Motherhood in Childhood

Facing the challenge of adolescent pregnancy

UNFPA state of world population 2013

2.44

The State of World Population 2013

This report was produced by the Information and External Relations Division of UNFPA, the United Nations Population Fund.

LEAD RESEARCHER AND AUTHOR

Nancy Williamson, PhD, teaches at the Gillings School of Global Public Health, University of North Carolina. Earlier, she served as Director of USAID's YouthNet Project and the Botswana Basha Lesedi youth project funded by the U.S. Centers for Disease Control and Prevention. She taught at Brown University, worked for the Population Council and for Family Health International. She lived in and worked on family planning projects in India and the Philippines. Author of numerous scholarly papers, Ms. Williamson is also the author of *Sons or daughters: a cross-cultural survey of parental preferenc*es, about preferences for sons or daughters around the world.

RESEARCH ADVISER

Robert W. Blum, MD, MPH, PhD, is the William H. Gates, Sr. Professor and Chair of the Department of Population, Family and Reproductive Health and Director of the Hopkins Urban Health Institute at the Johns Hopkins Bloomberg School of Public Health. Dr Blum is internationally recognized for his expertise and advocacy related to adolescent sexual and reproductive health research. He has edited two books and written more than 250 articles, book chapters and reports. He is the former president of the Society for Adolescent Medicine, past board chair of the Guttmacher Institute, a member of the United States National Academy of Sciences and a consultant to the World Health Organization and UNFPA.

UNFPA ADVISORY TEAM

Bruce Campbell Kate Gilmore Mona Kaidbey Laura Laski Edilberto Loaiza Sonia Martinelli-Heckadon Niyi Ojuolape Jagdish Upadhyay Sylvia Wong

UNFPA

Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

EDITORIAL TEAM

Editor: Richard Kollodge

Editorial associate: Robert Puchalik

Editorial and administrative associate: Mirey Chaljub

Distribution manager: Jayesh Gulrajani

Design: Prographics, Inc.

Cover photo: © Mark Tuschman/Planned Parenthood Global

ACKNOWLEDGMENTS

The editorial team is grateful for additional insights, contributions and feedback from UNFPA colleagues, including Alfonso Barragues, Abubakar Dungus, Nicole Foster, Luis Mora and Dianne Stewart. Edilberto Loiaza produced the statistical analysis that provided the foundation for this report.

Our thanks also go to UNFPA colleagues Aicha El Basri, Jens-Hagen Eschenbaecher, Nicole Foster, Adebayo Fayoyin, Hugues Kone, William A. Ryan, Alvaro Serrano and numerous collegues from UNFPA offices around the world for developing feature stories and for making sure that adolescents' own voices were reflected in the report.

A number of recommendations in the report are based on research by Kwabena Osei-Danquah and Rachel Snow at UNFPA on progress achieved since the Programme of Action was adopted at the 1994 International Conference on Population and Development.

Shireen Jejeebhoy of the Population Council reviewed literature and provided text on sexual violence against adolescents. Nicola Jones of the Overseas Development Institute summarized research on cash transfers. Monica Kothari of Macro International analysed Demographic and Health Survey data on adolescent reproductive health. Christina Zampas led the research and drafting of aspects of the report that address the human rights dimension of adolescent pregnancy.

MAPS AND DESIGNATIONS

The designations employed and the presentation of material in maps in this report do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. A dotted line approximately represents the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

State of world population 2013 Motherhood in Childhood

Facing the challenge of adolescent pregnancy

Foreword		page ii
Ov	erview	page iv
1	A global challenge	page 1
2	The impact on girls' health, education and productivity	page 17
3	Pressures from many directions	page 31
4	Taking action	page 57
5	Charting a way forward	page 83
Ind	icators	page 99
Bib	liography	page 111

Foreword

When a girl becomes pregnant, her present and future change radically, and rarely for the better. Her education may end, her job prospects evaporate, and her vulnerabilities to poverty, exclusion and dependency multiply.

