

Adolescent pregnancy

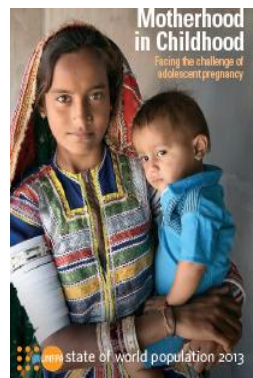
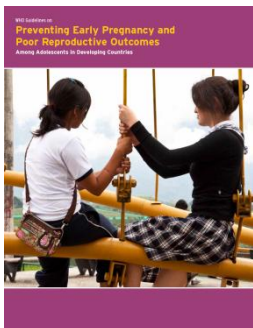
9 key messages

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UNDP • UNFPA • UNICEF • WHO • World Bank
Special Programme of Research, Development
and Research Training in Human Reproduction

1. Adolescent pregnancy is a large and widespread challenge. Adolescent child bearing rates are declining slowly and unevenly.



❑ Levels

More than 15 million out of 135 million live births worldwide are among women between the ages of 15 and 19 (11% of all births).

Source: UN 2013

Around 2 million births occur to girls aged 12-15 years .

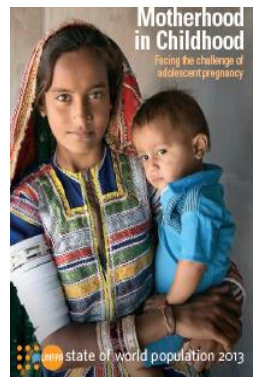
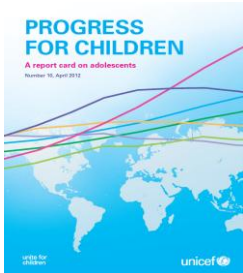
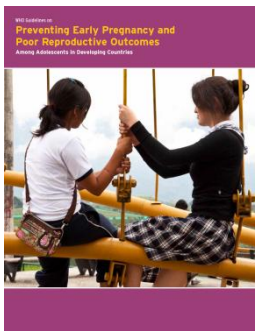
Source: UNFPA 2013

❑ Trends

In all regions, the adolescent birth rate decreased between 1990 and 2010, with the most dramatic progress in Southern Asia (from 88 to 46 live births per 1000 girls aged 15-19).

Source: UN 2013

2. Most adolescent pregnancies occur in low and middle income countries. Rates vary greatly between and within countries.



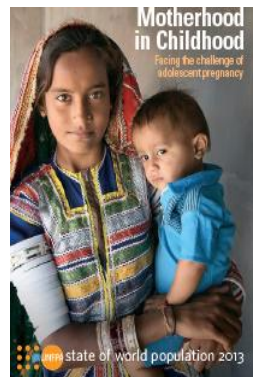
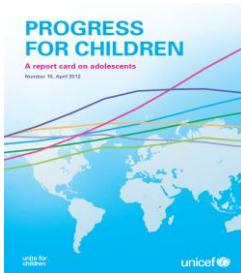
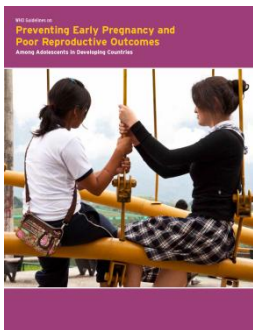
Approximately 95 per cent of adolescent births occur in low- and middle-income countries. Bangladesh, India and Nigeria alone account for one in every three of the world's adolescent births.

Source: UNFPA 2013

Adolescent pregnancies occur with varying frequency across regions and countries, (and) within countries...

Source: UNFPA 2013

3. In low and middle income countries, most adolescent births occur within marriage or union. Adolescent pregnancies are more likely to occur in poor, excluded and marginalized girls.



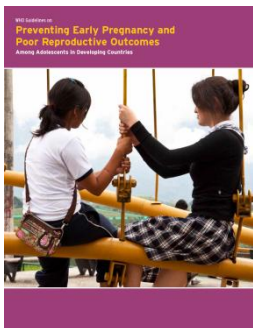
Most births to adolescents – 95% - occur in developing countries, and nine in 10 occur within marriage or union.

Source: UNFPA 2013

(Girls) who are poor, live in rural or remote areas and who are illiterate or have little education are more likely to become pregnant than their wealthier, urban, educated counterparts.

