Forging forward for adolescent girls in West & Central Africa
FOREWORD

An historic anniversary

Twenty-five years ago, more than 30,000 representatives of governments, women’s movements and NGOs from 200 countries pushed for and witnessed the adoption of the Beijing Declaration and Platform for Action (BPfA) at the World Conference on Women in Beijing. Key areas of urgent action for systemic change across social, economic, political and environmental domains were identified in order to achieve gender equality and the full realization of women and girls’ human rights.

However, despite regional progress on adoptions of international protocols and national laws, unequal power relationships prevail, with men and boys at all levels of society continuing to enjoy privileges while women and girls carry disproportionately unfair burdens. The COVID-19 pandemic has further placed these inequalities into stark relief and urgent attention is needed to ensure that hard-won gains are not lost.

Looking forward to the next 25 years

In the face of an unfinished agenda, new and emerging threats have been identified, including the effects of the climate crisis and underemployment, health epidemics as well as insecurity and growing violence. With climate change as a cause of increasing poverty, migration and conflict, an ever more increasing number/share of adolescent girls face challenges to realizing their rights. The impacts of climate change on girls includes school dropout, child marriage, increased risks of gender-based violence, diminishing opportunities for work and negative impacts on sexual and reproductive health.

A lack of decent jobs remains among the top challenges for adolescents and youth in the region. Equipping young women and girls with skills to successfully enter the labour market, as well as opportunities to contribute to economic growth is a major priority for regional growth and stability. At the same time, to keep the current level of unemployment constant, Africa needs to create 12 million jobs every year (AfDB 2020). Job creation and entrepreneurship opportunities for women and girls needs to be central to development agendas.

In spite of these challenges, there is hope. As we inspire the next generation of African leaders, we remain optimistic of the bright future for girls in West and Central Africa.
Doing business differently to achieve change at-scale in favour of girl’s rights

The ambition of the KRCs is to catalyze change by harnessing transformative approaches, so as to accelerate progress towards at-scale enjoyment of rights for all children, without distinction, in line with the goals of the UNICEF Strategic Plan 2018-2021. The KRCs are formulated as quantified results statements considering prevalence and number of children.

**KRC #1 Immunization**
By 2021, 80% (15 million) of children 0-11 months are protected against vaccine preventable diseases annually.

**KRC #2 Prevention of Stunting**
By 2021, 93% (86 million) girls and boys under the age of 5, especially those that are marginalized and those living in humanitarian situations, receive high impact nutrition services to prevent stunting.

**KRC #3 Equitable and Sustainable Access to Education**
By 2021, the proportion of Out of School children of primary and lower secondary school age is reduced from 34% (41 million) to 20% (29 million).

**KRC #4 Improved learning outcomes**
By 2021, 100% (76 million) pupils from pre-primary to lower secondary education, boys and girls, are reached with interventions targeting the improvement of learning outcomes and skills.

**KRC #5 Protection of children from violence**
By 2021, at least 50% more children affected by violence will be provided with protective services to prevent and respond to violence in both humanitarian and non-humanitarian settings (at least 182,000 children).

**KRC #6 Child marriage**
By 2021, the percentage of girls aged 20-24 married before the age 18 is reduced from 41% to 37% (an additional 3 million girls who will not be married before 18).

**KRC #7 Birth registration**
By 2021, 30% more children under one have their births registered (at least 10 million children).

**KRC #8 Ending open defecation**
By 2021, the proportion of population practicing open defecation is reduced from 25.4% (112 million) to 15.5% (88 million).

The KRCs are supported by three enabler results:

- evidence generation;
- operational excellence;
- human resources development.
PROGRESS FOR GIRLS

The 9 strategic objectives of the Beijing Platform for Action - Where are we in WCa?

**Eliminate all forms of discrimination against girls.**

In only 2 out of 24 countries, widows and daughters enjoy the same rights to inherit land and non-land assets as widowers and sons; without contradiction by customary, religious and traditional laws or practices.

Women have about 2/3 of the rights of men with regards to laws and regulations that affect their economic opportunities.

**Eliminate negative cultural attitudes and practices against girls.**

40% of girls in the region are married by age 18.

15% of girls are married by age 15.

Almost 30% of girls and women aged 15-49 in the region have undergone FGM in practicing countries.

