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INTERVENTIONS MUST AIM TO

Prevent early pregnancy

1. Reduce marriage before age 18
2. Reduce pregnancy before age 20
3. Increase use of contraception by adolescents at risk of unintended pregnancy
4. Reduce coerced sex among adolescents

Prevent adverse reproductive outcomes

5. Reduce unsafe abortion among adolescents
6. Increase use of skilled antenatal, childbirth and postnatal care among adolescents

PREVENTING EARLY PREGNANCY AND POOR REPRODUCTIVE OUTCOMES AMONG ADOLESCENTS IN DEVELOPING COUNTRIES: A CALL TO ACTION

Nearly 16 million girls between 15 and 19 give birth annually, almost all of them in developing countries. Although adolescent pregnancy rates have been dropping globally, there are significant disparities at the regional level and within countries. Early pregnancies are more frequent among the poorest and least educated adolescents. For some of these young women, pregnancy and childbirth are planned and wanted, but for many others they are not. There are several factors that contribute to this. Frequently, young women get pregnant under pressure, because they do not know how to prevent it, or because they are forced to have sexual relations. Pregnant adolescents have less access to safe abortion and to skilled medical care before, during and after childbirth.

In developing countries, pregnancy- and childbirth-related complications are the leading cause of death among adolescent girls. Furthermore, babies of young mothers are more likely to have health problems. Adolescent pregnancy contributes to maternal and child mortality rates and to the vicious cycle of poverty and poor health. Therefore, addressing early pregnancy is critical to achieving the MDGs related to maternal and child mortality and poverty reduction.

Early pregnancy is the result of many factors at individual, social, legal and health systems levels. To improve adolescent health, we must address all of these levels with the active involvement of young people.

This brief emanates from World Health Organization Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Created for policy-makers, civil society groups and advocates, it contains evidence-based recommendations on designing effective national public policies and reproductive health programs.

IT'S TIME FOR ACTION

We know how to do it. Let's work with adolescents and their families and communities to improve their health and well-being.



WHO

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1 REDUCE MARRIAGE BEFORE THE AGE OF 18 YEARS.

Thirty percent of girls in developing countries get married before the age of 18, and close to 14% do so before they turn 15. Early marriage leads to early pregnancy and poor health. Moreover, it perpetuates the cycle of illiteracy and poverty.ⁱ

Prohibit early marriage. In many places, laws do not prohibit marriage before the age of 18. Even in places where they do, these laws are not enforced. Policy-makers must put in place and enforce laws that ban marriage before 18 years of age.

Keep girls in school. Around the world, more girls are enrolled in school than ever before. Educating girls has a positive effect on their health, the health of their children, and that of their communities. Also, girls in school are much less likely to be married at an early age. Sadly, school enrolment drops sharply after five or six years of schooling.ⁱⁱ Policy-makers must increase formal and non-formal educational opportunities for girls at both primary and secondary levels.

Influence cultural norms that support early marriage. In some parts of the world girls are expected to marry and start having children in early adolescence. Parents feel pressured by existing norms and traditions or by economic hardships. Delaying the age of marriage requires working with communities to question, challenge and change such norms. An empowered and informed girl needs a favorable family and social environment to attain her maximum potential.

ⁱ World Health Organization. *Women and health. Today's evidence. Tomorrow's agenda.* Geneva: WHO, 2009.

ⁱⁱ Ibid.

2 CREATE UNDERSTANDING AND SUPPORT TO REDUCE PREGNANCY BEFORE THE AGE OF 20 YEARS.

Worldwide, one in five women has a child by the age of 18. In the poorest regions of the world, this rises to over one in three women.ⁱⁱⁱ Adolescent pregnancies are more likely to occur among poor, less educated and rural populations.^{iv}

Advocate for pregnancy prevention among adolescents. Early pregnancies occur because of a combination of social norms, traditions and economic constraints. At the same time, there continues to be resistance to sexuality education, despite the evidence supporting it. Society, including policy makers, educators and community leaders must give strong and visible support to prevent adolescent pregnancy, specifically through sexual education, information and sexual and reproductive health services.

Educate girls and boys about sexuality. Many adolescents become sexually active before they know how to avoid unwanted pregnancies and sexually transmitted infections. Peer pressure and pressure to conform to stereotypes increase the likelihood of early and unprotected sexual activity. In order to prevent early pregnancy, curriculum-based sexuality education must be widely implemented. These programmes must develop life skills, provide support to deal with thoughts, feelings and experiences that accompany sexual maturity and be linked to contraceptive counseling and services.

Work with communities to promote early pregnancy prevention. In some places premarital sexual activity is not acknowledged and there is resistance to discussing meaningful ways of addressing it. Families and communities are key players and must be engaged and involved in efforts to prevent early pregnancies and sexually transmitted infections, including HIV.

ⁱⁱⁱ *The Millennium Development Goals Report 2011.* New York, United Nations, 2011.

^{iv} World Health Organization. *Women and health. Today's evidence. Tomorrow's agenda.* Geneva: WHO, 2009.



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3 INCREASE THE USE OF CONTRACEPTION.

