



World Health
Organization



PREGNANT ADOLESCENTS

**Delivering
on Global
Promises
of Hope**

WHO Library Cataloguing-in-Publication Data

Pregnant adolescents : delivering on global promises of hope.

1. Pregnancy in adolescence. 2. Adolescent health services - organization & administration.
3. Evidence-based medicine. 4. Pregnancy complications.
5. Prenatal care. 6. Developing countries. I. World Health Organization. II. Title.

ISBN 92 4 159378 4

(NLM classification: WS 460)

© World Health Organization 2006

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications - whether for sale or for noncommercial distribution - should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The named authors alone are responsible for the views expressed in this publication.

Printed by the WHO Document Production Services, Geneva, Switzerland

Pregnant Adolescents : Delivering on Global Promises of Hope

Written and produced for WHO by Peter McIntyre, Oxford, UK.

Much of the information in this report comes from WHO. 2003. *Adolescent Pregnancy: Unmet Needs and Undone Deeds*, an unpublished WHO review of literature and programmes, and from WHO. 2004. *Adolescent Pregnancy Issues in Adolescent Health and Development*. WHO Discussion Papers on Adolescence. See <http://www.who.int/child-adolescent-health/publications/publist.htm>

Cover picture

©Gaicomo Pirozzi/ PANOS PICTURES

A pregnant adolescent receives medicine and advice at a rural health clinic in Benin.

PREGNANT ADOLESCENTS

**Delivering on
Global Promises
of Hope**

Contents

Preface by Joy Phumaphi, WHO Assistant Director-General	3 .
Executive summary and context	4
Who are the pregnant adolescents?	8
Health problems associated with adolescent pregnancy	10
Social and economic factors — a circle of exclusion	16
How health services fail to meet needs of pregnant adolescents	17
What health care do pregnant adolescents need?	19
What kind of programmes offer a way forward?	23
Conclusions and consensus statements	27

Fact and focus boxes

<i>Pregnant adolescents have a right to services</i>	6
<i>Early births around the world</i>	8
<i>Adolescent mothers less likely to receive skilled care</i>	17
<i>Where are the adolescents who give birth without a skilled attendant?</i>	22
<i>Bangladesh — newly-wed outreach programme</i>	24
<i>Financial support in pregnancy</i>	25
<i>Linking health care, social care and education</i>	25
<i>Post abortion care</i>	25
<i>Women's Centre of Jamacia — adolescent mothers return to school</i>	26

Preface

In a paddy field somewhere in Bangladesh, an adolescent wife is about to deliver her first baby. So is a lonely goat herder in the plains of East Africa infected with HIV by a passing truck driver. So is a terrified abductee of the Lords Resistance Army in Uganda and a street child in Ecuador, addicted to drugs or to glue sniffing. During the period of a single hour, due to circumstances beyond their control or one careless moment's exposure to risk, over 1,600 adolescents will have given birth; many of them physically immature, with no exposure to antenatal care or access to labour, delivery services and emergency obstetric care. Some will bear the scars of this trauma for life and give birth to children who, if they survive, will be caught in the same vicious trap. During the course of one day alone, 38,500 adolescents will give birth. Pregnant adolescents are in a dark void of helplessness and hopelessness, waiting to be rescued. For some, their need dates back to their infancy, when their families were unable to give them access to education, nutrition and survival skills, even before they were denied access to care. It is to restore these young adults' missing faith in humanity that you, the best and most dedicated defenders of safe motherhood, are called to action. Because you can make a difference to their lives. You can clearly delineate a path to securing the Millennium Development Goal targets for these young mothers and their offspring. You can create a world safe enough for them to live in by identifying and providing country level support that will deliver them back to their families and communities as human capital, ready to enhance the quality of life. I am confident that the reduction of maternal and neonatal mortality and morbidity of expectant adolescent mothers will become a reality with your efforts.

It is time to
restore
pregnant
adolescents'
faith in
humanity

JOY PHUMAPHI,

WHO ASSISTANT DIRECTOR-GENERAL FOR FAMILY AND COMMUNITY HEALTH,
OPENING THE WHO TECHNICAL WORKING GROUP MEETING: MEETING THE
MILLENNIUM DEVELOPMENT GOALS ON MATERNAL MORTALITY REDUCTION,
GENEVA



Executive summary and context

The World Health Organization defines adolescence as the decade from 10-19 years of age.

Between 14 and 15 million adolescent girls aged 15–19 give birth each year, accounting for more than ten per cent of births worldwide. For some young mothers this is a happy event; they are well supported and they give birth to a healthy daughter or son. But for millions, the pregnancy was unplanned, the birth is too early and the experience is one of fear and pain. Adolescent girls face health risks during pregnancy and childbirth accounting for 15% of the Global Burden of Disease for maternal conditions and 13% of all maternal deaths.¹ Adolescent mothers aged 15-19 are more likely than older mothers to die in childbirth, while very young mothers aged 14 and under are at highest risk.² A WHO review of adolescent pregnancy says that age alone may not be the cause—education, social status and use of health facilities are all contributing factors.³ It is also difficult to separate risks related to age and the extra risks related to a first pregnancy. However, adolescent mothers are both young and mostly first time mothers. Many have dropped out of school, have low social status and do not access health services. For every young woman who dies in childbirth, 30-50 others are left with an injury, infection or disease.⁴ Young mothers are more likely to have low birth-weight babies, at risk of malnourishment, poor development or death. Infant and child mortality is highest amongst children of adolescent mothers. Girls who give birth miss schooling and opportunities for employment. There is a risk of the cycle repeating itself.

