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IPPF International Planned Parenthood Federation

In Brief

Facts on the Sexual and Reproductive Health Of Adolescent Women in the Developing World

CONTEXT

• Helping adolescents protect their health is an important public health priority. Beyond benefiting young people themselves, increased investment in adolescent sexual and reproductive health contributes to broader development goals, especially improvements in the overall status of women and, eventually, reductions in poverty among families.

• In every developing country, early marriage and early childbearing are most common among poor women and those with little education, two factors that are themselves intricately related.[1]

• Whether they are single or married, most adolescent women are poor or without monetary resources of their own—some because they are still in school, others because they are married with little or no control over household income, they are not working or they earn very low wages.[1]

• Inadequate knowledge about contraception and how to obtain health services, high risk of sexual violence[2] and little independence in deciding on the timing of births or use of contraception[3] are other reasons why many adolescent women in developing countries are especially vulnerable.

• In addition, in most parts of the developing world, unmarried adolescents often face societal disapproval and condemnation if they are sexually active.[4,5]

*Based on World Bank estimates of 2007 gross national income per capita of less than $936 in low-income countries, $937–$3,705 in lower-middle–income countries and $3,706 or more in upper-middle– and high-income countries.

WHERE ADOLESCENT WOMEN LIVE

• There are an estimated 260 million women and 280 million men aged 15–19 in developing countries.[6]

• An estimated 70% of these adolescent women live in Sub-Saharan Africa (45 million), South Central and Southeast Asia (113 million), and Latin America and the Caribbean (45 million). This fact sheet focuses on those regions. It omits Oceania, North Africa, Eastern Asia and Western Asia because they are inadequately covered by Demographic and Health Surveys or similar national studies.

• Adolescent women account for about one-fifth of all women of reproductive age (15–49) in these regions—23% in Sub-Saharan Africa, 19% in South Central and Southeast Asia, and 17% in Latin America and the Caribbean.

• Most women aged 15–19 in Sub-Saharan Africa—some 83%—live in low-income countries, while 71% of those in South Central and Southeast Asia live in lower-middle–income countries, and 70% of those in Latin America and the Caribbean live in upper-middle– to high-income countries.*

• Variations in patterns of marriage, contraceptive use and levels of unintended pregnancy among adolescent women are closely linked to their region and the level of poverty in their country.

MARRIAGE AND SEXUAL RELATIONSHIPS

• Twenty-nine percent of adolescent women in Sub-Saharan Africa are married, as are 22% in South Central and Southeast Asia and 15% in Latin America and the Caribbean.

• The poorer the country and region, the greater the chances are that adolescent women are married. An estimated 39% of women aged 15–19 living in low-income countries in these regions are married, as are 27% of those living in lower-middle–income countries and 13% of those in upper-middle– to high-income countries.

• About three in 10 unmarried adolescent women in Sub-Saharan Africa and nearly one in four in South America have ever had sex.[1] (Unmarried women in Asia overwhelmingly report not having had sex or, in many countries, are not included in surveys.)

ADOLESCENT CHILDBEARING

• In 2008, adolescent women in the developing world had an estimated 14.3 million births.

• Ninety-one percent of these births occurred in the regions covered in this report: five million in Sub-Saharan Africa, six million in South Central and Southeast Asia, and two million in Latin America and the Caribbean.