Source: UNFPA 2013

4. Adolescent pregnancy has negative health effects on mothers and on their babies.

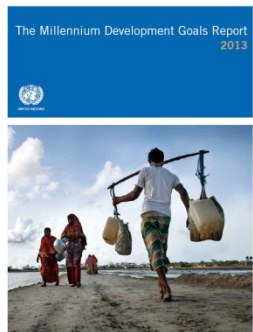


Mothers



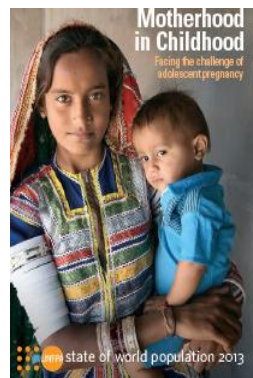
Adolescent girls 15–19 years old account for 11 per cent of all births and around 14 per cent of all maternal deaths.

Source: G Patton et al. Lancet. 2009.



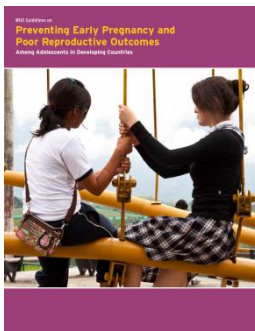
For every woman who dies of pregnancy-related causes, 20 or 30 others experience acute or chronic morbidity, often with per-manent sequelae that undermine their normal functioning.

Source: T Firoz et al. Bulletin of WHO. 2013

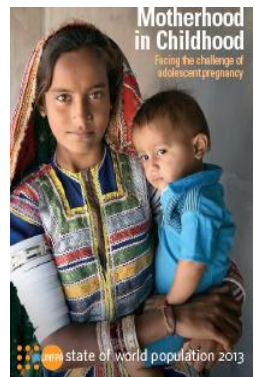
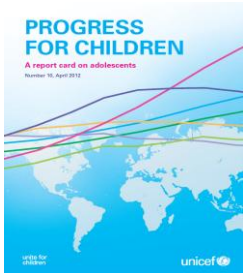


The estimated annual number of unsafe abortions among 15-19 years old girls in Asia, excluding East Asia is 1.1 million.

Source: I Shah et al. Reproductive Health Matters. 2012.



Babies

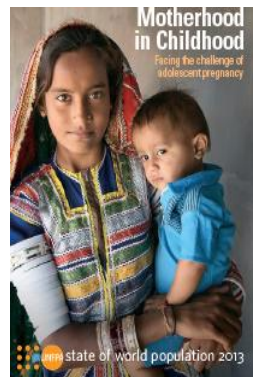
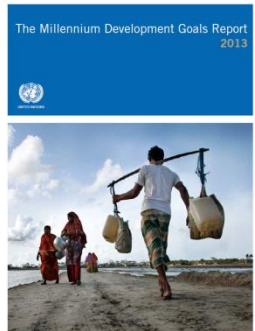
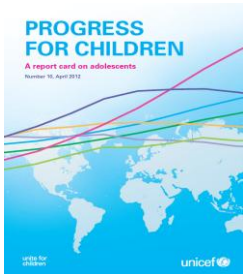
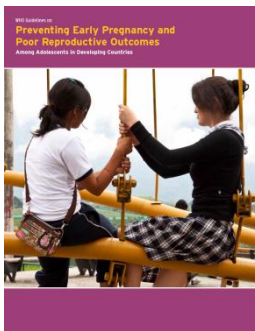


In low and middle income countries still births and deaths in the first week and first month of life are 50% among babies born to mothers younger than 20 years than those born to mothers aged 20-29 years; and the younger the mother, the greater the risk.

Babies of adolescent mothers are more likely than those born to adult mothers to have low birth weight, with the corresponding health risks.

Source: G Patton et al. Lancet. 2009.