**Promote and protect the rights of girls and increase awareness of their needs and potential.**

Political representation by women in parliament averages at 12%.

Young women are less likely to join others raising in issues – 11% of 18-25-year olds say they do so often. This percentage will only increase slightly over their lifetime (13% at age 56+).

Women and girls continue to be excluded from issues and decisions that affect their lives, mainly due to high poverty levels, illiteracy and patriarchy.

**Eliminate discrimination against girls in education, skills development and training.**

Around 28% of adolescent girls aged 15-19 are not in employment, education or training (NEET rates).

In Côte d’Ivoire, Senegal, Ghana, Nigeria and Togo alone, almost 3.6 million girls were NEET in 2015/16 – nearly 1.5 times as many as boys in the same age group.

The literacy rate amongst female youth aged 15-24 is only 60% across the region (compared to 73% of male youth).

**Eliminate discrimination against girls in health and nutrition.**

51% of pregnant adolescent girls aged 15-19 across the region had access to at least 4 antenatal visits during their pregnancies in 2013-2018.

54% of them gave birth in the presence of a skilled birth attendant.

Across 17 countries for which data was available, the demand for modern family planning of only 18% of adolescent girls (15-19) was met, between 2010-2018.

**Eliminate the economic exploitation of child labour and protect young girls at work.**

Around 31% of girls 5-17 years of age are involved in child labor across the region.

All except one country in the region have ratified the Minimum Age Convention (C138) from 1973.

All countries in the region have ratified the Worst Forms of Child labour Convention (C182) from 1999.

**Eradicate violence against girls.**

50% of adolescent girls aged 15-19 who have already been married and experienced physical or sexual violence have never told anyone. Only 29% have sought help.

45% of adolescent girls 15-19 years of age across the region believe that husbands beating their wives can be justified.

**Promote girls’ awareness of and participation in social economic and political life.**

Young women in WCA are on average almost 9% less likely to be a member of a voluntary association or community group than young men. This gap is almost constant throughout the life course.

51% of 18-25-year-old women voted during the most recent elections – like 53% of young men. Women aged 26-35 are much less likely to have voted though.

**Strengthen the role of the family in improving the status of girls.**

18% of adolescent girls aged 10–14 years are deprived of time for education and play, spending at least 21 hours per week on unpaid household services, compared to 8% among their male counterparts.

Only 12% of women aged 15-49 are the main decision-makers regarding their own health.
Leading innovation and entrepreneurship in The Gambia

Ever since she was eight years old, Juma Baldeh dreamt big. She wanted to become a successful woman and knew that the road to success was built on courage, academics, and the love of learning new things.

However, across the world and in The Gambia too, men continue to outnumber women in the tech industry. Girls are often discouraged from studying or taking on careers in science, technology, engineering and mathematics, which are still perceived as the domain of boys and men.

This has not discouraged Juma. After completing her BSc in Information Systems at the University of The Gambia, she started working as the product engineer at a Gambian software development company and is determined to break these gender stereotypes by helping to build the next generation of Gambian women in technology.

In 2016, Juma founded HackathonGirls in the Gambian capital, Banjul. The organization provides web literacy for young girls aged 8 to 18, who are tutored by young dynamic women already working in tech. The platform bring girls together and encourages them to pursue a career in the IT industry with confidence and competence.

“If the girls work together, extraordinary things can be done in The Gambia,” says Juma. “We meet every week to improve our IT skills in programming, website creation and web knowledge. We learn how to code, how to search the web, how to collaborate with other people online and how to protect our privacy and manage our security on the Internet.”

Being the big dreamer that she always was, Juma, as UNICEF Gambia’s Changemaker, has even bigger visions for the young women she tutors: “I dream of seeing these girls become CEOs of companies in new technologies in The Gambia. We really need these girls to take leadership roles here.”
Raising awareness and accountability on Child Marriage in Burkina Faso

In Gotogou, a small village in Burkina Faso’s northern Sahel region, Adiatou, a mother of four, married off her two first daughters when they were 16 and 14.

Soon after her wedding, Adiatou’s second daughter became pregnant, putting her health at stake. “The pregnancy was difficult, and her life was in danger”. The family feared for their daughter and the baby.