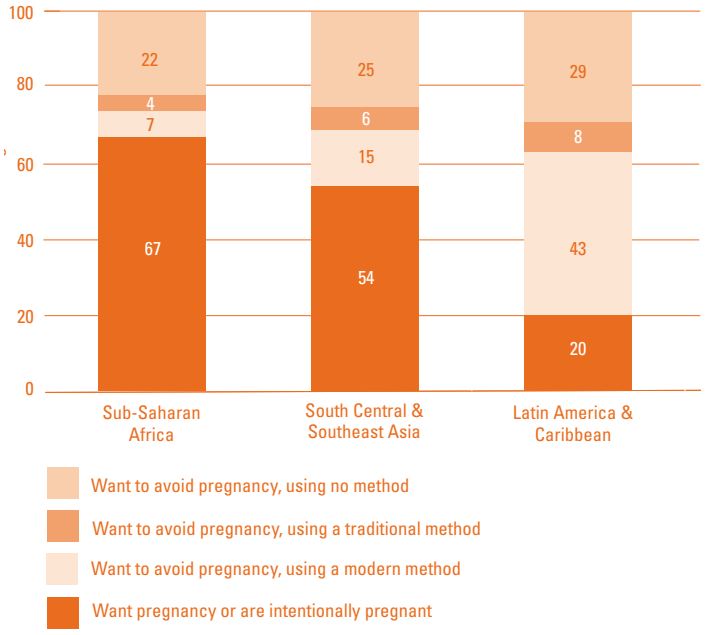
• Each year, adolescent women account for 16% of all births in Sub-Saharan Africa, 12% of those in South Central and Southeast Asia, and 18% of those in Latin America and the Caribbean.

• In all regions, birthrates among women aged 15–19 have declined somewhat over the past 30 years, but they still vary widely by region. The biggest decrease was in South Central Asia, where births

Figure 1

Pregnancy Desires and Contraceptive Use

The proportion of married adolescents who are or wish to become pregnant varies widely by region.



dropped from an estimated 90 per 1,000 women aged 15–19 in 1975 to 73 per 1,000 in 2005. Declines have been more modest in other regions: from 133 to 128 in Sub-Saharan Africa, from 86 to 80 in Latin America and the Caribbean, and from 43 to 39 in Southeast Asia.[6]

DESIRE TO AVOID PREGNANCY

• Married adolescents vary greatly by region in their desire to become pregnant in the next two years. Those in Sub-Saharan Africa are more likely than their counterparts in South Central and Southeast Asia and in Latin America and the Caribbean to want a pregnancy soon (67% vs. 54% and 20%, respectively; Figure 1).

• The remaining married adolescent women—33% of those in Sub-Saharan Africa, 46% of those in South Central and Southeast Asia, and 80% of those in Latin America and the Caribbean—want to avoid a birth in the next two years.

• Overall, married adolescent women who live in low-income countries in these regions are less likely than those who live in higher income countries to want to avoid pregnancy (40% vs. 74%), suggesting that young women in poorer settings are less likely to have other options and priorities in their lives than having a child, or another child, soon.

• Fifteen percent of unmarried adolescent women in Sub-Saharan Africa are sexually active and want to prevent pregnancy, as are 11% of those in Latin America and the Caribbean. In fact, about half of all sexually active adolescent women in these two regions who want to prevent pregnancy are unmarried.

CONTRACEPTIVE USE

• Among married adolescents who do not want a pregnancy, 54% in Latin America and the Caribbean are using a modern contraceptive method,* compared with 32% in South Central and Southeast Asia and 21% in Sub-Saharan Africa.

• In Sub-Saharan Africa, 67% of married adolescent women who want to avoid pregnancy for at least the next two years are not using any method, and 12% are using a traditional method.† In South Central and Southeast Asia, the proportions are 54% and 14%, respectively. In Latin America and the Caribbean, they are 36% and 10%.

• On average, about one-third of married adolescents in low- and lower-middle–income countries who want to avoid pregnancy use a modern method, compared with 58% in upper-middle– and high-income countries in these regions.

• Among unmarried, sexually active adolescent women who want to avoid pregnancy, 41% in Sub-Saharan Africa and 50% in Latin America and the Caribbean are using a modern method. The remainder are using either traditional methods (17% and 8%, respectively) or no method (42% and 43%).

