

Adolescent Pregnancy: A global perspective

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**World Health
Organization**

Training Course in Sexual and Reproductive Health Research
Geneva 2010

1. What is the magnitude of adolescent pregnancy ?
2. What are the consequences of adolescent pregnancy ?
3. What are the circumstances in which adolescent pregnancy occurs ?
4. What needs to be done to respond to adolescent pregnancy ?
5. What is the relevance of adolescent pregnancy to the Millennium Development Goals ?

Adolescent pregnancy



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About 16 million girls aged 15-19 years give birth annually. 90% of them are in developing countries.

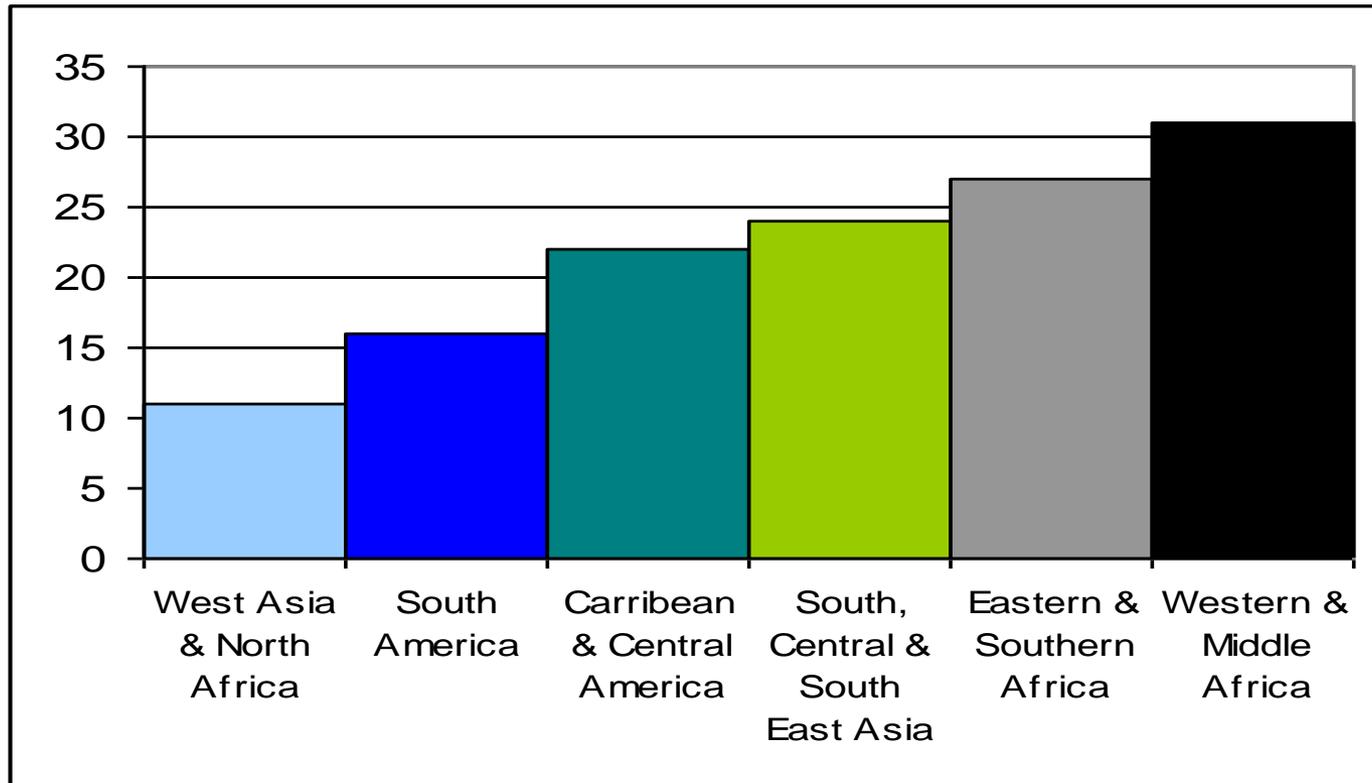


The characteristics of young mothers are common across the regions of the world:

- Little education,
- Rural dwelling,
- Low income.

Source: Growing up global: The Changing Transitions to Adulthood in Developing Countries (National Research Council, 2005).

More than 1/5 of women in the poorest regions have a child by age 18.



Source: Tabulations of demographic & health surveys from 51 countries, 1990-2001. (National Research Council, Growing up global: The Changing Transitions to Adulthood in Developing Countries, 2005).

