

# Adolescent Fertility and Reproductive Health Programmes in Developing Countries

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# Overview

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- Current status, trends & context of adolescent fertility
- Key levers influencing adolescent fertility
- Programmatic approaches

# Why care about adolescent fertility?

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Pregnancies should be...

- Wanted
- Safe
- At the right time



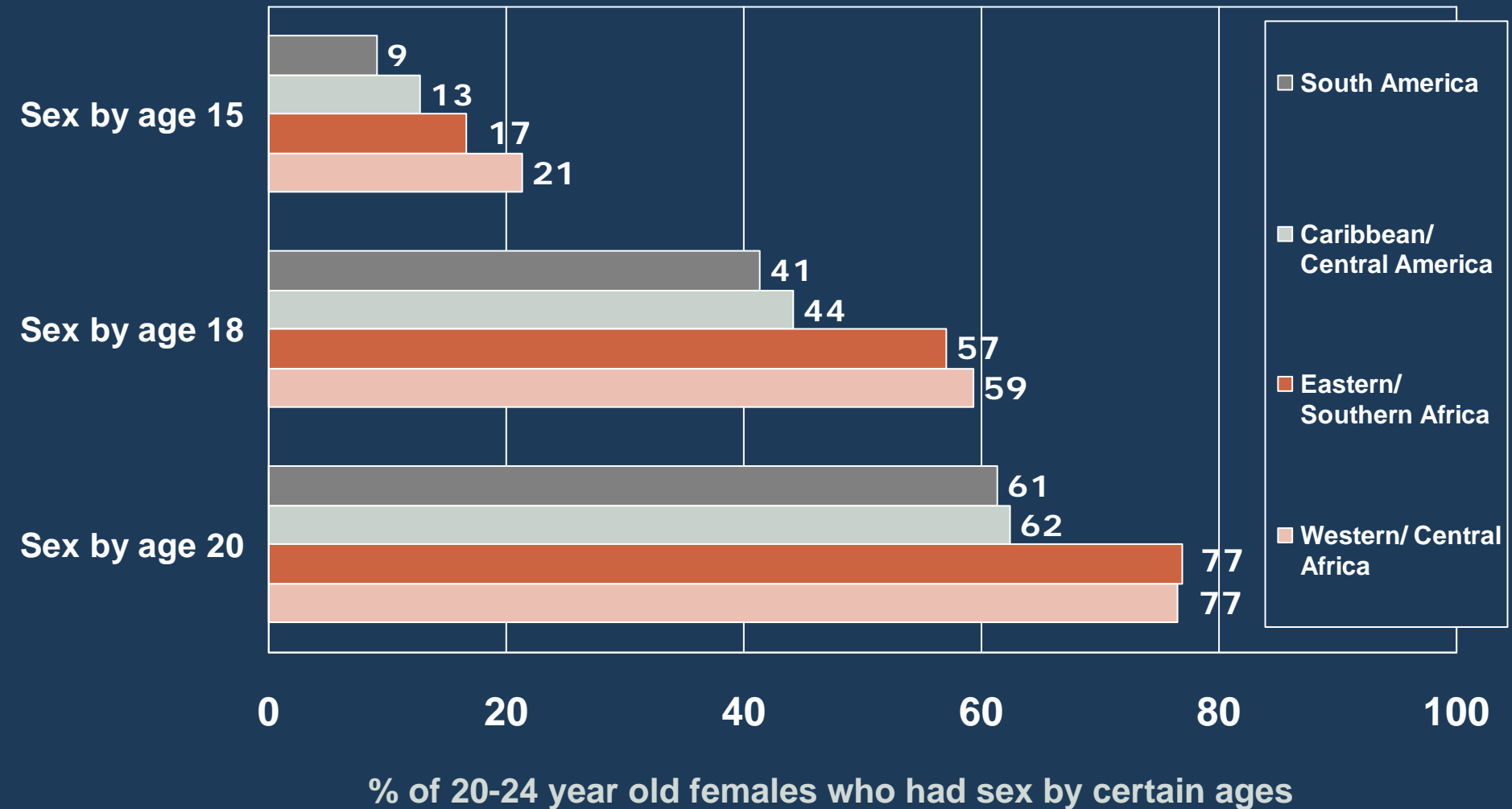
# Why care about adolescent fertility?

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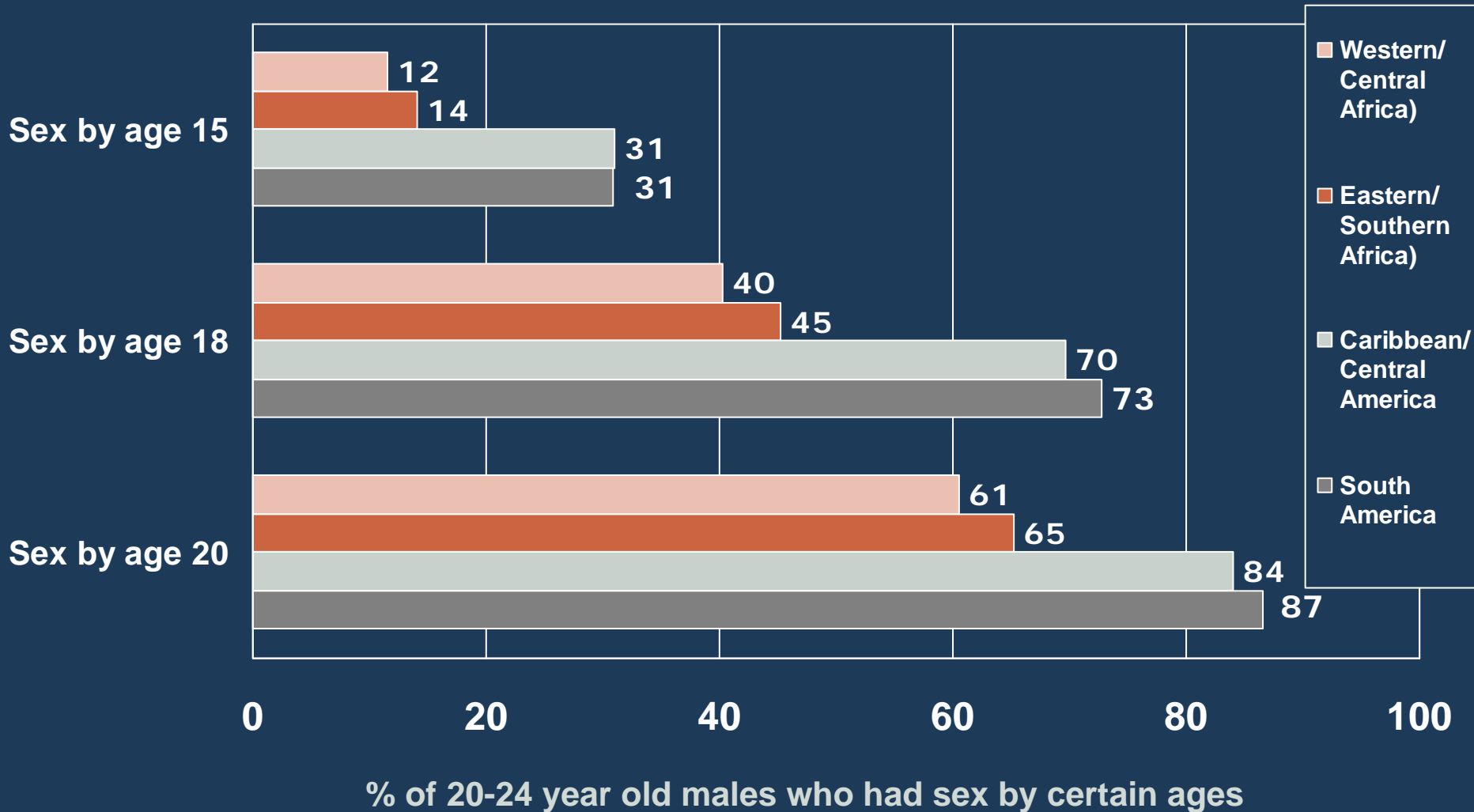
- 1) Lower maternal mortality and morbidity
- 2) Improve schooling achievement
- 3) Prevent HIV transmission
- 4) Raise gender equality
- 5) Reduce poverty