Sexually active adolescents are less likely to use contraceptives than adults, even in places where contraceptives are widely available.^v

Legislate access to contraceptives, information and services. In many places, laws and policies prevent the provision of contraceptives to unmarried or younger adolescents. Laws and policies must be reformed to enable all adolescents to obtain contraceptives (including emergency contraception), information and youth-friendly sexual and reproductive health services.

Reduce cost of contraception and enable use of contraceptive services. We must advocate for reducing the financial cost of contraceptives to adolescents and promote more responsive and youth-friendly health service delivery.

Educate adolescents about contraceptive use. Adolescents may not be aware of where to obtain contraceptives or how to use them properly. We must promote access to sexual education and information on contraceptive methods, in both formal and informal settings.

Increase community support for contraceptive provision to adolescents. There often is social resistance to the provision of contraceptives to adolescents, especially those who are unmarried. We must raise awareness and obtain support among community members about the importance of access and use of contraceptive services.

^v *How universal is access to reproductive health? A review of the evidence.* New York, United Nations Population Fund, 2010; *Conditional recommendation

4 COMBAT COERCED SEX.

Girls in many countries are pressured into having sex, often by family members. In some countries, over a third of girls report that their first sexual encounter was coerced.^{vi}

Prohibit coerced sex. In many places, law enforcement officials do not actively pursue perpetrators of coerced sex and it is often difficult for victims to seek justice. We must advocate for laws that prohibit coerced sex and punish perpetrators. Victims and their families must feel safe and supported when approaching the authorities and seeking justice.

Empower girls to resist coerced sex. Girls may feel incapable of refusing unwanted sex. They must be empowered to protect themselves, and to ask for and obtain assistance when unable to control the situation on their own. Programmes that build self-esteem, develop life skills and improve links to social networks and supports can help girls resist coerced sex.

Influence social norms that condone coerced sex. Prevailing social norms condone violence and sexual coercion in many parts of the world. Efforts to empower adolescents must be accompanied by efforts to challenge and change norms that condone coerced sex, especially gender norms.

Engage men and boys to challenge gender norms. In many contexts, gender-based violence is accepted as a norm. Men and boys should be supported to critically look at the negative effects of this on girls, women, families and communities.



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^{vi} *Multi-country study on women's health and domestic violence against women.* Geneva, World Health Organization, 2005.

5 REDUCE UNSAFE ABORTIONS.

An estimated 3 million unsafe abortions occur globally every year among adolescent girls 15 to 19 years of age.^{vii} Unsafe abortions contribute substantially to maternal deaths and to lasting health problems.

Enable access to safe abortion and post-abortion services. We must promote policies that ensure that adolescent girls have access to safe abortion services, where legal, as well as to post-abortion care, regardless of whether the abortion itself was legal. Girls who have had abortions must be offered post-abortion contraceptive information and services.

Inform adolescents about the dangers of unsafe abortion. Adolescents are frequently unaware of the risks of unsafe abortion, or fear going to health centers. All adolescents and their families must receive information on the dangers of unsafe abortion. In countries where legal abortion is available, they must be informed about where and how to obtain these services.

Educate the community on the dangers of unsafe abortion. There is very little public awareness of the scale and tragic consequences of withholding legal and safe abortion services. Families and community leaders must be made aware of these consequences and build support for policies to enable adolescent girls to access abortion and post-abortion services.

Identify and eliminate barriers to safe abortion services. We must promote clinic policies and procedures that allow access to safe abortion and post-abortion services, as well as family planning methods.



UNFPA

^{vii} Ahman E. and I. Shah, New estimates and trends regarding unsafe abortion mortality, *International Journal of Gynecology and Obstetrics*: 115 (2011) 121-126.

6 INCREASE THE USE OF SKILLED ANTENATAL, CHILDBIRTH AND POSTPARTUM CARE.

One third of the women in developing countries give birth with no skilled medical care.^{viii} Adolescents, in particular, face significant barriers to safe pregnancy and childbirth.

Expand access to skilled care before, during and after childbirth. Skilled care saves the lives of pregnant women and their babies. Law-makers must develop and implement legislation to expand access to skilled antenatal care, childbirth care and postnatal care, especially for adolescent girls.

Increase access to emergency obstetric care. Emergency obstetric care can be a life-saving intervention. Access to emergency obstetric services must be expanded to all pregnant women, especially to adolescents.

Raise awareness among adolescents, their families and communities on the importance of receiving skilled antenatal, childbirth and postpartum care. Lack of information is a significant barrier to seeking services. It is important to disseminate accurate information on the risks of not utilizing skilled care for both mother and baby, and where to obtain care.

Ensure that adolescents, their families and communities are prepared to respond to obstetric emergencies. Pregnant adolescents must get the support they need to be well prepared for birth and birth-related emergencies, including creating a birthing plan. Birth and emergency preparedness must be an integral part of antenatal care.

Be sensitive to the needs of pregnant adolescents and young mothers. Service providers must treat young women with respect and be sensitive to their specific needs and concerns.

^{viii} United Nations Population Fund. *How universal is access to reproductive health? A review of the evidence*. New York: UNFPA, 2010.