5. Adolescent pregnancy has negative social and economic effects on girls, their families and communities.



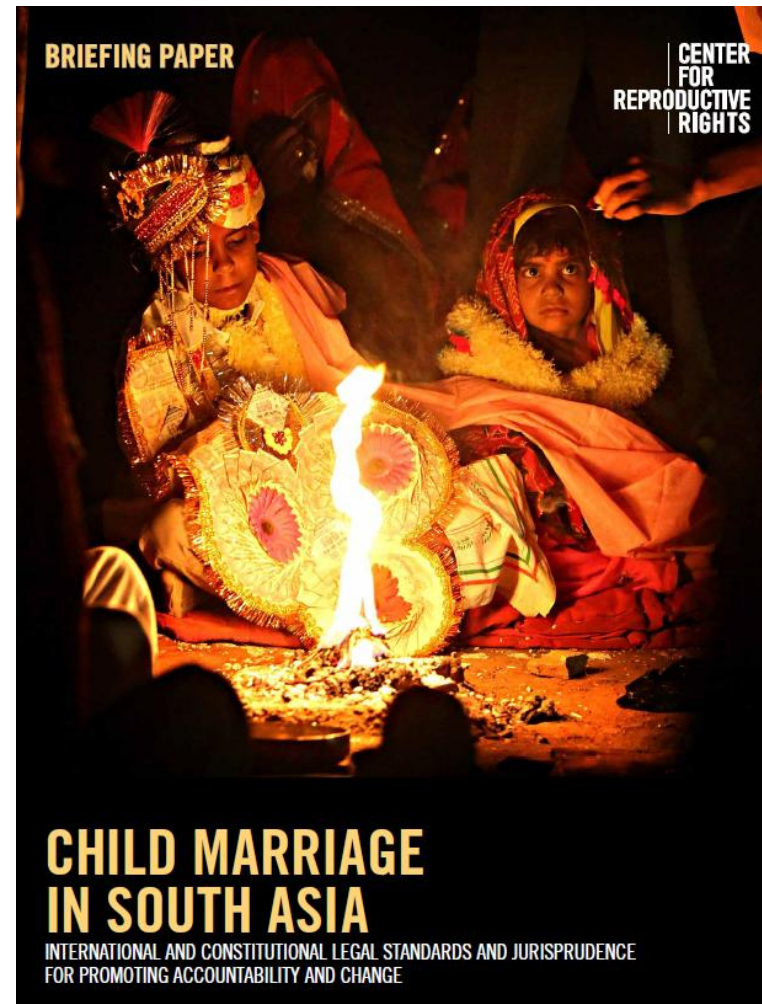
Child marriage often results in girls leaving school, reducing their opportunity to learn and to gain skills that would enable them to start an income generating activity or to find a job.

Child marriage often results in separation from family and social networks.

Source: J Svnaemyr et al. Reproductive Health.2012.

6. The negative health and social effects depend a great deal on the context.

- ❑ Legal & policy context
- ❑ Social context
- ❑ Health system context



7. Adolescent pregnancy occurs in different contexts, and is caused by different combinations of factors.

The story of Zohra



The story of Maha



The story of Priya and Rajat



The story of Nalini and Stanley



The story of Sunita



8. There is growing evidence of effective interventions to prevent adolescent pregnancy in different contexts.

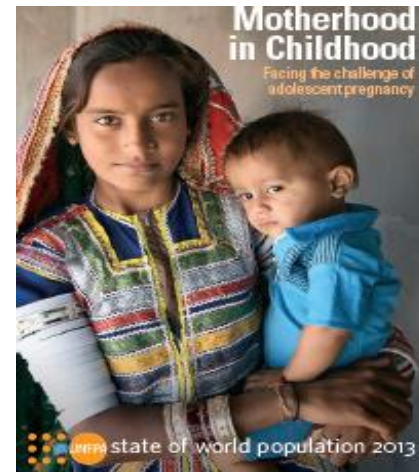
Preventing child marriage

Policy-Level Actions:

- Prohibit early marriage

Individual, Family & Community-Level Actions:

- Inform and empower girls
- Keep girls in school
- Influence cultural norms that support early marriage



Preventing early pregnancy within & outside union

Policy-Level Actions:

