

Adolescent pregnancy

Evidence brief

Adolescence is a time of opportunity during which a range of actions can be taken to set the stage for healthy adulthood.



Key facts

- ▶ About 12 million adolescent girls aged 15-19 give birth every year – most in low- and middle-income countries. (1)
- ▶ An estimated 3.9 million girls aged 15–19 undergo unsafe abortions every year. (1)
- ▶ In low- and middle-income countries, complications from pregnancy and childbirth are a leading cause of death among girls aged 15–19 years. (2)
- ▶ Stillbirths and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20–29 years. Infants of adolescent mothers are more likely to have low birth weight. (3)

Overview

An estimated 21 million girls aged 15 to 19 years in developing regions become pregnant every year, and approximately 12 million of them gave birth. (1) Estimates also suggest that 2.5 million girls aged under 16 years give birth every year. (4)

Adolescent fertility has declined from 56 births per 1,000 adolescent women in 2000 to 45 births in 2015 and 44 births in 2019. However, the level of adolescent fertility has remained high in sub-Saharan Africa, at 101 births per 1,000 adolescent women. (5)

The majority of adolescent births occur in low and middle-income countries. However, there are substantial regional differences with the highest adolescent birth rates in West and Central Africa and the lowest in East Asia. Within countries, adolescent births are more likely to occur among poor, less educated and rural populations. (6)

The causes

Several factors contribute to adolescent births. (7)

In many societies, girls are under pressure to marry and bear children early. In low- and middle-income countries, over 30% of girls marry before they are 18 years of age; around 14% before the age of 15. Early marriage generally leads to early child bearing, in accordance with social norms.

In many places girls choose to become pregnant because they have limited educational and employment prospects and given that motherhood is valued, marriage/union and child bearing may be the best of the limited options they have.

Adolescents who may want to avoid pregnancies may not be able to do so because they have knowledge gaps and misconceptions e.g. where to obtain contraceptive methods and how to use them.

They may also be unable to obtain contraceptives, and to use them correctly. Estimates suggest that approximately half of pregnancies to girls aged 15–19 in developing regions are unintended. (1)

Finally, another cause of unintended (and unwanted) pregnancy is sexual violence, which is widespread. For example, more than a third of girls in some countries report that their first sexual encounter was coerced. (8)

The consequences

Early pregnancies among adolescents have major health and social consequences.

With regard to health consequences, pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15–49 years. (2) Adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years. (3) Additionally, some 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity and lasting health problems. (1) Early childbearing can increase risks for newborns as well as young mothers. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions. (3) In some settings, rapid repeat pregnancy is a concern for young mothers, which presents further risks for both the mother and the child. (9)

Social consequences for unmarried pregnant adolescents may include stigma, rejection or violence by partners, parents and peers. (7) Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership. (10) Adolescent pregnancy may also jeopardize girls' future education and employment opportunities. (11)

Global context

Preventing adolescent pregnancy and childbearing was part of the Millennium Development Goals agenda. It remains high on the Sustainable Development Goals agenda and with a dedicated indicator 3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group.

WHO response

During the early part of the MDG era, prevention of adolescent pregnancy and related mortality and morbidity and prevention of HIV and HIV related mortality in adolescents and young people were not given the attention needed due to competing priorities. During this period, WHO worked with partners to advocate for attention to adolescents, to build the evidence and epidemiologic base for action, to develop and test programme support tools, to build capacity, and to pilot initiatives in the small but growing number of countries that recognised the need to address adolescents. In the later years of the MDG era and in the SDG era, adolescents have moved to the centre of the global health and development agenda. While WHO continues its work on advocacy, evidence generation, tool development and capacity building, the focus has now shifted to strengthening country-level action. In conjunction with partners, WHO works with government ministries and departments as well as nongovernment partners to support countries to address adolescent pregnancy effectively in the context of their national and subnational programmes. WHO is working closely with partners within and outside the United Nations system to contribute to the global effort to prevent children becoming wives and mothers through strengthening the epidemiologic and evidence base for action, and to supporting the application of the evidence through well designed and well executed programmes. For example, WHO works closely with the UNICEF/UNFPA/ UNWomen Global Programme to Accelerate Action to End Child Marriage, (13) and with Family Planning 2020 (14) a global partnership which works with a range of stakeholders to enable 120 million more women and girls use contraceptives by 2020.

Conclusion

Adolescent pregnancy is a global phenomenon with clearly known causes, and serious health, social and economic consequences to individuals, families and communities. There is consensus on the evidence-based actions needed to prevent it. There is growing global, regional and national commitment to prevent child marriage and adolescent pregnancy and child bearing. Nongovernment organizations have led the effort in many countries through bold and innovative projects. There is now a small but growing number of

successful government-led national programmes e.g. in Chile, England and Ethiopia fills this gap. (15) They show what can be achieved with the application of good science combined with strong leadership and management, and perseverance. They challenge and inspire other countries to do what is doable and urgently needs to be done – now.

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