



GIVING GIRLS TODAY & TOMORROW


BREAKING THE CYCLE OF ADOLESCENT PREGNANCY



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ADOLESCENT PREGNANCY: A LONG ROAD AHEAD



Adolescent girls hold the key to a world without poverty. With the right skills and opportunities, they can invest in themselves now and, later, in their families. If they are able to stay in school, postpone marriage, delay family formation, and build their capacity they will have more time to prepare for adulthood and participate in the labor force before taking on the responsibilities of motherhood. They and their future children can be educated and healthy. One family at a time, they can help fuel the economic growth of their countries.

The current reality, however, is hindering their potential. Adolescent girls become brides, get pregnant, and have children before they are physically, emotionally, and socially mature enough to be mothers. Married or unmarried, adolescent girls become pregnant for different reasons. For some, pregnancy is accidental and results from experimenting with sexuality or lacking knowledge about how to prevent conception. Others seek pregnancy and motherhood to achieve adult status or fill an emotional void. But most adolescent pregnancies have little to do with choice or mistake. **Globally, the overwhelming majority of adolescent girls who become pregnant are married** and pressured to have a child. For others, pregnancy often results from abusive, forced, or coerced sex.

The future is compromised for most adolescent girls who become mothers. Many will face poverty, ill health, abuse, unprotected sex carrying HIV risk, frequent pregnancies, an end to education, and few positive life options. Their children are more likely than those of older mothers to be malnourished and

have developmental problems.¹ One million babies born to adolescent mothers will not make it to their first birthday.² Several hundred thousand more will be dead by age 5.³



But change is possible. **Investing in adolescent girls' rights and potential, and ensuring they get their fair share of dedicated, quality resources, will make a difference.** These investments will help adolescent girls avoid the trap of becoming mothers while still children, and they will improve the prospects for pregnant girls and young mothers. The means to make these investments are largely available. Yet more action is needed. Every person has a role to play in promoting awareness and taking strategic steps. Young women need increased access to equal opportunities, services, social support, education, employment, and empowering life skills, so that unplanned or unwanted childbearing does not hinder the achievement of their dreams at a young age.



Pregnancy: The Number One Killer of Adolescent Girls

Pregnancy and childbirth-related deaths are the number one killers of 15 - 19 year old girls worldwide.⁴ Each year, nearly 70,000 die.⁵ At least 2 million more are left with chronic illness or disabilities that may bring them life-long suffering, shame, and abandonment.⁶ Physically immature and often with few resources, the youngest first-time mothers are most at risk. Moreover, each year 2.2 to 4 million adolescents resort to unsafe abortion.⁷ Ninety nine per cent of maternal deaths occur in the developing world⁸, and most of them—an overwhelming 74 per cent—are preventable.⁹

Sources: UNICEF 2002; WHO, UNICEF, and UNFPA 2004; Safe Motherhood Inter-Agency Group 2002; Olukoya et al. 2001; Bale, Stoll, and Adetokunbo 2003; Wagstaff and Claeson 2004.

"I married at age 12, before I even had my first period. I am from a lower caste family, and I never attended school. We cannot afford nutritious food or a decent house to live in. I have three children – two daughters and one son. My last childbirth was especially difficult. I cannot describe for you how much I suffered during that time. I still feel weak, and I look like an old woman. I have enormous awful days in my life. I wish I had not married so young and had babies so young. For me it is too late now, but my message to all teenage girls is do not marry before age 20 and wait to have children until you are 22. That is the right age for childbearing, when a woman is mature and can look after herself and her baby. "

– Ganga, 19, Nepal.

