

Department of Economic and Social Affairs

Population Division

Fertility among Young Adolescents at Ages 10-14 Years – A global assessment



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Figure IV.1. Early adolescent birth rate (ages 10-

EXPLANATIONS

Figures

A minus sign (-) before a figure indicates a decrease or negative number.

A full stop (.) is used to indicate decimals.

Years given refer to 1 July.

Use of a hyphen (-) between years, for example, 1995-2000, signifies the full period involved, from 1 July of the first year to 1 July of the second year.

An emdash (—) indicates that the magnitude is not zero, but less than half of the unit employed (i.e.

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The group of Small Island Developing States (SIDS) includes 58 countries or territories located in the Caribbean (29), the Pacific (20) and the Atlantic, Indian Ocean, Mediterranean and South China Sea (AIMS) (9). Further information is available at <http://unohrlls.org/sids/>.

* For country notes, please refer to:
<https://population.un.org/wpp/Download/Metadata/Documentation>

EYDS

There are currently more than 641 million young adolescents aged 10 and 14 years, representing 8 per cent of the global population. Most of them, roughly 545 million, live in countries of the less developed regions.

In general, early adolescent childbearing in the age range from 10 to 14 years has been more common in the less developed regions than in the more developed regions.

Childbirth among young adolescent girls has been much more common in sub-Saharan Africa and Latin America and the Caribbean than in other parts of the world.

The fertility rate among girls aged 10 and 14 has been elevated (6 or more births per 1,000 girls per year) in 11 countries of sub-Saharan Africa (Angola, Cameroon, Chad, Gabon, Guinea, Madagascar, Mali, Mozambique, Niger, Nigeria and Sierra Leone) and in one country of Asia (Bangladesh).

Moderate levels of early adolescent childbearing (from 1 to 5 births per 1,000 girls per year) have been observed in 49 countries in sub-Saharan Africa, 3

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BOX

The initiation of childbearing in early adolescence changes the lives of girls and young women in profound ways. Early adolescent childbearing limits the options of adolescents to decide how to lead the rest of their lives, including if, when and whom to marry, when to start a family and how many children to have. Early adolescent fertility also entails heightened risks of morbidity and mortality for both mother and baby, and related complications affecting their well-being. Early adolescent pregnancies are often unplanned or unwanted; they are sometimes the result of forced or early marriages, and they lead almost inevitably to a premature transition from childhood to motherhood. Very early motherhood also affects young girls' social and physical development and their ability to achieve high standards of health, education and economic well-being. While in some circumstances, parenthood may confer a perceived positive change in social status accompanied by roles and responsibilities, early adolescent childbearing often reproduces an intergenerational cycle of poverty, low socioeconomic status and gender inequality.

While demographers and health experts recognize that the reproductive life span of a woman covers mainly the ages from 15 to 49 years, there is a growing interest in childbearing that occurs outside that range, in particular in early adolescence. Young adolescents differ in numerous ways, including biological and intellectual development, from older adolescents ages 15-19 years. Understanding the causes and consequences of

Figure 10.14

2017.⁴ Sustainable Development Goal 3, which aims to “ensure healthy lives and promote well-being for all at all ages”, includes target 3.7 on universal access to sexual and reproductive health services. As one measure of progress toward this target, indicator 3.7.2 was defined as the adolescent birth rate (aged 10–14 years; aged 15–19 years) (b-9044a) (A-85Tw 0.5Td ; c 0 Tw 16.48 ()) (s)8 -(s)8 -(s)8 /3ps-(s)

ADOLESCENTS

DEVELOPING REGIONS

Young adolescents, those 10 to 14 years old, accounted for about half of the 1.2 billion people between ages 10 and 19 years worldwide in 2020 and for roughly 8 per cent of the total global population.⁷ Around 9 out of 10 of these young adolescents reside in developing countries where obtaining high-quality sexual and reproductive health care services can be challenging for all women and where adolescents, especially girls, tend to face additional barriers in gaining access to such services and related information.