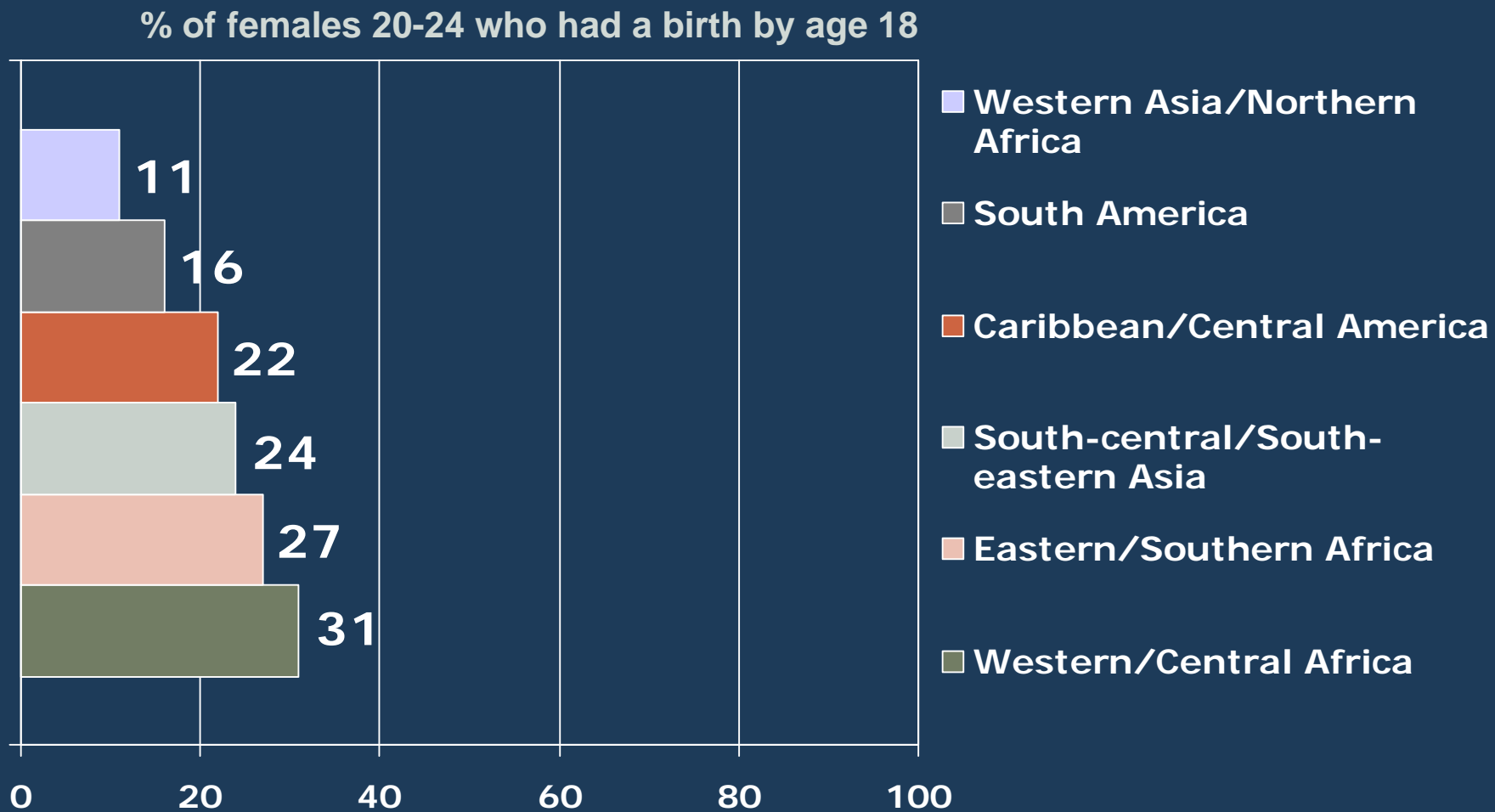
# Adolescence is a time when changes in sexual activity happen fast