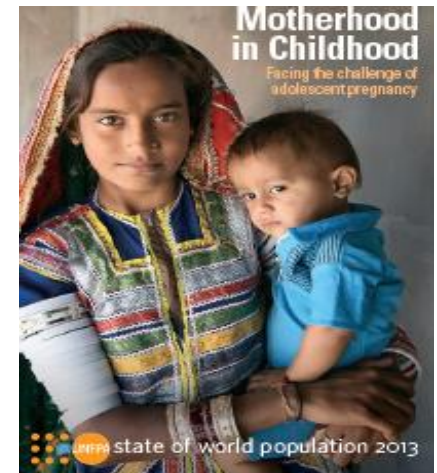
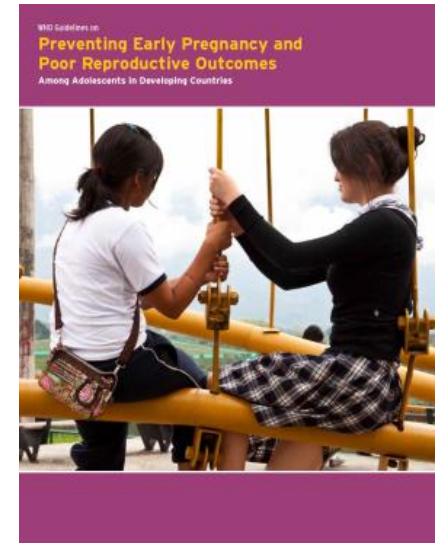
- Support pregnancy prevention programmes among adolescents
- Legislate access to contraceptive information and services
- Reduce the cost of contraceptive methods

Individual, Family & Community-Level Actions:

- Educate girls and boys about sexuality & about contraception
- Build community support for preventing early pregnancy & for contraceptive provision

Health system Actions:

- Enable adolescents to obtain contraceptive services



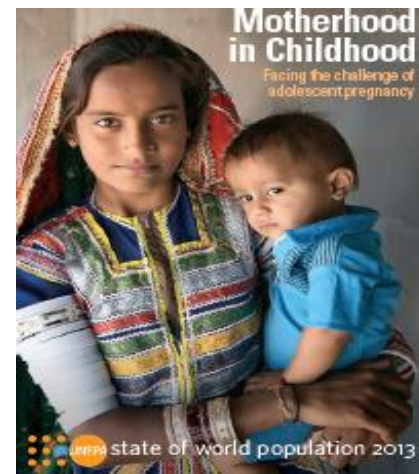
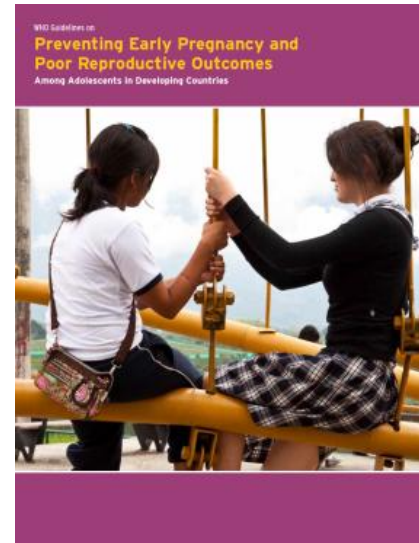
Preventing coerced sex

Policy-Level Actions:

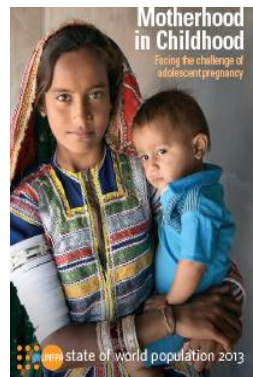
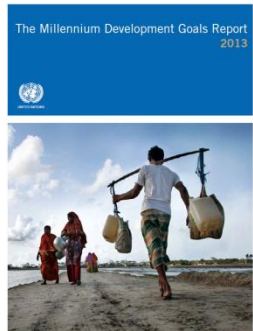
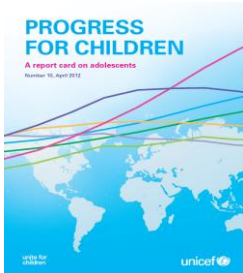
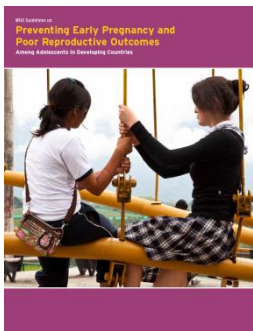
- Prohibit coerced sex

Individual, Family & Community-Level Actions:

- Empower girls to resist coerced sex
- Influence social norms that condone coerced sex
- Engage men and boys to critically assess gender norms



9. There is growing evidence of the attributes of effective adolescent health programmes.



- ❑ Complementary actions carried out at different levels by different sectors
- ❑ Delivering interventions with intensity over a sustained period
- ❑ Measuring programmes and their effects, and using findings to shape policies and programmes
- ❑ Managers & health/education/social workers with commitment, capacity & comfort