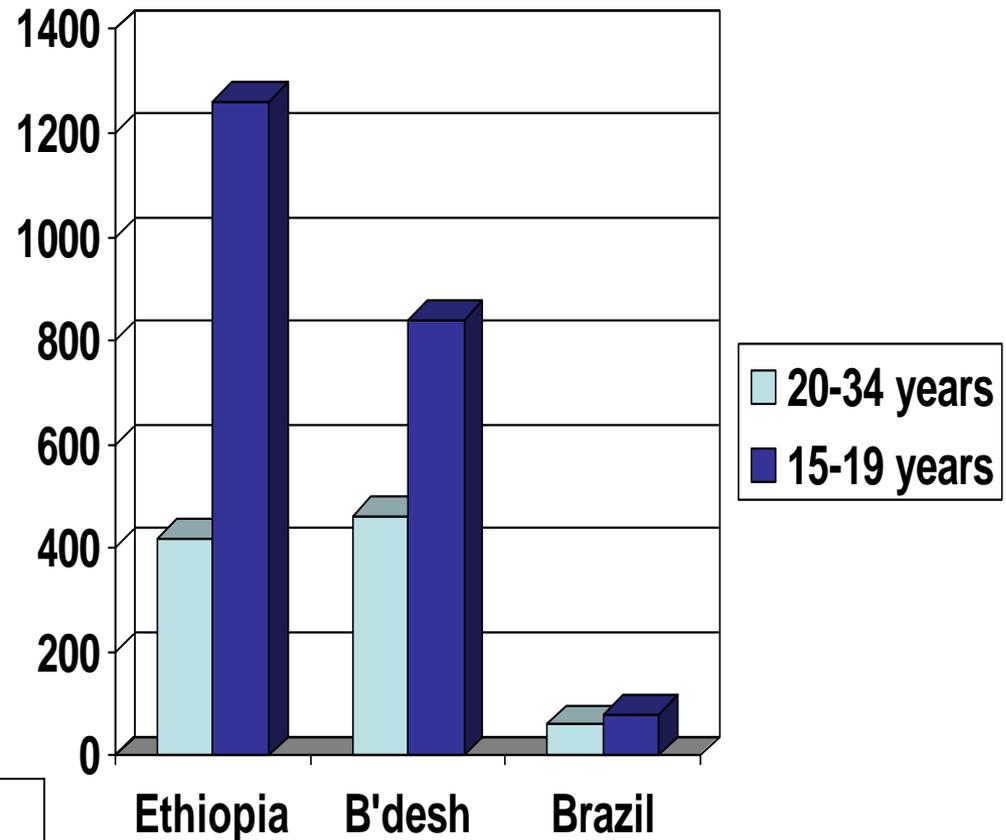
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Greater likelihood of maternal mortality



- The risk of dying from pregnancy-related causes is twice as high for adolescents aged 15-19, as for older women.

Source: Safe Motherhood Initiative Factsheet, 1998.
Adolescent Sexuality & Childbearing.

Clinical causes of maternal mortality among adolescents – 1/3

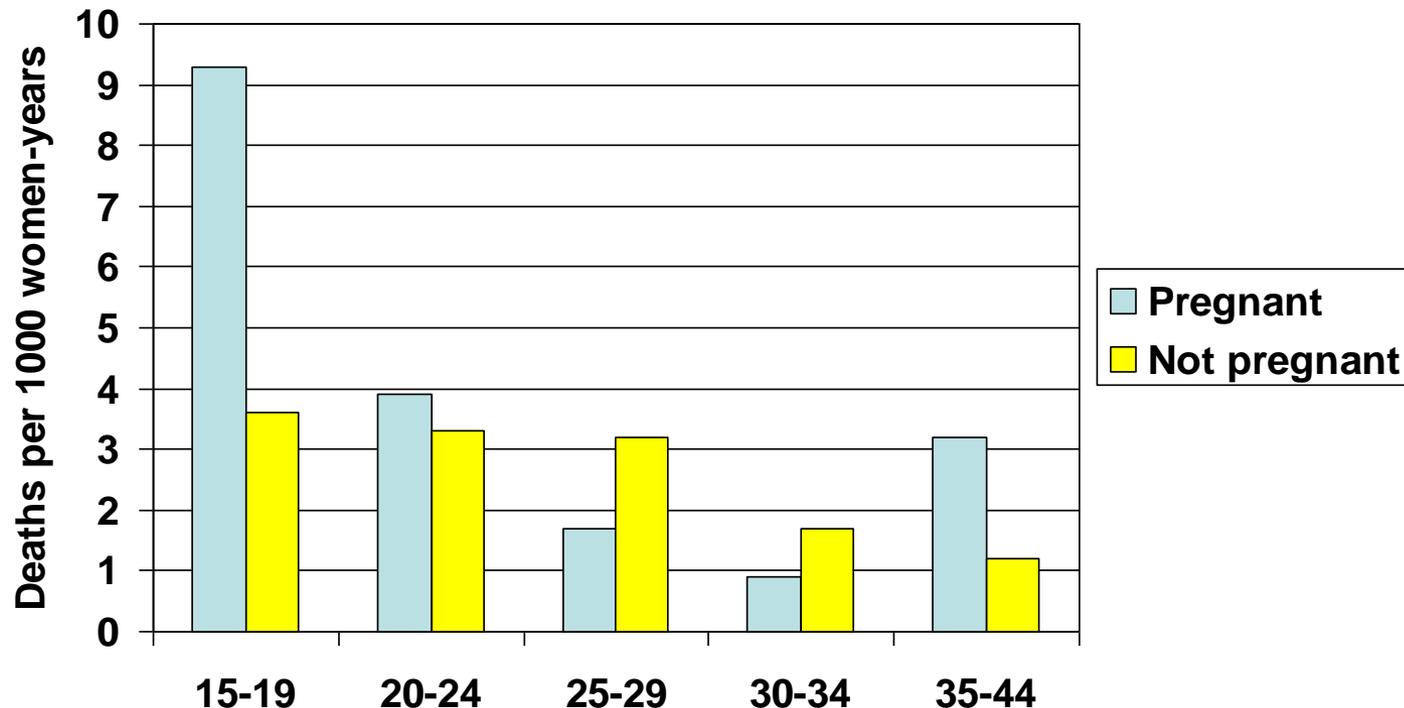
- Unsafe abortion¹
 - Study from a teaching hospital in Nigeria (over a 10 year period) – abortion was the cause of 36.9% of maternal deaths in 10-19 year olds
- Obstructed labour²
 - Strong indications of higher risk in mothers below 16 years since pelvis is still not fully developed
 - Many studies use caesarean section incidence as a proxy for obstructed labour – many studies in Africa and one in India found a greater likelihood of this in adolescents than in adults

