ADOLESCENT PREGNANCY:

A Review of the Evidence

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UNFPA
New York, 2013

CONTENTS

CHAPTER 1. ADOLESCENT PREGNANCY AND DEVELOPMENT[1]

1.1 Introduction

The Convention on the Rights of the Child (CRC) provides signatory governments and societies in general with the basic elements for the protection of girls and boys up to the time they reach adulthood. Any departure from CRC goals and principles constitutes a violation of the rights of the child, and governments, as duty-bearers, are accountable to respond to these violations. There is plenty of evidence that in those countries and societies where the rights of the child are honoured and respected, girls and boys grow up and develop to their potential, and become empowered adults who can function accordingly. Unfortunately, there is also plenty of evidence of the opposite tendency, with devastating consequences, especially for girls.

Many children are denied the right to have a name, acquire a nationality and identity, and to be cared for by her or his parents. Discrimination constantly occurs along the lines of race, colour, sex, language, religion, disability, etc. Often, children are not able to fully and freely participate in their societies, or do not receive needed assistance from their governments to develop physically, mentally, spiritually, morally or socially. The survival and development of children depend extensively on government and parental provision of a high standard of health, including nutrition; access to water and sanitation; child care; antenatal, post-natal and preventive care; family planning; and education on child health, nutrition and hygiene, among other services (UNICEF 2012). Equal opportunity via education is also an undeniable right for children, and yet millions of girls and boys are out of school (UNESCO 2012). On the protection side, children are affected by all forms of violence, injury, abuse, neglect and exploitation.

In the CRC, governments agreed that their actions concerning children should be guided by the principles of non-discrimination; the best interest of the child; the right to life, survival and development; and respect for their views. States Parties promised to take "all effective and appropriate measures with a view to abolish traditional practices prejudicial to the health of the children" (Article 24.3). Many CRC provisions have been sustained and reinforced under subsequent treaties and agreements, including the Programme of Action issued by the 1994 International Conference on Population and Development (ICPD). The CRC and ICPD both make commitments to eliminate harmful traditional practices such as child marriage and child pregnancy.

The ICPD put substantial emphasis on supporting the needs, aspirations and development capacities of adolescents worldwide, and the elimination of practices that could curtail the normal development and empowerment of children. On marriage, the Programme of Action urges governments to enforce "…laws to ensure that marriage is entered into only with the free and full consent of the intended spouses…(and) laws concerning the minimum legal age of consent and the minimum age at marriage…." (paragraph 4.21). There are also calls for action "to encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce the associated mortality and morbidity" (paragraph 6.7[c]). On adolescents and youth participation, the programme calls for greater and active involvement in the planning, implementation and evaluation of development activities that have direct effect on their daily lives, such as information, education and communication activities, and services concerning reproductive and sexual health, including the prevention of pregnancies before age 18 (paragraphs 6.11 and 6.15).

[1] This chapter uses some of the elements of Chapter 1 of UNFPA, 2012.

On the reproductive health needs of adolescents, the ICPD agreed on two distinctive objectives: "(a) to address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, and STIs, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behavior...and (b) to substantially reduce all adolescent pregnancies" (paragraph 7.44). More specifically, it called for countries and the international community to "...protect and promote the right of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies" (paragraph 7.46).

Pregnancies among girls less than 18 years of age have irreparable consequences. It violates the rights of girls, with life-threatening consequences in terms of sexual and reproductive health, and poses high development costs for communities, particularly in perpetuating the cycle of poverty. Existing evidence strongly disputes the rationale of traditional cultural practices such as child marriage. It supports immediate action to enforce laws protecting the rights of children and particularly of girls; guarantee education and health needs; and eliminate the risks of violence, pregnancy among girls less than 18 years of age, HIV infection, and maternal deaths and disability.

