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Adolescent girls' **health** and **well-being** in West and Central Africa

OVERVIEW

The health and well-being of adolescents are fundamental to a country's social and economic progress. Home to 120 million individuals aged 10-19, West and Central Africa, along with Eastern and Southern Africa, has the highest proportion of adolescents of any region, globally, and the adolescent population is expected to grow 37 per cent by 2030.

As they transition from childhood to adulthood, adolescents acquire the physical, cognitive, emotional, social and economic resources that serve as the foundation for health and well-being later in life. But this is also a vulnerable period in which girls and boys are exposed to new risks. It is a period in which gender norms consolidate, often to the disadvantage of girls. The onset of puberty can be a signal for constraining girls' movement, schooling, sexuality and life exposure.

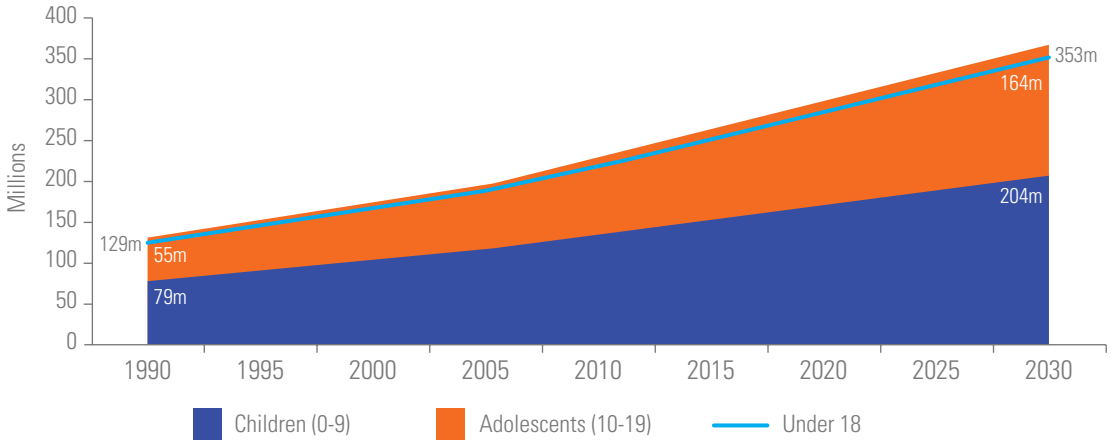
Adolescent girls in regions like West and Central Africa also face social pressures to marry and bear children, jeopardizing their ability to acquire the education and resources needed for adulthood and resulting in lifelong consequences for girls, their children and their communities.

This brochure presents a statistical snapshot of the health and well-being of adolescent girls in West and Central Africa, along select dimensions. It also examines the intergenerational effects of adolescent childbearing on the health and nutrition of children born to adolescent mothers in the region.

While not intended to be an exhaustive snapshot of girls' well-being, the brochure provides evidence that the diverse needs of adolescent girls, as well as discriminatory social, economic and gender norms, must be addressed if the potential of West and Central Africa's adolescent population is to be realized.

Population trends and projections

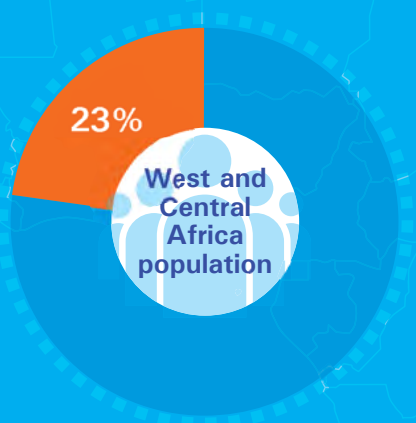
Population aged 0-19, 1990-2030, West and Central Africa



Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2017 revision.

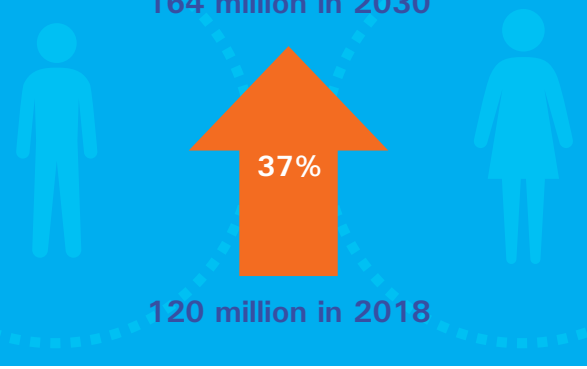
West and Central Africa: Key figures about the adolescent population

Adolescents constituted 23% of the population in 2018—the highest proportion of any region*, globally.



*Along with Eastern and Southern Africa, where adolescents also accounted for 23% of the total population in 2018

Between 2018 and 2030, the population aged 10-19 is expected to grow 37%, from 120 million to 164 million.



