
  - Most tested
  - Strong effects on knowledge & attitudes
  - Weaker effects on behavior
  - Not associated with increased risk behaviors
At best, only about half of adolescents receive any school-based sex education.
Other programs specific to RH

- Peer education
- Mass media
- Community mobilization
- Social marketing
Is the program reaching adolescents in need?
One in four people reached by peer educators have never been to school (Burkina Faso)

Lardoux & Jones (2006)
But most adolescents in Burkina Faso have never been to school.

Guiella & Woog (2006)

Level of schooling of 12-19 year olds

- None: Females 63, Males 51
- Primary: Females 26, Males 35
- Secondary or higher: Females 11, Males 14
Programs that indirectly affect adolescent RH

- Youth development (addresses wider range of needs; target at-risk subgroups)
- Micro-credit
- School retention
Adolescent fertility part of achieving larger development goals

- Lower maternal mortality and morbidity
- Improve schooling achievement
- Prevent HIV transmission
- Raise gender equality
- Reduce poverty
For more information, please visit www.guttmacher.org