



INDICATOR ANALYSIS

ADOLESCENT BIRTH RATE (AGES 10-14 OR 15-19) PER 10,000

ANALYSIS CONDUCTED BY FRANCOIS DAUDELIN & VAL PERCIVAL
FOR THE LANCET-SIGHT COMMISSION ON PEACEFUL SOCIETIES THROUGH HEALTH AND GENDER EQUALITY

How is this indicator calculated?	The adolescent birth rate is the annual number of live births to adolescent girls per 10,000 adolescent girls, of ages 10-14 or 15-19 (1).
-----------------------------------	--

GLOBAL TRENDS	
What are the global patterns for this indicator? Trends, geographic patterns etc.	Consistent decline across the last decades are in line with knowledge about decreasing fertility rates (particularly among younger women/girls). However, rates in Sub-Saharan Africa remain very high compared to global averages.

UTILITY	
What does the indicator measure?	The birth rate of adolescent girls ages 10-14 or 15-19 (1).
What does it NOT measure - what does it miss?	This indicator does not measure still births or terminated pregnancies.
If and how does the indicator relate to interface/relationship among health, gender and fragility/stability	Pregnancy and childbirth complications among adolescents is high and these women are more likely to have cervical cancer later in life. Adolescent mothers are also more likely to have children with low birth weight, inadequate nutrition, and anemia. Early childbearing often results in lost development opportunities, limited life options, and poorer health (2). Additionally, crises heighten vulnerability to gender-based violence, unwanted pregnancy, HIV infection, early and forced marriage and other risks (3).

AVAILABILITY	
---------------------	--

Sources for indicator (CRVS, DHS etc - include links)	<ol style="list-style-type: none"> 1. Civil registration data 2. Survey data (only provided when there is no reliable civil registration) <ol style="list-style-type: none"> a. Demographic and Health Surveys (DHS) b. Reproductive Health Surveys (RHS) c. Multiple Indicator Cluster Surveys (MICS) d. European Fertility and Family Surveys (FFS) e. Pan-Arab Project for Family Health (PAPFAM) (1) <p>Indicator data are available (for ages 15-19) from the following sources:</p> <ol style="list-style-type: none"> 1. WHO's Global Health Observatory (country-level 2000-2019 and regional 2015-2020): https://www.who.int/data/gho/data/indicators/indicator-details/GHO/adolescent-birth-rate-(per-1000-women-aged-15-19-years) 2. World Bank Data Bank (country level and regional level 1960-2019) tps://data.worldbank.org/indicator/SP.ADO.TFRT 3. Global SDG database (country level and regional level 2000-2020): https://unstats.un.org/sdgs/indicators/database/ 4. World Population Prospects (country level and regional (1950-2020 in 5 year intervals): https://population.un.org/wpp/
Dates available	Adolescent birth rate data availability varies by database and country. For the 15-19 age group, the World Bank Data Bank offers estimates for most countries between 1960-2019 while availability from the SDG database and GHO are highly limited in time and space. For the younger age group of 10-14, data on this indicator is rarely available (4).
Availability across geographic areas	Data is available in most countries from the World Bank Databank and the World Population Prospects. Data from the SDG database and GHO are highly limited in time and space.
Availability in conflict affected settings	Data is available from 1960-2018 from the World Bank Data Bank in Yemen, South Sudan, Libya, Somalia, the DRC, Afghanistan, and Syria. Data is also available in these countries from 1950-2020 in the World Population Prospects.

GRANULARITY

Disaggregation at national level

Data disaggregated by sex	N/A.
Data disaggregated by identity group (race, ethnicity)	No.
Data disaggregated by income	No. But wealth by quintile data are available for ages 15-19 (per 100,000) (https://apps.who.int/gho/data/node.imr.asfr1?lang=en).
Data disaggregated by citizenship	No.
Data disaggregated by migration background	No.
<i>Disaggregation at sub-national level</i>	
Data disaggregated by geographic region;	Yes (urban/rural).
Data disaggregated by identity group (race, ethnicity);	No.
Data disaggregated by income.	No.

SOURCES OF BIAS	
What bias can exist with these data?	There is the potential for selection and recall bias when using survey data. Data are also limited by the completeness of birth registration; the treatment of infants born alive but dead before registration or within the first 24 hours of life; the precision of the reported age of the mother; the inclusion of births from previous periods; and whether location of birth or location of residence is used (1).'

VALIDITY	
Clear and accepted international standards for indicator;	Yes.
Validity of measurement of indicator generally accepted;	Yes.

RELIABILITY	
Reliability of indicator generally accepted;	Yes.

COMPLEXITY	
Enables analysis across time and location.	Yes, this indicator does enable for analysis across time and location as there is no geographic or time-related limitation explicitly identified within its definition.

OTHER REFLECTIONS	
Are indicator values imputed/modelled?	<p>For the WHO's GHO and SDG database (country level): Country level values from the WHO's GHO and SDG databases are not modelled or imputed.</p> <p>For the World Bank Data Bank, the WHO's GHO (regional/global estimates), SDG database (regional/global estimates) and the World Population Prospects: Country level estimates from the World Bank Data Bank and Regional/global estimates from the World Bank, WHO and SDG database are taken from the United Nations World Population Prospects which model and extrapolate some of their values and offer a description of country specific methods and data sources used to derive estimates in their metadata documentation (5). Uncertainty bounds are not provided with estimates. As such, the United Nations World Population Prospects metadata documentation (5) should be consulted to see methods and data used to derive country specific estimates prior to analysis. Caution should be exercised when utilizing model derived values that are based on limited data.</p> <p>Note: In the metadata documentation, indirect estimation refers to "any estimation method that depends upon models or uses consistency checks, or indeed uses conventional data in an unconventional way" (6).</p>

References

1. WHO. Global Health Observatory [Internet]. [cited 2020 Feb 8]. Available from: <https://www.who.int/data/gho>
2. Carolina Population Center. Adolescent birth rate [Internet]. [cited 2021 Sep 21]. Available from: <https://www.data4impactproject.org/prh/womens-health/adolescent-and-youth-sexual-and-reproductive-health/adolescent-birth-rate/>
3. UNFPA. Adolescent Girls in Disaster & Conflict [Internet]. United Nations Population Fund; 2016. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-Adolescent_Girls_in_Disaster_Conflict-Web.pdf
4. UNICEF. Is Every Child Counted? Status of data for children in the SDGs [Internet]. United Nations Children's Fund; 2017. Available from: <https://data.unicef.org/resources/every-child-counted-status-data-children-sdgs/>
5. UNDESA. World Population Prospect 2019: Data Sources [Internet]. United Nations Department of Economic and Social Affairs; 2019. Available from: <https://population.un.org/wpp/Download/Metadata/Documentation/>
6. UN DESA. Indirect techniques for demographic estimation. Vol. 81. United Nations Department of Economic and Social Affairs; 1983.