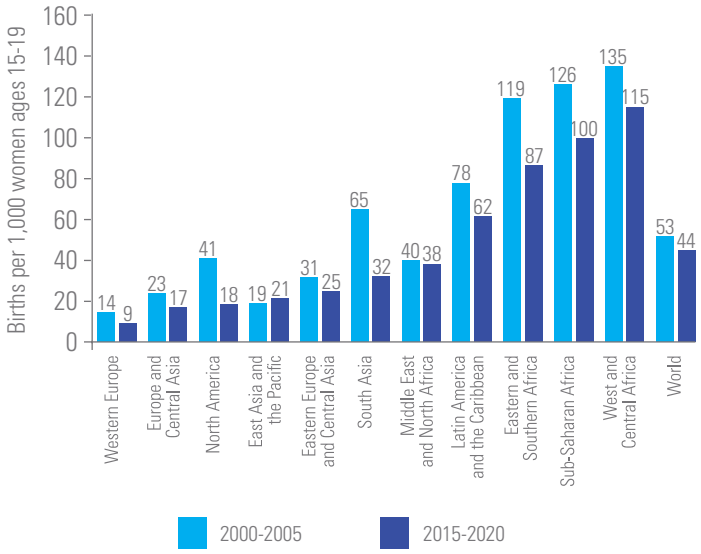
FERTILITY

Changes in fertility patterns and population growth have implications for the number of maternal and newborn health services a country must provide. Countries experiencing fertility declines, for example, will eventually have fewer women reaching childbearing age which, in turn, will result in a reduced burden on the health system to provide maternal and newborn health services. While the rest of the world is projected to experience a 7 per cent decline in the number of annual births between 2019 and 2030, Africa will see a 14 per cent increase. In 2018, the estimated adolescent birth rate globally was 44 births per 1,000 girls aged 15 to 19; in West and Central Africa, this figure stood at 115 births, the highest regional rate in the world.

Maternal conditions are the top cause of mortality among girls aged 15-19 globally.[1] Pregnancy during adolescence can impact a girl for the rest of her life, adversely affecting her health and undermining her schooling and economic status.

[1] WHO. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015 Geneva; 2016.

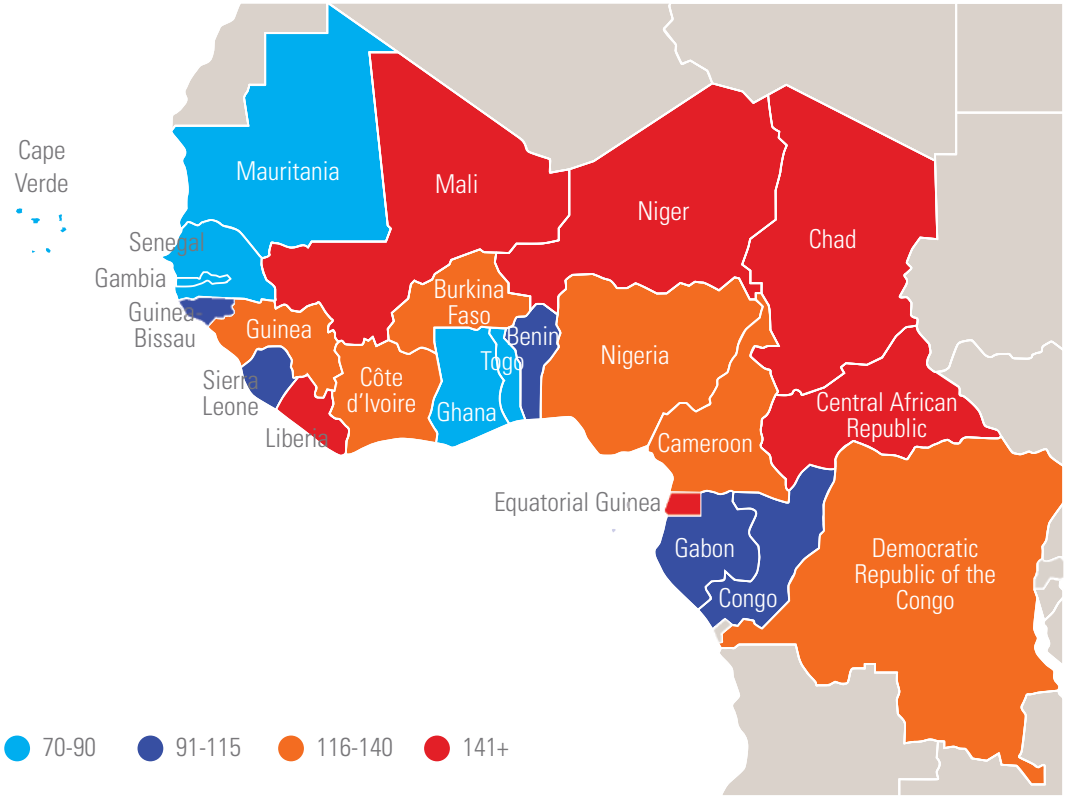
Adolescent birth rate, by UNICEF regions



Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

Adolescent birth rate, by country 2010-2017

Births per 1,000 women ages 15-19



Source: SDG Indicators Global Database 2018; Indicator 3.7.2: Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group; as reported by United Nations Population Division, Department of Economic and Social Affairs (DESA) United Nations Population Fund (UNFPA).

Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Throughout the West and Central Africa region, there is great variation in the adolescent birth rate. For instance, in the Central African Republic, more than one in five adolescent girls had given birth in the past five years compared to 1 in 10 in Senegal.

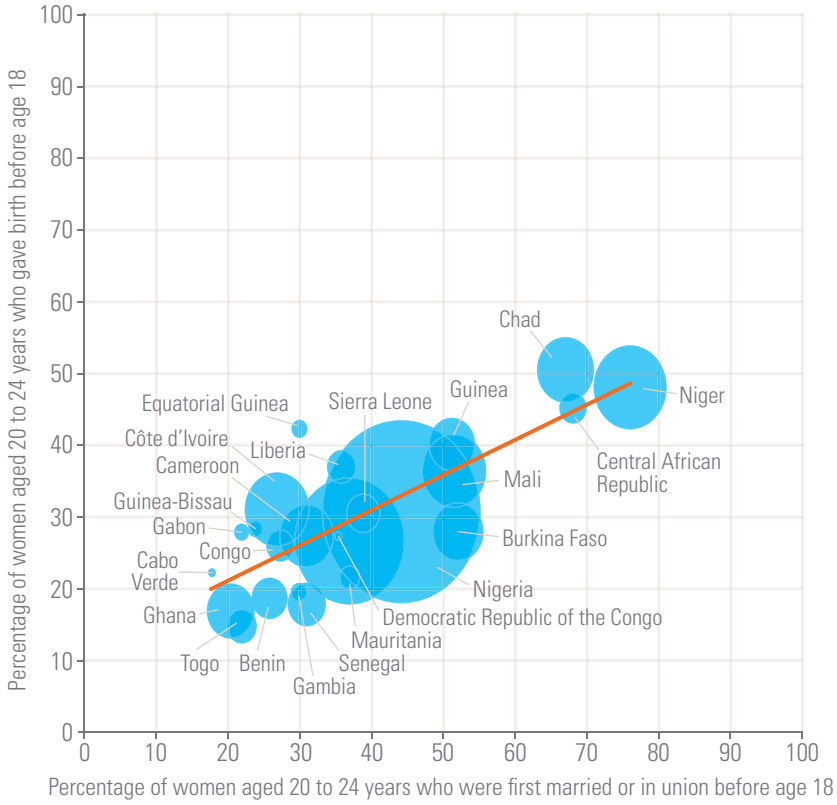
West and Central Africa has experienced a decline in the frequency of adolescent childbearing, but still has the highest rate in the world.

CHILD MARRIAGE AND EARLY CHILDBEARING

Girls in West and Central Africa face the highest risk, worldwide, of marrying in childhood. Four in 10 young women in the region were married before age 18, and 6 of the 10 countries with the highest prevalence of child marriage in the world are in West and Central Africa. Once girls are married, the social pressures to bear children can be intense, exposing girls to serious maternal health risks and compromising their healthy transitions to adulthood. Child marriage and early childbearing are closely linked in the West and Central Africa region; most countries with high levels of child marriage also experience high rates of early child bearing.

Child brides in the region are also more likely, on average, to have more children to care for while still young themselves compared to women who marry as adults. For example, in Benin and Cameroon, 68 per cent of women aged 20-24 who married before their 15th birthday had three or more children compared to less than 10 per cent of women of the same age who married as adults.