UNICEF partnered with the non-governmental organization (NGO) Mwangaza-Action to sensitize traditional and religious leaders on the issue, as well as on female genital mutilation, another key concern in the country. The leaders are respected figures in the community and raise awareness of the whole community, creating a critical mass of people ready to turn their back to child marriage.

In December 2016, traditional and religious leaders publicly vowed to end child marriage in Gotogou. Following this declaration, a follow-up committee was created in the village with the mission to ensure, through awareness-raising, the continuation of the community leaders’ commitment and promote behaviour change to end child marriage.

“For a wedding to be celebrated, I now request the girl’s birth certificate. Not everyone agrees with this, but people will get used to it. However, there is less and less resistance”, said Cisse Issoufa Abdoulaye, Gotogou’s Imam.

Adiatou is now part of the follow-up committee. As a mentor, Adiatou organizes weekly meetings with the village girls’ club. These meetings allow her to educate children on the consequences of child marriage. There are two clubs in each village: one girls club and one boys club. Each club has 30 children. “It’s the most effective way to prevent child marriage. Children live where decisions are taken. They know a lot of things” said Adiatou.

“It was common to see girls flee their husbands’ home and come back to their parents at night, the burden was just too much for them. We knew it was hard, but what could we do? We did not know any better.” (Adjatou)
Fortune Abornu is 14 years old and attends Tsurokpe Tota basic school in the Volta region of Ghana. “I hadn’t been feeling well for a while. I would come to school and feel very sleepy during lessons. Sometimes, I’d give up, put my head on the table and just go to sleep. I’d wake up usually to a teacher’s angry call. At times, I asked my friends sitting close to me to tap me when the headmaster was around. Other days, I felt dizzy when walking to school or during break time. So, I’d stop and take a break. At first, I thought I was just tired. Maybe from housework or playing, I wasn’t sure. Later, I got fed up with it and finally told my grandmother.”

Horlali is 15 years old who goes to the same school as Fortune. She also experienced feeling dizziness and being inactive in school. “It’s difficult to feel that way most of the time, I decided to eat often so I could have more energy, but I didn’t have much of appetite so that didn’t work. I always ate once or twice in a day.” Horlali also explained how this affected her health. “My menstrual cycle only lasts for two days, but it usually should be five days for me. It also gets very painful and that makes it even more difficult to concentrate in class.”

To help adolescent girls in Ghana feel more active and perform better in school, UNICEF and the Ghana Health Service, launched the Girls’ Iron Folic Tablet Supplementation (GIFTS) initiative. The GIFTS initiative is the first of its kind on the continent and will provide free iron and folic acid supplementation to girls aged 10 - 19 years.

Following this initiative, things took a positive turn for both girls. Fortune and Horlali were both found to be anemic and their parents and caregivers were encouraged to take them to the hospital for further treatment. A week after the screening was done, weekly doses of iron and folic tablets were provided to all girls in school.
Menstrual Health and Hygiene Supplies to end stigma and embarrassment for girls in Guinea-Bissau

As many young girls in other villages in Guinea-Bissau, students in Ponta Nova, a village located in eastern Bafatá region, deal with their menstrual hygiene issues in deep secrecy.

To address these bottlenecks, UNICEF in Guinea-Bissau supports a programme in schools for menstrual health and hygiene, ensuring girls have a place where they can hygienically manage their menstruation and receive adequate knowledge on their menses.

Rivaldina was one of the first young girls to receive a menstrual cup in Ponta Nova. “Young women are skipping classes when they have their period because they can’t afford to buy appropriate sanitary products” she notes. She became a spokesperson for her peers on promoting the use of the menstrual cup.

Menstrual cups cost 3,000 FCFA (approx. 7 USD). Due to the multiple benefits that they provide, young women, especially from rural areas of Guinea-Bissau, are now keener to use them.

“I switched to the menstrual cups for many reasons and I’m never going back to other sanitary products. The cups are more affordable and easier to use. Young women are using them more and more. Now that I’m using the cup, I don’t have to worry much about when my period is going to start. And less with the frequency of change.” Said Cadidjatu Balde, young teacher from Fajonquito school.

“Six months ago, I tried the cup for the first time, and three months later, I bought another three for my younger sisters” continued Cadidjatu, “In the beginning, my younger sister refused to use the menstrual cup, but when I explained that I was also using it and the multiple benefits it has, she changed her mind completely, and she can’t live without it she now says”.

