

Protecting the Next Generation in Sub-Saharan Africa

**LEARNING FROM ADOLESCENTS
TO PREVENT HIV AND
UNINTENDED PREGNANCY**



Executive Summary

Addressing the sexual and reproductive health needs of adolescents in Sub-Saharan Africa is vital, given the devastating impact of AIDS, the high rates of unintended pregnancy and the risk that those pregnancies may lead to unsafe abortions. Protecting the health of adolescents is clearly important for the adolescents themselves. In addition, it is a critical public health priority. Increased investment in adolescent sexual and reproductive health can contribute to wider development goals, because it enables adolescents to become healthy, productive adults. This report presents key findings from nationally representative surveys conducted in 2004 among 12–19-year-olds in four African countries—Burkina Faso, Ghana, Malawi and Uganda—with the goal of guiding programs, policies and investments aimed at improving adolescent sexual and reproductive health.

Many adolescents are sexually active and need help to prevent negative consequences

Adolescent females in Sub-Saharan Africa tend to have sex at an earlier age than their male counterparts, and thus are at particular risk for HIV, unwanted pregnancy and other adverse outcomes.

- Almost 60% of females have had sex by age 18, compared with about 40–45% of males. By age 20, more than 75% of females and more than 60% of males have had sex.
- In nearly all of Sub-Saharan Africa, the prevalence of HIV is higher among females than among males.
- Thirty-five percent of pregnancies among 15–19-year-olds are unwanted or mistimed; 22% end in birth and 13% in abortion. These abortions are often unsafe, because abortion is still highly restricted in most Sub-Saharan African countries.

- Among sexually active 15–19-year-olds, about one in five married females and close to half of unmarried females have an unmet need for contraception.

New findings document factors that threaten adolescents' sexual and reproductive health

New data from Burkina Faso, Ghana, Malawi and Uganda reveal that many adolescents do not use contraceptives, have experienced unwanted sex, have multiple or much older partners and lack adequate knowledge about avoiding sexually transmitted infections (STIs) and pregnancy.

- Among 15–19-year-olds who have had sex in the past year, only 29–47% of females and 42–55% of males used contraceptives the last time they had sex. The male condom is by far the most commonly used method. Preventing pregnancy, rather than preventing STIs, is the most widely cited reason for using condoms among females in all four countries and among males in Ghana and Uganda.
- Almost one in five females in Ghana, Malawi and Uganda report that their first sexual experience occurred through force or because their partner insisted.
- Among 15–19-year-olds who have had sex in the past year, 17–26% of males and 6–7% of females have had two or more partners. In three of the four countries, more than 40% of sexually active 15–19-year-old females have had partners in the past year who were five or more years older.
- More than 90% of 15–19-year-olds have heard of HIV, yet fewer than 40% of adolescents in this age-group can both correctly identify ways of preventing transmission of HIV and reject common misconceptions about HIV transmission. The proportion who know of STIs other

than HIV is low in Burkina Faso and Ghana (31–56%), but much higher in Malawi and Uganda (71–82%).

- No more than one in three 15–19-year-olds are aware of a woman's fertile period, are able to reject several popular misconceptions about pregnancy and know at least one modern contraceptive method.

Comprehensive school-based sex education is an effective and efficient way to educate adolescents

Comprehensive sex education is effective in improving knowledge and reducing sexual risk behaviors, and it does not increase sexual activity. At best, only about half of 15–19-year-olds across the four countries have received any sex education at school. Although strengthening sex education programs can be difficult in places where resources and infrastructure are limited, key aspects of effective programs have been identified and can be applied across different settings. Important recommendations include:

- *Adopt curricula that provide comprehensive, accurate sexual and reproductive health information.* Programs should avoid using an exclusive “abstinence-until-marriage” approach, as recent evaluations show that this approach alone does not lead to protective behaviors.
- *Support teacher training.* To effectively expand coverage of sex education, it is vital that teachers receive adequate training in sex education topics and in participatory learning methods.
- *Target very young adolescents.* Many adolescents leave school before reaching the grade levels at which sex education begins. Programs that start before the end of primary school increase the opportunity to reach youth before they leave school and before they begin sexual activity.
- *Help adolescents stay in school.* Even if they do not receive sex education, young people who stay in school are less likely than their peers to have sex.

Strengthening the health care system may increase adolescents' utilization of services

Although 35–65% of 15–19-year-olds who have ever had sex would prefer to receive contraceptives from health facilities, 24–44% do not know a relevant source. Moreover, 32–58% prefer to receive STI testing and treatment at health facilities, but many are too afraid, embarrassed or shy to seek such services. The lack of adequate health care infrastructure complicates efforts to increase adolescent utilization of services. Still, improving service delivery to adolescents is possible within the existing health care system, and the following would be useful steps:

- *Ensure the widespread availability of a range of contraceptive methods, especially the male condom.* Making condoms available to young people not just at clinics but also at shops, pharmacies and places where they work

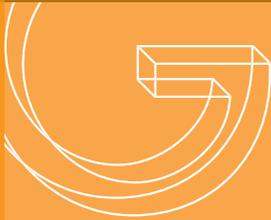
and socialize can increase access. Improved availability of female-controlled methods, such as the female condom and emergency contraceptives, is needed as well.

- *Conduct outreach.* Basic outreach is needed to inform young people about the services that are available and where to get them. Providers should use any contact with adolescents as an opportunity to address their sexual and reproductive health care needs.
- *Train mid-level providers to deliver health services.* Mid-level providers, such as midwives and nurses, can help address the need for more health care personnel. Training programs for health care providers should teach relevant skills for delivering information and services to adolescents without stigmatizing sexually active youth.

Evidence points to steps that can help meet adolescents' sexual and reproductive health needs

The new research findings suggest a number of important steps that policymakers and program managers can take to help adolescents avoid unwanted pregnancy, STIs and other undesirable outcomes.

- *Encourage the use of modern contraceptive methods and make male condoms widely available.* Because fear of pregnancy, more than fear of STIs, motivates many adolescents (especially young women) to use condoms, programs designed to promote condom use should emphasize pregnancy prevention as well as disease prevention.
- *Ensure that adolescents have the specific information and skills they need.* Although highly aware of sexual and reproductive health issues, adolescents lack the information and skills needed to protect themselves against HIV, unintended pregnancy and unwanted sex. They must be provided with comprehensive information and skills if they are to delay sexual debut, resist pressure to engage in unwanted sex and practice safer sex.
- *Start interventions early—before adolescents have sex.* Among 12–14-year-olds, 7–34% have experienced some form of intimate physical activity (kissing, fondling or intercourse) or have had a boyfriend or girlfriend, and 11–53% have at least one close friend who has had sex.
- *Engage community members and the media.* Community involvement can build local support for interventions and help programs more effectively address adolescents' needs. The mass media (especially radio) is one of adolescents' preferred and most commonly used sources for sexual and reproductive health information. Expanded use of radio and other media could help reach youth who have limited access to information and services.
- *Target interventions to meet the diverse needs of adolescents.* All adolescents need access to sexual and reproductive health information and services. However, some groups of adolescents, such as out-of-school youth and married females, have particular needs or face elevated risks, and these groups require targeted interventions.



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