

**AFIDEP**

**African Institute for Development Policy**  
Bridging Development Research, Policy & Practice

**Ending teenage pregnancies and child marriages:  
Accelerating progress for universal access to sexual,  
reproductive health and rights, services and  
information for Young People**

Dr. Rose Oronje, Director-Public Policy &  
Communications; AFIDEP Team

NEAPACOH Meeting, October 30, 2019

# Ending teen pregnancies is critical for development because teen pregnancy ...

- Puts the health of young girls at risk; and that of their babies:
  - Complications during pregnancy & childbirth account for most deaths among the 15-19 yr-olds
  - A major proportion of unsafe abortion occurs among the 15-19 yr-olds
  - Babies born to teen mothers have higher risk of low birth-weight, pre-term delivery, severe neonatal conditions



# Ending teen pregnancies & child marriages is critical for development because teen pregnancy ...

- Accounts for huge proportions of school drop outs for girls
- Limits girls' & women's contribution to development
- Exposes girls to domestic violence



# Current Levels – Teen Pregnancies (15-19 yrs)

	% Teenagers who have begun childbearing
Benin (2018)	20.1
Burkina Faso (2010)	23.6
Cote d'Ivoire (2012)	29.6
Gambia (2014)	17.5
Ghana (2014)	14.2
Kenya (2014)	18.1
Lesotho (2014)	19.1
Malawi (2016)	29
Namibia (2013)	18.6
Niger (2012)	40.4
Nigeria (2013)	31.5
Senegal (2017)	16.4
Tanzania (2017)	26.4
Togo (2014)	16.5
Zambia (2014)	28.5
Zimbabwe (2015)	21.6

Demographic  
& Health  
Survey (DHS)

# Current Levels – Unmet need for contraception among married teenagers (15-19 yrs)

	% Married teenagers with unmet need for contraception
Benin (2018)	33
Burkina Faso (2010)	21.7
Cote d'Ivoire (2012)	26.5
Gambia (2014)	16.9
Ghana (2014)	50.7
Kenya (2014)	23
Lesotho (2014)	28.9
Malawi (2016)	22.2
Namibia (2013)	31.7
Niger (2012)	13.1
Nigeria (2013)	13.1
Senegal (2017)	23.8
Tanzania (2017)	23
Togo (2014)	41.6
Zambia (2014)	25.1
Zimbabwe (2015)	12.6

