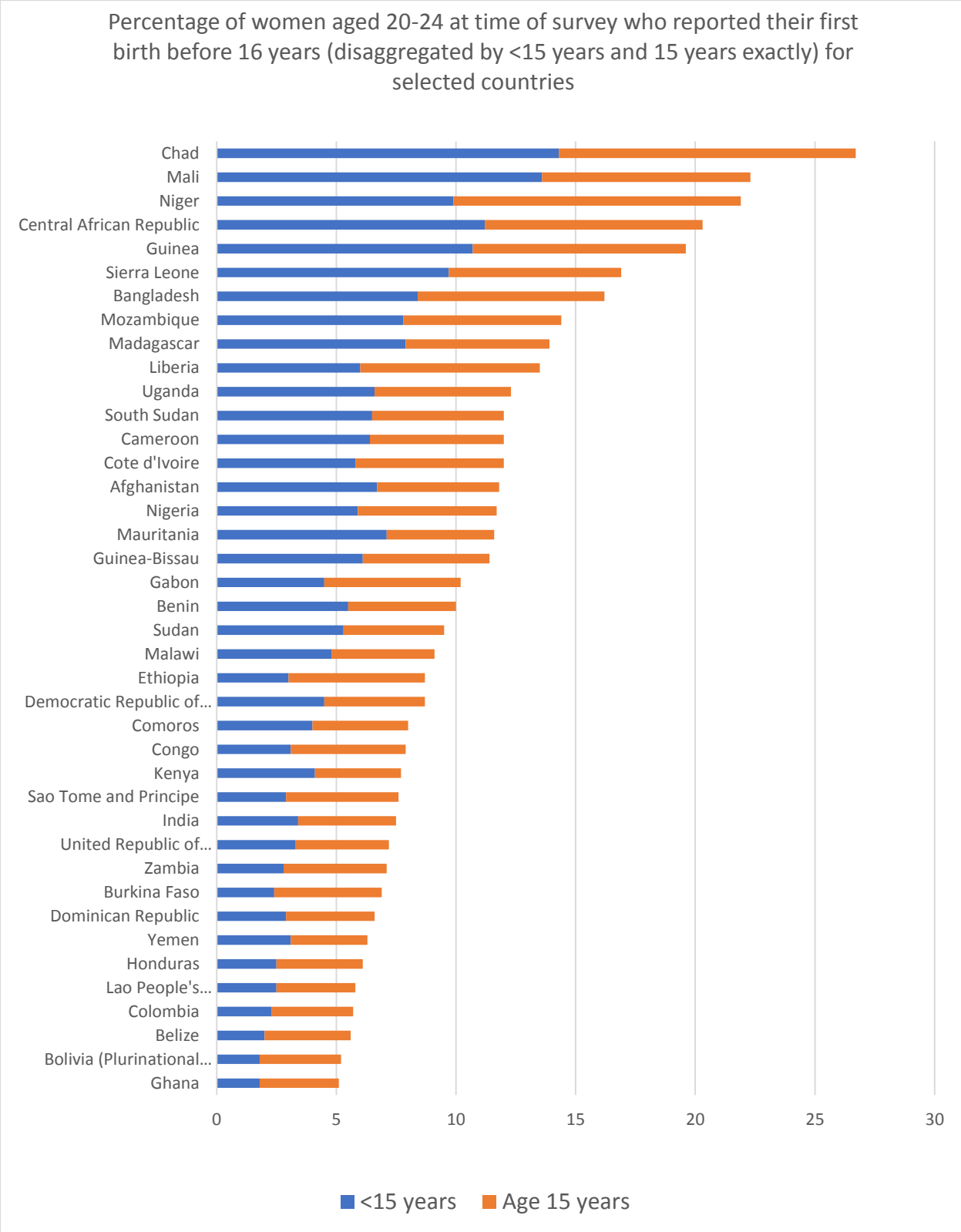
Graph and Data Analysis on Giving Birth at Age 15



Prepared for the IAP by Sarah Neal, Social Statistics and Demography Department, University of Southampton, United Kingdom, 2017.

Data source: Based on analysis of most recent DHS or MICS survey (all after 2006) in 40 countries.

The figure above shows the percentage of women aged 20-24 years who reported a first birth before aged 16 years disaggregated by having first birth before age 15 and exactly at age 15 for 40 low and middle income countries. Rates are particularly high in many countries within West and Central Africa, with four countries (Chad, Mali, Niger and Central African Republic) reporting more than 20% of women having their first birth before 16 years of which more than 50% having their first child before they turned 15. However, some countries in South Asia and East Africa also report over 10% of women have become mothers before their 16th birthday.