Child marriage and early child bearing, 2010-2017

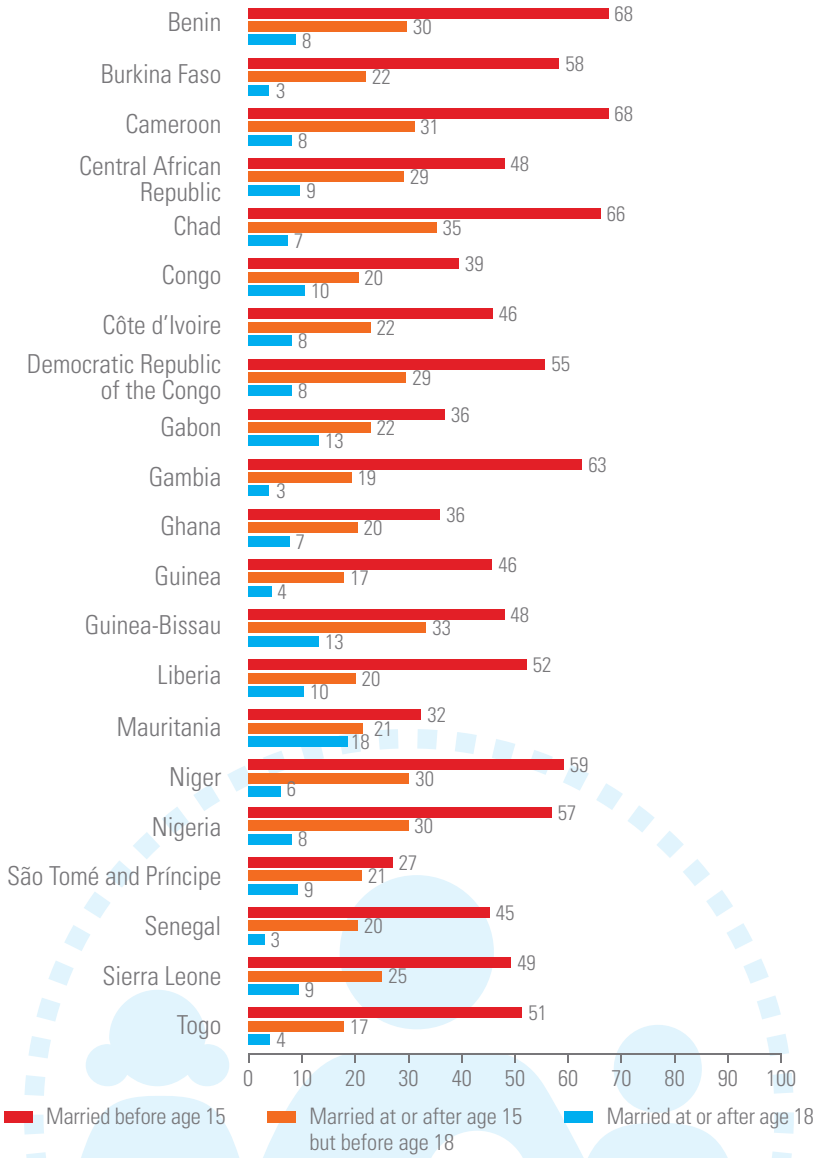


Source: UNICEF global databases based on DHS and MICS surveys, 2010-2017; United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.

Note: this chart presents child marriage in horizontal axis X and early child bearing in vertical axis Y. The size of the bubbles represents the estimated number of births among adolescents girls 15-19 years of age.

Number of children born among child brides and non-child brides

Percentage of women aged 20 to 24 who have had three or more children, by age at first marriage or union, 2010-2017



Source: UNICEF global databases 2018, based on DHS and MICS, 2010-2017.

Note: The values for São Tomé and Príncipe should be interpreted with caution as the value for 'married before age 15' is based on a small denominator (26-49 unweighted cases).

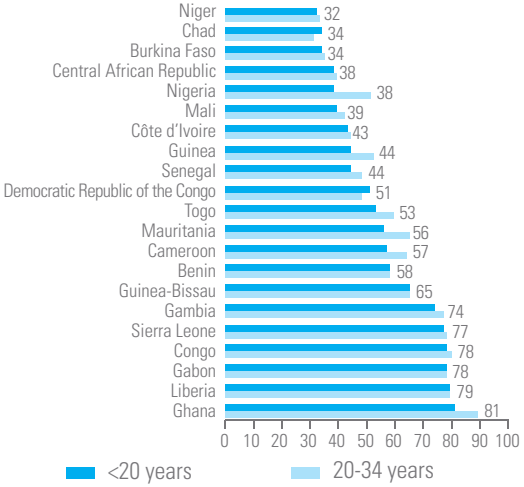
EQUITY AND COVERAGE OF ESSENTIAL MATERNAL HEALTH CARE

Girls who live in poorer households have a higher risk of marrying and having children in childhood, suffering compounded deprivations. In West and Central Africa, child marriage is over three times more prevalent among young women living in the poorest households than those living in the richest households. The adolescent birth rate is also highest among the poorest households in all countries in the region. In Liberia, for example, adolescent childbearing is nearly four times higher among the poorest households than the richest households.

A major factor affecting a woman's chances of surviving childbirth is whether she has adequate health care during pregnancy. Antenatal care can help women prepare for delivery and understand warning signs during pregnancy and childbirth. Because most pregnant adolescent girls are experiencing their first pregnancy, the need for careful monitoring of this age group is even more acute. Yet coverage of maternal health indicators, including contact with the health system, are lower among adolescents than older women in some countries in West and Central Africa.

Antenatal care <4 visits

Percentage of women who had at least 4 ANC visits during their last pregnancy, by mother's age at child's birth, 2010-2017

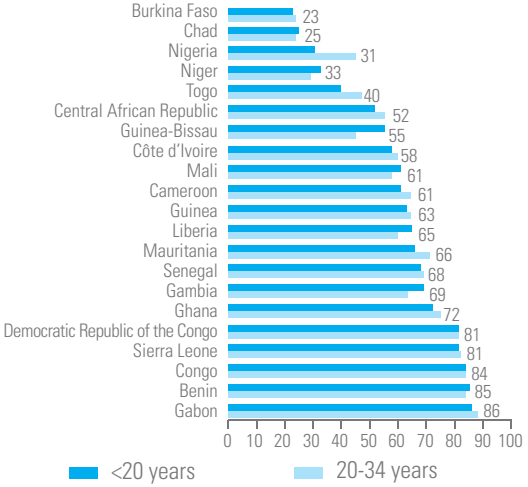


Source: UNICEF Global Databases based on MICS and DHS 2010-2017.