“In the beginning, my younger sister refused to use the menstrual cup, but when I explained that I was also using it and the multiple benefits it has, she changed her mind completely, and she can’t live without it she now says.” (Cadidjatu)
West and Central Africa is home to a number of emergencies caused and aggravated by climate change, demographic change, epidemics and violent conflicts, all of which have strong - and differing - impacts on women and men, and boys and girls. Unequal power dynamics are inflamed in situations of threat, and women and girls are typically the most vulnerable. This section highlights some of the major concerns in crises settings - as expressed by adolescent girls themselves.

Education

Lost access to school for any reason - because of destruction, insecurity on the way to school, or shutdown during pandemics - has devastating consequences for children, and specific risks for girls.

In crises situations, access to learning for many girls is limited because educational services are disrupted, or schools are targeted, alternative learning centers may not available, or because time is spent on household chores or generating income for the family.

In Sierra Leone, during the Ebola pandemic, only 15% of girls compared to 40% of boys reported studying at home - most likely related to their contributions to domestic chores, sibling care and income generation.

Beyond the loss of time learning and related worries about their future, girls living in crisis also feel concerned about the restrictions on play and contact with friends, and the inability to build and foster networks outside the home which may serve to protect them and help build their future.

In a recent survey in Côte d’Ivoire, over 20% of girls have not returned to school. The most frequent reason given was financial difficulties.

The longer girls stay out of school, the less likely they are to return.
Protection from violence

Women and girls are at higher risk of gender-based violence across the world, in any setting. In times of crises, this risk is even more elevated as protection mechanisms fail, protective networks are destroyed, and stress elevates the risk of violence even more in the domestic sphere.

More than one in five adolescent girls in Lake Chad countries reported physical violence within one month in Spring 2018, 60% of which took place at home. Adolescent girls separated from their parents and working in domestic roles face threats of sexual violence. In Nigeria, almost half of all U-Reporters reported a rise in domestic violence after the COVID-19 lockdown - most of it directed at women and adolescent girls.

Where a loss of livelihood is involved, added risks relate to child labour and involvement in crime. For some, high-risk survival strategies and early marriage are the only escape.

Increased rates of child marriage and early pregnancies - up by 65% in some communities - were documented during the Ebola outbreak in Sierra Leone and Liberia. Adolescent girls in Nigeria gave many accounts of being forced to marry for security or economic reasons, or to marry their rapists to avoid stigma.

Health

Another area of great concern is restricted access to and use of health services, including information on reproductive health. This could be the result of destruction of service centers by armed groups, the inability to reach services due to lack of transport or infrastructure, economic reasons or fear.

During the Ebola crisis in Sierra Leone, a decrease in utilization of life-saving health services led to an estimated 3600 additional maternal, neonatal and stillbirth deaths over a one-year period 2013-14. A recent WHO report estimated a significant disruption of services across the region due to the Covid-19 pandemic.

Where schools are entry points or facilitate education on reproductive health, lost access adds another layer of negative impacts. In a region where many adolescent girls are without access to modern contraceptives and risk pregnancy before the age of 18, this is a major concern. A recent study anticipates an increase in early pregnancy in the region because of COVID-19.


Central Sahel

Burkina Faso, Mali & Niger

Since 2017, increased spread and violence in the Central Sahel - including armed attacks on communities, schools, health centers and other public institutions - have caused forced displacement and created a humanitarian emergency at unprecedented levels.

Lake Chad

Chad, Cameroon, Niger & Nigeria

One of the most severe humanitarian emergencies globally, this protracted crisis has displaced around 2.5 million people. Schools, as well as health and nutritional service centres have been destroyed or left with severely reduced capacities to deliver assistance to people in need.

Ebola

Liberia, Sierra Leone, Guinea & Democratic Republic of Congo

The 2014-16 outbreak in West Africa was the largest Ebola outbreak in the region, spreading between countries. Unfortunately, at the time of writing, DRC is still fighting the virus in one of its regions.

COVID-19

Global

Arriving in the region late February 2020, around 200,000 cases were registered by mid-August (22% of all cases across the continent).

The spread of the Covid-19 pandemic and preventive measures have significant impacts on the ability to deal with other emergencies in the region.
To increase life options for adolescent girls in West and Central Africa, UNICEF is employing scalable evidence informed change strategies to advance education and skills, ensure protection from violence and marriage as well as improve health and wellbeing.