Clinical causes of maternal mortality among adolescents – 2/3

- Hypertensive disorders
 - Two studies – one in Turkey¹ and one in Mozambique² – found an increased incidence of hypertensive disorders in adolescent mothers, when compared to non-adolescent mothers. However, other studies³ have shown no difference
 - But they did not standardize for parity

Clinical causes of maternal mortality among adolescents – 3/3

- Injuries – suicide and homicide
 - In a study in Bangladesh, violence-related injuries were highest among pregnant adolescents¹



Sources: 1. Ronsmans et al, 1999

Maternal morbidities in adolescents – 1/2

- Anemia
 - Large, high quality study in Latin American & Caribbean found that mothers below 16 years old had a 40% increased risk of anemia, compared to mothers age 20-24¹
 - There were no significant differences for older adolescents

Maternal morbidities in adolescents – 1/2

- Malaria
 - In a recent study in Mozambique, malaria was the cause of death in twice as many adolescent mothers (26.9%) as non-adolescent mothers (11.7%)¹
- Obstructed labour – fistulae
 - Studies in Africa have shown that 58-80% of women with obstetric fistulae are under age 20, with the youngest aged only 12 or 13 years²
 - 59% and 27% of fistulae cases occurred in women below 15 & 18 years respectively³

Babies born to adolescent mothers face higher risks

- Adolescents are at an increased risk for pre-term labour & delivery, compared to older women.
- Babies born to adolescent mothers are more likely to be of low birth weight.
- Babies born to adolescent mothers are at an increased risk of perinatal & infant mortality.

Source: Adolescent pregnancy – Issues in adolescent health and development. Geneva. WHO 2004.

Relationship between maternal age and perinatal outcomes

- Rigorous study in Latin American & the Caribbean showed that:
 - Adolescent mothers had higher risks of **regular & very preterm delivery**, & of giving birth to infants that were **low & very low birth weight**, as well as **small for gestational age** (compared to women aged 20-34)
 - Infants born to women below 16 years faced a 50% increase in risk of **early neonatal death**
 - All risks increased as maternal age decreased

Source: Conde-Agudelo, Belizán & Lammers, 2005

Potential risks to the adolescent mother's life prospects

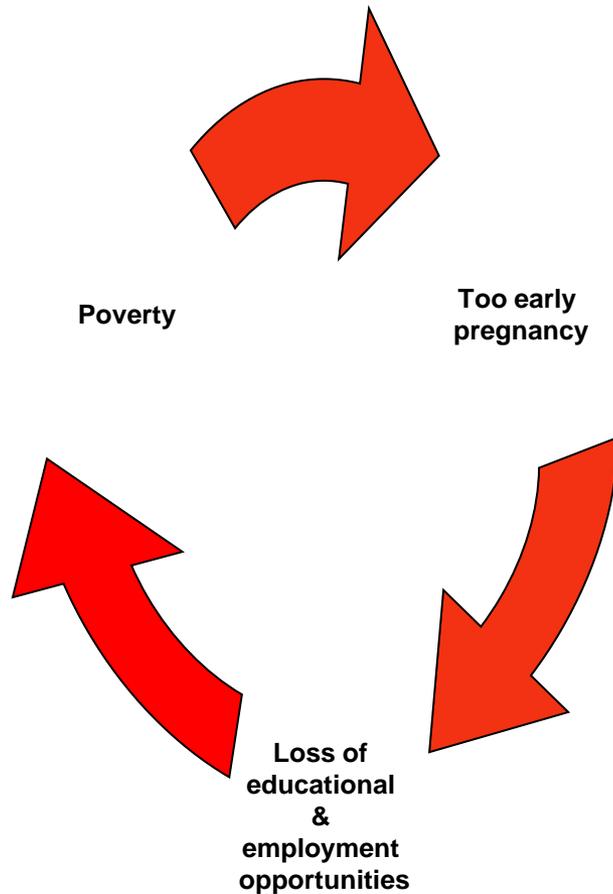
- Pregnancy can bring status for a married adolescent in cultures where motherhood is the core aspect of a woman's identity.



- On the other hand, an unmarried pregnant adolescent may be driven away by her family, or abandoned by her partner & be left with no means of support.

Socio-economic deprivation:

both a cause & consequence of adolescent pregnancy



" We young women are not prepared to become mothers. I would like to continue my studies. But since I have had my daughter, my options have changed because I have many more obligations now. I hope that this will not be a barrier for me to succeed in life."

Eylin 19, Honduras January 2006.

Source: World Development Report 2006 (World Bank, 2006.)

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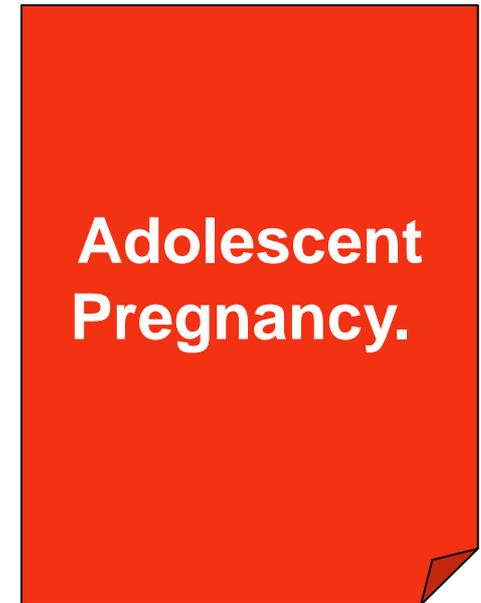


1. First sexual activity occurs between 15-19 for the majority of adolescents; it is not occurring earlier than in the past. For many girls it occurs in the context of coercion & violence.
2. Over 1/3rd of adolescents girls marry (or are "*married off*") before 18.

