

# Adolescents in Burkina Faso: Sexual and Reproductive Health

*Half of the population in Burkina Faso is under the age of 15. Many of these young people will become sexually experienced in their teens and, thus, will be at risk of or experience an unplanned pregnancy or a sexually transmitted infection (STI), including HIV/AIDS. To minimize these risks and secure a healthy future for adolescents, it is necessary that policymakers, journalists, service providers and advocates have solid evidence regarding the sexual and reproductive health needs of Burkinabè youth. This Research in Brief documents what is known about Burkinabè adolescents' sexual and reproductive health behaviors and needs, with particular emphasis on HIV/AIDS, and points the way forward toward improving policies and programs.*

## SEXUAL ACTIVITY

- Half of women and more than a quarter of men aged 15–19 have ever had sex. Among women, sex generally occurs within marriage, whereas among men, sex is outside of marriage (Chart A).
- By age 20, 92% of women and 52% of men have had sex; the median age at first intercourse is 17.2 for women and 19.7 for men.
- Two in 10 unmarried women aged 15–19 who have had sex have received money or presents in return for sex. Three in 10 sexually experienced\* unmarried men 15–19 have given money or presents for sex.

\*Those who have ever had sexual intercourse.

†Those who have had sexual intercourse in the three months prior to the survey.

## CONTRACEPTION

- Although the majority of adolescents approve of family planning, most do not use contraceptives. Among sexually active† 15–19-year-olds, 84% of females and 63% of males currently do not use a modern contraceptive method.
- Contraceptive use is much higher in urban areas than in rural areas: Among sexually active 15–19-year-olds, 38% of women and 70% of men in urban areas currently use contraceptives, compared with 12% of women and 28% of men in rural areas.
- Only 6% and 9% of sexually experienced 15–19-year-old males and females who are not currently using contraceptives intend to use a method in the next 12 months.

## MARRIAGE

- Young women in Burkina Faso marry early: More than one-third of 15–19-year-old

women are married, compared with only 1% of men the same age.

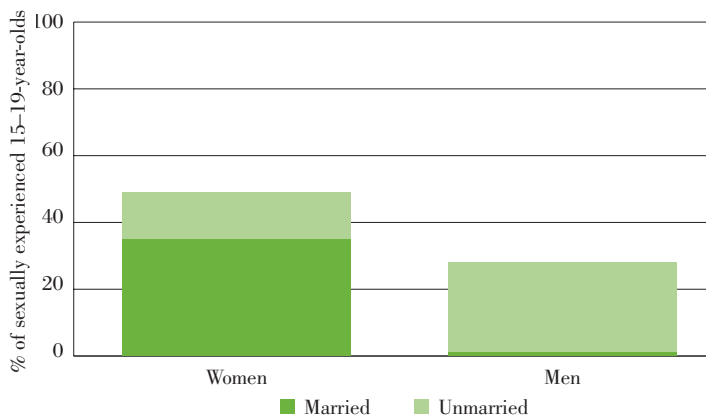
- Median age at first marriage is 17.6 for women and 25.2 for men.
- In some areas, young women marry much older men: In one study in two rural provinces, almost one in three married women aged 13–19 reported having husbands who were 15 or more years older.

## CHILDBEARING

- More than one-quarter of women aged 15–19 have experienced at least one pregnancy, and 20% have had a child.
- By age 17, one in five young women have had a child or are pregnant with their first child. By age 20, this figure climbs to nearly three in five.
- More than double the proportion of adolescent women in rural areas than in urban areas have had a child (23% vs. 11%).

chart a  
Sexual Experience

*A greater proportion of young women than men have sex within marriage.*



## ABORTION

- Abortion occurs among adolescents, but the level is not known. National statistics do not exist because abortion is illegal, as well as socially and culturally taboo.

- A study in the three largest cities found that 28% of women aged 10–25 who have been pregnant had had an abortion, and 42% knew of a friend who had had one.

- A study in Ouagadougou found that 22% of the 15–19-year-olds surveyed had terminated a pregnancy.

- The Ministry of Health declared in 2000 that clandestine abortion is a growing problem.

## STIs

- Eight percent of 13–24-year-old men and 10% of women the same age had symptoms of an STI in the 12 months prior to a large study in Bobo-Dioulasso.

- Of those in the study with symptoms of an STI, five in 10 men and four in 10 women sought treatment.

- Another study revealed that only 15% of 13–19-year-olds in Ouagadougou and 7% of those in Tenkodogo said that they would visit a modern health facility if they contracted an STI.

