



# MDG 5: ‘Why is Adolescent Sexual and Reproductive Health so important?’



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# ***Many adolescent girls between 15 and 19 get pregnant***



- **16 million women 15–19 years old give birth each year, 11% of all births worldwide.**
- **95% of these births occur in low- and middle-income countries.**
- **The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean, and more than 50% in sub-Saharan Africa.**
- **Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States.**

***Pregnancy among very young adolescents is a significant problem***



- In low- and middle-income countries, almost 10% of girls become mothers by age 16, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia.
- The proportion of women who become pregnant before age 15 varies enormously even within regions – in sub-Saharan Africa, for example, the rate in Rwanda is 0.3% versus 12.2% in Mozambique.



***The contexts of  
adolescent pregnancies  
are not always the same***



- **Having a child outside marriage is not uncommon. Latin America, the Caribbean, parts of sub-Saharan Africa and high-income countries have higher rates of adolescent pregnancy outside marriage than does Asia.**
- **Births to unmarried adolescent mothers are more likely to be unintended and end in induced abortion.**
- **Coerced sex, reported by 10% of girls who first had sex before age 15, contributes to unwanted adolescent pregnancies.**

# *Adolescent pregnancy is dangerous for the mother*



- Adolescents aged 10-19 account for 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth.
- 14% of all unsafe abortions in low- and middle-income countries are among women aged 15–19.
- 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women.



## ***... Adolescent pregnancy is dangerous for the mother***



- In Latin America, the risk of maternal death is four times higher among adolescents younger than 16 than among women in their twenties.

- Anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage and mental disorders, such as depression, are associated with adolescent pregnancy.



- Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.

# ***Adolescent pregnancy is dangerous for the child***



- Neonatal deaths are 50-100% higher if the mother is adolescent, compared with older mothers - the younger the mother, the higher the risk.
- Stillbirths and early neonatal deaths are 50% higher among babies born to mothers younger than 20 than among babies born to mothers aged 20-29.



***... Adolescent pregnancy  
is dangerous for the child***



- The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby.
- Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth.





# *Adolescent pregnancy adversely affects communities*



- Many girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.
- Delaying adolescent births could significantly lower population growth rates, potentially generating economic and social benefits, and improving the health of adolescents.



## *Progress to date*

- Rates of adolescent childbearing have dropped significantly in most countries and regions in the past two to three decades.
- Age at first marriage is increasing in many countries, as are rates of contraceptive use among both married and unmarried adolescents.
- Educational levels for girls have risen in most countries, and job opportunities have expanded. Low education levels are closely associated with early childbearing.



# What needs to be done?



## ***1 Prevent unintended pregnancies and other sexual and reproductive health risks***

- information, including comprehensive sex education.
- access to a full range of sexual and reproductive health services, including condoms, other means of contraception as appropriate and other interventions for the prevention, treatment and care of sexually transmitted infections, including HIV.
- safe and supportive environments free from exploitation and abuse.



## ***2 Families and communities need to support adolescent mothers***



***Adolescent mothers often lack knowledge, education, experience, income and power, and may also bear the effects of judgemental attitudes.***



- Men, parents, mothers-in-law and other decision-makers at the household and community level should be involved to ensure support and acceptance for pregnant adolescents.
- This includes ensuring home-based care practices before, during and after the pregnancy, and the timely use of services and skilled birth attendants.

## **2 ... Families and communities need to support adolescent mothers**



- Information about the signs of complications should be disseminated widely to pregnant adolescents and the community at large, so that everyone knows when a situation is an emergency and what to do.
- Adolescent mothers' access to education, livelihood skills and information about how to prevent further pregnancies and their ability to deal with domestic violence should be improved.



### ***3 Health workers need to be able to respond to the special needs of pregnant adolescents***



*Health workers need to be able to work with adolescents and know how to respond to their specific health needs.*



- to provide adolescents with an early start to antenatal care in accordance with national and legal norms.
- to be alert to special problems that require particular attention among adolescents, including anaemia, poor nutritional status, malaria, HIV and other sexually transmitted infections, and access to services for preventing the mother-to-child transmission of HIV.

### ***3 ... Health workers need to be able to respond to the special needs of pregnant adolescents***



- to develop a plan for birth with the adolescent and her family, including the place of birth, availability of transport and the costs involved.
- to give special attention to adolescents younger than 16 during obstetric care: they are at especially high risk of complications and death.
- following delivery, to give adolescents special support for infant feeding and care and to ensure that they have access to information, skills and services, including adequate counselling, to prevent subsequent pregnancies.



## ***4 Health systems need to be able to respond to the special sexual and reproductive health needs of adolescents***



***Well-functioning health systems needed to achieve MDG5***

- collecting and analysing national statistics in ways that make it easier to understand the needs of pregnant adolescents, their numbers and their use of services.
- developing health worker competencies to deal with the special information, clinical and psychosocial needs of adolescent mothers.
- ensuring that the legal and policy environment enhances access to the care that adolescents need.





Thank you for listening