> Many countries have taken up the cause of preventing adolescent pregnancies, often through actions aimed at changing a girl's behaviour. Implicit in such interventions are a belief that the girl is responsible for preventing pregnancy and an assumption that if she does become pregnant, she is at fault.

> Such approaches and thinking are misguided because they fail to account for the circumstances and societal pressures that conspire against adolescent girls and make motherhood a likely outcome of their transition from childhood to adulthood. When a young girl is forced into marriage, for example, she rarely has a say in whether, when or how often she will become pregnant. A pregnancy-prevention intervention, whether an advertising campaign or a condom distribution programme, is irrelevant to a girl who has no power to make any consequential decisions.

What is needed is a new way of thinking about the challenge of adolescent pregnancy. Instead of viewing the girl as the problem and changing her behaviour as the solution, governments, communities, families and schools should see poverty, gender inequality, discrimination, lack of access to services, and negative views about girls and women as the real challenges, and the pursuit of social justice, equitable development and the empowerment of girls as the true pathway to fewer adolescent pregnancies.

Efforts-and resources-to prevent adolescent pregnancy have typically focused on girls ages 15 to 19. Yet, the girls with the greatest vulnerabilities, and who face the greatest risk of complications and death from pregnancy and childbirth, are 14 or younger. This group of very young adolescents is typically overlooked by, or beyond the reach of, national health, education and development institutions, often because these girls are in forced marriages and are prevented from attending school or accessing sexual and reproductive health services. Their needs are immense, and governments, civil society, communities and the international community must do much more to protect them and support their safe and healthy transition from childhood and adolescence to adulthood. In addressing adolescent pregnancy, the real measure of success-or failure-of governments, development agencies, civil society and communities is how well or poorly we respond to the needs of this neglected group.

Adolescent pregnancy is intertwined with issues of human rights. A pregnant girl who is pressured or forced to leave school, for example, is denied her right to an education. A girl who is forbidden from accessing contraception or even information about preventing a pregnancy is denied her right



to health. Conversely, a girl who is able to enjoy her right to education and stays in school is less likely to become pregnant than her counterpart who drops out or is forced out. The enjoyment of one right thus puts her in a better position to enjoy others.

From a human rights perspective, a girl who becomes pregnant—regardless of the circumstances or reasons—is one whose rights are undermined.

Investments in human capital are critical to protecting these rights. Such investments not only help girls realize their full potential, but they are also part of a government's responsibility for protecting the rights of girls and complying with human rights treaties and instruments, such as the Convention on the Rights of the Child, and with international agreements, including the Programme of Action of the 1994 International Conference on Population and Development, which continues to guide the work of UNFPA today. The international community is developing a new sustainable development agenda to succeed the Millennium Declaration and its associated Millennium Development Goals after 2015. Governments committed to reducing the number of adolescent pregnancies should also be committed to ensuring that the needs, challenges, aspirations, vulnerabilities and rights of adolescents, especially girls, are fully considered in this new development agenda.

There are 580 million adolescent girls in the world. Four out of five of them live in developing countries. Investing in them today will unleash their full potential to shape humanity's future.

Dr Babatunde Osotimehin

United Nations Under-Secretary-General and Executive Director UNFPA, the United Nations Population Fund Dr Osotimehin with adolescent peer educators in South Africa. © UNFPA/Rayana Rassool

Overview

Every day, 20,000 girls below age 18 give birth in developing countries. Births to girls also occur in developed countries but on a much smaller scale.

> In every region of the world, impoverished, poorly educated and rural girls are more likely to become pregnant than their wealthier, urban, educated counterparts. Girls who are from an ethnic minority or marginalized group, who lack choices and opportunities in life, or who have limited or no access to sexual and reproductive health, including contraceptive information and services, are also more likely to become pregnant.

Most of the world's births to adolescents— 95 per cent—occur in developing countries, and nine in 10 of these births occur within marriage or a union.