• The majority of sexually active adolescents who do not want a child soon have unmet need for modern contraception in South Central and Southeast Asia and in Sub-Saharan Africa (68% in both regions); this proportion is somewhat lower in Latin America and the Caribbean (48%; Figure 2).‡

• In South Central and Southeast Asia and Latin America and the Caribbean, adolescents who want to avoid pregnancy are more than twice as likely as similar women aged 20–49 to have an unmet need for modern contraception—68% vs. 31% and 48% vs. 22%, respectively. In Sub-Saharan Africa, where overall levels of unmet need are much higher, unmet need among adolescents is only somewhat higher than among older women—68% vs. 60%.

• Inadequate knowledge remains a major barrier for adolescents: An in-depth study of four Sub-Saharan African countries found that 60% or more of adolescent men and women believed common misperceptions or had poor knowledge about the prevention of unintended pregnancy and HIV; one-third or more did not know of a source for contraceptives.[4]

UNINTENDED PREGNANCY AND INDUCED ABORTION

• Each year, there are an estimated 2.7 million unintended pregnancies among adolescent women living in South Central and Southeast Asia, 2.2 million in Sub-Saharan Africa, and 1.2 million in Latin America and the Caribbean.

• Almost all unintended adolescent pregnancies in South Central and Southeast Asia occur among married women,

*Modern contraceptive methods are all hormonal methods (i.e., pills, injectables and implants), IUDs, male and female sterilization, condoms and modern vaginal methods (e.g., the diaphragm and spermicides).

†Traditional methods consist mainly of periodic abstinence and withdrawal.

‡Women are considered to have an unmet need for modern contraception if they are married or are unmarried and sexually active, do not want to have a child in the next two years or ever, are fecund and are not using a modern contraceptive method.

compared with an estimated 54% of those in Sub-Saharan Africa and 51% of those in Latin America and the Caribbean.

• Most unintended pregnancies experienced by adolescent women occur among those who are using no contraceptive method or a traditional one: 92% of those in Sub-Saharan Africa, 93% of those in South Central and Southeast Asia, and 83% of those in Latin America and the Caribbean (Figure 2).

• Adolescents account for an estimated 2.5 million of the approximately 19 million unsafe abortions that occur annually in the developing world.[7]

• Adolescents account for 14% of all unsafe abortions that occur in the developing world. In Sub-Saharan Africa, the proportion is 25%.[7]

• An unknown number of adolescents in the developing world have legal and safe abortions. Abortion is permitted by law under broad criteria in some developing countries, particularly in South Central and Southeast Asia.[8]

MEETING CONTRACEPTIVE NEEDS

• Among adolescents wanting to avoid pregnancy, the chance of having an unintended pregnancy is much lower if they and their partner use a modern contraceptive rather than a traditional method or no method at all.

• Each year adolescents' modern contraceptive use prevents 3.1 million unintended pregnancies: 0.9 million in Sub-Saharan Africa, 1.1 million in South Central and Southeast Asia, and 1.1 million in Latin America and the Caribbean.

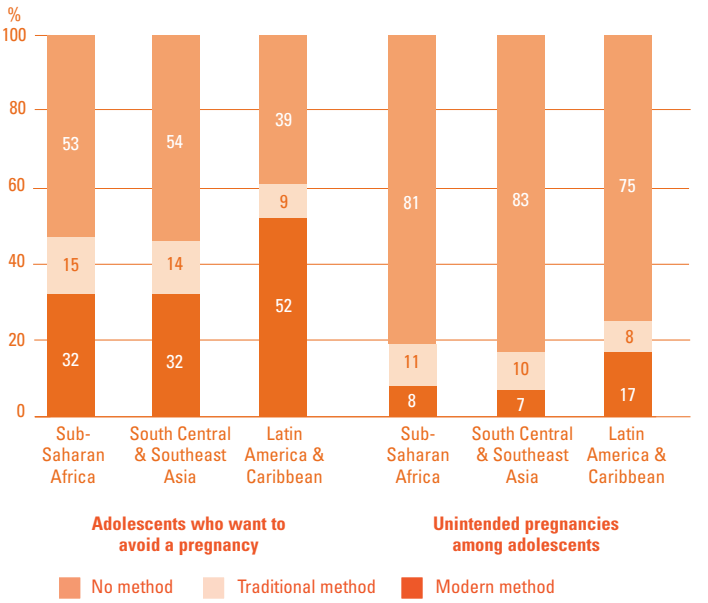
• The estimated annual cost of providing contraceptive services to sexually active women aged 15–19 (married and unmarried) who currently use modern methods is $30 million in Sub-Saharan Africa, $40 million in South Central and Southeast Asia, and $41 million in Latin America and the Caribbean.