\*Some of the difference in estimates is likely due to selective participation of adults being tested for HIV in the 2003 Demographic and Health Survey: Seven percent of adult women and 14% of adult men refused to be tested or were absent from the household and could not be tested. *Source:* Burkina Faso Enquête Démographique et de Santé 2003, Rapport Préliminaire, Ouagadougou, Burkina Faso: Direction Générale de l'Institut National de la Statistique et de la Démographie; and Calverton, MD USA: ORC Macro, 2004.

# Focus on HIV/AIDS

Burkina Faso officially recognized the existence of HIV/AIDS within its borders in 1986. By 1999, general awareness of AIDS among 15–19-year-olds was quite high, with 80% of females and 91% of males reporting that they had heard of the disease. However, about a third of both young men and women could not name any specific way to avoid infection, and about four in 10 did not believe themselves to be at risk (Chart B).

## Who Is at Risk and Why?

Because the majority of adolescents are sexually experienced by the time they turn 20, most young Burkinabè are at risk of infection. Estimated HIV prevalence rates vary. For example, the estimated HIV prevalence among adults in 2001 was 7%, whereas more recent HIV prevalence estimates for 2003 are 4% (based on UNAIDS estimates) and 2% (based on HIV testing in the 2003 Demographic and Health Survey).<sup>\*</sup> Nonetheless, HIV prevalence figures continue to show that women—particularly young women—are at a greater risk of HIV/AIDS and are infected at younger ages than men.

*Unmarried adolescents.* The gap between first intercourse and first marriage leaves a window of time during which adolescents are at high risk for HIV/AIDS and other STIs, as well as unplanned pregnancies. In Burkina Faso, the window of exposure between first intercourse and first marriage is much longer for men (five years) than for women (one year). This is a crucial

period for adolescents to protect their health.

*Married adolescents.* Most Burkinabè women marry while still in their teens (65% of 18–19-year-olds are married—Chart C). Those who marry early often have older husbands who have had more sexual partners; as a result, some young married women may become infected with HIV or another STI. Approaches to preventing infection, such as abstinence, condom use or monogamy, are difficult to implement and may be unrealistic for young married Burkinabè women who are under pressure to have children.

*Adolescents engaging in multiple sexual partnerships.* Nearly four in 10 sexually experienced young men have had two or more partners, putting themselves and their partners at increased risk of infection.

## Where Do Young People Get Information About HIV/AIDS?

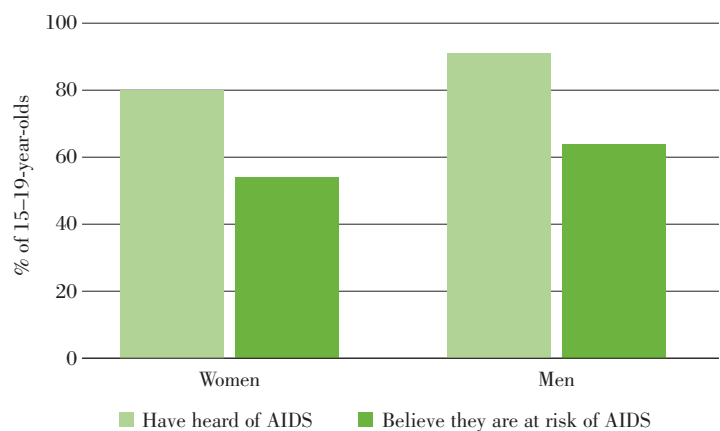
According to the Bobo-Dioulasso study, the mass

media are the main source of HIV/AIDS information for adolescents. Among those aged 13–24 who have heard of HIV/AIDS, the reported sources of information for females and males, respectively, are television (72% and 77%), radio (72% and 77%) and print (13% and 25%). It is important to note that these figures are for adolescents in one urban area. Nationwide, only 30% of 15–19-year-old women and 43% of men the same age have access to media sources; access is lower in rural areas than in urban areas.

Communication between adolescents and their parents about reproductive health issues is uncommon. A study of three large cities in Burkina Faso found that nearly 40% of adolescents did not feel comfortable talking to their parents about sex and sexuality, and almost 60% of parents were uncomfortable talking to their children about these issues.

chart b  
Risk Perception

Many adolescents do not believe that they are at risk of AIDS.



## How Do Adolescents Protect Themselves?

Many teenagers have changed their behavior as a result of HIV/AIDS awareness. Of the three preventative strategies—abstinence, monogamy and condom use—abstinence, or delaying sexual intercourse, was used by the greatest proportions of young men and young women (53% and 30%, respectively) who had changed their behavior to protect themselves from HIV/AIDS.

Among those who have had sex, condom use is low. Thirty-seven percent of men and 14% of women who have had sex in the last three months currently use a condom. Among those who know of HIV/AIDS and have used a condom, half of men and one-fifth of women did so to prevent HIV/AIDS, which suggests that preventing unintended pregnancies is also an important concern among sexually active adolescents.