Note: Recent estimates for Cabo Verde, São Tomé and Príncipe, and Equatorial Guinea are not available. Data labels refer to coverage for women <20 years of age.

Skilled attendant at birth

Percentage of births assisted by skilled health provider, by mother's age at child's birth, 2010-2017

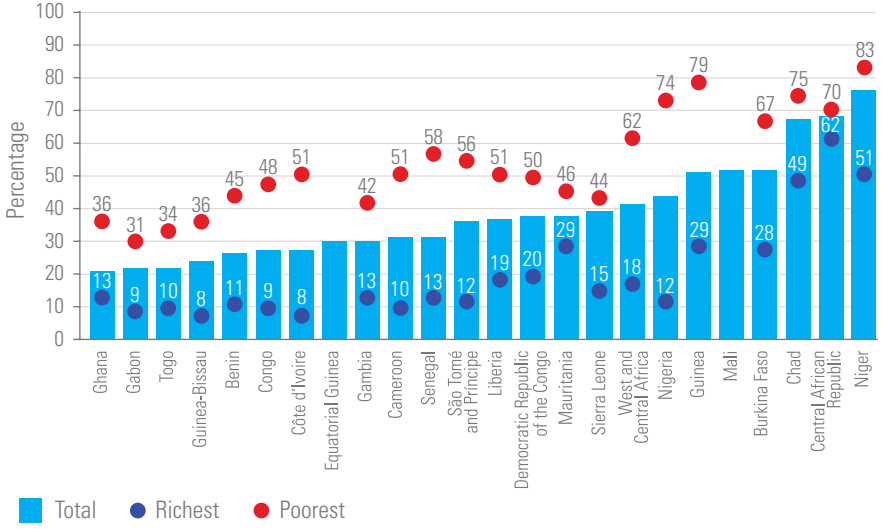


Source: UNICEF Global Databases based on MICS and DHS 2010-2017.

Note: Recent estimates for Cabo Verde, São Tomé and Príncipe, and Equatorial Guinea are not available. Data labels refer to coverage for women <20 years of age.

Marriage by age 18

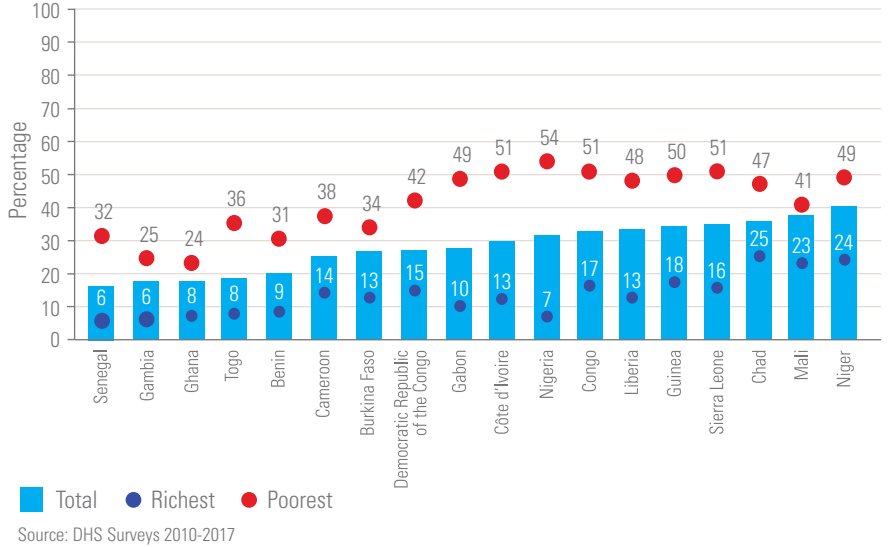
Percentage of women aged 20 to 24 years who were first married or in union before age 18, by household wealth 2010-2017



Source: UNICEF Global Databases based on MICS and DHS 2010-2017.

Adolescent pregnancy

Percentage of adolescent girls aged 15-19 who have begun childbearing, by household wealth 2010-2017



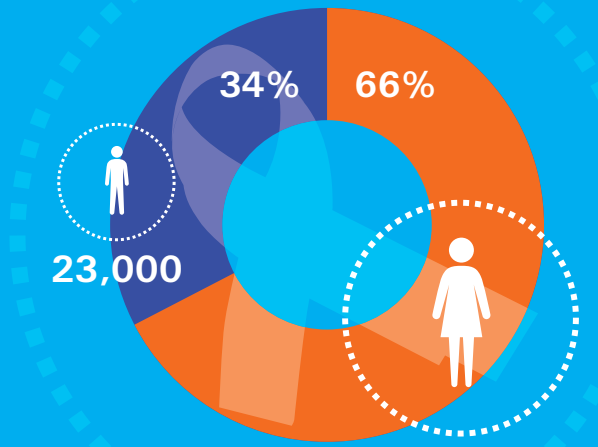
Source: DHS Surveys 2010-2017

HIV

Total new infections among adolescents aged 15-19

69,000

Percent distribution of total new HIV infections among adolescents (aged 15-19), by sex