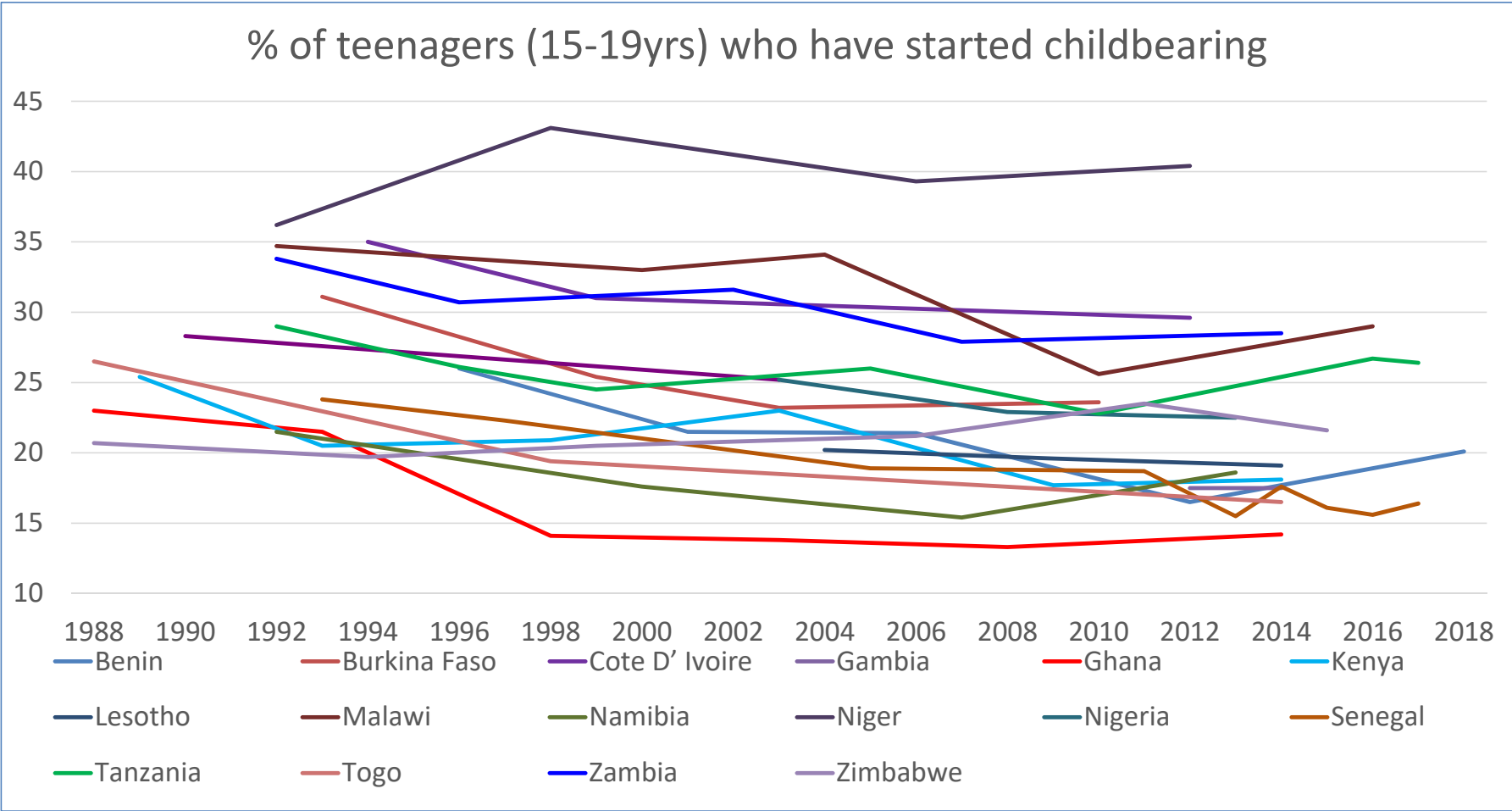
Demographic  
& Health  
Survey (DHS)

# Current Levels – % Women married by age 18 (20-24 yrs)

	% Teenage marriages
Benin (2018)	30.6
Burkina Faso (2010)	51.6
Cote d'Ivoire (2012)	33.2
Gambia (2014)	30.4
Ghana (2014)	20.7
Kenya (2014)	22.9
Lesotho (2014)	17.3
Malawi (2016)	42.1
Namibia (2013)	6.9
Niger (2012)	76.3
Nigeria (2013)	42.8
Senegal (2017)	28.8
Tanzania (2017)	30.5
Togo (2014)	21.8
Zambia (2014)	31.4
Zimbabwe (2015)	32.4

