

WHAT ARE ADOLESCENT GIRLS' AND YOUNG WOMEN'S PREGNANCY EXPERIENCES, FERTILITY DESIRES, AND HIV-RELATED RISK BEHAVIORS?

FINDINGS FROM DREAMS IMPLEMENTATION SCIENCE RESEARCH IN ZAMBIA

In Zambia, adolescent girls and young women (AGYW) are disproportionately affected by HIV/AIDS, with 3 to 4 times as many AGYW aged 15–24 years living with HIV compared to boys and young men of the same ages.¹ AGYW also have a high pregnancy burden: close to one-third of Zambian girls have begun childbearing by age 19, and few use modern contraceptives to prevent pregnancy (15–19: 10%, 20–24: 33%).²

The Population Council conducted implementation science research in Zambia and other countries across sub-Saharan Africa to build needed evidence to inform community-based, girl-centered HIV prevention programming. Critical to this process is understanding AGYW's fertility desires and contraceptive use behaviors in the context of high HIV transmission.

This brief summarizes key findings from a cross-sectional survey with sexually active AG (15–19 years, n=97) and YW (20–24 years, n=342) enrolled in DREAMS programming and residing in urban districts of Lusaka and Ndola. The survey was conducted between April and May 2018. We present descriptive analyses of pregnancy experience, fertility desire, contraceptive use, and HIV-related risk behaviors among sexually active AGYW (ever had sex).

RESULTS

Who are the survey respondents (Table 1)?

- Most sexually active AGYW were 20–24 years (median age: 21 years), and fewer than half were currently enrolled in school.

KEY FINDINGS

Many AGYW have already begun childbearing, with a majority of pregnancies and childbirths occurring outside formal partnerships or marriage.

A majority of AGYW in current or recent partnerships expressed the desire to have children with their most recent partner.

Among currently and recently partnered AGYW, fewer than half report any modern contraceptive use.

AGYW who did not want children with their most recent partner were less likely to report using modern contraception than AGYW who wanted children.

AGYW tended to express fertility desires with less risky sexual partners, including those who reported being monogamous (having only one partner) or perceived themselves at lower risk of HIV exposure.

HIV testing is high among AGYW and may represent an avenue to strengthen linkages to contraceptive and reproductive health services.

Location: Kalingalinga in Lusaka and Lubuto in the Ndola district (within Copperbelt province)

Study Duration: 2016–2018

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TABLE 1 CHARACTERISTICS OF SURVEY RESPONDENTS

	ADOLESCENT GIRLS 15–19 N=97 %	YOUNG WOMEN 20–24 N=342 %	TOTAL N=439 %
Mean age (standard deviation)	18 + 0.8 years	22 + 1.5 years	21 + 2.2 years
Education			
Currently in school	48	42	43
Civil status			
Never been married*	96	85	87
Household characteristics			
At least one parent has died	41	47	46
Gone without eating at least a whole day and night, past month	24	16	18
Relationship status			
Currently or recently (past 12 months) partnered	87	83	84
Sexual risk behaviors			
Mean age at first sex	16 + 1.9	19 + 2.5	18 + 2.6
Tested for HIV, past 12 months	85	82	83
High self-perception of HIV risk	9	16	14
STI symptoms, past 6 months	21	17	18
Pregnancy and contraceptive experiences			
Ever been pregnant*	37	31	36
Has at least 1 child**	31	31	31
Wants a(nother) child in the future*	78	87	85
Using any modern contraceptive method to prevent pregnancy*	27	40	37

*p < 0.05; **p < 0.01; ***p < 0.001

- Most (84 percent) reported having a current or recent sexual partner (in the past 12 months). The vast majority of the respondents (87 percent) had never been married.
- While most AGYW reported having tested for HIV in the last year (83 percent), only 14 percent perceived they were at high risk of HIV exposure. Nearly one-fifth reported experiencing STI symptoms.
- Approximately one-third of respondents reported at least one previous pregnancy and having at least one child. Most (85 percent) expressed a desire to have a child or more children in the future.
- Only one-third of sexually experienced AGYW reported current use of any modern contraceptive method. Nearly four times the number of AGYW in current/recent partnerships reported modern contraceptive method use than non-partnered AGYW (42 percent vs. 11 percent, p<0.001).
- Among AGYW self-reporting contraceptive use, condoms (male or female) were the most popular method (53 percent), followed by hormonal injections (25 percent) and pills (14 percent).