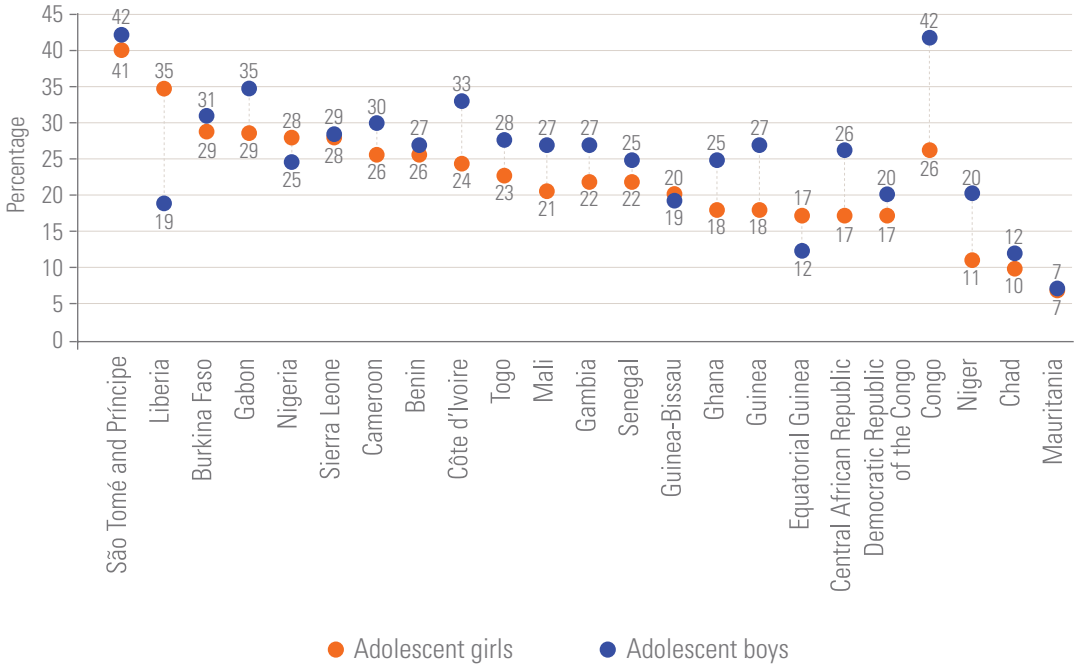
Source: UNAIDS estimates 2018

The main drivers of the HIV epidemic are influenced by a wide range of gender inequalities. These inequalities — including early and forced marriage, gender-based violence, unequal access to information, including sexual health knowledge, limited negotiating power and a lack of economic autonomy — impact many adolescent girls in West and Central Africa. These factors place girls in this age group at increased risk of HIV infection as well as circumscribe their responses to being infected.

Adolescent girls accounted for more than two thirds of estimated new HIV infections in 2017 among those aged 15 to 19 in West and Central Africa. Yet adolescent girls are less informed about HIV than adolescent boys in all but three countries in the region.

Comprehensive knowledge of HIV among adolescent boys and girls

Percentage of adolescents aged 15-19 who have comprehensive knowledge of HIV, by sex, 2010-2017



Source: UNICEF Database of population-based surveys implemented from 2010-2017.

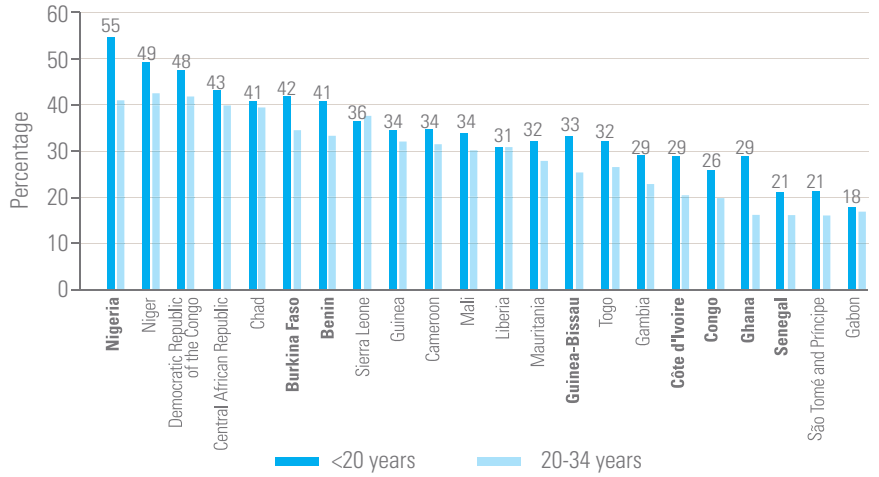
Note: Comprehensive knowledge is defined as knowing the two ways of HIV prevention, knowing that a healthy-looking person can be HIV-positive, and rejecting the two most common misconceptions (and any other local misconceptions).

