

WHO/MPS/08.14

## Fact sheet

# 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.

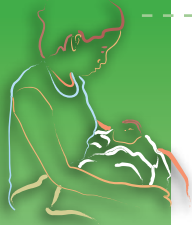
- Births to unmarried adolescent mothers are far more likely to be unintended and are more likely to end in induced abortion.
- Coerced sex, reported by 10% of girls who first had sex before age 15 years, contributes to unwanted adolescent pregnancies.

### 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.



## Adolescent pregnancy

- Deaths during the first month of life are 50–100% more frequent if the mother is an adolescent versus older, and the younger the mother, the higher the risk.
- The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby.
- Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth.

### Adolescent pregnancy adversely affects communities

- Many girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.
- Studies have shown that delaying adolescent births could significantly lower population growth rates, potentially generating broad economic and social benefits, in addition to improving the health of adolescents.

### Progress to date

- Rates of adolescent childbearing have dropped significantly in most countries and regions in the past two to three decades.
- Age at first marriage is increasing in many countries, as are rates of contraceptive use among both married and unmarried adolescents.
- Educational levels for girls have risen in most countries, and job opportunities have expanded. Low education levels are closely associated with early childbearing.

### What needs to be done to promote the sexual and reproductive health of adolescents and to prevent adolescent mothers and their babies from dying in pregnancy?

#### Prevent unintended pregnancies and other sexual and reproductive health risks

Adolescents require:

- information including comprehensive sex education;
- access to a full range of sexual and reproductive health services, including condoms, other means of contraception as appropriate and other interventions for the prevention, treatment and care of sexually transmitted infections, including HIV; and

- safe and supportive environments free from exploitation and abuse.

#### Families and communities need to support adolescent mothers

Adolescent mothers often lack knowledge, education, experience, income and power relative to older mothers. In some cultures, they may also have to bear the effects of many judgemental attitudes, making an already difficult situation even worse.

- Men, parents, mothers-in-law and other decision-makers at the household and community level should be involved to ensure their support and acceptance for pregnant adolescents. This includes ensuring home-based care practices before, during and after the pregnancy and the timely use of services and skilled birth attendants.
- Information about the signs of complications should be disseminated widely to pregnant adolescents and the community at large, so that everyone knows when a situation is an emergency and what to do.
- Adolescent mothers' access to education, livelihood skills and information about how to prevent further pregnancies and their ability to deal with domestic violence should be improved.

#### Health workers need to be able to respond to the special needs of pregnant adolescents

Skilled health workers need to be able to provide a range of services in outpatient and other clinical settings that will help save the lives of pregnant mothers and their babies. Although the content of these services is similar for adolescent mothers and older mothers, health workers need to be able to work with adolescents and know how to respond to their specific health needs. They should be able:

- to provide adolescents with an early start to antenatal care and to options for continuing or terminating the pregnancy – adolescents tend to delay seeking abortion, resort to the use of less skilled providers, use more dangerous methods and delay seeking care for complications;
- to be alert to special problems that require particular attention among adolescents, including anaemia, poor nutritional status, malaria, HIV and other sexually transmitted infections and access to services for preventing the mother-to-child transmission of HIV;
- to develop a plan for birth with the adolescent and her family, including the place of birth, availability of transport and the costs involved;
- to give special attention to adolescents younger than 16 years during obstetric care because they are at especially high risk of complications and death; and

- following delivery, to give adolescents special support for infant feeding and care and to ensure that they have access to information, skills and services, including adequate counselling, to prevent subsequent pregnancies.

Health systems need to be able to respond to the special sexual and reproductive health needs of adolescents

There is considerable consensus that well-functioning health systems are needed to achieve Millennium Development Goal 5. Within this, the quality of the services provided to adolescents need to be improved and adolescents' use of the services available increased. This requires:

- collecting and analysing national statistics in ways that make it easier to understand the needs of pregnant adolescents, their numbers and their use of services;
- developing health worker competencies to deal with the special information, clinical and psychosocial needs of adolescent mothers; and
- ensuring that the legal and policy environment enhances access to the care that adolescents need.

# Adolescent pregnancy



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