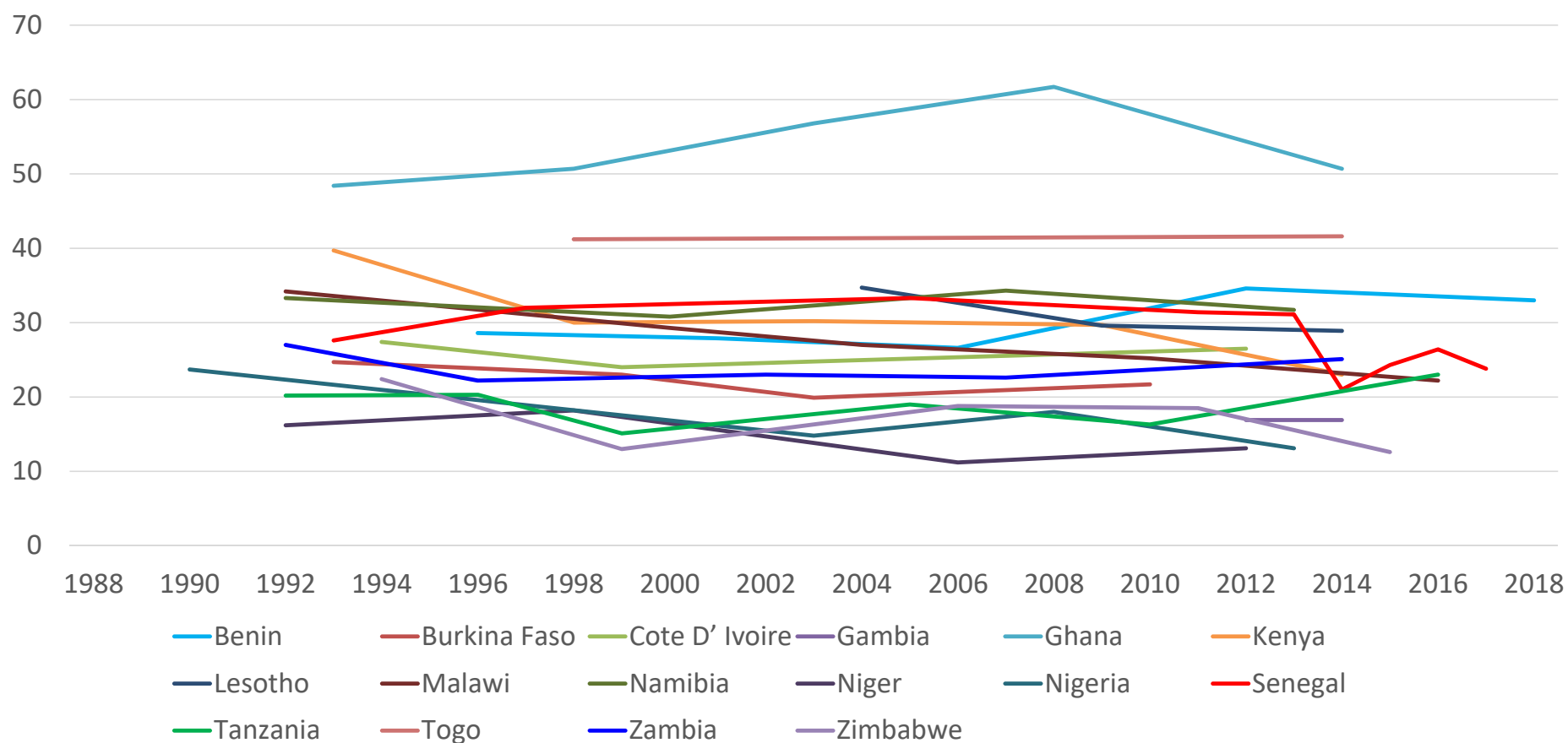
Demographic  
& Health  
Survey (DHS)

# Despite ongoing efforts, we have made limited progress on reducing teen pregnancies



# We have also made limited progress in providing contraception to married teenagers who want to delay child-bearing

% of married women (15-19 yrs) with unmet need for contraceptive







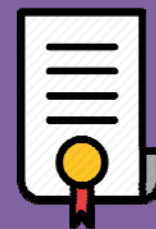
# Barriers to Contraceptive Use

There are some important differences in the barriers that youth face in accessing contraception as well as differences in their contraceptive behavior.



## INDIVIDUAL

Infrequent sex and not being married *or* married but social norms around proving one's fertility