Circumstances in which adolescent pregnancy occurs.



Sex within marriage



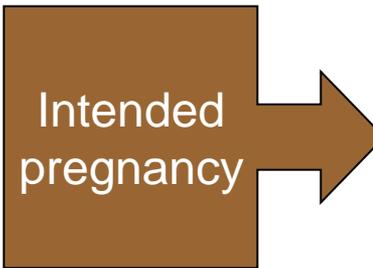
Circumstances in which adolescent pregnancy occurs.



Sex within marriage

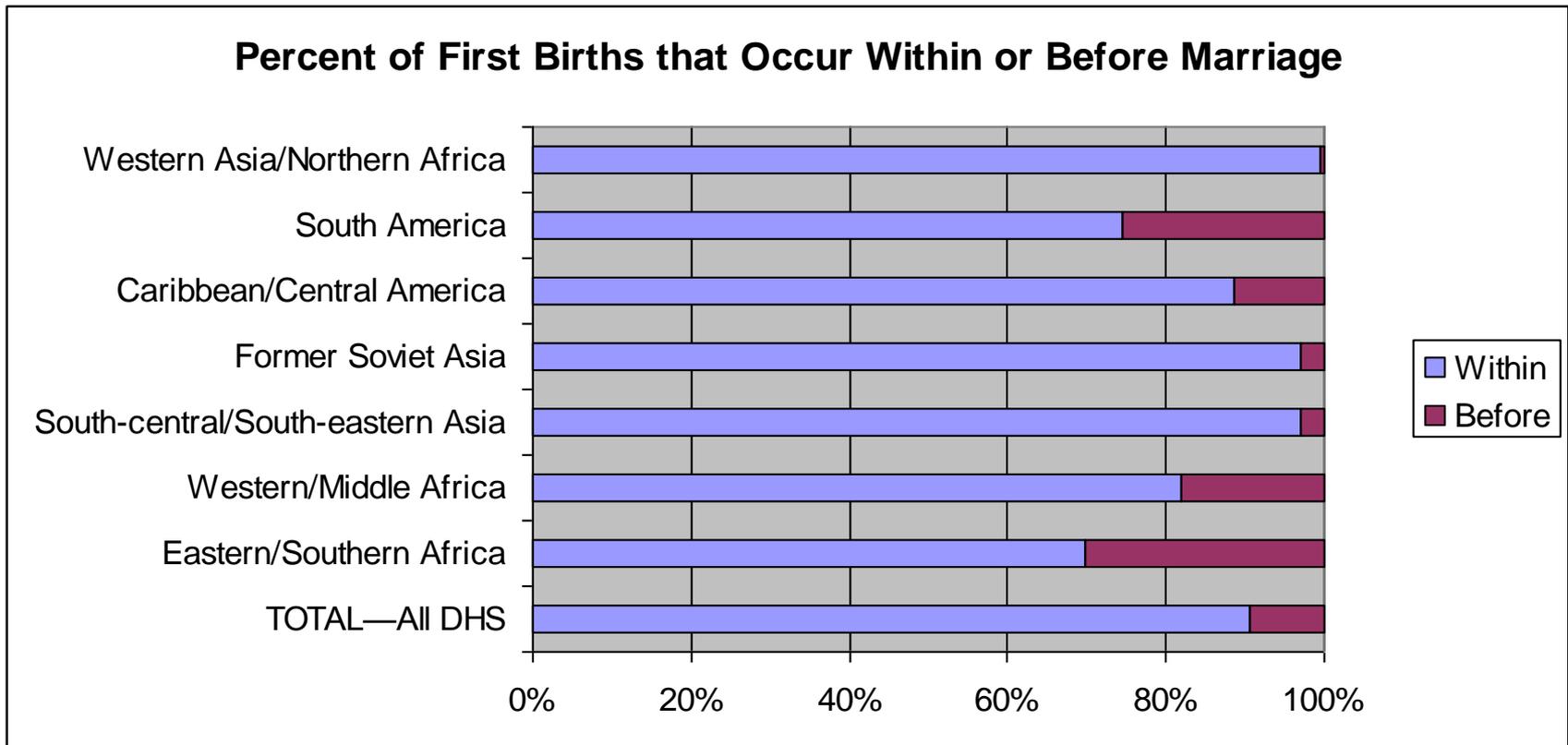


Sex outside a recognised union



**Adolescent
Pregnancy.**

Pregnancy within & before marriage: Data from developing countries



Source: National Research Council & Institute of Medicine, 2005

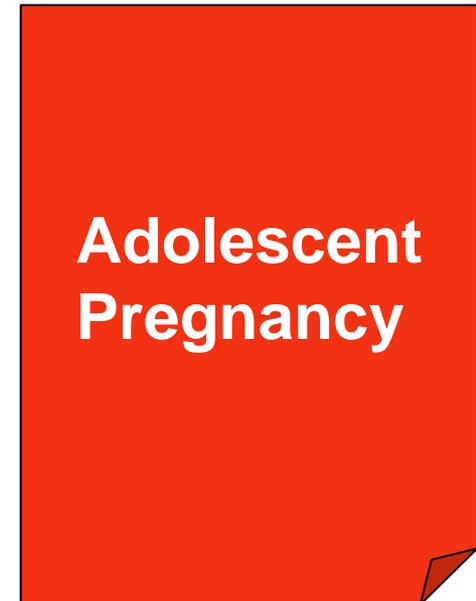
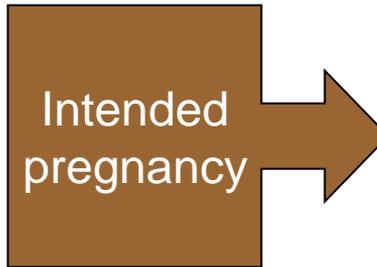
Circumstances in which adolescent pregnancy occurs.



