

Adolescent contraceptive use

DATA FROM THE SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY (SLDHS), 2013

Adolescent population: who are they?

In the Republic of Sierra Leone, there are nearly **1.5 million** adolescents aged 10–19 years – **23.1%** of the country's total population.ⁱ About half of adolescents live in rural areas, **54.5%** of adolescent girls and **55.9%** of adolescent boys.ⁱ

By age 19, the mean number of years of schooling attended by adolescent girls is **6.7**, while for adolescent boys it is **8.5**.ⁱⁱ Among adolescents who become parents before age 20, the average age at which Sierra Leonean adolescent girls have their first baby is **16.5** years, while the average age at which adolescent boys first become fathers is **17.7**.ⁱⁱ

Sexual activity and marital status

Analysis of data from the SLDHSⁱⁱ shows that over **333 000** Sierra Leoneans aged 15–19 are currently sexually active – they are either unmarried and have had sex in the last three months or they are in a union (i.e. married or living together). On average, among adolescents who had sex before age 20, adolescent girls first have sexual intercourse at age **15.8** years and adolescent boys at **16.4** years.

Among unmarried adolescents, **56.2%** of adolescent girls report ever having sex and **44.9%** are currently sexually active; among adolescent boys, **43.9%** report ever having sex, while **33.8%** are currently sexually active.

Among all Sierra Leonean adolescents, **18.8%** of adolescent girls and **0.9%** of adolescent boys are in a union. Among these adolescents, the mean age of the first union is **16.0** years for adolescent girls and **17.5** for adolescent boys.

What can be done to support Sierra Leonean adolescents to prevent unintended pregnancy?

Plan for how, when and where different groups of sexually active adolescents (married and unmarried, boys and girls, rural and urban) use and do not use contraception.

Learn the reasons why adolescents are not using contraception, and develop policies and programmes to better address their needs.

Understand that adolescents may get contraception from a variety of sources and ensure that each of these sources can provide high quality services for adolescents.

Contraceptive use and non-use among adolescent girls

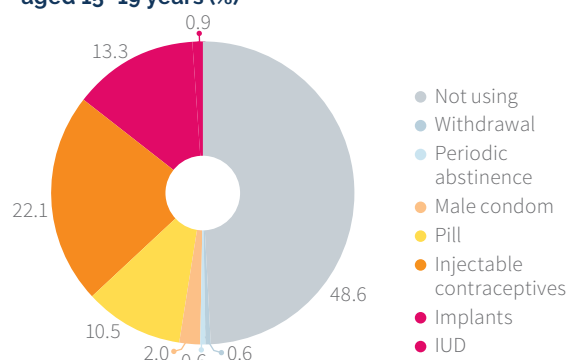
Unmarried, sexually active

According to SLDHSⁱⁱ analyses, **82.2%** of unmarried, sexually active adolescent girls report not wanting a child in the next two years, and **54.1%** of them are currently using a method to prevent pregnancy. The main reasons these adolescents report for not using a contraceptive method include:

- **infrequent sex (24.1%)**
- **fear of side-effects or health concerns (19.6%)**
- **not married (14.2%)**

Among all unmarried, sexually active adolescent girls aged 15–19, **48.6%** are not using a method of contraception. Injectable contraceptives are the most common modern method used (**22.1%** of these adolescent girls) and **13.3%** are using implants, which are considered to be one of the most effective methods. Only a small proportion, **1.2%**, are using a traditional method (withdrawal or periodic abstinence) (see Figure 1).

FIGURE 1. Use and non-use of contraception: unmarried sexually active adolescent girls, aged 15–19 years (%)



Source: analysis of SLDHS 2013ⁱⁱ

LISTED FROM LEAST EFFECTIVE TO MOST EFFECTIVE

Unmarried, sexually active adolescents who are using a modern method most often get it from a **government facility (68.1%)** or a **pharmacy (15.4%)**.

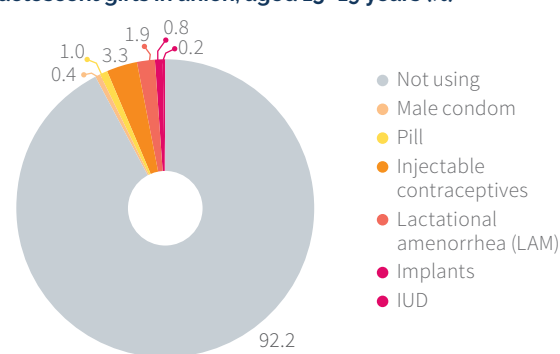
In union

According to SLDHSⁱⁱ analyses, **37.9%** of adolescent girls in a union report not wanting a child in the next two years, yet only **10.9%** of them are currently using any method to prevent pregnancy. The main reasons these adolescents report for not using a contraceptive method include:

- **breastfeeding (62.8%)**
- **not having sex (33.9%)**
- **she is opposed (6.7%)**

Among all adolescent girls in a union aged 15–19, **92.2%** are not using a method of contraception. Injectable contraceptives are the most common modern method used (**3.3%** of these adolescent girls), while **1.0%** are using IUDs or implants, which are the most effective modern methods (see Figure 2).

