

Adolescent contraceptive use in the world: Levels, trends, factors associated and method mix

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LONG SUMMARY

Introduction

Nearly half the world's population today, more than 3 billion people, are under the age of 25. The largest cohort of young people in history—1.5 billion—is currently growing up in developing countries. Further growth in the overall number of young people aged 10-24 in developing countries is projected to continue until 2035 (Lloyd, 2004). One of the major problems facing the young people is adolescent pregnancy and childbearing which are a major concern, not only in terms of the demographic consequences at the country level, but also in terms of the deleterious social, economic and health consequences for the adolescent mothers themselves (Singh, 1998; Buvinic and Kurz, 1997; World Health Organization, 1995).

In the developing countries, adolescent fertility levels have been decreasing since the early 1990s. However, the amounts of decline are rather modest and, consequently, high levels of adolescent fertility still prevail: in the late 1990s and early 2000s, age-specific fertility rates of at least 100 live births per 1000 women aged 15-19 were found in more than half of the countries (Rafalimanana, 2006). Levels are particularly high in sub-Saharan Africa, moderate in Latin America and the Caribbean, and lowest in countries of Northern Africa, Central Asia, and South-East Asia.

Given the renewed interest for and declarations in favor of lowering adolescent pregnancy and childbearing from the international community and governments, given that adolescent fertility is still at high levels in most countries because of the slow pace of decrease in adolescent childbearing that has occurred over the 1980s and 1990s, given that contraception is one major determinant of fertility, this paper tries to answer the following three questions: 1) Has adolescent contraceptive use also increased at a slow pace recently? 2) What are the factors associated with contraceptive use among adolescents? and 3) Are adolescents using effective contraceptive methods?

Methods

Data sources

The data used to document the levels of contraceptive use among adolescents come from nationally representative sample surveys for 99 countries. The sources of data are mainly the Demographic and Health Surveys (DHS) (55 out of 99). When the country

estimates are aggregated into averages for the regions of the world, they are weighted by the number of married women aged 15-19 in 2005.

The analysis of trends is based on data from 42 countries that have participated in the DHS Programme and where at least two surveys have been conducted because these are the countries where comparable data on trends in contraceptive use among adolescents exist. For each country, the earlier and most recent data are separated by ten years on average, with the earlier data usually pertaining to the early 1990s and the later data pertaining to the early 2000s.

The analysis of the factors associated with contraceptive use relies on a multivariate regression of individual DHS data using the following variables as independent variables: education level, urban/rural residence, awareness or knowledge of sources of family planning services, proximity to a source of family planning services.

Analyses

Adolescents are defined in this paper as women aged 15 to 19. The focus of the analysis is on the contraceptive practice of married or in-union adolescents because contraceptive use among unmarried but sexually active adolescents is rarely gathered in surveys. However, the contraceptive practice of the unmarried group will be touched upon in a separate section.

In this paper, I will first present the levels of adolescent contraceptive prevalence (percentage using contraception among married or in-union women aged 15-19) based on data from 99 countries of the world. Differences across countries as well as across regions (Africa, Asia, Latin America and the Caribbean, Developed regions) will be discussed. A comparison of these levels among married adolescents with the levels among sexually active unmarried adolescents will also be examined.

Second, I will analyze how adolescent contraceptive prevalence has changed over the past ten to fifteen years in the developing world. This analysis of trends will be based on data from the Demographic and Health Surveys.

Third, I will analyze the relationship between adolescent contraceptive use and adolescent fertility. I will look into the type (methods) of contraception mostly used by the teenagers and see whether the method mix has an influence on their childbearing levels.

Fourth, I will analyze the factors associated with contraceptive prevalence and discuss the extent to which national policies and programs implemented after the ICPD (that is, about ten years ago) might have had any impact on the relationship between the factors and contraceptive prevalence.

Results

Preliminary results show that in 2000, only 19 per cent of married adolescents living in the less developed regions used contraception compared with 54 per cent of those living in the more developed regions. During the 1990s and the early 2000s, contraceptive use among married adolescents barely increased in sub-Saharan Africa and increased slowly in Northern Africa and Asia. By contrast, contraceptive use among married adolescents increased rapidly in Latin America and the Caribbean. Consequently, 47 per cent of the adolescents of the region used contraception in 2000 compared to 15 per cent of those living in Africa and 17 per cent of those living in Asia (excluding Eastern Asia).

As far as method preferences are concerned, married adolescents use mostly the pill. In the less developed regions, one-third of married adolescents who used contraception relied on the pill in the early 2000s. Injectables were the second most used method, with 19 per cent of users relying on them. The condom, rhythm and withdrawal each came after injectables in terms of popularity with a total of a 33 per cent of users relying on these two methods.

In the more developed regions as well, the pill enjoys the highest prevalence of use on average among married adolescents. However, a lower proportion of them relies on this method—28 per cent—than in the less developed regions. The reason for the lower share of the pill in the more developed regions is that two other methods, the condom and withdrawal, come close to the pill in terms of popularity. In these regions, half of all adolescent contraceptive users relies mainly on the condom or withdrawal.

Sexually active unmarried adolescents use more contraception than married adolescents. The contraceptive prevalence among the unmarried group is, on average, three times higher than the contraceptive prevalence among the married group. However, this ratio varies greatly across countries and major areas. In general, the ratio is much higher (five to eleven times higher) in countries with low contraceptive prevalence, such as Burkina Faso, Central African Republic, Ethiopia, Mali and Togo. The condom is the most popular method of contraception among unmarried adolescents.