Sex within marriage

Sex outside marriage

Consensual sex
- Within marriage
- Outside a recognised union



Circumstances in which adolescent pregnancy occurs.



Sex within marriage



Sex outside a recognised union

Consensual sex
- Within marriage
- Outside a recognised union



Non-consensual sex

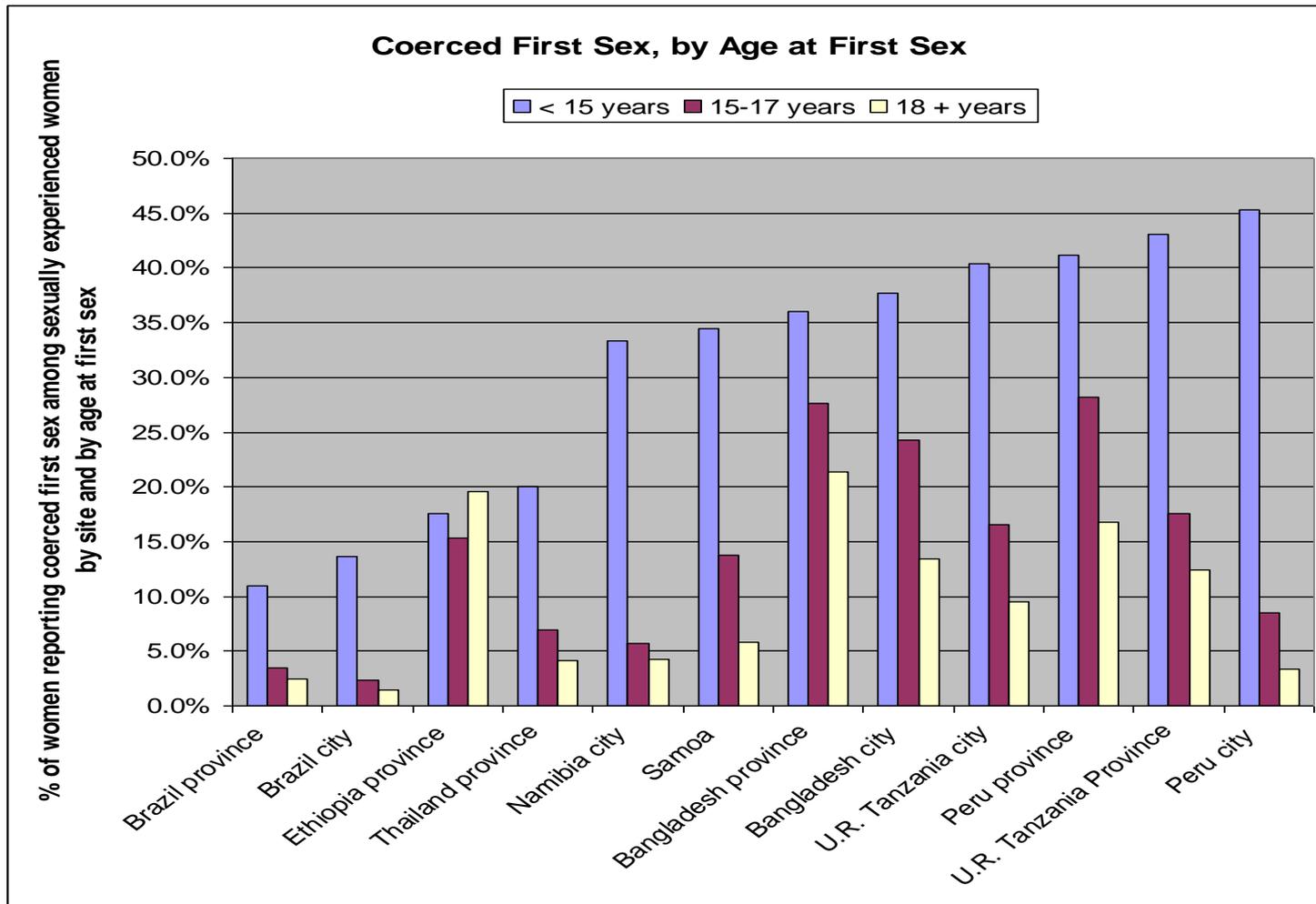


Intended pregnancy

Unintended pregnancy

Adolescent Pregnancy

Levels of coerced sex & its association with age of first sex



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Choosing the right interventions.



Sex within marriage



Sex outside a recognised union

Intended

- Advocate with families & communities &
- Provide opportunities for study & work

Unintended pregnancy

Unintended Pregnancy

Choosing the right interventions.



Sex within marriage

Sex outside a recognised union

Consensual sex

- Within marriage
- Outside a recognised union

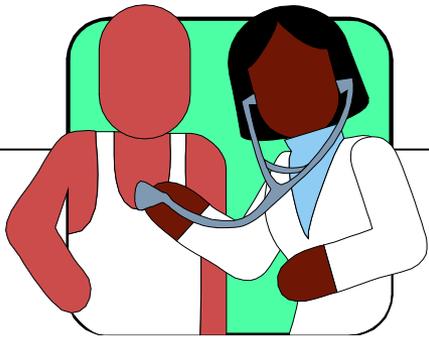


Enhance capacity to make well informed & judicious choices



Linking HIV & pregnancy prevention.