An estimated 545 million adolescents aged 10-14 years were living in the developing regions in 2020, with the largest share in Central and Southern Asia (29 per cent), Eastern and Southern Asia (23 per cent) and sub-Saharan Africa (21 per cent), and smaller shares in Latin America and the Caribbean and in Oceania excluding Australia and New Zealand.

The young adolescent population in the developing world is projected to increase by more than 30 million between 2020 and 2030, with most of this growth expected to occur in sub-Saharan Africa. Northern Africa and Western Asia and Oceania excluding Australia and New Zealand are the only other developing regions expected to see an increase in the number of adolescents aged 10-14 over the coming decade. The number of young adolescents in other developing regions is expected to decline during this period as a consequence of earlier fertility declines.

Globally in 2020, there were nearly 310 million girls between ages 10 and 14. This number is expected to increase by 15 million from 2020 to 2030. Almost a quarter of all girls in this age group in 2020 lived in sub-Saharan Africa.

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B. DEMOGRAPHIC AND HEALTH SURVEYS

Fertility indicators are seldom reported for very young adolescents; they are typically calculated for women aged 15-49 years only, since this is generally recognized as the main part of the female reproductive life span. However, more information to better understand the circumstances and consequences of sexual activity and fertility at young adolescent ages is needed in the face of increasingly young ages reaching sexual maturity.

To fill this data gap, the Demographic and Health Surveys (DHS) have begun to analyze retrospective birth history data⁴³ of young women aged 15-

Research by Pullam and Beck (2014) suggests that the omission of births and displacement of births

I EARLY ADOLESCENT FERTILITY

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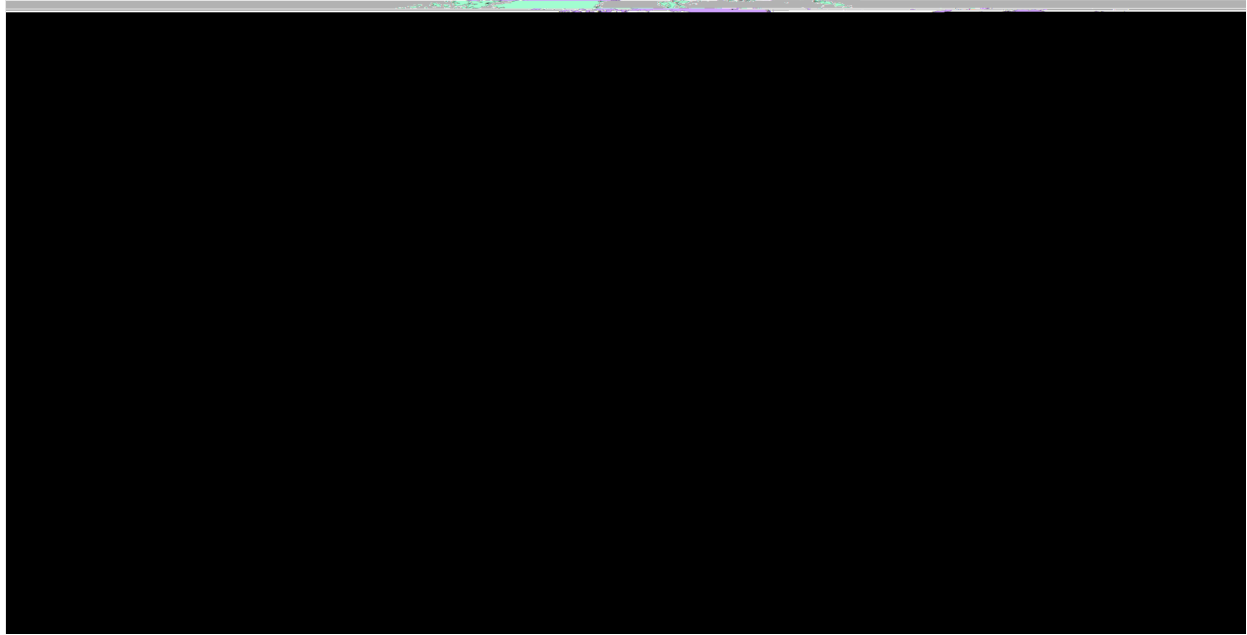
AGED 10-14 YEARS