These younger adolescents will obviously face very different experiences and risks to older adolescents. A number of studies highlight that the negative health consequences of adolescent motherhood are more severe for both mothers and infants in this when births take place below the age of 16 [2], [3], yet current statistics for adolescent childbirth are rarely disaggregated by age, meaning very early adolescent motherhood is often a hidden problem. Efforts to disaggregate by age often use 15 years as an upper age for very young adolescence: this is problematic as it missed those who give birth at 15 years, which research suggests is also associated with the increased risk to mother and baby associated with mothers aged less than 15 years (e.g.[4]) . In many countries markedly more girls give birth at 15 years old that before their 15th birthday, and therefore there is an underestimate of those who are most vulnerable to adverse health outcomes. Furthermore, using age specific fertility rates for 10-14 years is problematic as it produces a low rate due to the fact that most girls at the lower end of the denominator (i.e. 10-13 years) will not be sexually active and are therefore not exposed to the risk of pregnancy.

In addition to the increased health risks associated with very young births, very young adolescent mothers are further disadvantaged in that they are particularly concentrated among the poorest and least educated populations [5]. For example, in Kenya women in the poorest quintile are just over twice as likely to have a first birth aged 18/19 years than those in the richest quintile, but the poorest are nearly 6 times more likely to have a first birth <16 years than the richest. A further point is that they are less likely to be married or in union than older adolescents [5], which in many contexts leaves them at risk of being stigmatized or ostracized from their families and communities. There is often marked geographical variation within countries in the prevalence of very early adolescent motherhood, and mapping can highlight "pockets" where rates are very high even in countries where the overall aggregate rate is quite moderate[6].

While some countries have made clear progress in reducing births to this younger age group, in other countries, particularly within sub-Saharan Africa, progress has been much more limited. A study of 20 east and west African countries found on average very little reduction had been made in reducing births to women under the age of 16 years: in fact in several countries (e.g. Benin and Mali) births to very young adolescents had increased despite some evidence of modest declines among older adolescents [7].

The relatively large number of very early adolescent births and lack of progress in some countries, coupled with the potential increased risks faced by both mother and baby strongly points to the need for sexual health education programmes to be targeted at younger adolescents. Up to a third of girls in parts of sub-Saharan Africa and South Asia are sexually active before the age of 15 years, yet the needs of this group has been largely overlooked. Conventional approaches to reducing adolescent pregnancies

may be less effective for this group, and there may be a need to develop and tailor interventions to ensure they are appropriate for younger adolescents. Cognitive and emotional differences between younger and older adolescents may require different approaches to ensure information matches the level of understanding of younger girls [8]. As very early childbearing is often associated with a lack of education, school-based programmes may fail to reach those most at risk, and lack of autonomy may lead to greater transport or monetary barriers in accessing support or education initiatives. As younger adolescents may be less focused on reproductive health issues a holistic approach that engages them more broadly on their transition to adulthood may be more appropriate [9], but further research is needed to identify what works best for younger adolescents. As in many countries high prevalence of early adolescent births is associated with widespread child marriage, there is a clear link with programmes and interventions to prevent early marriage. In addition strong support for, and investment in girls' education, as well as effective legal frameworks to protect girls from early marriage and sexual abuse and exploitation are also vital components of any efforts to reduce births to this vulnerable group.

References

[1] S. Neal, Z. Matthews, M. Frost, H. Fogstad, A. V Camacho, and L. Laski, "Childbearing in adolescents aged 12-15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries.," *Acta Obstet. Gynecol. Scand.*, vol. 91, no. 9, pp. 1114–8, Sep. 2012.

[2] A. Conde-Agudelo, J. M. Belizán, and C. Lammers, "Maternal-perinatal morbidity and mortality associated with adolescent pregnancy in Latin America: Cross-sectional study.," *Am. J. Obstet. Gynecol.*, vol. 192, no. 2, pp. 342–9, Feb. 2005.

[3] L. C. Chen, M. C. Gesche, S. Ahmed, A. I. Chowdhury, and W. H. Mosley, "Maternal mortality in rural Bangladesh.," *Stud. Fam. Plann.*, vol. 5, no. 11, pp. 334–41, Nov. 1974.

[4] M. G. Phipps and M. Sowers, "Defining early adolescent childbearing," *Am. J. Public Health*, vol. 92, no. 1, pp. 125–128, 2002.

[5] S. E. Neal, V. Chandra-Mouli, and D. Chou, "Adolescent first births in East Africa: disaggregating characteristics, trends and determinants.," *Reprod. Health*, vol. 12, no. 1, p. 13, 2015.

[6] S. Neal, C. Ruktanonchai, V. Chandra-mouli, Z. Matthews, and A. J. Tatem, "Mapping adolescent first births within three east African countries using data from Demographic and Health Surveys : exploring geospatial methods to inform policy," *Reprod. Health*, vol. 13, pp. 1–29, 2016.

[7] S. E. Neal, V. Chandra-Mouli, and A. Channon, "Disaggregated data on adolescent first birth in 20 sub-Saharan African countries: Trends and characteristics," in *Union for African Population Studies*, 2015.

[8] UNFPA WHO UNAIDS, "Seen but not Heard: Very Young Adolescents Aged 10–14 Years," . Geneva, 2004.

[9] USAID., "Reaching Very Young Adolescents (VYAs): Advancing Programme, Research and Evaluation Practices.," Washington DC, 2010.