Persuading sexually active youth to use condoms is a challenge. Some young people are embarrassed or fear disapproval when purchasing condoms. In a study of urban and rural youth, nearly half of 13–25-year-old males felt this way, and more than two-thirds of adolescents thought that young women have a harder time than men purchasing condoms.

Knowing one's HIV status and that of one's partner can encourage protective behaviors. However, few (4–5%) Burkinabè adolescents in the Bobo-Dioulasso study had ever been tested for HIV. Only 16 sites in all of Burkina Faso offer voluntary HIV counseling and testing, and most of these sites are located in the few major

urban areas. Many adolescents who know about such services have not gotten tested because of the high cost or because of the prohibitive distance to the testing centers. Lack of counseling and of antiretroviral treatment for those infected with HIV are also important determinants.

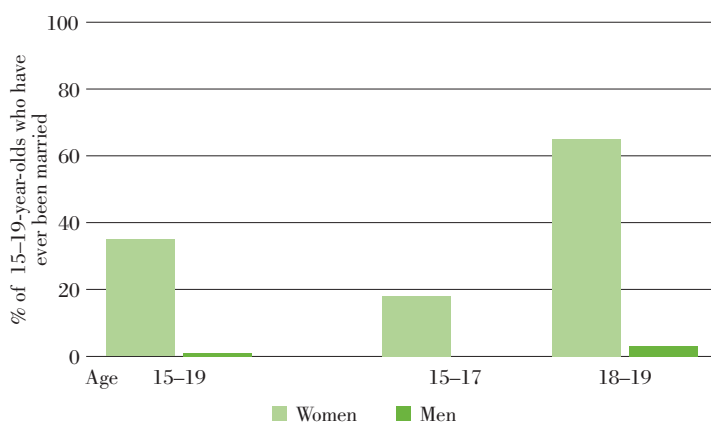
## What Policies and Programs Are Available to Young People?

The National Adolescent Reproductive Health Program was launched in 1995 to decrease maternal mortality, augment the accessibility and quality of health care services, reduce sexual violence and the incidence of HIV and STIs, and improve programs for adolescents. In addition, in 2001, the National AIDS Program created the Strategic Framework to Fight HIV/AIDS 2001–2005. This framework set forth a four-point plan to strengthen prevention measures, expand epidemiological surveillance, improve the quality of benefits to HIV-positive individuals and promote partnership on the multisectoral, national and international levels.

Existing sexual and reproductive health information and services for young people are available from a variety of sources, including media campaigns, peer education and outreach programs, youth development programs and community health facilities. Programs also exist within the school system and in other, informal settings. Health information and services for young people are uneven, however, and tend to be concentrated in urban areas. Although 80% of the population lives in rural areas, these areas are still

### chart c Early Marriage

*Most Burkinabè women marry while still in their teens.*



largely underserved.

Programs and services are currently being offered to young people by a range of governmental and nongovernmental organizations:

- The Burkinabè Association for Family Well-Being provides family planning education, counseling and peer education at their youth centers in Ouagadougou, Bobo-Dioulasso, Koupèla and Kougougou.
- The Social Marketing to Promote Condoms program distributes and promotes the utilization of condoms.
- The Family Health Promotion Clinic, in association with the Burkinabè Association of Midwives, provides family planning and HIV/AIDS-related information and services to young people and promotes responsible parenting to clients of all ages.
- The Educational Program in Population trains teachers to provide lessons on sex education and population issues.
- The Foundation for Community Development/Save the Children works with adolescents in rural areas to form anti-AIDS groups, sell condoms and provide information on condom use.
- The National Catholic Committee to Fight AIDS provides information and education about preventing HIV/AIDS through abstinence and fidelity, and helps those who are living with the disease. In addition, the Young Witnesses of Christ, Brave Hearts—Brave Souls and the Catholic Youth Students promote abstinence until marriage and focus on reaching youth in religious settings.
- Media campaigns (radio and television series and advertisements) such as “It’s My Life” from the National Council Against AIDS and STIs and “Marcelline and Jojo” by Family Health and AIDS Prevention focus on HIV/AIDS prevention.
- The “Caravans Against AIDS” campaign travels throughout the country and provides sexual and reproductive health information and condom demonstrations alongside cultural events with artists and musicians. This campaign is usually carried out by the Social



## The Way Forward—Filling the Gaps

*Examine the progress toward national policy goals.* Systematic measurement of the risk and protective behaviors of Burkinabè adolescents over time is necessary to assess how well the country is meeting the sexual and reproductive health needs of the next generation.