## POLICIES

Policy restrictions



## METHOD CHOICE

Concern about side effects/health risks - menstruation, fertility



## SUPPORT

Lack of partner/family support to using contraception



## PROVIDERS

Provider bias



## INFORMATION

Myths and misconceptions

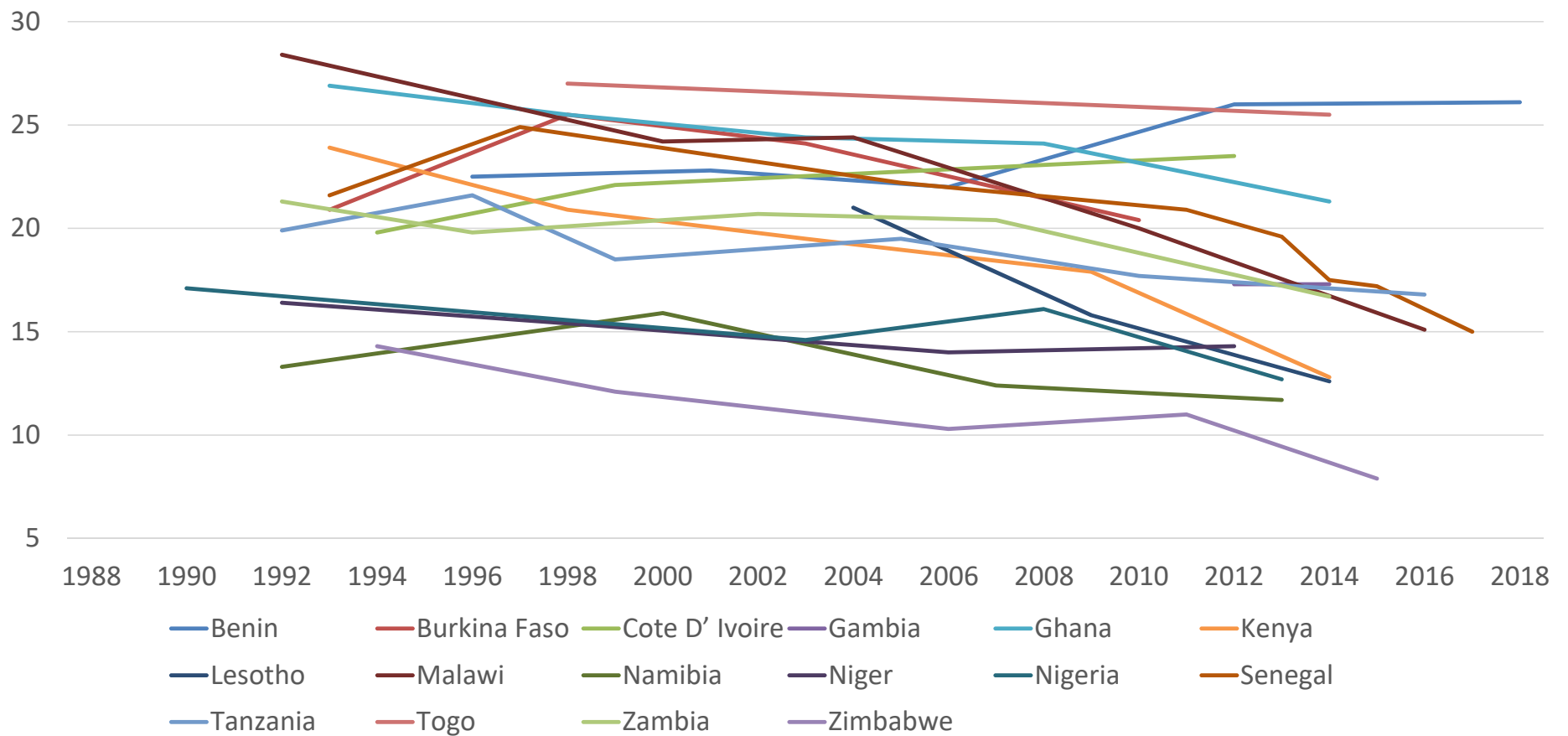


## COST & ACCESS

Affordability and accessibility (but supply-related reasons least common)

# Married teenagers account for most of the unmet need for contraception among married women

% of all women (15-49 yrs) with unmet need for contraceptive



# Why are we making such limited progress?

- Contention around teen sexuality because of beliefs, values
- Not enforcing laws, not implementing policies
- Implementing ineffective interventions despite abundant evidence on what works and doesn't work