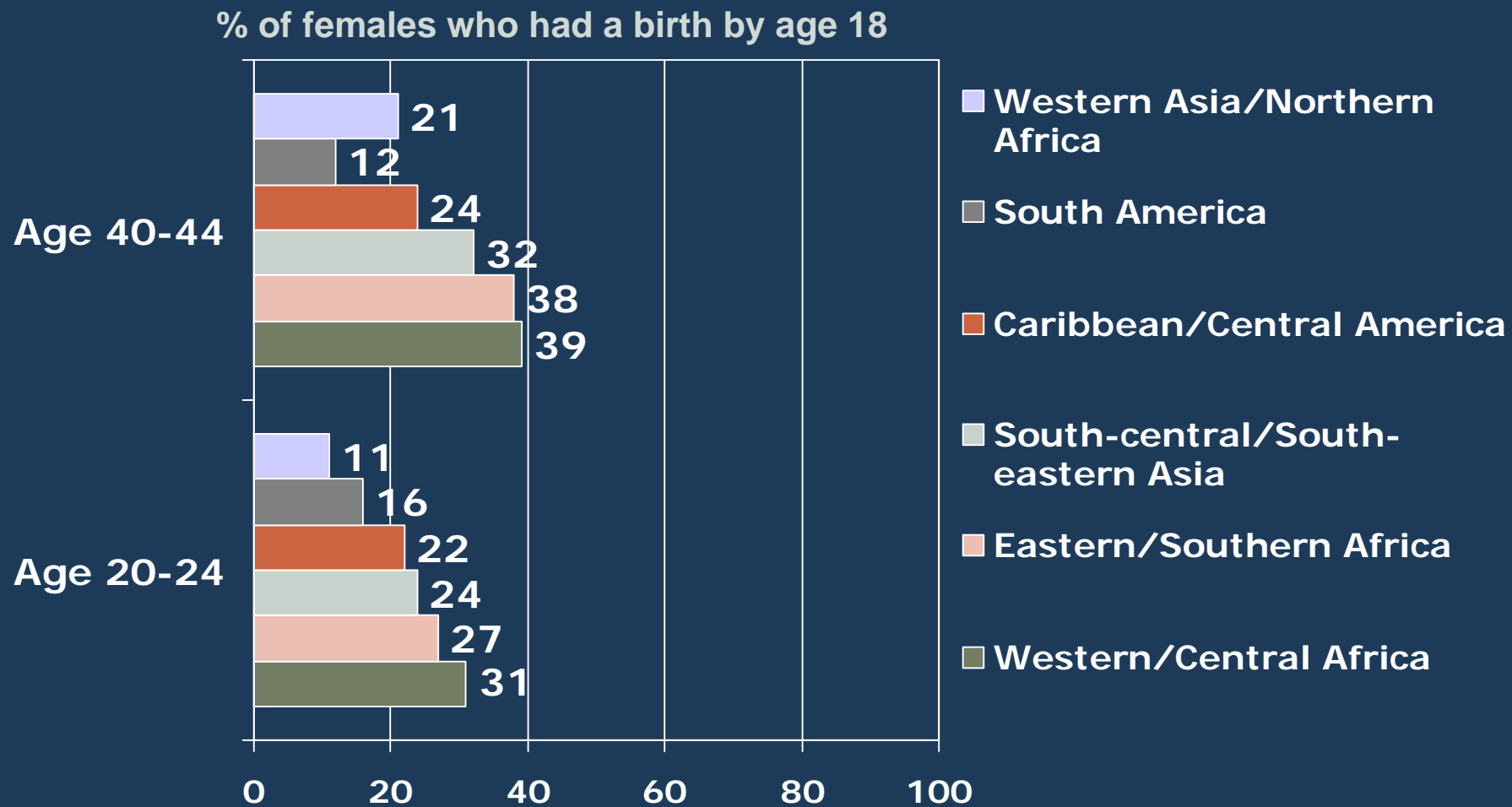
# And the pace of change is similar for adolescent males



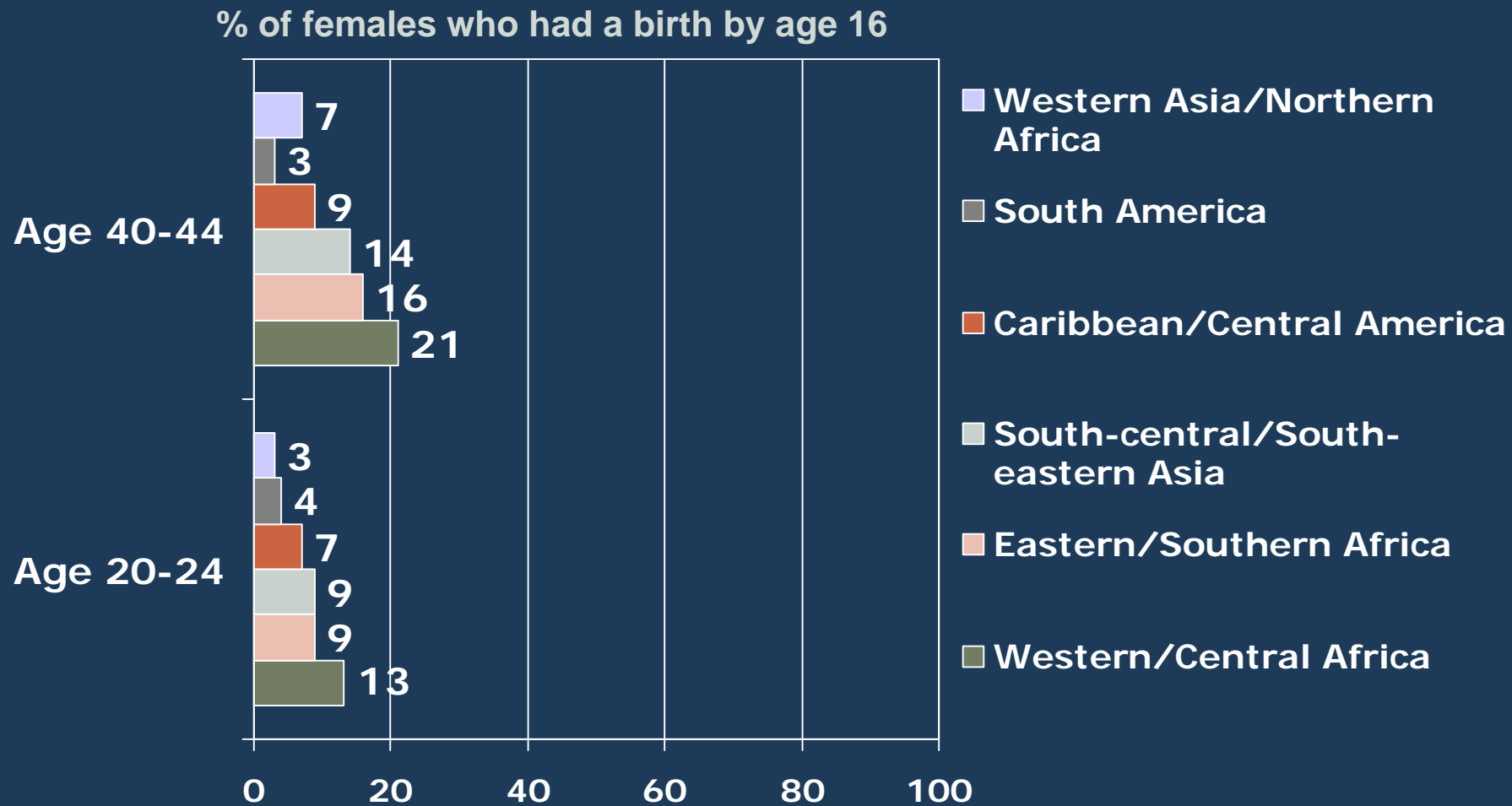
# Childbearing begins by age 18 for many girls