With partners, UNICEF is scaling up integrated programming that appreciates the holistic and multi-dimensional aspects of adolescent girls’ lives. Multi-sectoral programme packages that recognize these inter-connected vulnerabilities and risks can enhance results and improve effectiveness and sustainability. As we work to implement scalable programs, we also rely on the following principles to advance our work for girls:

**Gender equality in and through education to equip girls with education and skills**
- Gender responsive sector planning and system strengthening
- Improved access to education for girls
- Achieve gender equitable learning outcomes
- Adolescents acquire gender equitable skills

**Girls are protected from violence and child marriage**
- National Advocacy and Policy Engagement
- Prevention and response systems learning outcomes
- Community based interventions to empower girls

**Adolescents are empowered to manage their health and wellbeing**
- Gender responsive adolescent health and nutrition policies and strategies
- School based health and wellbeing interventions
- Community and youth-led services and interventions
- Age appropriate pregnancy care for adolescent girls

**Multi-sectoral approach**

UNICEF works across all domains of a girl’s life, engaging across sectors to advance her wellbeing, and that of her children. Partnering with government, civil society, international organizations and the private sector, UNICEF addresses issues facing adolescent girls in the region, works to protect their rights and create opportunities for them to transition into adulthood as empowered and capable young women.
Engaging and listening to girls

Working with adolescents is at the heart of UNICEF’s work in the region. Human centered design techniques help create gender-responsive interventions for adolescent girls. Increasingly our programming is engaging girls in the co-creation of solutions through their engagement in design bootcamps and innovation labs across the region.

Harnessing the power of evidence

More information is needed to determine “what works under what conditions” for adolescent girls – especially in contexts as diverse as in the West and Central Africa region. Implementation research to strengthen delivery is one option to advance stocktaking and finding solutions at the same time. At a minimum, country-level data reporting needs to be age and sex disaggregated.

Innovation, STEM and technology for girls

“Salmaïtou” is an initiative of UNICEF in Senegal, designed to help reduce the digital gender divide across the country.

Bringing together diverse private partners, and in collaboration with the Ministry of National Education, as well the Virtual University of Senegal, Social Change factory and others, this project was launched in the Kolda region of Senegal – a region with some of the most persistently low rates of social development progress in the country.

The “Salmaïtou” project aims to give highly vulnerable girls in school and out of school an opportunity to acquire skills that will enable them to master digital technologies, innovation and social entrepreneurship.

Targeting girls aged 10 to 18, the first bootcamp helped build their capacities and skills in three areas: social entrepreneurship, social innovation and technology.

Above all, it seeks to encourage them to take an interest in STEM (Science, Technology, Engineering and Mathematics) and develop self-esteem to achieve their dreams.
Four actions to accelerate results for adolescent girls

The evidence is clear that the return on investment to adolescent girls is high. The acceleration of gender-responsive and transformative interventions during adolescence can achieve more equitable outcomes that can persist into adulthood.

Adolescence provides a second window of opportunity – a chance to catch up and redress earlier negative experiences, as well as to ensure that previous investments are not lost during a time when children enter adolescence and face new risks and vulnerabilities. Investing in adolescent girls’ education, protection and health today can also contribute to decreasing the transmission of intergenerational inequality and lead to better outcomes for future children.

Collectively we can transform the lives of adolescent girls and allow nations, societies and crucially girls themselves to reap the benefits through 4 key actions.

- **Address the politics** that foster regressive environments for girls. National governments must keep their commitments to gender equality and ensure these commitments have an impact on the everyday lives of adolescent girls.

- **Engage boys and men as part of the gender norm transformation.** Cooperatives model for transforming gender relations through gender synchronized programming – programming that addressed gender norms across all members of the community – can be further expanded in the region.

- **Foster girls’ movements and civic groups** to advance accountability to affected populations. Women and girls’ voices are essential to understanding the impact of interventions and meeting the needs of affected populations effectively. Structured civic and community groups can help promote voice. This becomes even more important in humanitarian crises, where active participation in identifying needs and designing and implementing programs to address those needs substantially improves program effectiveness and sustainability.
**Expand Innovative Financing.** UNICEF’s Key Results for Children fund will take an innovative approach to financing, by crowdsourcing capital to advance results in West and Central Africa. Marrying the forces of the private sector, philanthropies, high net worth individuals, and traditional donors with the power of adolescent voices for change, the fund will channel investments to high impact interventions where they are needed most. Other models, such as social impact bonds, are promising models to expand.

