

# Knowledge Brief

*Health, Nutrition and Population Global Practice*

## SOCIOECONOMIC DIFFERENCES IN ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH: SEXUAL ACTIVITY

*Jennifer Yarger, Diana Lara,  
Mara Decker and Claire Brindis  
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### KEY MESSAGES:

- Early age at sexual debut puts young people – particularly females – at an increased risk for unplanned pregnancies, sexually transmitted infections, maternal mortality and morbidity.
- An analysis of data from six countries shows that adolescent sexual activity is closely tied to marital status. In all six countries studied, nearly all ever-married adolescent women have had sexual intercourse, but almost all those never-married have abstained, except in Burkina Faso and Nigeria where less than one quarter of never-married women have had sexual intercourse.
- The age at sexual debut is also closely linked to age at marriage. Over one third of ever-married women had sexual intercourse before age 15 in Nigeria (38 percent), Bangladesh (37 percent), and Niger (37 percent).
- In Burkina Faso and Nigeria, sexual activity is lowest among never-married adolescent women with no education (15 percent and 7 percent, respectively).

### Introduction

Adolescent Sexual and Reproductive Health (ASRH) is one of five areas of focus of the World Bank's Reproductive Health Action Plan 2010–2015 (RHAP), which recognizes the importance of addressing ASRH as a development issue with important implications for poverty reduction. Delaying childbearing and preventing unintended pregnancies during adolescence has been shown to improve health outcomes and increase opportunities for schooling, future employment, and earnings (Greene and Merrick, 2005).

Sexual activity is a key factor contributing to adolescents' reproductive health. Premarital sex and early sexual debut are associated with higher risk of unintended pregnancies and sexually transmitted infections (STIs) during adolescence (Bearinger, Sieving, Ferguson, and Sharma, 2007; Hindin and Fatusi, 2009; Kaestle, Halpern,

Miller, and Ford, 2005), and in most countries, sexual activity among adolescents typically occurs within marriage.

Available regional data indicate that sexual debut and activity ranges between 13 and 19 years of age in Latin America and the Caribbean (LAC) (PAHO, 2013); and 17 and 22 years in East Asia and the Pacific (Kennedy, Gray, Azzopardi, and Creati, 2011).

This brief is part of a larger study whose purpose is to: (i) highlight the multisectoral determinants of ASRH outcomes; (ii) explore further the multisectoral supply- and demand-side determinants of access, utilization, and provision of services relevant to identified ASRH outcomes; and (iii) identify multisectoral programmatic and policy options to address critical constraints to improving ASRH outcomes. The goal is to incorporate the main findings and recommendations from these studies into existing and new World Bank lending operations

while simultaneously informing ASRH policies, policy dialogue and interventions for inclusion in country strategies.

Using data from the most recent Demographic and Health Surveys (DHS) on female respondents ages 15–19, this brief examines the current status of adolescent sexual activity and compares indicators of sexual activity by socioeconomic status (SES) in 6 countries: Bangladesh, Burkina Faso, Ethiopia, Nepal, Niger, and Nigeria.

Cross tabulations between socioeconomic characteristics and sexual activity outcomes for never-married and ever-married adolescent women within each country were completed if at least 10 percent of the subpopulation (for example, never-married women in Nepal) reported an outcome. Pearson’s chi-squared tests were used to assess the statistical significance of differences in sexual activity outcomes by rural/urban residence, education level, employment status, and household wealth quintile. Throughout the report, only differences significant at the 0.05 level (two-tailed tests) are discussed. All data in this report are weighted.

