

Adolescent contraceptive use

DATA FROM THE TANZANIA DEMOGRAPHIC AND HEALTH SURVEY (TDHS), 2010

Adolescent population: who are they?

In the United Republic of Tanzania, there are nearly **12 million** adolescents aged 10–19 years – **22.8%** of the country's total population.ⁱ The majority of adolescents live in rural areas, **67.0%** of adolescent girls and **70.7%** of adolescent boys.ⁱ

By age 19, the mean number of years of schooling attended by both adolescent girls and boys is **7.0**.ⁱⁱ Among adolescents who become parents before age 20, the average age at which Tanzanian adolescent girls have their first baby is **17.3** years, while the average age at which adolescent boys first become fathers is **17.5**.ⁱⁱ

Sexual activity and marital status

Analysis of data from the TDHSⁱⁱ shows that over **1.6 million** Tanzanians 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 **16.2** years and adolescent boys at **16.8** years.

Among unmarried adolescents, **33.1%** of adolescent girls report ever having sex and **18.9%** are currently sexually active; among adolescent boys, **34.5%** report ever having sex, while **19.3%** are currently sexually active.

Among all Tanzanian adolescents, **18.4%** of adolescent girls and **4.2%** of adolescent boys are in a union. Among these adolescents, the mean age of the first union is **16.6** years for adolescent girls and **17.9** for adolescent boys.

What can be done to support Tanzanian 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

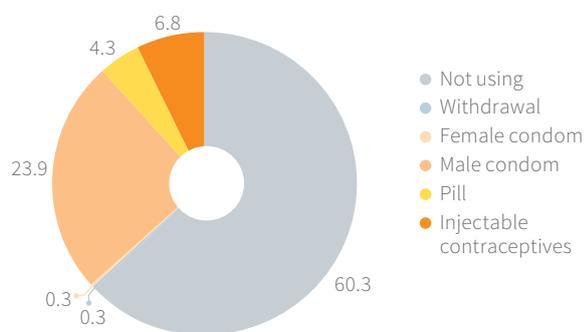
Unmarried, sexually active

According to TDHSⁱⁱ analyses, **68.2%** of unmarried, sexually active adolescent girls report not wanting a child in the next two years, yet only **49.4%** of them are currently using any method to prevent pregnancy. The main reasons these adolescents report for not using a contraceptive method include:

- **infrequent sex (50.2%)**
- **not married (23.8%)**
- **fear of side-effects or health concerns (18.4%)**

Among all unmarried, sexually active adolescent girls aged 15–19, **60.3%** are not using a method of contraception. Male condoms and injectable contraceptives are the most common modern methods used (**23.9%** and **6.8%** of these adolescent girls, respectively). Only **0.3%** are using withdrawal, a traditional method (see Figure 1).

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



Source: analysis of TDHS 2010ⁱⁱ

LISTED FROM LEAST EFFECTIVE TO MOST EFFECTIVE

Unmarried, sexually active adolescents who are using a modern method most often get it from a **shop (44.6%)** or from **friends (11.2%)**.

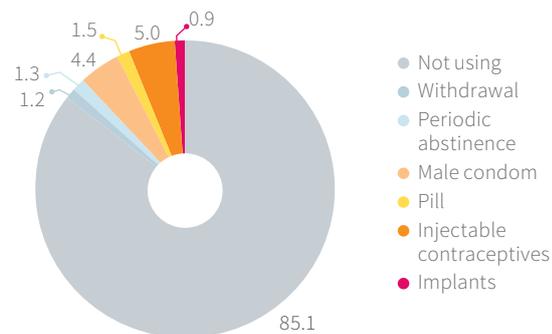
In union

According to TDHSⁱⁱ analyses, **39.8%** of adolescent girls in a union report not wanting a child in the next two years, yet only **23.1%** of them are currently using any method to prevent pregnancy. The main reasons these adolescents report for not using a contraceptive method include:

- **breastfeeding (27.0%)**
- **not having sex (21.1%)**
- **fear of side-effects or health concerns (15.0%)**

Among all adolescent girls in a union aged 15–19, **85.1%** are not using a method of contraception. Injectable contraceptives and male condoms are the most common modern methods used (**5.0%** and **4.4%** of these adolescent girls, respectively), while implants, which are considered to be one of the most effective methods, are used by **0.9%**. Traditional methods (withdrawal or periodic abstinence) are used by **2.5%** of these adolescent girls (see Figure 2).

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



Source: analysis of TDHS 2010ⁱⁱ

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 (53.0%)** or a **shop (31.8%)**.

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 National Bureau of Statistics (NBS) [Tanzania], ICF Macro. Tanzania Demographic and Health Survey 2010 [Datasets]. TZIR63.DTA and TZMR63.DTA. Calverton (MD): ICF Macro; 2011 (http://dhsprogram.com/data/dataset/Tanzania_Standard-DHS_2010.cfm?flag=0, accessed 4 November 2016).

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ANALYSIS OF THE TANZANIA DEMOGRAPHIC AND HEALTH SURVEY, 2010



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



16.2 years
for adolescent girls



16.8 years
for adolescent boys

UNITED REPUBLIC OF TANZANIA



12

million
adolescents
ages 10-19

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

17.3

for adolescent girls

17.5

for adolescent boys

What can be done to support Tanzanian 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	60.3%	85.1%
Withdrawal	0.3%	1.2%
Periodic abstinence	--	1.3%
Female condom	0.3%	--
Male condom	23.9%	4.4%
Pill	4.3%	1.5%
Injectable contraceptives	6.8%	5.0%
Implants	--	0.9%

Learn the reasons why adolescents are not using contraception.

Report not wanting a child in the next two years

68.2%
sexually active, unmarried adolescent girls

39.8%
adolescent girls in union

Main reasons for not using contraception

Sexually active, unmarried	In union
50.2% infrequent sex	27.0% breastfeeding
23.8% not married	21.1% not having sex
18.4% fear of side-effects or health concerns	15.0% fear of side-effects or health concerns

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



Sexually active, unmarried

44.6%
from a shop

11.2%
from friends



In union

53.0%
from a government facility

31.8%
from a shop

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National Bureau of Statistics (NBS) [Tanzania], ICF Macro. Tanzania Demographic and Health Survey 2010 [Datasets]. TZIR63.DTA and TZMR63.DTA. Calverton (MD): ICF Macro; 2011 (http://dhsprogram.com/data/dataset/Tanzania_Standard-DHS_2010.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