# Poverty, Culture – Important Drivers of Teen Pregnancy, Early Marriages

*“A lot of girls get pregnant because of lack of money. If a boy has money and he asks you to sleep with him, you cannot say no when you have no money to buy soap for washing your uniform with.”* (15-year-old girl, form 1, Dowa, Malawi)

*“Pregnancies are also common because parents force girls to find a wealthy man to marry...”* (18-year-old boy, form 3, Mangochi, Malawi)

*“...it is possible for some young people to have the desire of going far with school but because of lack of school fees and soap as well as lack of food at home, these act as barriers to their education.”* (17-year-old girl, form 3, Mangochi, Malawi)

*The coming season is for initiation ceremonies. When the initiates are about to be released, there are night parties ... People are in pairs and you cannot be with a girl just to chat.”* (18-year-old boy, form 2, Mangochi, Malawi)

# We're continuing to implement interventions that have been shown to be ineffective

## Youth centres

- Mainly used by a small proportion of young people who live nearby and are male
- Users often older than intended target age
- Frequented for recreational purposes
- Cost per beneficiary is quite high



# We're continuing to implement interventions that have been shown to be ineffective

## Peer education to encourage safe sexual behavior

- Result in information sharing, but on their own, have very limited effects in promoting healthy behaviours & improving health outcomes among target groups
- Mainly benefit the peer educators rather than intended beneficiaries



# We're continuing to implement interventions that have been shown to be ineffective

## High profile meetings

- Meetings to inform communities about harmful practices & to urge them to abandon these practices are not effective as well publicized one-off public sessions
- Longer-term approaches including ongoing dialogues with community leaders and members should be used instead





**We are not implementing interventions that  
have been shown to work ...**



# Interventions that have been shown to work in reducing teen pregnancies

## Holistic programmes that combine a range of effective interventions including

- Comprehensive **school-based sexual education** programmes
- Facility-based programmes with **outreach components**, provide information & services to **most-at-risk teens**
- Long-term **mass media interventions** with messages delivered through radio, TV, social media
- **Conditional cash transfer** programmes
- Programmes that **prevent child marriages**



# Guidance for reducing teen pregnancies & poor sexual & reproductive health among teenagers – WHO, UNFPA

- Reduce marriage before age 18
- Create understanding & support for teen sexuality programming
- Increase use of contraception
- Reduce coerced sex
- Reduce unsafe abortion
- Increase use of skilled services – antenatal, birth, post-natal



# Important to Expand Contraception Method Choice for Teenagers

## Adolescent contraceptive use behavior

- Incorrect or inconsistent method use leading to method failure
- Higher rates of discontinuation
- Greater likelihood of stopping for reasons other than the desire to become pregnant
- 84% of girls aged 15-19 use less effective short acting methods which require ongoing resupply, and are not always available due to stock outs

# Important to Expand Contraception Method Choice for Teenagers

## Adolescent contraceptive use behavior

- Incorrect or inconsistent method use leading to method failure
- Higher rates of discontinuation
- Greater likelihood of stopping for reasons other than the desire to become pregnant
- 84% of girls aged 15-19 use less effective short acting methods which require ongoing resupply, and are not always available due to stock outs

## Youth-centred approach to expanded method choice for adolescents

- Method can prevent pregnancy & STIs/HIV
- Health risks or benefits:
  - Menstruation
  - Fertility
- Affordability
- Compatibility with sexual experience
  - Frequency
  - Relationship with partner
  - Power dynamics

# Keep girls in school

“Education”, they say, “is the best contraception”

# What can MPs do?

- Advocate for **understanding & support for teen sexuality programmes**, including comprehensive sexuality education in schools
- **Legislate & monitor** enforcement of laws
- Advocate for **increased resources to teen sexuality programming, track budgets**
- Support laws, policies, & programmes that **enable more & more girls to stay in school**, to attain the highest levels of education
- Champion **eradication of teenage pregnancies and marriages** in your constituencies



**Thank you!**  
**Ahsanteni sana!**



[info@afidep.org](mailto:info@afidep.org)

Or

[rose.oronje@afidep.org](mailto:rose.oronje@afidep.org)

***An Africa where evidence transforms lives***