*Understand health-seeking behaviors.* More information is needed to explain the gap between awareness of sexual and reproductive health services and actual utilization of these services.

*Find out why.* Much of the existing evidence shows the levels and patterns of risky sexual and health behaviors, and outcomes among adolescents, but very little evidence exists to explain why. This is critical for designing and implementing effective programs.

*Assess existing interventions.* There is a lack of information about the implementation, monitoring and, most importantly, the evaluation of interventions aimed at improving the sexual and reproductive health of Burkinabè youth. Without this information, it is difficult to know which interventions are most effective and worth supporting.

Marketing to Promote Condoms program and the Burkina Faso chapter of the Network of Young Africans Against AIDS.

Though many programs and services exist to help Burkinabè adolescents protect their sexual and reproductive health, certain barriers keep adolescents from taking advantage of these services. A study in Ouagadougou found that while cost is not a major obstacle, adolescents fear being judged and will talk to a friend about a health problem—and then perhaps to a group of friends—before going to an adult. When they do go to a clinic, they prefer to go to one where they are less well known.

Parental restrictions also pose a barrier to adolescent use of health facilities. The need for parental permission to leave the house is particularly limiting for young women because they face greater restrictions than do young men. For example, 72% of women in Bazega, compared with 96% of men, received parental permission to go to a community center. These barriers to services, coupled with embarrassment about obtaining condoms, prevent adoles-

cents from being fully able to protect themselves from unintended pregnancies and STIs.

### Special Groups

Certain subgroups of disadvantaged youth are particularly susceptible to HIV, other STIs and unintended pregnancies.

*Street youth.* Few studies exist on either the number or sexual behavior of street youth, but children living on the street sometimes turn to drugs and prostitution as a means of survival, putting themselves at high risk for STIs and unplanned pregnancies.

*Refugees and displaced persons.* In 1999, Burkina Faso saw a large influx of Burkinabè—many between the ages of 15 and 25—returning from Côte d'Ivoire. These displaced persons may be more likely to have casual, unprotected sex, thus putting themselves at high risk.

*Orphans.* Two percent of 10–14-year-olds are orphans. In one rural study, 65% of the children orphaned as a result of AIDS were younger than 12. Few organizations exist to care for orphans in general, and even fewer—if any—exist to care for AIDS orphans. Consequently, some

orphans become homeless and may engage in unsafe sex in an effort to meet basic needs—exposing themselves to the risk of infection and unplanned pregnancies.

### Where Do We Go From Here?

Although this report shows that a great deal is known about adolescents' sexual and reproductive health knowledge and behavior, much remains unclear. Burkinabè adolescents remain vulnerable to HIV/AIDS—partly because they do not believe they are at risk, partly because their understanding of the risks does not prompt them to take action to protect themselves and partly because their marital circumstances prevent them from doing so. We need to know why. We also need to know more about where adolescents go for health-related information and care, and how to make it easier for them to obtain the services they need. The strategies for meeting these challenges are of concern to government and traditional leaders, program managers, parents and young people themselves. The goal is a secure and healthy future for Burkina Faso's youth.

This publication is drawn from Guilla G, *Santé sexuelle et de la reproduction des jeunes au Burkina Faso: un état des lieux*, Occasional Report, New York: The Alan Guttmacher Institute, 2004, No. 12. It was written by Melanie Croce-Galis. Except where noted, all statistics in this document are from the 1999 Demographic and Health Survey, a nationally representative survey. A complete listing of references can be found in the Occasional Report. This document is also available in French.

Both publications are part of the project *Protecting the Next Generation: Understanding HIV Risk Among Youth* and were supported by the Bill & Melinda Gates Foundation, the Rockefeller Foundation and the National Institute of Child Health and Human Development (Grant # 5 R24 HD043610). The project, being carried out in Burkina Faso, Ghana, Malawi and Uganda, seeks to contribute to the global fight against the growing HIV/AIDS epidemic among adolescents by raising awareness of young people's sexual and reproductive health needs with regard to HIV/AIDS, STIs and unwanted pregnancy; communicating the new knowledge to a broader audience, including policymakers, health care providers, and the media in each country, regionally and internationally; and, stimulating the development of improved youth-serving policies and programs.



A Not-for-Profit Corporation for Sexual and Reproductive Health Research, Policy Analysis and Public Education

120 Wall Street  
New York, NY 10005  
Phone: 212.248.1111  
Fax: 212.248.1951  
info@guttmacher.org

1301 Connecticut Avenue, N.W.  
Suite 700  
Washington, DC 20036  
Phone: 202.296.4012  
Fax: 202.223.5756  
policyinfo@guttmacher.org

**Web site: [www.guttmacher.org](http://www.guttmacher.org)**

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