- Provide information & education
- Promote individual responsibility & protective norms
- Provide health services & products



Health services



Schools



Mass media



Civil Society (Community Organizations)

Work with young men within & outside the context of marriage or other recognised union.



Useful reference. The RSDP/Pathfinder Bangladesh Newlywed strategy: Results of an assessment. Washington DC, Pathfinder-Focus on Young Adults. 1999.



Useful reference: Promoting healthy relationships & HIV/AIDS. Prevention for young men: Positive findings from an intervention study in Brazil. Horizons Research Update, 2004.

Choosing the right interventions.



Sex within marriage



Sex outside a Recognised union

Consensual sex:
- Within marriage
- Outside a recognised union



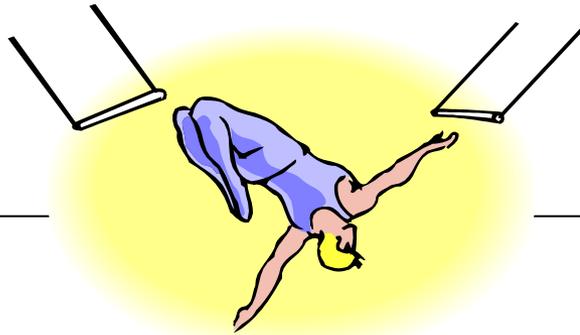
Non-consensual sex



Intended pregnancy

Adolescent Pregnancy

Provide a safety net & a second chance.



Provide a safety net.



Making Emergency Contraceptive Pills (ECPs) widely available & accessible.

Useful reference: Program for Appropriate Technology. Increasing youth access to services. Directions in Global Health. 2004; 1 (1) 4-5.

Providing safe abortion services (where legal)

or

Providing effective post-abortion care.

Useful reference: Herrick J post abortion care programs for adolescents. FOCUS Youth Adolescent Reproductive Health Briefs. No. 5, Washington DC, USA. Pathfinder International. Focus on Youth Adults. 2002.



Preventing subsequent pregnancies is key

Preventing second pregnancies by supporting adolescent mothers.

Useful reference: McNeil P. Women's Centre of Jamaica Foundation. Preventing second adolescent pregnancies by supporting young mothers. Youth Adult Reproductive Health. Project Highlights. Focus on Young Adults Directions in Global Health. 1998.



Choosing the right interventions.



Sex within marriage



Sex outside a Recognised union

Consensual sex:

- Within marriage
- Outside a recognised union



Non-consensual sex



Intended pregnancy

Unintended pregnancy

Adolescent Pregnancy

Break the silence against sexual coercion & fight it vigorously.

Break the silence against sexual coercion & fight it vigorously.



- Bring perpetrators to justice.
- Mobilize public opinion to be intolerant of it.
- Protect girls/women from sexual harassment & coercion in educational institutions, work places & in other community settings.
- Empower them to protect themselves, and to ask for & get help when needed..



Policy maker

Creates an environment that supports the health of pregnant women & new borns

Community

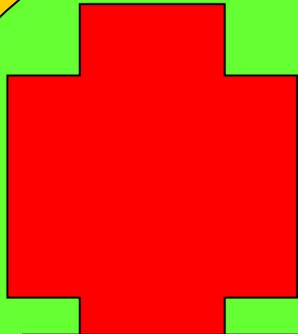
Advocates & facilitates preparedness & readiness actions

Family

Support pregnant woman's plans during pregnancy, childbirth & the postpartum period.

Woman

Prepares for birth, values & seeks skilled care during pregnancy, childbirth & the postpartum period

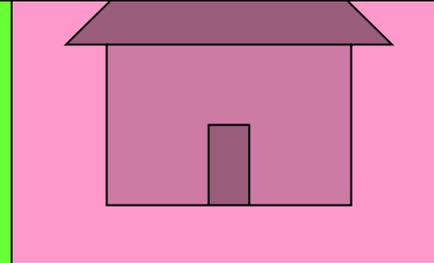


Facility

is equipped, staffed & managed to provide skilled care for the pregnant woman & the new born

Provider

provides skilled care for normal & complicated pregnancies, births & the postpartum period



Ensuring that young pregnant women get the health care & social support they need

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The relevance of adolescent pregnancy to the Millennium Development Goals (MDGs)

- Adolescent pregnancy contributes to maternal mortality
- Adolescent pregnancy contributes to perinatal and infant mortality
- Adolescent pregnancy contributes to the vicious cycle of poverty.



Fact sheet
WHO/UNFPA/03.14

Why is giving special attention to adolescents important for achieving Millennium Development Goal 5?

The facts

Many adolescent girls between 15 and 19 get pregnant.

- About 16 million women 15–19 years old give birth each year, about 11% of all births worldwide.
- Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high.
- The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa.
- Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States.

Pregnancy among very young adolescents is a significant problem

- In low- and middle-income countries, almost 10% of girls become mothers by age 16 years, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia.
- The proportion of women who become pregnant before age 15 years varies enormously even within regions – in sub-Saharan Africa, for example, the rate in Rwanda is 0.3% versus 12.2% in Mozambique.

The contexts of adolescent pregnancies are not always the same

- Having a child outside marriage is not uncommon in many countries. Latin America, the Caribbean, parts of sub-Saharan Africa and high-income countries have higher rates of adolescent pregnancy outside marriage than does Asia.

Births to unmarried adolescent mothers are far more likely to be unintended and are more likely to end in induced abortion.

- Coerced sex, reported by 10% of girls who first had sex before age 15 years, contributes to unwanted adolescent pregnancies.

Adolescent pregnancy is dangerous for the mother

- Although adolescents aged 10–19 years account for 11% of all births worldwide, they account for 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth.
- Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women.
- In Latin America, the risk of maternal death is four times higher among adolescents younger than 16 years than among women in their twenties.
- Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage and mental disorders, such as depression.
- Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.

