

## **Early marriages, adolescent and young pregnancies**

### **Report by the Secretariat**

1. In January 2012, the Executive Board at its 130th session considered an earlier version of this report.<sup>1</sup> The present report has been modified to reflect a request by Board Members to include references to the linkages between early marriages and pregnancies and progress towards the health-related Millennium Development Goals, in particular towards Goal 5 (Improve maternal health), 4 (Reduce child mortality), 6 (Combat HIV/AIDS, malaria and other diseases), 2 (Achieve universal primary education) and 3 (Promote gender equality and empower women).

#### **CURRENT GLOBAL SITUATION**

2. In 2008, there were 16 million births to mothers aged 15–19 years, representing 11% of all births worldwide. About 95% of these births occurred in low- and middle-income countries. The global adolescent birth rate has declined from 60 per 1000 in 1990 to 48 per 1000 in 2007, with rates ranging from 5 per 1000 women in eastern Asia to 121 per 1000 in sub-Saharan Africa in 2007. Although adolescent birth rates are declining, the absolute number of births has declined less, owing to the increase in the adolescent population. Moreover, in many countries, the proportion of births (among women of all ages) that occur in adolescents has increased, because of the reduction of fertility in older women.

3. Pregnancies in and births to adolescents aged 10 to 14 years are relatively rare events in most countries; nevertheless in some sub-Saharan African countries the proportion of women who give birth before the age of 15 years has ranged from 0.3% to 12% since 2000, according to various sources. In Latin America, births in this age group represented less than 3% of all births among adolescents.

#### **DETERMINANTS OF ADOLESCENT PREGNANCY**

4. Most people initiate sexual activity between 15 and 19 years of age, boys earlier than girls, and there is no universal trend towards earlier sexual debut. In low-income countries, sexual activity for girls is often initiated within the context of marriage, or as a result of coercion, frequently with older men. The frequency of sexual activity is higher in adolescents who are in stable relationships – marriage or union – than in those who are not, hence the greater likelihood of pregnancy in the absence of contraception. However, having a child outside marriage is not uncommon in many

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<sup>1</sup> See documents EB130/12 and EB130/2012/REC/2, summary record of the third meeting.

countries. Latin America, the Caribbean, and high-income countries have higher rates of adolescent pregnancy outside marriage than southern Asia, and rates vary across sub-Saharan Africa.

5. Rates of use of contraception by adolescents are often low. Use of any contraceptive method in women aged 15–49 years who are married or in union has risen from 55% in 1990 to 63% in 2007. Among adolescents it is lower, but with large regional and country differences. A study of contraceptive use in married and unmarried adolescents in Latin American, European and Asian countries showed rates ranging between 42% and 68%. African countries have the lowest rates, ranging from 3% to 49%.

6. The latest international estimates indicate that worldwide more than 60 million women aged 20–24 years were married before the age of 18 years. The extent of early marriage varies between countries and regions: the highest rates are found in West Africa, followed by southern Asia, northern Africa/the Middle East and Latin America. However, given southern Asia's population size and rates of early marriage, about half the girls in early marriage live there. Data suggest that in most parts of the world the prevalence is decreasing but the pace is slow.

7. Gender norms shape the lives of girls and boys. These social expectations cover attitudes towards marriage and fertility, including, in some societies, early marriage, particularly for girls, and in others proof of fertility before unions are formalized. Expectations for boys may include gaining sexual experience as well as proving their fertility. Social norms that condone violence against women or girls put adolescent girls at risk of pregnancy and sexually transmitted infections, including HIV. Interventions to address gender norms in adolescence therefore contribute to the achievement of Goal 3 (Promote gender equality and empower women).

8. Lack of knowledge about sex and family planning and the lack of skills to put that knowledge into practice put adolescents at risk for pregnancy. Effective sexuality education is lacking in many countries. The one global measure of coverage related to sexuality education indicates that only 36% and 24%, respectively, of young men and young women aged 15–24 years in developing regions have comprehensive and correct knowledge of HIV/AIDS. Improved knowledge about sex and family planning will not only prevent early and unwanted pregnancies but also HIV infection and contribute to the attainment of Goal 6 (Combat HIV/AIDS, malaria and other diseases).

9. Education itself is a major protective factor for early pregnancy: the more years of schooling, the fewer early pregnancies. Although enrolment in primary schools has progressed over the past decades, low enrolment in secondary schools and vocational training limits young people's potential, particularly girls. Birth rates among women with low education are higher than for those with secondary or tertiary education. Lower education levels are also associated with higher risks of maternal mortality: women, of all ages, with no education have a 2.6 times higher risk of maternal mortality than women with post-secondary education. In addition to preventing early pregnancies, improvements in educational levels among adolescent girls contribute to the attainment of Goal 2 (Achieve universal primary education).

10. Reproductive and maternal health agendas emphasize the right of all couples to have access to safe, effective, affordable and acceptable methods of fertility regulation and the right of women to access appropriate health-care services that enable them to go safely through pregnancy and childbirth. However, adolescents face unique barriers to health services. Many countries have laws that prohibit people less than 18 years of age from accessing sexual and reproductive health services without parental or spousal consent, effectively denying many sexually-active adolescents access to those services. Evidence suggests that training health workers, making small changes in facilities to make

them more responsive to adolescents, and sensitizing the community are needed to reduce barriers and increase use of services by adolescents.