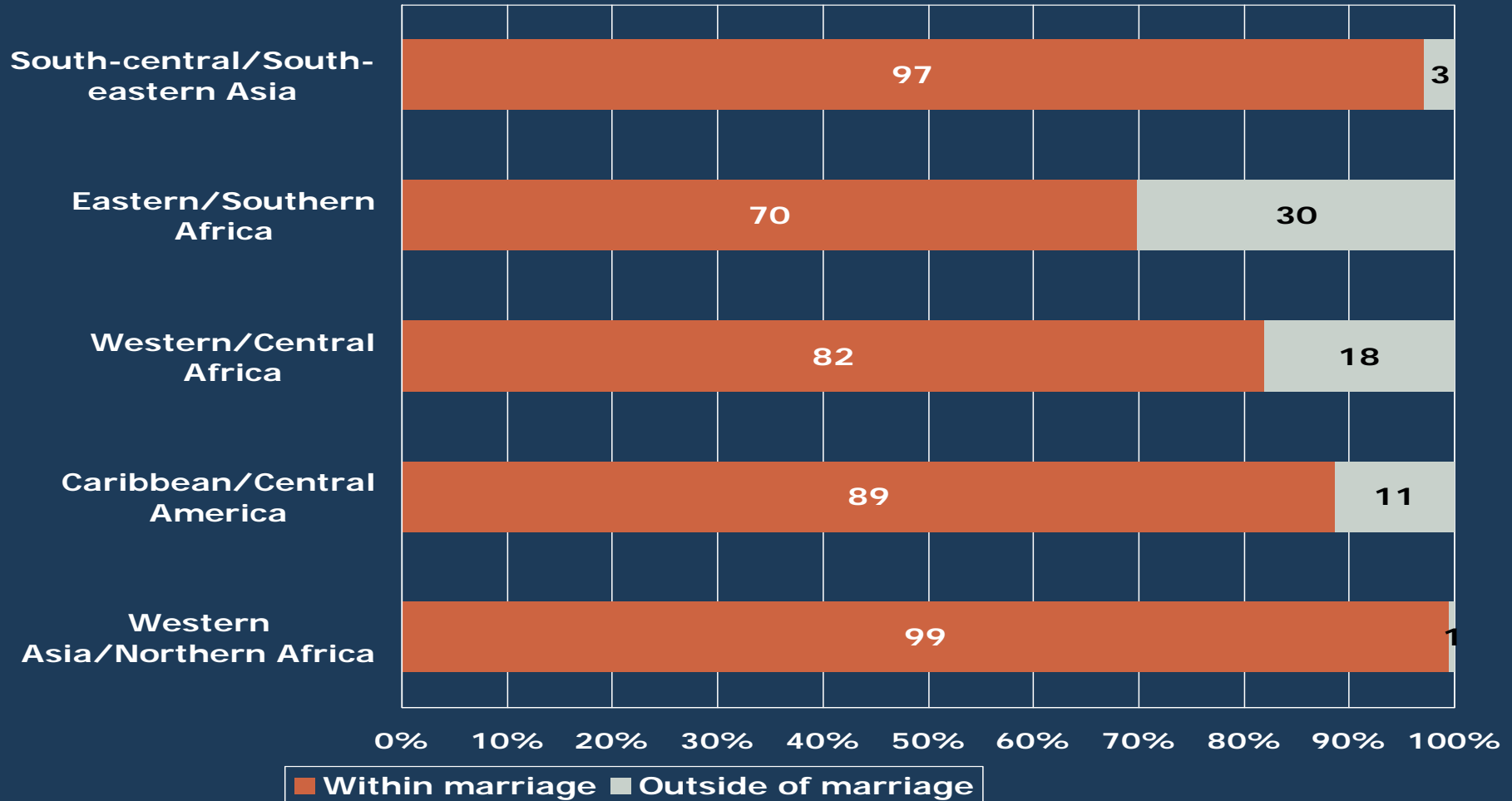
# Adolescent childbearing is less common than among older generations



