Disaggregated data on adolescent first birth in 21 sub-Saharan African countries: Trends and characteristics

Sarah Neal, Venkatraman Chandra-Mouli, and Amos Channon.

Background

Each year, an estimated 16 million girls and young women give birth between the ages of 15 and 19 (around 11% of all births), most of whom live in low or middle income countries. In addition a further one million are estimated to give birth before the age of 15 years. National aggregate estimates are valuable in tracking progress at the global level, but fail to provide adequate data to plan projects and programmes or fully evaluate progress within countries, and often mask substantial subnational heterogeneities. The rate of adolescent fertility is underpinned by complex socio-economic, educational, cultural, geographical and service availability factors, and contexts, patterns and trends may differ markedly for different populations within countries. Disaggregated data that examines patterns and trends for different groups is valuable in enabling programmes to be targeted at those most at risk. It also enables approaches to be tailored for different populations, depending on the specific determinants or contexts of early pregnancy within specific groups. The proliferation of large-scale, nationally representative surveys such as the Demographic and Household Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) provide opportunities for many countries to develop much more comprehensive data on adolescent fertility that incorporate some of the contextual, socio-economic and geographic factors.

This paper provides information on levels and trends of adolescent first births in 21 sub-Saharan African countries (at national and regional level) disaggregated by age (<16 years, 16/17 years and 18/19 years), socio-economic and marital status and place of residence.

Methodology

We use data from 21 countries in sub-Saharan Africa that have at least three Demographic and Household Surveys (DHS) since 1990 with the most recent carried out after 2005. Adolescent first births from the most recent survey are analysed by age, wealth, education,

residence and marital status by country and region. The most recent DHS for each country were used to create cross to ascertain the percentage of women aged 20–24at time of survey who had their first birth at age less than16, 16/17 and 18/19, disaggregated by place of residence, marital status at time of giving birth, region, religion, and wealth quintile. Sample weights were applied as necessary to account for differential chances of selection into the sample. Trend data for adolescent first birth disaggregated by age, urban/rural residence and wealth are taken from DHS three datasets which provide data on both short term (less than 10 years) and medium term (average around 18 years).. Annual percentage rates of change are calculated. We also carry out analyses to examine changes in marital status over time.

Results

Overall percentages of adolescent first births vary considerably between countries for all disaggregated age groups. The burden of first birth among adolescent is significant: in some countries over 20% of women gave birth before the age of 16 years (e.g. Mali and Niger). Adolescent first births are more common among women who are poorer, live in rural areas and have no education, and early adolescent first birth before aged 16 years are particularly concentrated in these disadvantaged groups.

Overall, progress over time has been limited in most countries, and has stagnated in many. Progress in reducing teen first births has been particularly poor amongst socially disadvantaged: in some countries rates have fallen among the richest, but stagnated or risen among the poorest.

Conclusions

A greater understanding of the characteristics and distribution of young mothers within countries allows greater targeting of programmes and resources. There is clear evidence that adolescent births, particularly among very young teens, are concentrated among vulnerable groups where progress is often poorest. Strategies and programmes need to be developed to reduce adolescent pregnancies in marginalised young women, including those who are poor, live in rural areas and are not in school.