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**Why invest in adolescent girls?**

- Ending child marriage and early childbearing in West and Central Africa would reduce population growth and yield $64 billion in annual welfare gains. (World Bank, 2017)

- If universal secondary education were achieved, child marriage would be virtually eliminated, and the prevalence of early childbearing would be reduced by up to three fourths. (World Bank, 2017)

- Ending early childbearing and improving educational attainment for mothers would have important impacts on reducing child mortality (by one fifth) and malnutrition (by one third) as well as a positive impact on women’s decision-making ability in the household and would increase the likelihood that newborns will be registered at birth. (World Bank, 2017)

- Investments in adolescent health and wellbeing can bring a triple dividend of benefits at the present moment, into future adult life, and for the next generation of children. (Lancet 2017)

- Improving secondary school enrolment and quality by $22.60 per person per year, could produce 12 times the economic benefits by 2030.

- Investments in secondary education can increase school completion rates by more than 60% by 2030. An extra year of primary school education boosts girls’ future wages by 10%–20%, and an extra year of secondary school adds 15%–25%.

- Economists found that investing in the elimination of gender-based violence is one of the 19 most cost-effective SDG targets (Women Deliver 2018).

- By dramatically reducing gender-based violence, there is a ripple effect: women are more educated, and healthier, more educated families are stronger; more equitable societies; increased economic prosperity as a whole (Women Deliver 2018).

- Spending roughly $3.80 per capita per year on programmes that contribute to reducing child marriage could yield a nearly 6-fold return (Lancet 2017).
**Education**

The region has seen substantial progress of girls’ school enrollment over the last 25 years. Whereas on average less than 50 per cent of girls of primary school age were enrolled in primary schooling in the mid to late 90s across the countries with available data, this share has increased to just over 75 per cent in the time period 2015-2018.

Similar, girls’ enrollment rates in secondary education have increased – however, starting at a much lower base: across seven countries for which data for the time period between 1995 and 1999 is available, the secondary net enrollment rate ranged between 2.9 per cent in Chad and 28.8 per cent in Ghana. By 2018, data for 16 countries was available, and the average enrollment rate had reached 36.1 per cent. Chad and Ghana’s secondary enrollment rates of girls have increased to 12.3 and 58.8 per cent, respectively.

As the graph shows, these increases have contributed to closing the gender gap between boys and girls’ school attendance in primary level, and a reduction of the gap at secondary level.

**This progress has come with a large increase of literacy rates amongst women and girls across generations.** An average of 65.7 per cent of girls and women aged 15-24 in the region were estimated to be literate between 2015-2018 – compared to 47.2 per cent of 25-64-year old women - an ‘intergenerational’ increase in literacy rates of 20.9 percentage points on average across the countries.

Despite this progress, out of school rates in the region are still very high. According to UNESCO data published in the SOWC 2019, 27, 40 and 61 per cent of school-going ages are out of school in primary, lower secondary and upper secondary levels, respectively.

Another area that requires further improvement is the quality of education. Only around half of the girls and boys in grade 2/3 and at the end of primary education achieve a minimum proficiency in reading. For mathematics, this indicator is even lower as only a little more than one third of students requires minimum math skills.

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3 All averages presented are unweighted.
Learning outcomes, 2010-2018

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<thead>
<tr>
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<th>Reading</th>
<th>Math</th>
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<tr>
<td>Proportion of children at the end of primary achieving minimum proficiency level</td>
<td>53</td>
<td>37</td>
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<tr>
<td>Proportion of children in grade 2 or 3 achieving minimum proficiency level</td>
<td>50</td>
<td>35</td>
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Source: UNESCO Institute of Statistics

Female share of graduates from Science, Technology, Engineering and Mathematics (STEM) programmes (%), 2012-2017

- Benin: 54.9
- The Gambia: 45.7
- Cabo Verde: 30.8
- Niger: 23.1
- Mauritania: 28.9
- DRC: 25.1
- Ghana: 22.5
- Burkina Faso: 15.1

Source: UNESCO Institute of Statistics
Health and Nutrition

Adolescent girl’s fertility rates have declined. The unweighted average birth rate per 1,000 girls aged 15-19 reduced from 151.8 in 1990-1995 to 112.1 in 2015-2020. However, these numbers are still about 2.6 times higher than the world average.