# And this is especially the case for very early childbearing (by age 16)

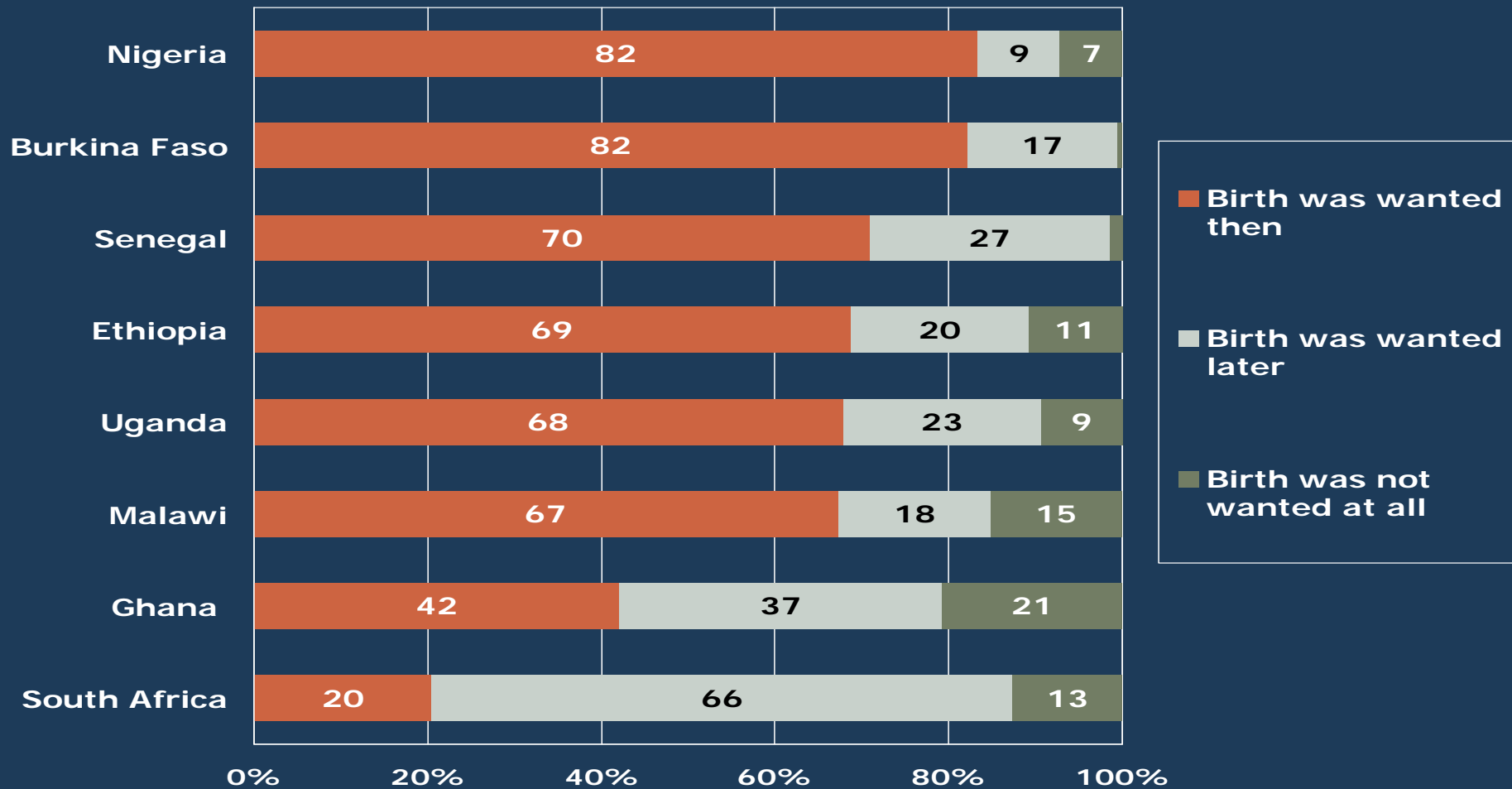


# The majority of births still occur within marriage



% distribution of births to mothers age 20-24 years by marital status

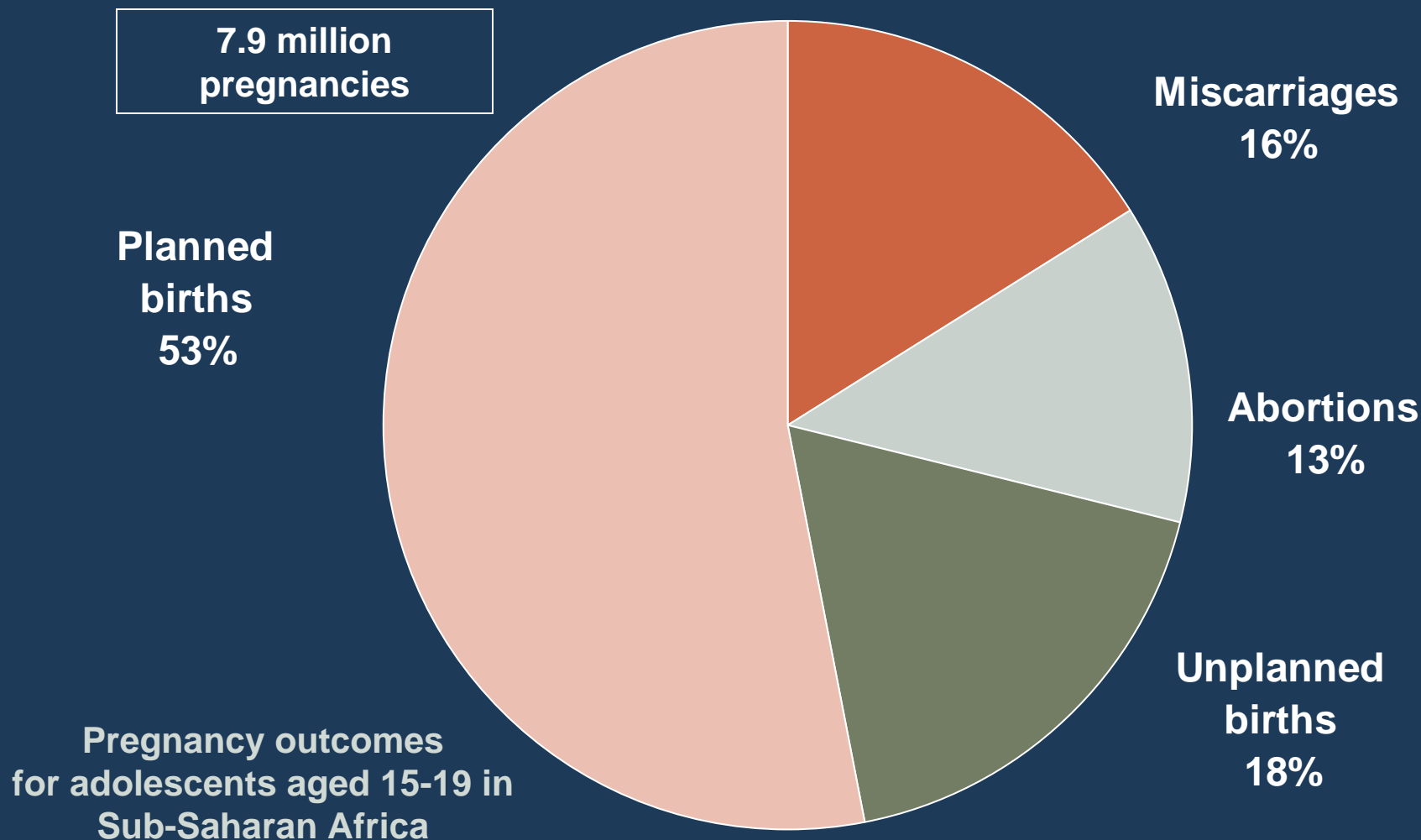
# But many births to teen mothers are wanted later or not at all