Adolescent pregnancy is dangerous for the child

- Stillbirths and death in the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old.

World Health Organization

The relevance of adolescent pregnancy to the Millennium Development Goals (MDGs)

- Adolescent pregnancy contributes to maternal mortality
- Adolescent pregnancy contributes to the vicious cycle of poverty.

Addressing adolescent pregnancy is important for achieving the MDGs to reduce poverty, childhood mortality & maternal mortality



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Reducing maternal mortality in adolescents: Actions needed at three levels.

- Prevention of too early pregnancies – within or outside marriage.
- Prevention of unsafe abortions, and deaths due to abortions.
- Prevention of deaths during pregnancy and child birth.



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Adolescent pregnancy is dangerous for the child.

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World Health Organization

Reducing infant & maternal mortality in adolescents: Actions needed at three levels.

- Prevention of too early pregnancies within or outside marriage.
- Prevention of deaths during pregnancy and child birth.

These actions should be closed linked with actions to prevent HIV.



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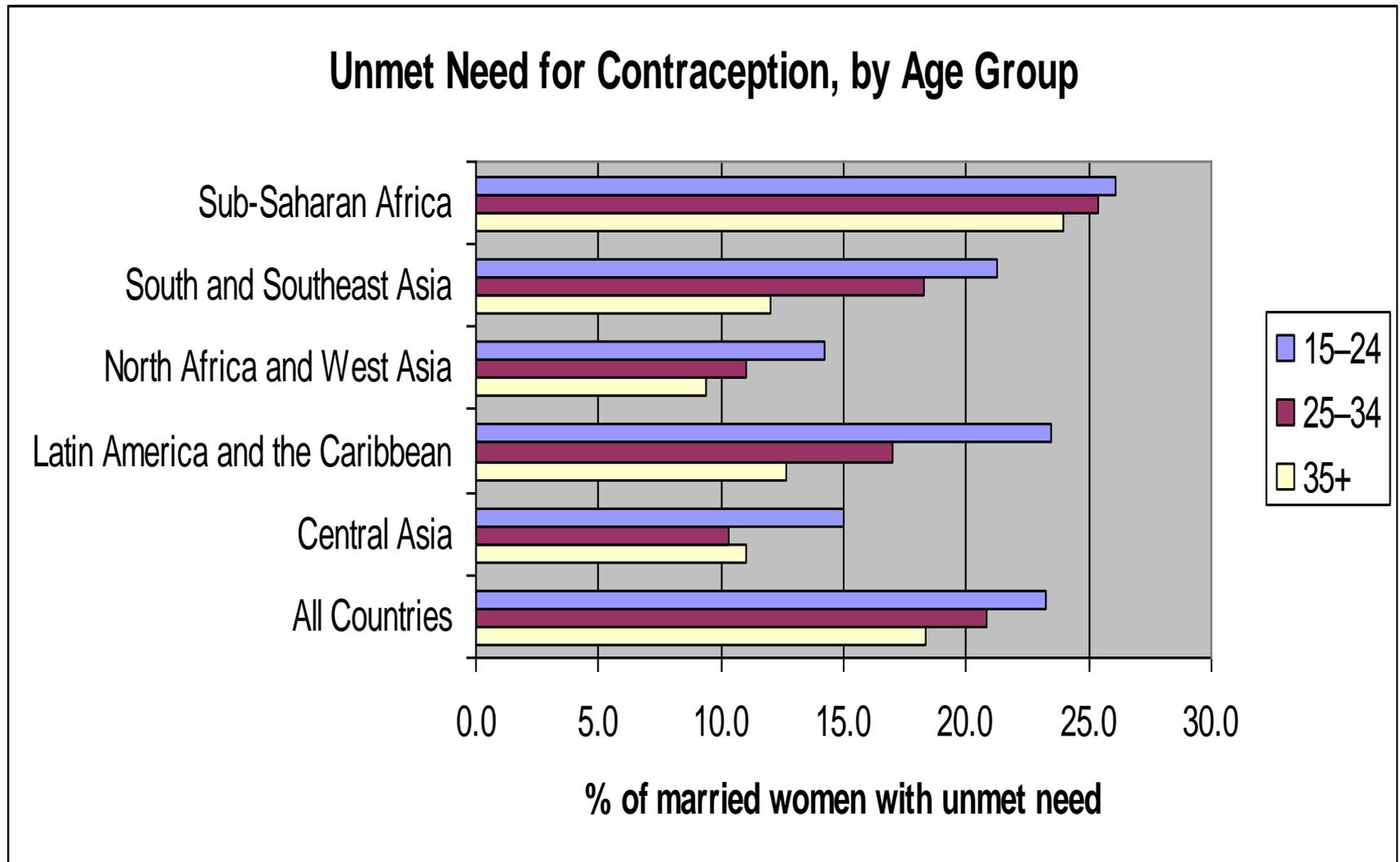
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Contraceptive use in adolescents



Source: Demographic & Health Surveys, 2008

Use of maternal health care by adolescents – 1/2

- Use of antenatal care (ANC)
 - A systematic review of maternal health care use
 - Women under 20 years are less likely to receive ANC during the first trimester (high quality studies from Jamaica, Brazil, South Africa, India/Kerala, Ecuador)¹
 - In the Philippines, only 29% of mothers below 18 received ANC, compared to 81% of mothers aged 20-30²
- Use of facility-based delivery
 - Significant age differences in favour of older women (high quality studies from India, Morocco, Guatemala)¹