A. REGIONAL PATTERNS OF EARLY ADOLESCENT CHILDBEARING

The most recent data available for 51 countries (referring to the year 2010) show elevated levels of early adolescent fertility in 11 countries in sub-Saharan Africa and one country in Asia (Bangladesh)⁶

Elevated levels of childbearing at ages 10 years (6 or more births per 1,000 girls) are not common in other regions, with the notable exception of Bangladesh in Asia (II.1). In sub-Saharan Africa, particularly in Western and Central Africa, rates of early adolescent fertility are generally higher and more diverse than in other regions of the world. Three of the four countries in the world with an estimated 10 or more births per 1,000 girls aged 10 to 14 years are in sub-Saharan Africa, namely Angola, Mozambique and Nigeria. Outside Africa, Bangladesh also is estimated to have 10 births per 1,000 girls at ages 10

Map 1.1. Estimated population, 2020 (in millions)



Source: DHS, Department of Economic and Social Affairs, several years.

Notes: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

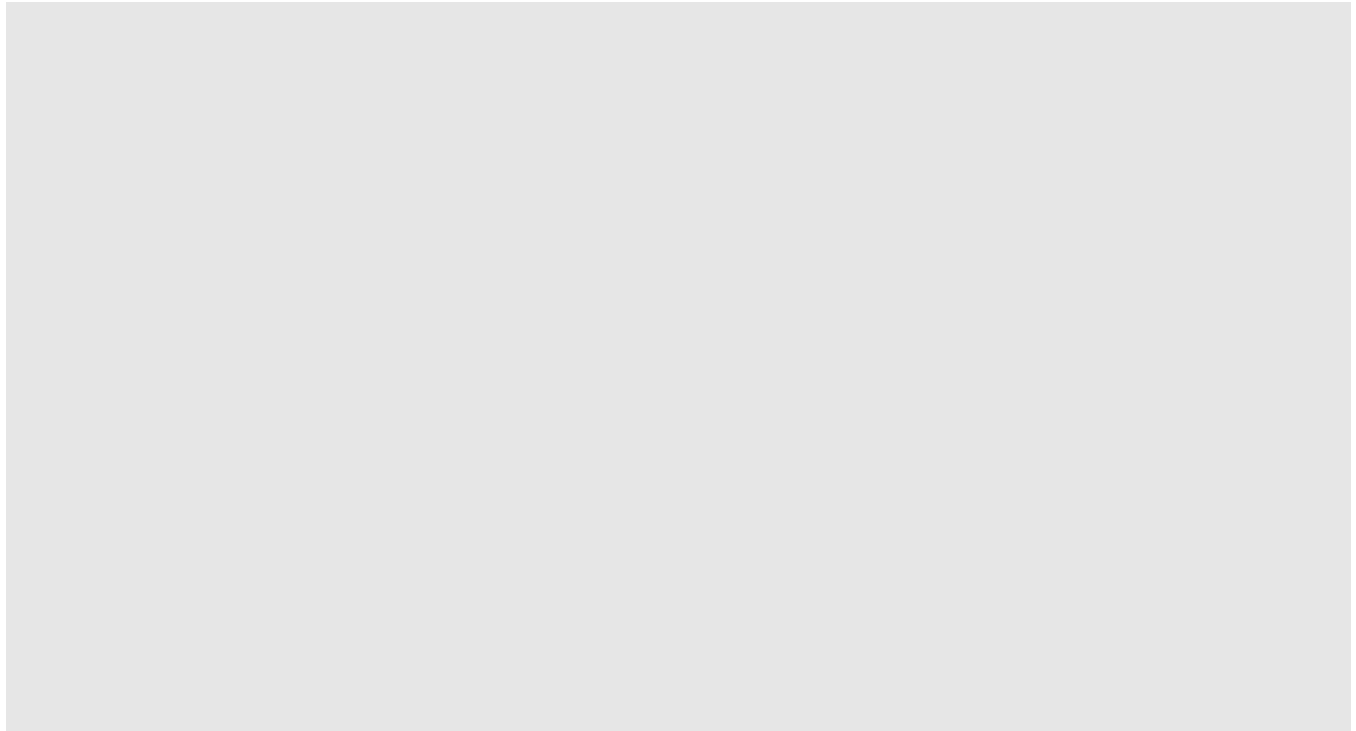
V EARLY ADOLESCENT CHILDBEARING

ANNEX D

A. EARLY CHILDBEARING AS A COMPONENT OF TOTAL FERTILITY

Early adolescent childbearing is positively associated with the total fertility rate of women aged 15-49 years. In the 17 African countries with at least 5 births per 1,000 girls at ages 15-19 years, total fertility levels in 2019 were over 4 births per woman (figure 1), ranging from 7 births per woman in Niger to 4 in Gabon. In countries

Fig. 2. Adolescent fertility rates (AFR) at ages 10-14 years, 2010-2020



Source: DHS, MICS, and Demographic Yearbook

Adolescent birth rates at ages 10-14 years are also elevated in Angola, Chad, Côte D'Ivoire, Guinea, Liberia, Mali, Mozambique and Niger, where fertility for adolescents aged 15 years is high (United Nations, 2020). This positive correlation is not limited to the African region; all other countries with elevated early adolescent fertility (5 or more births per 1,000 girls) including those in Asia and Latin America and the Caribbean, have fertility rates of 15-year-olds between the 71.1 births per 1,000 estimated for the Dominican Republic and the 85.7 per 1,000 of Cameroon.

C. CONTRIBUTION TO POPULATION GROWTH