• Providing all sexually active adolescent women who do not want a pregnancy with access to modern contraceptive services would cost an estimated $293 million in Sub-Saharan Africa, where the overall health infrastructure is very poor and current contraceptive use among adolescents is very low; it would cost $132 million in South Central and Southeast Asia and $82 million in Latin America and the Caribbean (Table 1).

Figure 2

Unmet Need for Modern Contraception

Many adolescent women have unmet need; they account for the vast majority of unintended pregnancies among that age-group.



• Compared with no modern contraceptive use, fulfilling all need for modern family planning would prevent 7.4 million adolescent unintended pregnancies each year: 2.5 million in Sub-Saharan Africa, 3.0 million in South Central and Southeast Asia, and 1.9 million in Latin America and the Caribbean.

• The additional investment by governments, international donors and households would be extremely cost-effective in all regions. The cost per unintended pregnancy averted by modern contraceptive use among women aged 15–19 who want to avoid pregnancy would range from $43 in both South Central and Southeast Asia and Latin America and the Caribbean to $117 in Sub-Saharan Africa.

• The total cost of meeting the contraceptive needs of sexually active adolescents would be

Table 1

Costs and Benefits

Estimates of the costs and benefits of preventing unintended adolescent pregnancies

	Region			World Bank income group		
	Sub-Saharan Africa	South Central & Southeast Asia	Latin America & Caribbean	Low	Lower-middle	Upper-middle & high
Estimated cost of meeting 100% of need for modern contraception among sexually active women aged 15–19 (in millions of 2008 US$)	$293	$132	$82	$271	$132	$104
Number of unintended pregnancies averted with 100% of need met for modern contraception, compared with no contraceptive use (in 000s)	2,510	3,040	1,900	2,880	2,930	1,650
Average cost per unintended pregnancy averted (in 2008 US$)	$117	$43	$43	$94	$45	$63

highest ($271 million) in low-income countries, which have the greatest need for creating and expanding health service infrastructures, and lowest in upper-middle– and high-income countries ($104 million).

• Preventing unintended pregnancies among adolescent women would greatly reduce the number of maternal and newborn deaths and disability-adjusted life years (DALYs, which measure the loss of healthy years of life due to disability and premature death) lost among this age-group, as it would for all women of reproductive age.

• Maternal mortality and morbidity accounts for 16% of all DALYs lost among women aged 15–29 in developing countries.[9]

• Reducing unintended pregnancies would improve educational and employment opportunities for young women, and, in turn, contribute to improvements in the status of women overall, greater family savings, reductions in poverty and increases in economic growth.

IMPLICATIONS

• For young women in developing countries to benefit from longer schooling, gain productive experience in the labor market before marriage and childbearing, and develop a readiness for parenthood, they need access to the contraceptive and reproductive health services that will enable them to protect their health and avoid unintended pregnancies.

• Meeting the contraceptive needs of married and sexually active unmarried adolescents would help reduce unintended pregnancies (including those that end in unsafe abortion), thereby also reducing maternal deaths and ill health.

• Contraceptive services should be responsive to the special needs of adolescent women, be provided in a manner that does not stigmatize sexually active adolescents and be offered in a respectful and confidential way.

• The provision of information to young people needs to be improved and expanded using a variety of methods—including providing family life education to young people in schools and reaching those who are not attending school.

Unless otherwise indicated, the information reported in this fact sheet comes from analyses of data presented in Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, *New York: Guttmacher Institute and United Nations Population Fund, 2009.*

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