GLOBAL TRENDS: ADOLESCENT PREGNANCY & CHILDBEARING

Each year, an estimated 14 million adolescents between the ages of 15 and 19 give birth. Uncounted others are even younger when they have babies. While adolescent pregnancy is declining overall worldwide, high rates in many countries persist, mostly where poverty and poor health are endemic. On average, one third of young women in developing countries give birth before age 20.¹⁰

The Early Motherhood Risk Ranking*: Ten countries where early motherhood is most threatening

Rank	Country	Scaled risk score*
1	Niger	100
2	Liberia	88
3	Mali	88
4	Chad	78
5	Afghanistan	77
6	Uganda	77
7	Malawi	75
8	Guinea	73
9	Mozambique	70
10	Central African Republic	66

*Score based on 3 indicators: early marriage, early motherhood, and infant death risk.

Source: Save the Children, 2004.

Girls living in developing countries are the most at risk of adolescent pregnancy. The average fertility rate (number of births per 1,000 young women) among 15-19 year olds in the least developed countries is more than 5 times greater than that for more developed regions.¹¹ Among developed countries, the United States stands out – almost 750,000 girls aged 15-19 become pregnant each year, and fertility rates are double the average for developed countries.¹²

Regionally, adolescent childbearing is most prevalent in sub-Saharan Africa. More than 50 per cent of adolescent girls give birth by age 20. In some sub-Saharan African countries this figure is over 70 per cent.¹³

In South and Southeast Asia, adolescent childbearing is highest in Bangladesh, at over 64 per cent, followed by Nepal (51 per cent), and India (47 per cent). Regionally, almost a quarter of girls give birth by the time they are 18.¹⁴

Adolescent childbearing rates are also high in Latin America and the Caribbean – between 30 and 40 per cent in Bolivia, Columbia, Dominican Republic, Haiti, Honduras, Nicaragua, and Peru.¹⁵ Running counter to global trends, adolescent fertility has been rising in at least three countries in the region.¹⁶



Globally, the highest adolescent birth-rates are found where child marriage rates are high, including much of West, Central and East Africa, and South Asia.¹⁷ Worldwide, more than 51 million adolescent girls are married¹⁸, and in the next decade 100 million more will be married by their 18th birthday.¹⁹ Though child marriage is declining globally, hotspots where most girls are married young exist within regions and countries. For instance, a high proportion of girls are married before age 15 in parts of Bangladesh, Ethiopia, India, Mali, Nicaragua, and Nigeria, among other countries.²⁰

Where child marriage is not the norm, pregnancy among unmarried adolescents still occurs.²¹ Community studies suggest that ten to 40 per cent of young unmarried women have experienced unwanted pregnancy.²² Childbearing among unmarried adolescents is more common in Latin America and the Caribbean and parts of sub-Saharan Africa than in Asia, North Africa, and the Middle East.²³ The highest regional rate of premarital birth by age 20—14.5 per cent— occurs in East and Southern Africa. In West Africa and South America approximately 8 per cent of unmarried young women have a child by age 20.²⁴

"People were dancing but I was crying. At the end of the day, they pronounced us husband and wife. I ran away and hid at a relative's house, but they found me and brought me back to my husband."

--Habi, married at 13, now 16, Niger.

TOO YOUNG TO DIE:

ADOLESCENT MATERNAL DEATHS, DISABILITIES & UNSAFE ABORTION



Adolescent girls between the ages of 15 and 19 are twice as likely to die during pregnancy or childbirth as women in their 20s. For those under 15, the risks are 5 times higher.

Source: UNFPA 2005.

Becoming a mother carries risks for all women regardless of their age, but many factors make adolescent childbearing especially hazardous. For younger adolescents who are not physiologically mature, pregnancy and childbirth are dangerous, particularly in cases where girls get pregnant within two years of starting their periods or when their pelvis and birth canal are still growing.²⁵ Most adolescent girls are also giving birth for the first time, with sparse knowledge, health care, and support. Too few young women are empowered enough to access critical sexual and reproductive health services. Compared to older women, many **adolescent girls are more likely to give birth without a skilled attendant, which further compounds their risks.**²⁶ Many adolescents receive no prenatal care, especially in developing countries. In Bangladesh, Bolivia, and Egypt, for example, 75 per cent of pregnant adolescent girls received no prenatal treatment.²⁷