FIGURE 2. Use and non-use of contraception: adolescent girls in union, aged 15–19 years (%)



Source: analysis of SLDHS 2013ⁱⁱ

LISTED FROM LEAST EFFECTIVE TO MOST EFFECTIVE

Adolescents in a union who are using a modern method most often get it from a **government facility (67.4%)** or a **private facility (20.0%)**.

LEARN MORE AT who.int/reproductivehealth/adol-contraceptive-use

ⁱ Urban and rural population by age and sex, 1980–2015 [online database]. New York (USA): United Nations Department of Economic and Social Affairs, Population Division; 2014 (<https://esa.un.org/unpd/popdev/urpas/urpas2014.aspx>, accessed 4 November 2016).

ⁱⁱ Statistics Sierra Leone (SSL), ICF International. Sierra Leone Demographic and Health Survey 2013 [Datasets]. SLIR61.DTA and SLMR61.DTA. Rockville (MD): ICF International; 2014 (http://dhsprogram.com/data/dataset/Sierra-Leone_Standard-DHS_2013.cfm?flag=0, accessed 4 November 2016).

Adolescent contraceptive use

ANALYSIS OF THE SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY, 2013



Among adolescents who had sex before age 20, the average age at first sex is



15.8 years

for adolescent girls



16.4 years

for adolescent boys

REPUBLIC OF SIERRA LEONE



1.5

million adolescents ages 10-19

Among adolescents who become parents before age 20, the average age at first birth is

16.5

for adolescent girls

17.7

for adolescent boys

What can be done to support Sierra Leonean adolescents to prevent unintended pregnancy?

Plan for how, when, and where different groups of adolescents use or don't use contraception.

Use and non-use of contraception adolescent girls, aged 15-19

Method	Sexually active, unmarried	In union
Not using	48.6%	92.2%
Withdrawal	0.6%	--
Periodic abstinence	0.6%	--
Male condom	2.0%	0.4%
Pill	10.5%	1.0%
Injectable contraceptives	22.1%	3.3%
Lactational amenorrhea (LAM)	--	1.9%
Implants	13.3%	0.8%
IUD	0.9%	0.2%

Learn the reasons why adolescents are not using contraception.

Report not wanting a child in the next two years



Main reasons for not using contraception

Sexually active, unmarried	In union
24.1% infrequent sex	62.8% breastfeeding
19.6% fear of side-effects or health concerns	33.9% not having sex
14.2% not married	6.7% she is opposed

Understand that adolescents may get modern contraception from a variety of sources.



Sexually active, unmarried

68.1%

from a government facility

15.4%

from a pharmacy



In union

67.4%

from a government facility

20.0%















from a private facility

LEARN MORE AT who.int/reproductivehealth/adol-contraceptive-use
















Statistics Sierra Leone (SSL). ICF International. Sierra Leone Demographic and Health Survey 2013 [Datasets]. SLIR61.DTA and SLMR61.DTA. Rockville (MD): ICF International; 2014 (http://dhsprogram.com/data/dataset/Sierra-Leone_Standard-DHS_2013.cfm?flag=0, accessed 4 November 2016).
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METHODS:

-  Not using
-  Withdrawal
-  Periodic abstinence
-  Rhythm/calendar
-  Female condom
-  Male condom
-  Standard days/cycle beads
-  Pill
-  Injectable contraceptives
-  Lactational amenorrhea (LAM)
-  Implants
-  IUD
-  Male sterilization
-  Female sterilization

REASONS FOR NON-USE:

-  Not married
-  Not having sex
-  Infrequent sex
-  Menses has not returned after birth
-  Breastfeeding
-  Fatalistic (up to god)
-  She is opposed
-  Husband/partner is opposed
-  Religious prohibition
-  Knows no method
-  Knows no source
-  Fear of side effects/health concerns
-  Inconvenient to use
-  Others opposed
-  Lack of access/too far

SOURCE OF METHOD:

-  Government facility
-  Private facility
-  Pharmacy
-  Shop
-  Friends or parents
-  Other
-  Community Health Worker