As it may be expected, all African countries with high early adolescent fertility (5 or more births per 1,000 girls aged 10-14) also have high average annual rates of population growth, between 3.8 per cent

TABLE IV.1. TOTAL FERTILITY RATE (TFR), ANNUAL POPULATION GROWTH RATE (r) AND ADOLESCENT BIRTH RATES (ABR) BY AGE, COUNTRIES WITH ELEVATED EARLY ABR, 2010–2017

Region	TFR 2015-2020	r (%) 2015-2020	Adolescent birth rates (per 1,000 live births)			
			10-14 yr	15-17 yr	18-19 yr	15-19 yr
Africa						
Angola*	5.6	3.3	15.7	3.1	9.5	0.5

were married by age 19. Another indicator of the average age at marriage is the Single Mean Age at Marriage (SMAM).²⁴ The most recent available estimates of the SMAM suggest that the mean age at first marriage was lowest in Niger and Bangladesh (less than 19 years) and highest in Sierra Leone and Gabon (23 years).

2. Contraception

As is the case for the indicators of sexual and reproductive health discussed earlier, data on the use of contraception are generally collected only for women age 15-49. The most recent data available (United Nations 2019a, table V.2) on adolescents age 15-19 for countries with measurable early adolescent fertility show generally low rates of contraceptive use, with the exception of Cameroon, Gabon, Liberia, Sierra Leone and the Dominican Republic, where at least one fifth of all adolescents reported using some type of contraceptive method. Amongst the countries with elevated levels of early adolescent fertility, contraceptive prevalence is reported to be highest in Bangladesh, where every second adolescent uses a method (traditional or modern) of contraception. The rates of contraceptive use are lowest (under 10 per

TABLE IV.2. EARLY ADOLESCENT BIRTH RATE (ABR), PROPORTIONS OF OLDER ADOLESCENTS WHO ARE MARRIED OR USING MODERN CONTRACEPTIVES AND AVERAGE AGE AT FIRST MARRIAGE, COUNTRIES WITH ELEVATED EARLY ABR, 2000–2017

	Girls 10-14	Married	Using modern contraceptives	Mean age at first marriage
Region	Abortion rate (per 1,000 live births)	Contraceptive prevalence (%)	Abortion rate (per 1,000 live births)	Mean age at first marriage (years)
Africa				

V ~~CONCLUSIONS~~

The present analysis indicates that elevated and moderate levels of early adolescent fertility have been observed in 62 countries (y

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