A woman who begins childbearing at a young age usually has 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 or disability due to pregnancy or childbirth.²⁸ The main causes of adolescent maternal death include high blood pressure resulting from pregnancy, uterine infection, unsafe abortion, and malaria.²⁹

Young mothers and their children face other life- and health-threatening risks more frequently than do older women:

- **Prolonged, obstructed labour.** A risk especially for young, physically immature, first-time mothers. It increases the chance of infection, and both mother and baby can die without access to emergency obstetric care. Mothers also face risk of obstetric fistula.
- **Malnutrition.** Often affects female children worse than other family members and causes negative pregnancy outcomes. Malnourishment among girls may stunt growth, increasing the likelihood of obstructed labour. Nutritional anemia is one particularly widespread risk, affecting approximately 50 per cent of girls in developing countries.³⁰ Anemia also increases the risk for miscarriage, stillbirth, premature birth, and maternal death.³¹

- *Adolescent girls undergo at least 2.2 to 4 million unsafe abortions in developing countries each year.*
- *In sub-Saharan Africa, where 40 per cent of all unsafe abortions occur, data from 7 countries revealed that 39 – 79 per cent of those treated for abortion-related complications were adolescents.*

Source: WHO 2006b., UNFPA 2005.

- **Mother to child transmission of HIV (MTCT).** Causes 800,000 new cases each year.³² HIV is transmitted to 1 in 3 children born to infected mothers in developing countries. Though MTCT is preventable with anti-retroviral (ARV) treatment, many pregnant girls may not know their HIV status or be able to afford this critical treatment; access to family planning to prevent unintended pregnancy is essential.

Beyond the immediate effects of pregnancy and child-bearing, research shows that pregnant adolescents in sub-Saharan Africa, USA, and Europe face **high frequencies of physical abuse**.³³

Three delays worsen pregnancy outcomes, especially for the youngest first-time mothers³⁴:

1. Delay in recognizing complications and seeking care. Pregnant women, especially young adolescents, may not know when to seek care, what services are available, or have the financial resources to pay for care. Pregnant adolescent girls often do not have power within the family to seek care, even if they realize they need it.³⁵

2. Delay in reaching an appropriate health care facility. Adolescent girls are least likely to seek prenatal care, prepare for an emergency, or have a plan for getting to a health care facility. Young female adolescents may be low priorities in their families. Especially among poor families, the husband, mother-in-law, or others, may not be willing to use money to take a young girl to the hospital, which may be far away.³⁶ Others make decisions about the girl's fate.

3. Delay in receiving quality care at the facility.

Obstetric Fistula: A Preventable Tragedy

Obstetric fistula is a life-altering condition that occurs primarily as a result of prolonged labour without adequate emergency obstetric care.

A fistula develops when pressure on the pelvis from the baby's head cuts off the blood supply to tissues of the vagina, bladder, or rectum. This tissue rots away and develops into a hole which will uncontrollably leak urine, feces, or both.

Women and girls living with fistula often face abandonment by their husbands, inability to practice religion and participate in social events, loss of economic support, and social ostracism.

An estimated 2 million women and girls worldwide are living with fistula, and up to 100,000 new cases occur each year. Because fistula is often kept secret due to its stigma, and because it typically affects marginalized women and girls in rural areas, exact figures are difficult to track.

Only about 20 per cent of the women and adolescent girls living with fistula receive the treatment they need to heal both the fistula and the emotional wounds. This care costs about US \$300 per person.

Adolescents face higher risk for fistula than adult women. Recent analysis across three countries showed that 11-13 per cent of pregnancies at risk of prolonged labour could be prevented by girls delaying pregnancy until after 17 years of age.

Obstetric fistula is most common in sub-Saharan Africa and parts of Asia and Arab States regions. Efforts are underway to prevent and treat it in over 40 countries across these regions.

Sources: WHO 2004a, UNFPA/ www.endfistula.org

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