Many adolescent pregnancies are not merely unplanned but also unwanted, as seen by the estimated 2.2 to 4 million adolescent girls who obtain abortions each year. Because they are less likely to have access to legal and safe abortion, adolescents are estimated to account for 14% of all unsafe abortions,⁵ performed by people who lack the necessary skills in an environment lacking minimal medical standards.⁶ Behind each statistic is a vulnerable, frightened girl, who may be shunned and who may even resort to suicide.

Although the *prevention* of unwanted adolescent pregnancies is seen as an important issue in many countries, the *care* of pregnant adolescents and their newborn is not given the same level of priority. Yet converging global policies underline the need to focus care, social support and education on young first time mothers.

Millennium Development Goals

The Millennium Development Goals (MDGs) set targets to measure progress in human development. Improving care for pregnant adolescents has a direct bearing on two of the eight goals in the Millennium Declaration of 2000.

1. WHO. 2000. *Global Programme on Evidence*.

2. UNICEF. 2001. *The Progress of Nations*.

3. WHO. 2004. *Adolescent Pregnancy, Issues in Adolescent Health and Development*.

4. Safe Motherhood Inter-Agency Group. 2002. *Skilled Care During Childbirth*, Policy Briefing.

5. WHO. 2003. *Adolescent Pregnancy: Unmet Needs and Undone Deeds*. Unpublished review of literature and programmes.

6. WHO. 1997. *Post-abortion family planning: a practical guide for programme managers*.

- ◆ **Goal 4** *reduce child mortality, and in particular to reduce the under-five mortality rate by two-thirds, by 2015.* Better care of pregnant adolescents and their newborns will result in healthier babies, better able to thrive and survive.
- ◆ **Goal 5** *improve maternal health and in particular reduce the maternal mortality ratio by three-quarters by 2015.* Pregnant adolescents run a disproportionate risk of dying in or after childbirth.

The maternal mortality ratio is the number of women who die from any cause related to pregnancy or childbirth or within 42 days of a termination, per 100,000 live births. The baseline is the 1990 figure.

Better support for pregnant adolescents will also impact on four other goals:

- ◆ **Goal 6** *combat HIV/AIDS, malaria and other diseases.* Adolescent girls who have sex with older sexually experienced men have a higher risk of contracting HIV. Knowledge and negotiating skills help them to protect themselves.
- ◆ **Goal 2** *achieve universal primary education.* Pregnancy often brings a girl's education to an end, sometimes before she finishes primary school.
- ◆ **Goal 3** *promote gender equality and empower women.* Many adolescents do not choose to become pregnant, and have little power to influence their own futures or those of their children.
- ◆ **Goal 1** *eradicate extreme poverty and hunger.* Improving the education, skills and prospects of pregnant adolescents enables them to earn income, prevent further unwanted pregnancies and to provide for their families.

The Convention on the Rights of the Child and UNGASS

The Convention on the Rights of the Child protects the health and rights of young people up to the age of 18, and seeks to protect children from sexual abuse and exploitation. Article 24 recognizes the right of a child to the highest attainable standard of health. The Convention urges States to take appropriate measures to:

- ◆ diminish infant and child mortality
- ◆ ensure appropriate antenatal, natal and postnatal health care for mothers
- ◆ ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents
- ◆ develop preventive health care, guidance for parents and family planning

The United Nations General Assembly Special Session on Children in 2002 specified the need to improve care for pregnant adolescents, and set a goal to:

“ensure that the reduction of maternal and neonatal morbidity and mortality is a health sector priority and that women, *in particular adolescent expectant mothers*, have ready and affordable access to essential obstetric care, well-equipped and adequately staffed maternal health care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, postpartum care and family planning in order to, inter alia, promote safe motherhood.”¹

1. Resolution of the United Nations General Assembly. October 2002. *A world fit for children* arising out of the Special Session on Children 10 May 2002. Plan of Action, B: Goals Strategies and Actions 1. Promoting Healthy Lives, Paragraph 37:1. *Our emphasis*.

Pregnant adolescents have a right to services

The Committee on the Rights of the Child, at its 33rd session in 2003, ratified a general comment on adolescent health and development,¹ stating:

"Adolescent girls should have access to information on the negative impact of early marriage and early pregnancy and those who become pregnant should have access to health services that are sensitive to their particularities and rights. State Parties should take measures to reduce maternal morbidity and mortality in adolescent girls, particularly due to early pregnancy and unsafe abortion practices and to support adolescent mothers and fathers in their parenthood.

"Young mothers, especially in settings lacking support may be prone to depression and anxiety, compromising their ability to care for their child. The Committee urges States Parties to

- (a) develop and implement programmes that ensure access to sexual and reproductive health services, including family planning, contraceptive methods and safe abortion services in circumstances where abortion is not against the law, adequate comprehensive obstetric care and counselling;
- (b) foster positive and supportive attitudes towards adolescent parenthood, for mothers and fathers; and
- (c) develop positive policies to ensure continued education of adolescent mothers"

Priorities for action

Adolescent mothers share many needs with other first time mothers, but also have needs related to their age. This is especially true for very young pregnant adolescents below the age of 16 years. Reforms to improve services and support for pregnant adolescents will have a broader impact on care for all first-time pregnant women, and represent an important step towards achieving the Millennium Development Goals. The most important reforms are:

- ◆ to provide social support to very young pregnant adolescents and mothers,
- ◆ to provide pregnant adolescents with information about services and how to access them

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_29771