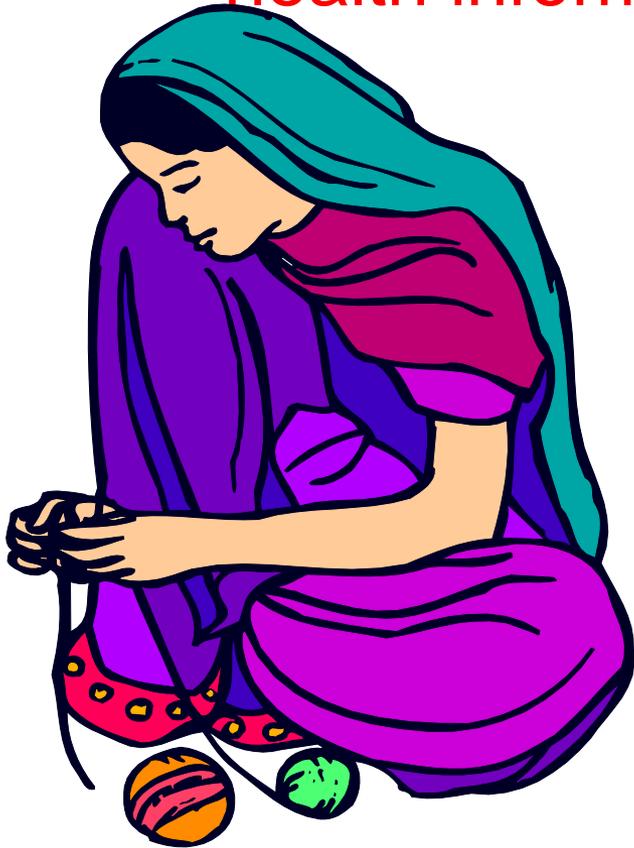
Source: 1. Say L, 2007 (unpublished data); 2. Dela Cruz, 1996

Use of maternal health care by adolescents – 2/2

- Use of skilled delivery assistance
 - No age-difference appears to exist (high quality studies from Bangladesh, India, Nepal)¹
 - Higher education (both woman's and her partner's), problems during delivery, living standards, and women's autonomy are more significant in influencing the receipt of assistance from a skilled health worker during delivery
 - In an older review, mothers below the age of 19 were significantly less likely than mothers aged 19-23 to receive skilled childbirth care in 7 of 15 countries²

Source: 1. Say L, 2007 (unpublished data); 2. Family Health International, 2003

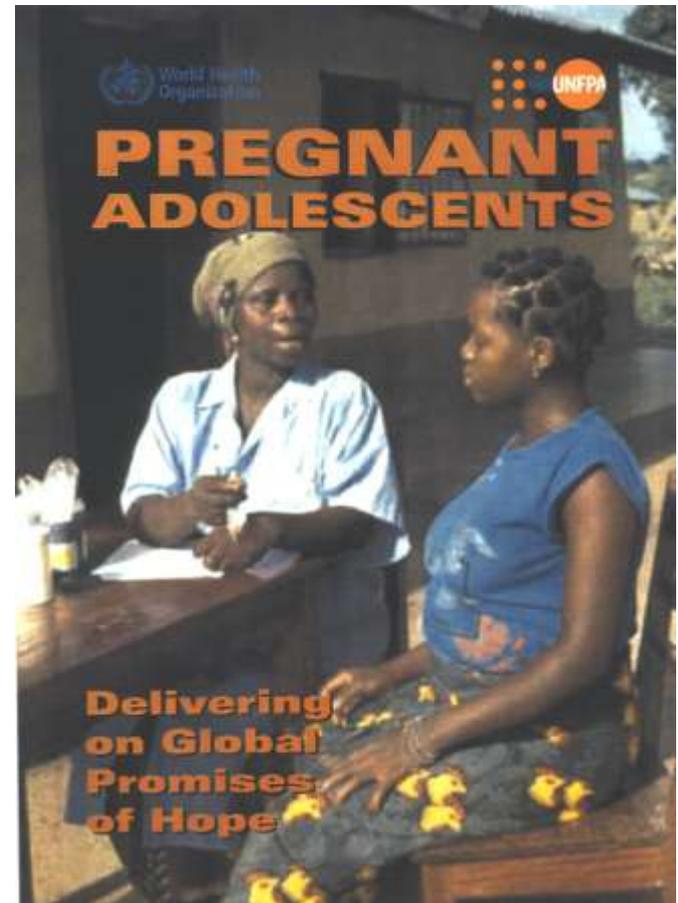
Within a multifaceted approach, we need to ensure that every adolescent is able to obtain the health information & services she needs.



- We need to ensure that contraceptive services, antenatal services and skilled care at delivery are widely available.
- We need to ensure that these services are accessible to adolescents.
- We need to ensure that health care providers who provide these services are trained and support to respond to adolescents competently & with sensitivity.

" For too long, when an adolescent becomes pregnant, we have pointed the finger at her. It is time that we pointed the finger at ourselves. If a girl gets pregnant that is because we have not provided her with the information, education, training and support she needs to prevent herself becoming pregnant."

*Pramilla Senanayake,
Former assistance Director
International Planned Parenthood
Federation.*



Assignment

- Is adolescent pregnancy a public health priority in your country?
- Please support your answer with 3 facts.

Assignment Story:

- Please hear the story

[WHO | Teenage pregnancies cause many health, social problems](#) - [Listen to this episode](#)

- Based on the story, please respond to the following:

- What are the three main factors that contributed to this?
- What can be done by families and communities to prevent this happening to other girls?
- What can the Ministry of Health do to reorient the health care system to meet the needs of girls such as the one who story you have heard?