% distribution of wantedness of births to mothers under age 20



# Unwanted and mistimed pregnancies are a major problem





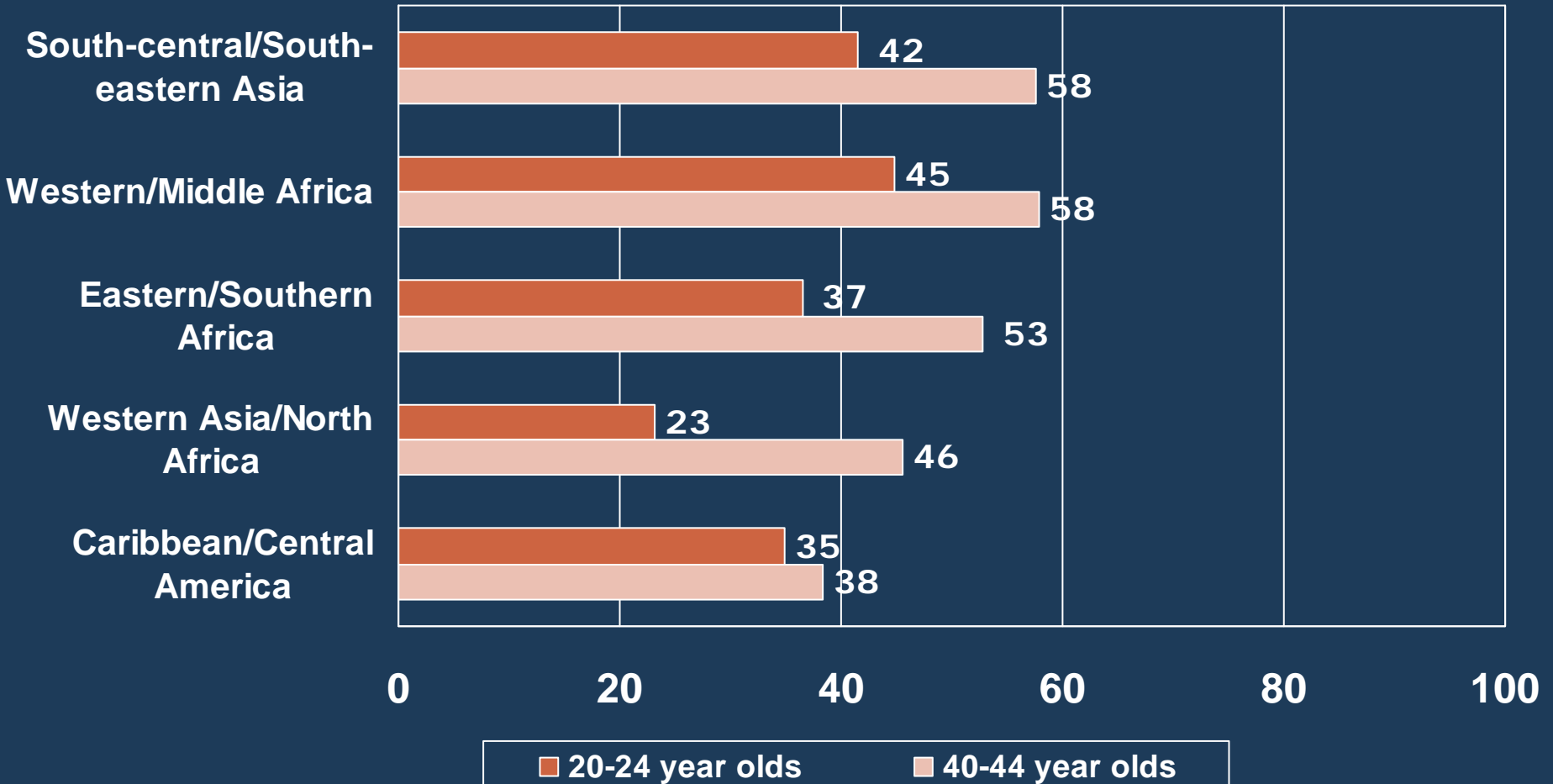
# **Key levers influencing adolescent fertility**

# Timing of marriage

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- 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

# Schooling

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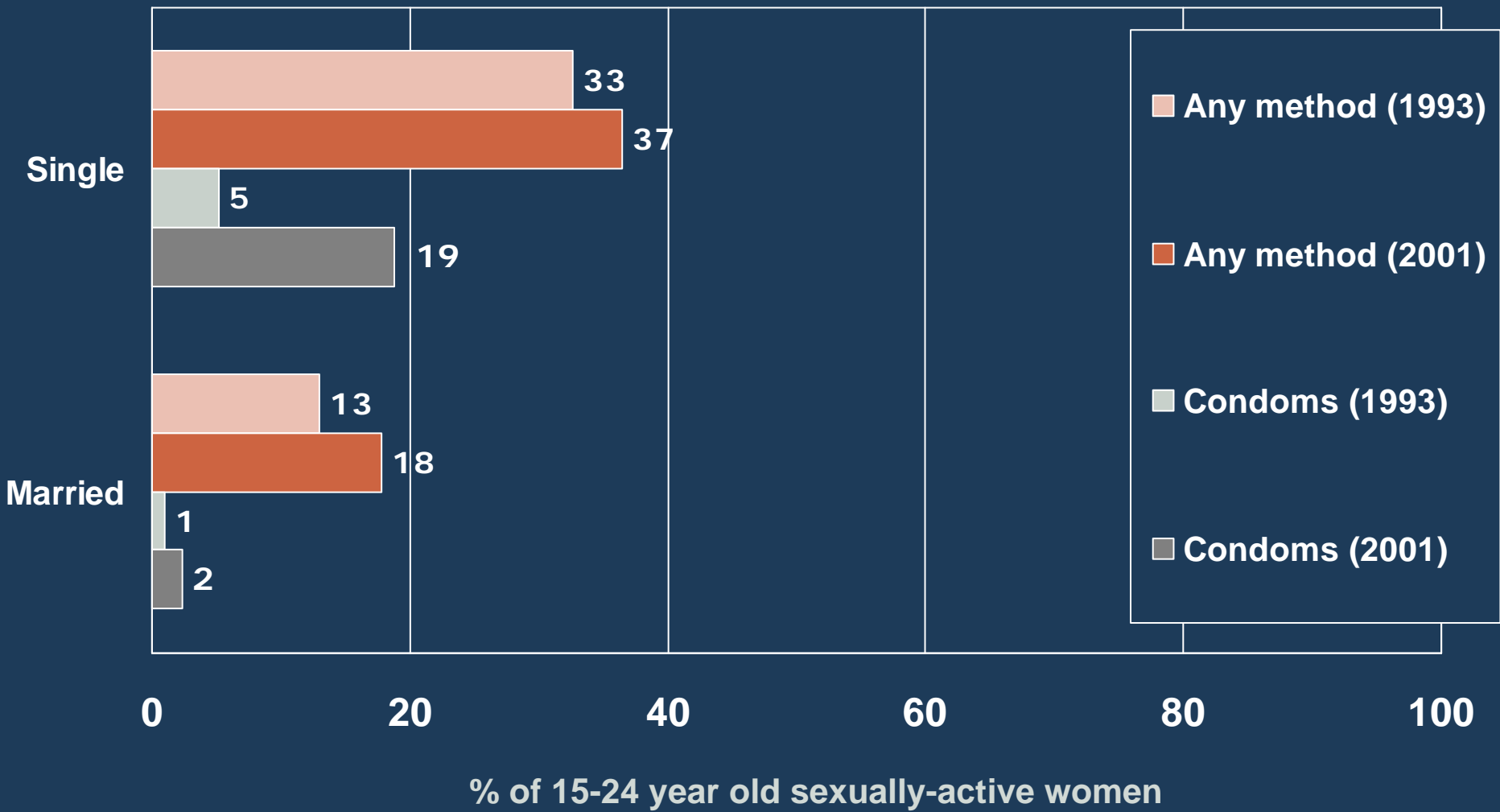
- School attendance & higher education  
→ lower adolescent fertility
- Rising % of girls attending school after the  
age of puberty →  
rising % exposed to pregnancy  
while in school