## **CONSEQUENCES OF EARLY PREGNANCY**

11. First pregnancy at an early age is risky. Although births among adolescents account for 11% of all births worldwide, they account for 23% of the overall burden of disease (in terms of disability-adjusted life years) due to pregnancy and childbirth among women of all ages. In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death in women aged 15–19 years. This is why the prevention of adolescent pregnancy is an effective intervention that contributes to Millennium Development Goal 5 (Improve maternal health). Early, unwanted pregnancies are associated with increased levels of induced abortion, which when carried out in unsafe conditions carries severe health risks, including death. In 2008, there were an estimated three million unsafe abortions in developing countries among 15–19 year olds. Up to 65% of women with obstetric fistula developed this during adolescence, with dire consequences for their lives, physically and socially.

12. Adolescent pregnancy is also dangerous for the child: in low- and middle-income countries stillbirths and death in the first week and first month of life are 50% higher among babies born to mothers younger than 20 years than those born to mothers aged 20–29 years, and the younger the mother, the higher the risk. The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescent girls; all these conditions increase the chance of death or future health problems for the baby. Pregnant adolescent girls are more likely than older women to smoke and drink alcohol, practices that can contribute to stillbirth, low birth weight and other health problems in the child. By lowering child mortality, interventions to prevent early pregnancies also contribute to the attainment of Goal 4 (Reduce child mortality).

13. The social consequences of pregnancy in adolescence, particularly for unmarried girls, can be severe. School drop out and subsequent lower educational attainment not only hold back personal development but reduce women's lifetime earnings and hence their contribution to economic growth. Pregnancies in unmarried girls sometimes provoke violence. Although reliable data on the scale of the problem are not available, pregnancy is increasingly recognized as a reason for suicide among pregnant girls. Similarly, pregnancy among unmarried girls in some cultures is reported as a ground for homicide, on the basis of maintaining family honour.

14. Early pregnancies are also associated with higher overall fertility rates. Reducing the number of early pregnancies and promoting adequate birth spacing contribute to lower total fertility rates. Lower total fertility rates, in turn, are associated with better health status of children.

## **PREVENTION OF EARLY PREGNANCY AND POOR REPRODUCTIVE OUTCOMES AMONG ADOLESCENTS**

15. WHO has published the findings and recommendations of a systematic review on preventing too-early pregnancies and poor reproductive outcomes among adolescents in developing countries.<sup>1</sup> The recommendations relate to (i) reducing marriage before the age of 18 years; (ii) reducing pregnancy before the age of 20 years; (iii) increasing the use of contraception by adolescents at risk of

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<sup>1</sup> *WHO Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries*. Geneva, World Health Organization, 2011.

unintended pregnancy; (iv) reducing coerced sex among adolescents; (v) reducing unsafe abortion among adolescents; and (vi) increasing the use of skilled antenatal, childbirth and postnatal care among adolescents. The recommended actions are elaborated below.

16. Political leaders, planners and community leaders are encouraged to formulate and enforce laws and policies to prohibit the marriage of girls before the age of 18 years; to increase access to contraceptive information and services, including emergency contraceptives, for adolescents, especially those who are unmarried and those below a certain age; to improve coverage of sexuality education; to punish perpetrators of coerced sexual relations; to enable adolescents to obtain safe abortion care; and to expand the access of all women, including pregnant adolescents, to skilled antenatal, childbirth and postnatal care, including both basic and comprehensive emergency obstetric care.

17. Actions are needed to influence family and community norms related to delayed marriage; the retention of girls in schools, both at primary and secondary levels; the implementation of sexuality education and improvement of access to contraceptives for adolescents; and the censuring of coerced sex. Men and boys must be actively supported to question prevailing gender norms and stereotypes and the negative effects these norms and stereotypes can have on women, girls, families and communities.

18. Adolescent girls need to be informed and empowered to prevent pregnancy (and contracting sexually transmitted infections, including HIV). Sexuality education aims to equip children and adolescents with the knowledge, skills and values to make responsible choices about their sexual and social relationships. Similarly, adolescents need to be informed about safe abortion care, where legally available, and to be knowledgeable about the dangers of unsafe abortion. Adolescent girls need to develop their life skills, and improve their links to social networks and social supports that can help them to refuse unwanted sex and to resist coerced sex, actions that they often feel powerless to do.

19. The health sector needs to implement interventions to improve the delivery of health services to adolescents as a means of facilitating their access to and use of contraceptive information and services as well as skilled antenatal and childbirth care. Adolescents, their families and communities must be made aware of the importance of skilled antenatal and childbirth care. Service providers must show special sensitivity in dealing with adolescent girls. Pregnant adolescent girls must get the support they need to be well prepared for birth and birth-related emergencies; this includes creating a birthing plan that covers complications and emergencies during childbirth. Such preparedness must be an integral part of antenatal care for all pregnant adolescent girls, and should be maintained in households, communities and health facilities.

#### **ACTION BY THE HEALTH ASSEMBLY**

20. The Health Assembly is invited to note the report.

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