About 19 per cent of young women in developing countries become pregnant before age 18. Girls under 15 account for 2 million of the 7.3 million births that occur to adolescent girls under 18 every year in developing countries.

Impact on health, education and productivity

A pregnancy can have immediate and lasting consequences for a girl's health, education and income-earning potential. And it often alters the course of her entire life. How it alters her life depends in part on how old—or young—she is.

The risk of maternal death for mothers under 15 in low- and middle-income countries is double that of older females; and this younger group faces

FACING THE CHALLENGE OF ADOLESCENT PREGNANCY



- 20,000 girls giving birth every day
- Missed educational and other opportunities
- 70,000 adolescent deaths annually from complications from pregnancy, childbirth
- 3.2 million unsafe abortions among adolescents each year
- Perpetuation of poverty and exclusion
- Basic human rights denied
- · Girls' potential going unfulfilled

significantly higher rates of obstetric fistulae than their older peers as well.

About 70,000 adolescents in developing countries die annually of causes related to pregnancy and childbirth. Pregnancy and childbirth are a leading cause of death for older adolescent females in developing countries. Adolescents who become pregnant tend to be from lower-income households and be nutritionally depleted. Health problems are more likely if a girl becomes pregnant too soon after reaching puberty.

Girls who remain in school longer are less likely to become pregnant. Education

"I was 14... My mom and her sisters began to prepare food, and my dad asked my brothers, sisters and me to wear our best clothes because we were about to have a party. Because I didn't know what was going on, I celebrated like everyone else. It was that day I learned that it was my wedding and that I had to join my husband. I tried to escape but was caught. So I found myself with a husband three times older than me.... This marriage was supposed to save me from debauchery. School was over, just like that. Ten months later, I found myself with a baby in my arms. One day I decided to run away, but I agreed to come back to my husband if he would let me go back to school. I returned to school, have three children and am in seventh grade." Clarisse, 17, Chad

UNDERLYING CAUSES

- Child marriage
- Gender inequality
- Obstacles to human rights
- Poverty
- Sexual violence and coercion
- National policies restricting access to contraception, age-appropriate sexuality education
- Lack of access to education and reproductive health services
- · Underinvestment in adolescent girls' human capital

PREGNANCY BEFORE AGE 18

19%

About 19 per cent of young women in developing countries become pregnant before age 18 prepares girls for jobs and livelihoods, raises their self-esteem and their status in their households and communities, and gives them more say in decisions that affect their lives. Education also reduces the likelihood of child marriage and delays childbearing, leading eventually to healthier birth outcomes. Leaving school—because of pregnancy or any other reason—can jeopardize a girl's future economic prospects and exclude her from other opportunities in life.

Many forces conspiring against adolescent girls

An "ecological" approach to adolescent pregnancy is one that takes into account the full range of complex drivers of adolescent pregnancy and the interplay of these forces. It can help governments, policymakers and stakeholders understand the challenges and craft more effective interventions that will not only reduce the number of pregnancies but that will also help tear down the many barriers to girls' empowerment so that pregnancy is no longer the likely outcome.

One such ecological model, developed by Robert Blum at the Johns Hopkins Bloomberg School of Public Health, sheds light on the constellation of forces that conspire against the adolescent girl and increase the likelihood that she will become pregnant. While these forces are numerous and multi-layered, they all, in one way or another, interfere with a girl's ability to enjoy or exercise rights and empower her to shape her own future. The model accounts for forces at the national level-such as policies regarding adolescents' access to contraception or lack of enforcement of laws banning child marriageall the way to the level of the individual, such as a girl's socialization and the way it shapes her beliefs about pregnancy.

Most of the determinants in this model operate at more than one level. For example, *national-level* policies may restrict adolescents'

PRESSURES FROM MANY DIRECTIONS AND LEVELS

An "ecological" approach to adolescent pregnancy is one that takes into account the full

预览已结束,完整报告链接和二维

https://www.yunbaogao.cn/report/index/report?reportIc