# Contraceptive use

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- 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

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



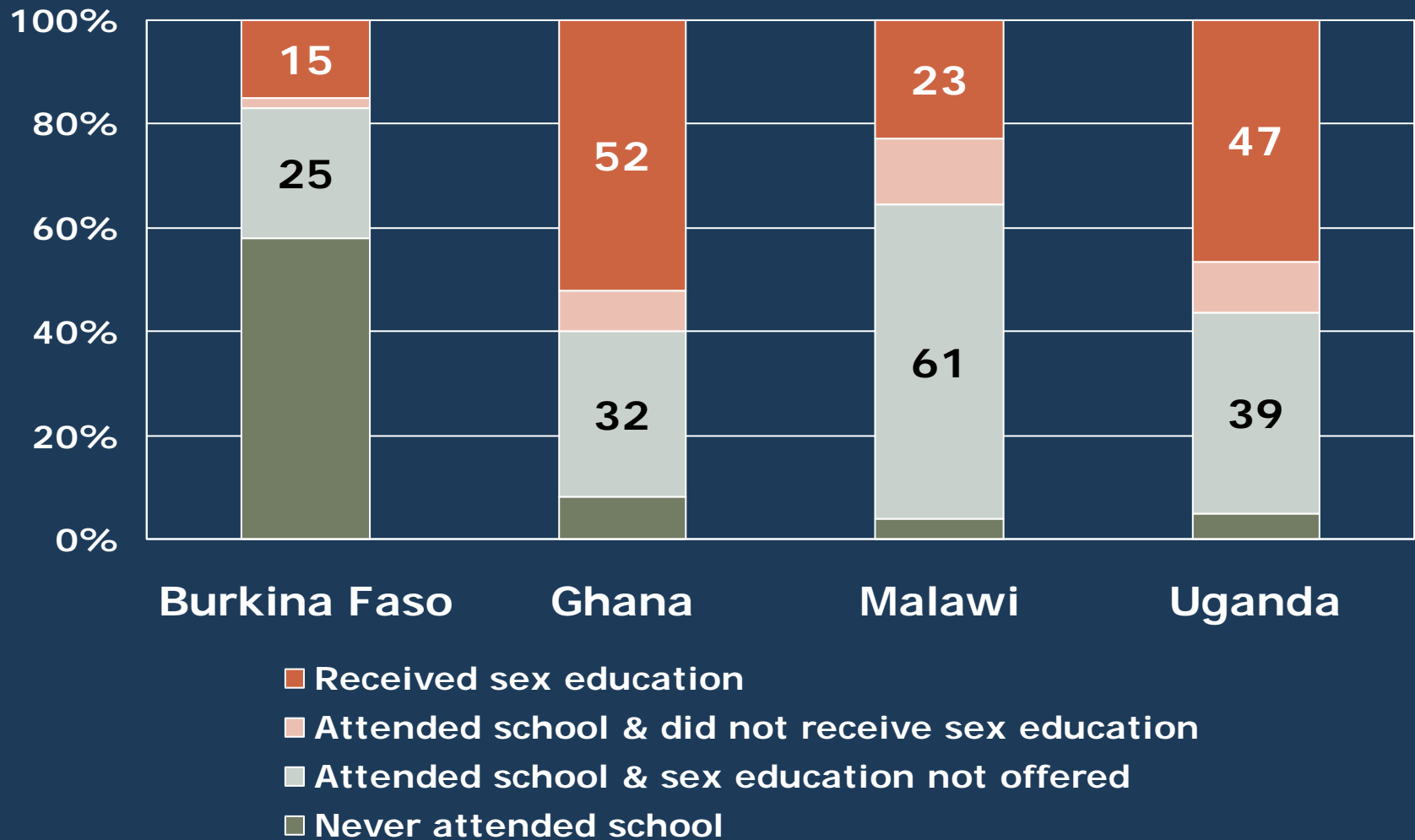
# School-based programs

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- 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