## Study Findings

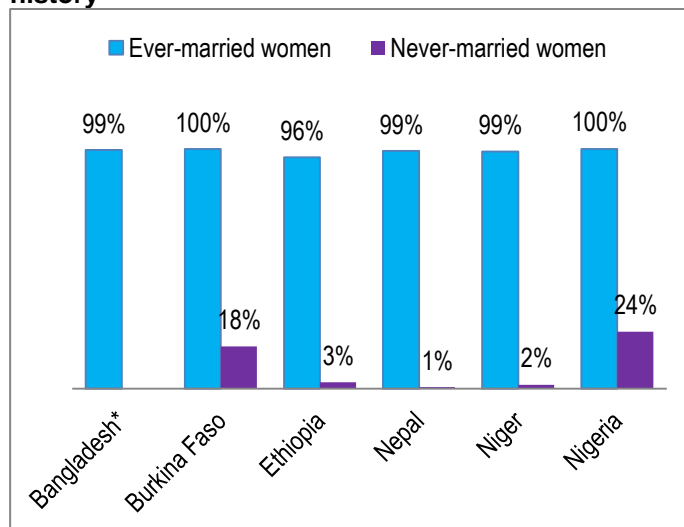
### EVER HAD SEXUAL INTERCOURSE

Figure 1 presents the percentage of ever-married and never-married adolescent women who have had sexual intercourse. As expected, there is an exceptionally strong association between marriage and adolescent sexual activity. In all countries nearly all ever-married adolescent women have had sexual intercourse. In comparison, less than three percent of those who have never married have had sexual intercourse in Ethiopia, Nepal, and Niger. Sexual activity is more common among never-married adolescent women in Burkina Faso (18 percent) and Nigeria (24 percent).

Significant socioeconomic differences in sexual activity among never-married adolescent women in Burkina Faso and Nigeria were found. In both countries, sexual activity is lowest among never married adolescent women who have not had any education (15 percent in Burkina Faso; 7 percent in Nigeria) and highest among those with primary education (25 percent in Burkina Faso; 28 percent

Sexual activity among never-married adolescent women tends to increase with wealth in both Burkina Faso and Nigeria. However, in Nigeria, the wealthiest never-married women have the lowest incidence of sexual intercourse (18 percent), as compared to 27 percent in the second wealthiest group and 23 percent in the poorest group.

**Figure 1. Percentage of women aged 15–19 who have ever had sexual intercourse, by country and marital history**



\*Only ever-married women were surveyed in Bangladesh.

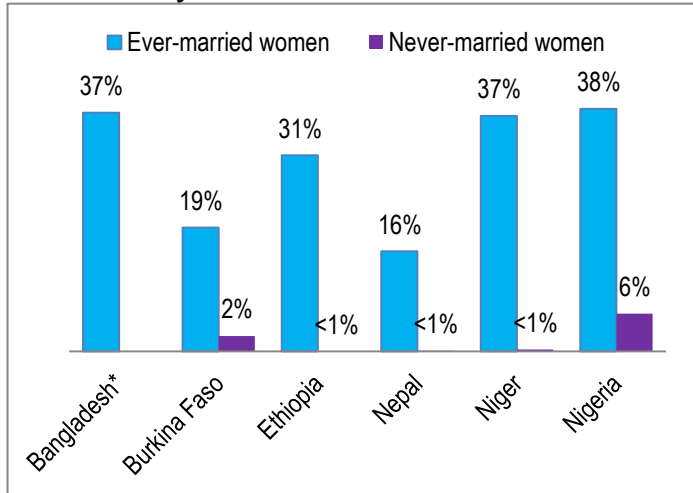
Source: Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Among never-married adolescent women in Nigeria, more working women have had sexual intercourse (35 percent) than their non-working counterparts (21 percent). Further, there is no clear pattern of adolescent sexual activity by rural/urban residence. Among never-married adolescent women in Nigeria, having had sexual intercourse is more common in rural (27 percent) than urban areas (20 percent). The opposite is true in Burkina Faso: having had sexual intercourse is more common in urban (24 percent) than rural areas (13 percent).

### SEXUAL INTERCOURSE BEFORE AGE 15

Initiating sexual activity at an early age increases women’s years of exposure to unplanned pregnancy and STIs. Figure 2 shows the percentage of ever-married and never-married adolescent women who had sexual intercourse before age 15. Among ever-married adolescent women, over one third had sexual intercourse before age 15 in Bangladesh (37 percent), Niger (37 percent), and Nigeria (38 percent). In comparison, less than one percent of never-married adolescent women had sexual intercourse before age 15 in Ethiopia, Nepal, and Niger. Early sexual debut among never-married adolescent women is most common, although still relatively rare, in Nigeria (6 percent) and Burkina Faso (2 percent).