This report presents an update on the current situation of pregnancies among girls less than 18 years of age and adolescents 15-19 years of age; trends during the last 10 years; variations across geographic, cultural and economic settings; interventions available to minimize pregnancy among adolescents; evidence for these programmatic approaches; and challenges that nations will have to deal with in the next 20 years given current population momentum.

Article 1 of the CRC establishes that "…a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." Any pregnancy that occurs to girls before age 18 is therefore considered an adolescent-girl pregnancy in this report. Pregnancies that occur between ages 10 and 19 in general are referred to as adolescent pregnancies. The analysis focuses on documented cases of pregnancies among girls before the ages of 15 and 18 as reported by women aged 20 to 24. [2]

1.2 Adolescent-girl pregnancy undermines achievement of the Millennium Development Goals

With less than three years left to realize the United Nations Millennium Development Goals (MDGs), governments and their partners should recognize that many of the goals are directly and negatively affected by the prevalence of adolescent-girl pregnancy. Urgent investments to end this harmful practice should be part of national strategies for poverty reduction and social justice.

Goal 1: End Hunger and Extreme Poverty
Support for girls to avoid pregnancy, stay in school and delay family formation translates into greater opportunities for them to develop skills and generate income for themselves and their present families, building an economic base to lift future generations out of poverty.

Goal 2: Achieve Universal Primary Education
Adolescent pregnancy abruptly limits and ends girls' potential because they are taken out of school to be mothers. Children of mothers with little education are less likely to be educated.

Goal 3: Promote Gender Equality and Empower Women

[2] These measurements are retrospective in asking women aged 20 to 24 (who are no longer adolescents, but were at risk of pregnancies at that time) about pregnancies while they were adolescent girls.

Girls often get pregnant without any say in the decision, and often with much older men or husbands. Large spousal age gaps also mean huge power differentials between girls and their partners/husbands. Girls who get pregnant before age 18 are more likely to experience violence within marriage or a partnership than girls who postpone child-bearing.

Goal 4: Reduce Child Mortality
Still births and deaths in the first week of life are 50 per cent higher among babies born to adolescent mothers than among babies born to mothers in their 20s.[3]

Goal 5: Improve Maternal Health
Every year, nearly 16 million adolescent girls give birth, the majority of whom are married. These youngest, first-time mothers face significant risks during pregnancy, including obstetric fistula and maternal death. Because they start child-bearing early, a married girl will likely have more children and at shorter intervals during her lifetime. These factors—a young age, multiple children and a short interval between births—are all linked to a higher risk of death and disability due to pregnancy or childbirth.[4]

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases
Adolescent pregnancy exposes young girls to the risk of HIV and sexually-transmitted infections (STIs). Girls in a marriage or union often have older, more sexually experienced husbands or partners, lack the power to negotiate safer sex and have little access to family planning information.

1.3 How is this report organized?

Chapter 2 defines the main indicators for adolescent pregnancy, including some variation for the proportion of women aged 20 to 24 having a live birth before ages 18 and 15, respectively, and describes data sources, measurements and limitations. The number of adolescents, that is, the population between the ages of 10 and 19, has steadily increased in most of the developing world as a result of declines in mortality and relatively high levels of fertility—in other words, an increasing number of live births with better chances of survival.

In Chapter 3, the report presents 2010 estimates of the adolescent population at the global, regional and country levels. It describes expected changes from 2010 to 2030, given current knowledge on possible shifts in mortality, fertility and migration developed by the United Nations Population Division in the 2010 publication *World Population Prospects*. The chapter also includes a description of the distribution of adolescents between the ages of 15 and 19 according to their marital status and levels of school participation.

Chapter 4 summarizes empirical evidence of the prevalence and recent trends in adolescent pregnancy using data from household surveys, mostly the Demographic and Health Surveys (DHS), but also the Multiple Indicators Cluster Surveys (MICS). It illustrates the potential effects of adolescent pregnancy from 2010 to 2030 if current estimates do not change through actions to minimize its incidence, and in light of current population momentum. The chapter also delves into the global population dynamics that have resulted in an increasing number of adolescents.