INTERGENERATIONAL EFFECT OF ADOLESCENT CHILDBEARING

Early childbearing compromises the health and well-being of children born to adolescent mothers. Across all countries with available data in West and Central Africa, children born to adolescent girls face a higher risk of dying in their first month of life and before their 5th birthday than children born to women aged 20 or older. In some countries, they are also more likely to be stunted, placing them at a disadvantage compared to children born to older women due to the irreversible physical and cognitive damage that can accompany stunted growth.

Stunting rates among children under 5

Percentage of children under 5 who are stunted, by mother's age at child's birth, 2010-2017

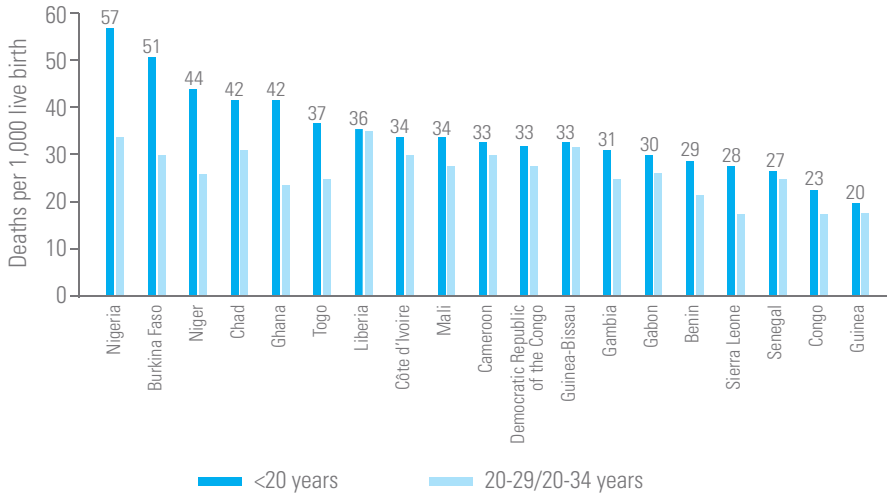


Source: UNICEF Global Databases, estimates are based on MICS and DHS, 2010-2017.

Note: Moderate and severe stunting refers to the number of under-fives falling below minus 2 standard deviations from the median height-for-age of the reference population. Countries in **bold** are those where the percentage difference between the two age groups of women is statistically significant with disaggregated data from 2010 onwards.

Neonatal mortality rate

Neonatal deaths per 1,000 live birth, by mother's age, 2010-2017

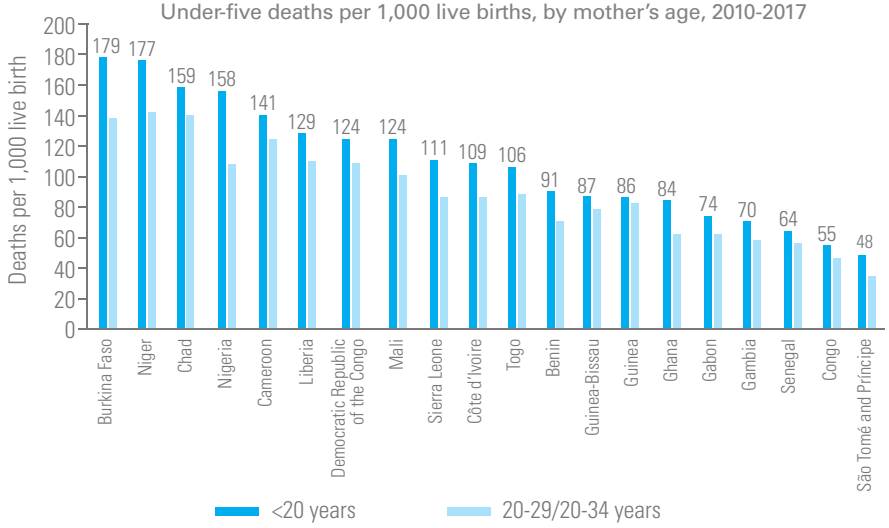


Source: UNICEF Global Databases, Based on MICS, DHS and Other National Representative Survey Data, 2010-2017.

Note: For Cote d'Ivoire, Congo, Guinea, Guinea-Bissau, Mali, Nigeria and Sierra Leone, the age group of older mothers is 20-34 years; for all other countries, it is 20-29 years.