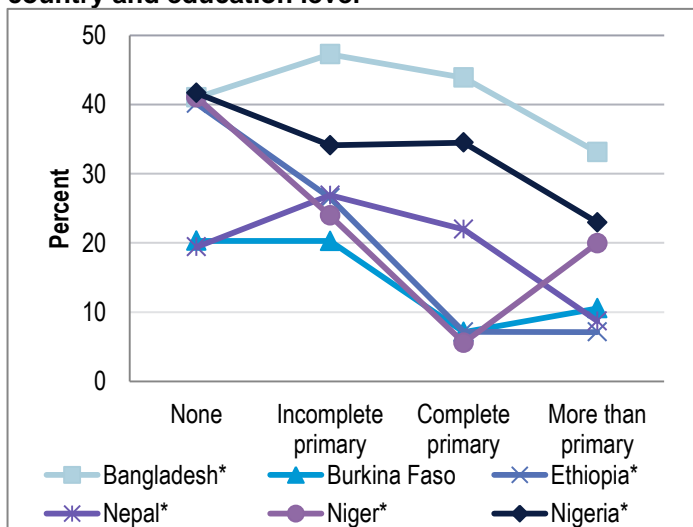
**Figure 2. Percentage of women aged 15–19 who had sexual intercourse before age 15, by country and marital history**



\*Only ever-married women were surveyed in Bangladesh.  
**Source:** Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Early sexual debut among adolescent women (regardless of marital status) is associated with rural residence, less wealth, and less education in some of the countries studied. Education tends to be negatively associated with sexual intercourse before age 15 in all countries except Burkina Faso, but the relationship is not always linear. In Bangladesh and Nepal, ever-married adolescent women with incomplete primary education had the highest incidence of sexual intercourse before age 15 (47 percent and 27 percent, respectively) (Figure 3).

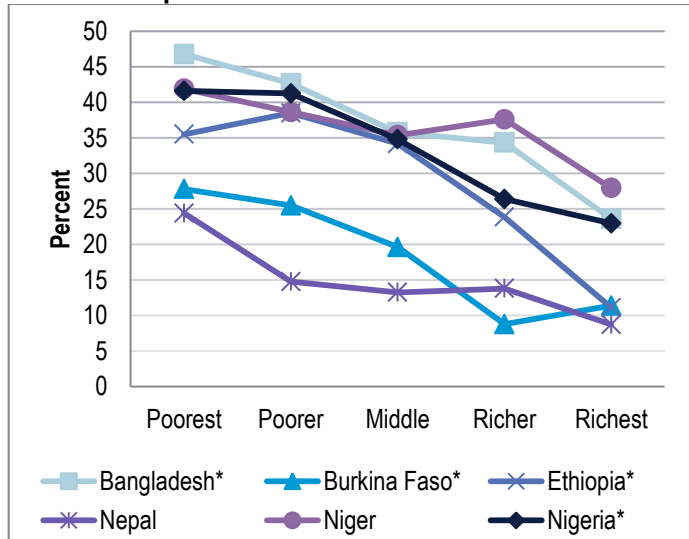
**Figure 3. Percentage of ever-married women aged 15–19 who had sexual intercourse before age 15, by country and education level**



\*Statistically significant difference ( $p < .05$ )  
**Source:** Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

Household wealth is negatively associated with sexual intercourse before age 15 in Bangladesh, Burkina Faso, Ethiopia, and Nigeria (Figure 4).