Chapter 5 looks at disparities in adolescent pregnancy associated with key social and economic characteristics: place of residence (region and urban/rural), educational attainment and household wealth (quintiles). The assessment is carried out in a descriptive manner and addresses associations

[3] World Health Organization, 2008.
[4] UNFPA, 2007.

between the adolescent birth rate (ABR), defined as the number of live births per 1,000 adolescents 15 to 19 years of age, and the three background characteristics that serve as explanatory variables. Disaggregating data in this way not only emphasizes the extent and growth of internal disparities that may easily be overlooked in discussions that address only global, regional or national averages, but also provides entry points for the development of appropriate policies and programmes to minimize the incidence of adolescent pregnancies.

Chapter 6 includes a brief description of the extent to which adolescents are making use of contraception (contraceptive dynamics) as one of the possible interventions to prevent early and unwanted pregnancies. The evidence is presented using three main indicators: the contraceptive prevalence rate, the rate of the unmet need for contraception and the proportion of demand satisfied among adolescents aged 15 to 19. Data is organized to present current levels, trends and differentials at the global, regional and country levels.

Chapter 7 outlines the future that is already defined in terms of population size and growth, and its possible influence in terms of the future number of pregnancies among adolescent girls if the current levels are not modified. Since some knowledge has been accumulated from past efforts to deal with child marriage and pregnancies among adolescent girls, Chapter 8 draws on this to propose some possible interventions to advance the elimination of adolescent-girl pregnancy. Annexes include 10 country profiles for the 5 countries with the highest prevalence of pregnancy among adolescent girls, and the 5 with the highest absolute number of adolescent girls with a live birth before age 18.

CHAPTER 2. THE MEASUREMENT OF ADOLESCENT PREGNANCY

2.1 The measurement of adolescent pregnancy

Adolescent pregnancy is reported and analyzed here using the percentage of women aged 20 to 24 with a live birth before ages 15 or 18, respectively, and the adolescent birth rate (ABR) among women 15-19 years of age. Although both estimates provide an approximation of the reality of adolescent pregnancy, both offer different information, as discussed later. Although the measurement of the percentage of women aged 20 to 24 who are married or in a union before the ages of 15 and 18 is retrospective,[5] it is the closer estimation of the prevalence of pregnancies among girls under the age of 18 or 15 respectively. Other indicators, such as the percentage of adolescents aged 15 to 19 who are currently pregnant or who have had a live birth is affected by censoring—girls not pregnant or without a live birth still face the risk of pregnancy before they reach age 18.

For the purpose of identifying policy and programmatic approaches, additional empirical evidence is presented using the percentage of adolescents aged 15 to 19 who are currently pregnant or have had a live birth as well as the number of live births observed among them. The first indicator is used in this report to define the magnitude of adolescent pregnancies, especially among adolescent girls under age 18. The second indicator, the ABR, or the total number of live births per 1,000 adolescents aged 15 to 19, is used here to illustrate disparities linked to basic background characteristics (place of residence, education and wealth quintile).

The ABR includes live births among adolescents who initiated child-bearing when they were 18 or 19 years old, and therefore are not to be considered pregnancies among adolescent-girls. The percentage of women aged 20 to 24 who were pregnant or had a live birth before ages 15 or 18 is not affected by this limitation; therefore, it represents more accurately the real extent of adolescent pregnancy among girls less than 18 years of age. This report provides evidence and analysis on data for both indicators since they complement each other.

Data from household surveys are used to produce country, regional and global estimates of adolescent pregnancy, to assess trends over the period from 2000 to 2010, and to generate disparity estimates along the lines of individual and household characteristics. The majority of the data on adolescent pregnancy have been collected by the DHS and to a lesser extent by the MICS[6] using national representative samples, and in close collaboration with national counterparts (e.g., national statistics offices and/or ministries of health).

Data on adolescent-girl pregnancy are available for 81 developing countries, representing 83 per