Under-five mortality rate

Under-five deaths per 1,000 live births, by mother's age, 2010-2017

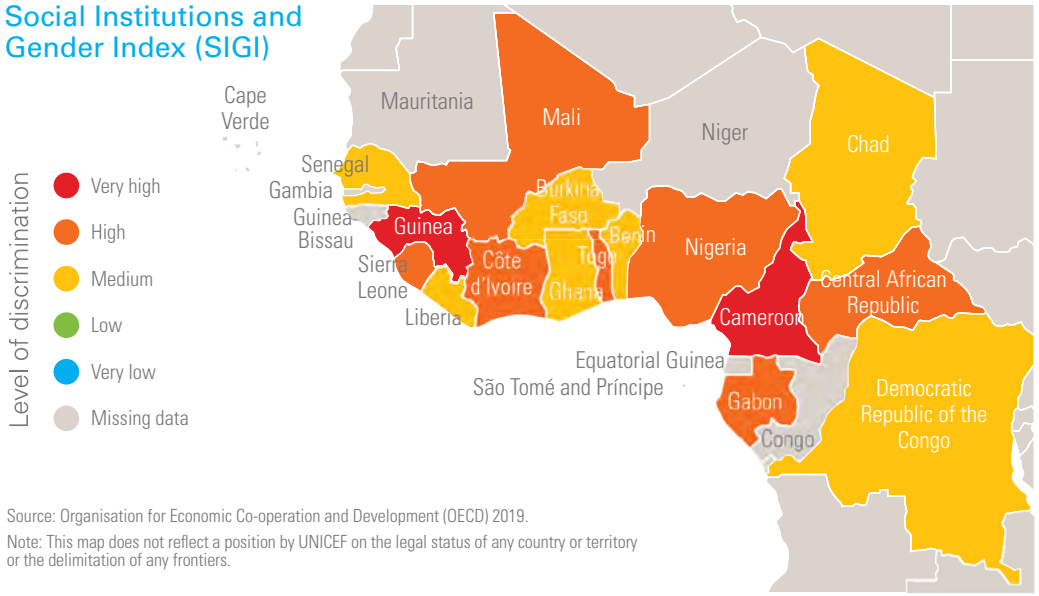


Source: UNICEF Global Databases, Based on MICS, DHS and Other National Representative Survey Data, 2010-2017.

Note: For Cote d'Ivoire, Congo, Guinea, Guinea-Bissau, Mali, Nigeria and Sierra Leone, the age group of older mothers is 20-34 years; for all other countries, it is 20-29 years.

DISCRIMINATORY LAWS, SOCIAL NORMS AND PRACTICES: THE SOCIAL INSTITUTIONS AND GENDER INDEX

Social Institutions and Gender Index (SIGI)



Source: Organisation for Economic Co-operation and Development (OECD) 2019.

Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Discriminatory laws, attitudes and practices affect the life course of adolescent girls, restricting their ability to accumulate human, social and productive assets and to exercise agency and voice over choices that affect their health and well-being. Deeply entrenched gender norms also undermine the health and well-being of adolescent boys. Evidence shows, for example, that after adjusting for national wealth, countries with greater gender inequality have poorer health outcomes for both sexes.[2]

In West and Central Africa, nearly two thirds of countries with available data experience high or very high levels of gender discrimination in social institutions, as measured by discrimination in the family, restricted physical integrity, restricted access to productive and financial resources, and restricted civil liberties. To advance the well-being of adolescent girls and boys, discriminatory institutions that impede gender equality in the region must be addressed.

The Social Institutions and Gender Index (SIGI) is a cross-country composite indicator developed by the Organisation for Economic Co-operation and Development (OECD) that measures discrimination in social institutions through information on laws, attitudes and practices. The index is comprised of four sub-indices -discrimination in the family, restricted physical integrity, restricted access to productive and financial resources, and restricted liberties. The SIGI classification clusters 120 countries/territories into five levels of discrimination in social institutions: very low, low, medium, high and very high.

The SIGI has been included as an indicator in UNICEF's Strategic Plan 2018-2021 as 'Number of countries with high or very high levels of gender discrimination as defined by the SIGI'. About SIGI, visit <www.genderindex.org>.

[2] Viner, R. M., et al. (2012). Adolescence and the social determinants of health. The Lancet, 379: 1641–52.

Country scores according to the SIGI and its sub-indices, West and Central Africa

Country (n=16)	Category	SIGI value	Discrimination within the family	Restricted physical integrity	Restricted access to productivity & financial resources	Restricted civil liberties
Burkina Faso	Medium	32.4	44.9	35.5	32.9	13.8
Ghana	Medium	34.5	59.5	20.2	30.7	22.7
Senegal	Medium	37	64.9	41.9	27.6	3.6
Chad	Medium	39.5	53	35.1	46.4	27.2
Democratic Republic of the Congo	Medium	39.5	53	35.1	46.4	20.7
Benin	Medium	39.8	40.5	27.7	36.2	53.3
Gabon	High	40.1	50.5	37.3	45.5	26
Côte d'Ivoire	High	42.8	29.7	35.6	76.1	20.4
Central African Republic	High	45.4	55.8	32.2	61.9	54.2
Mali	High	46	63.5	48.4	39.9	28.9
Nigeria	High	46	54.8	32	41.4	53.9
Sierra Leone	High	46.6	53.7	50.4	44.8	40.9
Liberia	High	47.5	60	33.5	41.5	52.8
Togo	High	49.5	63.1	24.7	43.5	62
Cameroon	Very high	51.8	51.1	26.3	77.7	45.4
Guinea	Very high	56.7	87.7	56.9	28.8	44.4

Source: Organisation for Economic Co-operation and Development (OECD) 2019.

Produced by UNICEF, Data and Analytics Section, in collaboration with UNICEF's West and Central Africa Regional office.
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