

### The State of World Population 2013

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

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

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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
Overview		page i
1	A global challenge	page
2	The impact on girls' health, education and productivity	page 1
3	Pressures from many directions	page 3
4	Taking action	page 5
5	Charting a way forward	page 8
Indicators		page 9
Bibliography		page 1

## **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
- Povertv
- 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 marriage all 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

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