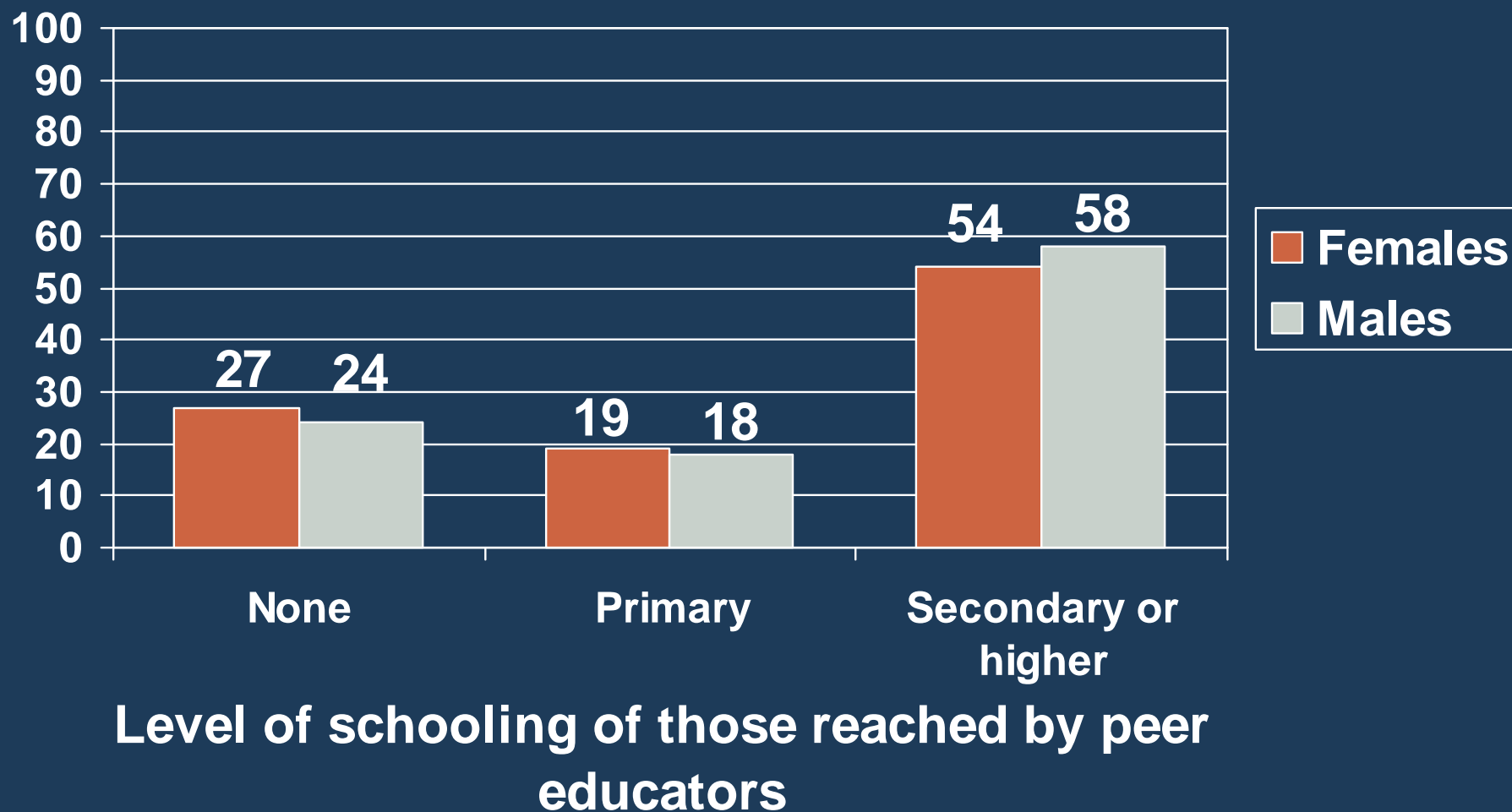
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- Peer education
- Mass media
- Community mobilization
- Social marketing

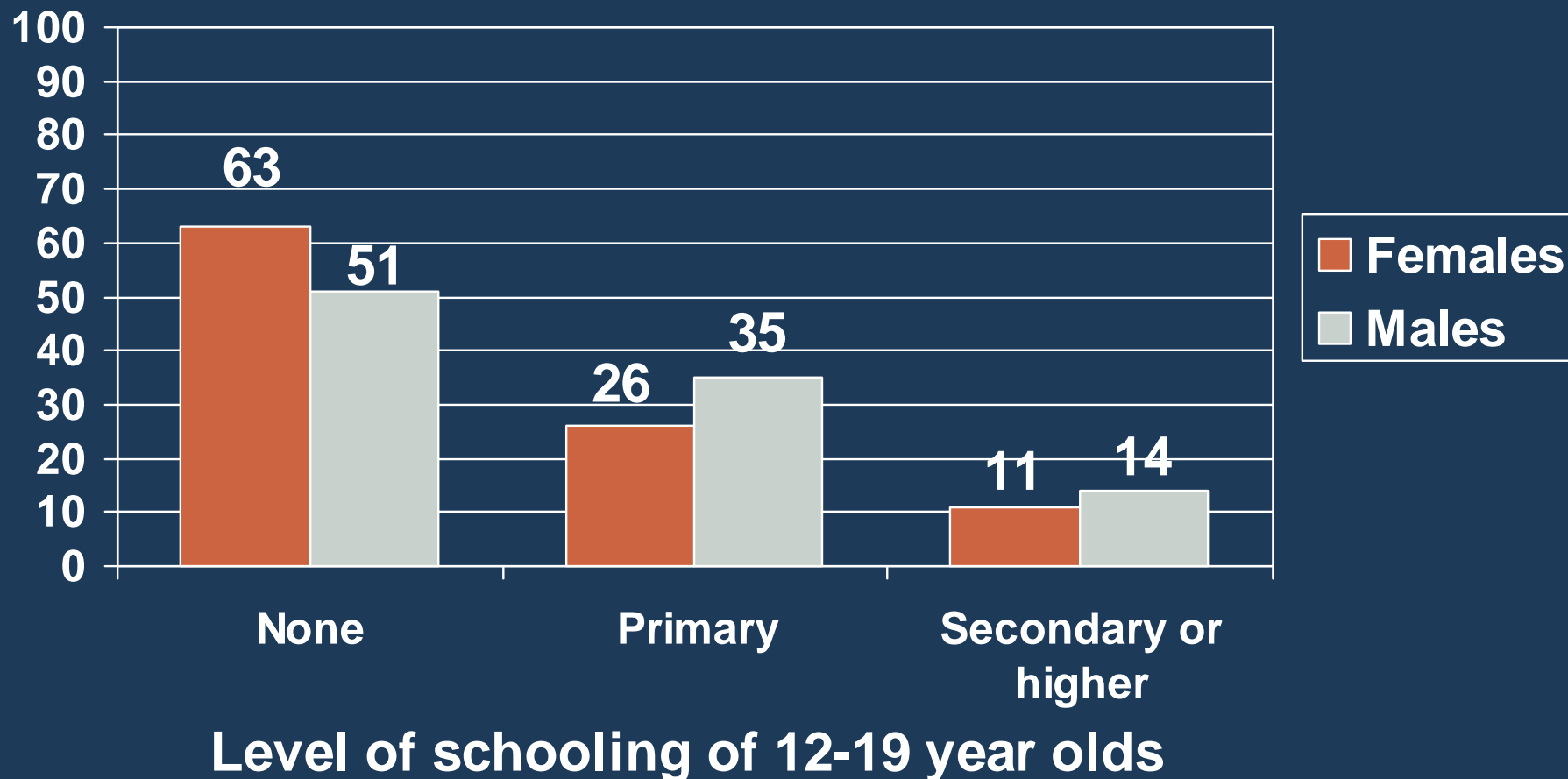


**Is the program reaching adolescents  
in need?**

# One in four people reached by peer educators have never been to school (Burkina Faso)



# But most adolescents in Burkina Faso have never been to school





# Programs that indirectly affect adolescent RH

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- Youth development (addresses wider range of needs; target at-risk subgroups)
- Micro-credit
- School retention



# Adolescent fertility part of achieving larger development goals

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- Lower maternal mortality and morbidity
- Improve schooling achievement
- Prevent HIV transmission
- Raise gender equality
- Reduce poverty



For more information, please visit  
[www.guttmacher.org](http://www.guttmacher.org)