Complications during pregnancy and childbirth are the leading cause of death for girls aged 15-19 globally; and both adolescent mothers and their babies face higher risks of complications and negative outcomes than women aged 20-24 years and their babies.4

High adolescent fertility rates are particularly worrisome in combination with high prevalence rates of anaemia, which has been considerably reduced in some countries over the last 25 year but are still too high.

The figure shows average anaemia rates for women aged 15-49 as data for adolescent girls is not available for earlier periods in time. The graph shows that for many countries, progress was very slow. Exceptions are Liberia, Benin and DRC, which were able to reduce by between 23.7 and 18.2 per cent.

Anaemia rates of adolescent girls are usually higher than national averages. Latest estimates from 2017 and 2018 show that in Benin, Mali, Senegal, Guinea and Nigeria alone, around 7.9 million girls aged 15-19 suffer from anaemia.5

One area which has seen good progress in many countries is HIV. Prevalence rates amongst female youth have decreased from as high as 6.2 per cent in Côte d’Ivoire in 1995 to 1.4 per cent in 2017. Similar noteworthy reductions have been made in CAR and Liberia. However, the figure shows that progress has been uneven; and young girls are on average up to 5 times more likely to be infected with HIV than their male counterparts.6 Of the 340,000 adolescents living with HIV in WCAR in 2018, 58 per cent were girls aged 15-19.

4 https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy
5 Based on calculations on anemia prevalence from DHS 2017-2018 and population numbers from the United Nations Department of Economic and Social Affairs, Population Division (2019).
6 “One contributing factor is that most adolescent boys acquired HIV perinatally and have been living with the virus for a long time, which puts them at higher risk for AIDS-related mortality. In contrast, a higher proportion of girls have been infected with HIV recently through sexual transmission. Boys also test less for HIV and in general exhibit lower rates of antiretroviral therapy initiation and coverage.” UNICEF, 2019
Protection

Physical and sexual violence

Unfortunately, statistical evidence of the scale of different types of violence is scarce – especially in West and Central Africa. However, recent surveys show that intimate partner and sexual violence - which too can be perpetrated by spouses or boyfriends - are common occurrences.

On average, 9% of adolescent girls in the region have experienced sexual violence. This varies across countries – for example, more than one in five girls aged 15-19 in Cameroon report having experienced sexual violence already during their lifetime. This number is as low as 0.3% in Burkina Faso – however, we know that many types of violence but especially this one is largely underreported.

18% of adolescent girls report to have already experienced intimate partner violence.

This ranges from 5% reported in Burkina Faso and The Gambia to 56% in Equatorial Guinea and 40% in Gabon.

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7 unweighted
8 According to data between 2010 – 2018 across 17 out of 24 countries where data exists (SOWC Table 14).
Female Genital Mutilation

West and Central Africa is one of the regions with the highest prevalence of girls who are circumcised - on average, nearly 30 per cent of girls and women aged 15 – 49 have undergone FGM in practicing countries, and progress in eradication has been very slow.

However, some indications of positive change seem to appear when comparing different age cohorts. Looking at prevalence rates of very recent surveys, 15-19-year old girls in Senegal (in 2017), and Guinea and Mali (in 2018) were slightly less likely to experience this type of violation than women who were 15-19 years old 25 years ago. Nigeria has made significant progress, reducing this risk by 13%.

Child marriage

There has been some success in reducing child marriage rates in the region, though more work is still needed, especially in relation to marriage before the age of 18. Across 12 countries for which data is available, the median marriage age has increased by 1.3 years from 17.3 years of age at first marriage during the periods 1990-98 to 18.6 years of age in the period 2010-2018.

Looking at the figure, there are promising signs regarding the eradication of child marriage before age 15. In the most recent surveys, carried out between 2014 and 2018, the difference between women reporting to have been married by the age of 15 has decreased by 8.6% on average. Across countries, these differences range from a 3.8% reduction in Mali to 13.4% fewer adolescent girls married by age 15 in Benin.