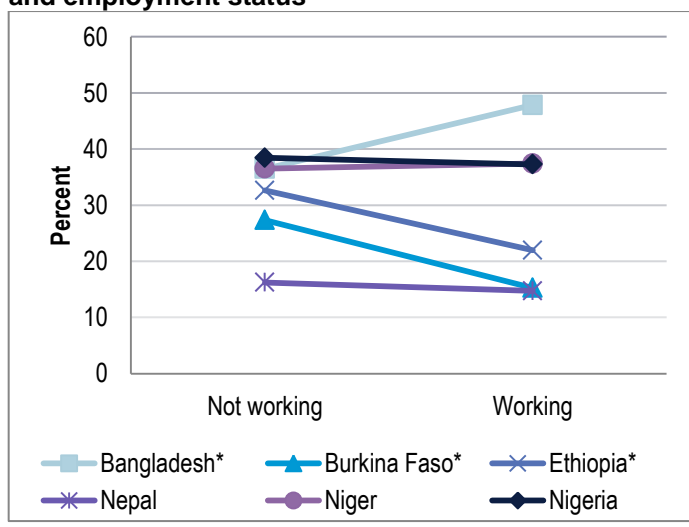
**Figure 4. Percent of ever-married women aged 15–19 who had sexual intercourse before age 15, by country and wealth quintile**



\*Statistically significant difference ( $p < .05$ )  
**Source:** Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

In Burkina Faso and Ethiopia, significantly fewer ever-married adolescent working women had sexual intercourse before age 15 than their non-working counterparts. The opposite is true in Bangladesh (Figure 5).

**Figure 5. Percent of ever-married women aged 15–19 who had sexual intercourse before age 15, by country and employment status**



\*Statistically significant difference ( $p < .05$ )  
**Source:** Bangladesh DHS 2011; Burkina Faso DHS 2010, Ethiopia DHS 2011, Nepal DHS 2011, Niger DHS 2012, Nigeria DHS 2008.

More ever-married adolescent women had sexual intercourse before age 15 in rural areas than urban areas in Niger (38 percent versus 19 percent) and Nigeria (40 percent versus 28 percent).

## Policy Challenges

Early age at sexual debut puts young people, particularly females, at an increased risk for negative SRH outcomes including, STIs and unintended pregnancies (Bearinger et al., 2007; Hindin and Fatusi, 2009; Kaestle et al., 2005). The World Bank is working to improve ASRH through its RHAP by supporting better access to, and provision of, affordable ASRH services and strengthening monitoring and evaluation of these services and interventions. Post-2015, the World Bank is working to ensure Universal Health Coverage (UHC) of SRH by helping countries build healthier, more equitable societies. To do this requires the following, adapted to each country's unique needs:

- Scaling up the most effective ways to incentivize demand for ASRH, including family planning at the country level
- Delivering on the continued need to strengthen country capacity
- Leveraging the World Bank's multisectoral advantage to improve ASRH outcomes, including SRH as a tool for women's empowerment
- Reaching the poorest, marginalized, and vulnerable populations to facilitate access to health services and promote UHC and equity

## Conclusion

This brief highlights the socioeconomic disparities that exist in adolescent sexual activity. The results indicate the importance of investing in interventions aimed at delaying marriage which, in turn, delays sexual activity and childbearing. Disparities in early sexual debut by wealth and education suggest the need to continue to invest in female education and economic empowerment. Programs need to go beyond placing women into jobs and ensure that they are receiving the skills, training, and access to financial services and support that are needed for long-term economic advancement, which in turn impacts gender roles and power dynamics (Fewer, Ramos, and Dunning, 2013). These findings reinforce the importance of efforts by countries, the World Bank, and other

agencies and donors to continue to improve SRH in developing countries.

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*This Knowledge Brief was prepared by a World Bank team including: Rafael Cortez (Task Team Leader), Mara Decker, Claire Brindis, Jennifer Yarger and Diana Lara (University of California, San Francisco); and Meaghan Quinlan-Davidson (Consultant, World Bank). This note was prepared as part of a series of products of the World Bank's Economic Sector Work on Adolescent Sexual and Reproductive Health (P130031) funded by the World Bank-Netherlands Partnership Program (BNPP).*

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