Condoms were preferred by currently/recently partnered AGYW, while injectables and pills were more popular among non-partnered AGYW.

What are the pregnancy experiences and fertility desires among AGYW with current or recent partners (Table 2)?

- Among AGYW with current or recent partners, one-fourth already had already begun childbearing.
- A majority (68 percent) desired a(nother) child, but most wanted to wait at least five years before having a child or more children. A significantly higher proportion of YW (ages 20–24) wanted children sooner than 5 years compared to AG (ages 15–19).

What are the relationship characteristics, contraceptive use, and HIV risk behaviors among AGYW in a current or recent partnership (Table 3)?

- More than three-fourths of AGYW who did not want children with their current/recent partner were not

TABLE 2 PREGNANCY EXPERIENCES AND FERTILITY DESIRES AMONG AGYW WITH CURRENT/RECENT PARTNERS

	ADOLESCENT GIRLS 15–19 N=84 %	YOUNG WOMEN 20–24 N=283 %	TOTAL N=367 %
Ever been pregnant	29	39	37
Parity*			
Nulliparous (no children)	80	66	69
Multiparous (one or more)	20	34	31
Fertility desires			
Wants a/another child with current/recent partner	60	70	68
When want a/next child (among those who desired children n=315)***			
Within the next year	3	10	8
In 2–4 years	19	40	35
In 5 or more years	78	51	57
Mean number of children desired (standard deviation)	3.6 + 1.1	3.6 + 1.2	3.6 + 1.2

*p < 0.05; **p < 0.01; ***p < 0.001

using any modern contraceptive method to prevent pregnancy.

- Consistent condom use was low (35%) among AGYW, irrespective of fertility intentions. However, half of the AGYW who wanted another child and 61% of those who did not want a child reported using condoms at last sex.
- AGYW had a lower fertility desire if they perceived they were at high risk of HIV acquisition or if they thought their partner had high HIV risk.
- AGYW had a lower desire for children when they knew their partner had other sexual partners.
- AGYW who had shared their HIV status to their partner had stronger desire for children compared to AGYW who had not.

TABLE 3 RELATIONSHIP CHARACTERISTICS, CONTRACEPTIVE USE, AND HIV RISK BEHAVIORS AMONG AGYW IN A CURRENT/RECENT PARTNERSHIP

	DOESN'T WANT A(NOTHER) CHILD N=119 %	WANTS A(NOTHER) CHILD N=248 %	TOTAL N=367 %
Relationship duration			
Less than one year	23	18	20
1–4 years	67	63	64
5 or more years	10	19	16
Contraceptive use			
Using any modern contraceptive method***	21	52	42
Condom use			
Consistent condom use, past 12 months	34	36	35
Used condom at last sex with current/recent partner	61	51	54
HIV risk perception			
AGYW likely exposed to HIV*	21	12	15
Partner likely exposed to HIV***	45	19	27
Partner risk characteristics			
Has other sexual partners**	10	2	5
Tested for HIV, past 12 months	78	86	83
HIV serostatus disclosure			
AGYW disclosed status to partner**	84	93	90
Partner disclosed status to AGYW	78	79	79

*p < 0.05; **p < 0.01; ***p < 0.001

CONCLUSION AND RECOMMENDATIONS

Sexually active AGYW in Zambia are having children early but have different fertility intentions depending on their HIV risk perceptions, partner characteristic, and communication with their partner about their own HIV status. The following recommendations emerged from our findings:

- Assess AGYW’s pregnancy experiences and fertility desires within the context of an HIV prevention program to meet AGYW’s SRH needs while supporting HIV risk mitigation.
- Since HIV testing rates are high among AGYW, strengthen linkages between HIV & family planning services and social and behavior change programming for AGYW.
 - For AGYW who don’t want a/another child, provide counseling on long-acting contraceptives.
 - For AGYW who want a/another child, provide counseling and services to ensure safe conception options.
 - Provide supportive counseling to AGYW to consider own and partner’s HIV risk when deciding on the appropriate contraceptive choice.
- Leverage high uptake of HIV testing services among AGYW to introduce family planning messaging and offer contraception.
- Provide differentiated family planning services that address AGYW’s shifting fertility intentions and contraceptive needs/preferences over time and with different partners.
- Strengthen AGYW’s self-efficacy and access to dual protection methods (i.e., condoms) to prevent pregnancy and avoid HIV acquisition.

REFERENCES

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