



FIGIJ Statement Adolescent: A call to minimize the risk of adolescent pregnancy through education and contraceptive access

Introduction

Adolescent pregnancy, according to the World Health Organization (WHO) is pregnancy occurring in women under the age of 20 years. When a girl becomes pregnant during adolescence, her present and future changes radically. Adolescent pregnancy is a serious health risk relevant to all social classes, all economic levels and all cultures, yet profoundly affects adolescents living in low and middle income countries (LMICs). Every year, an estimated 21 million girls aged 15–19 years living in LMICs become pregnant, approximately 12 million girls between 15-19 years give birth. Just under 1 million girls under the age of 15 years give birth every year in LMICs. Pregnancy and childbirth among early adolescents in particular results in serious harm to the health of the affected dyad. Even for the older adolescent, girls aged 15 to 19 years, it is the second leading cause of maternal mortality globally.

Risk factors for Adolescents Becoming Pregnant

Adolescents who have low self esteem, a lower level of education and socioeconomic status (poverty), who lack family or social support and who live in communities without any institutional social support are especially vulnerable to becoming pregnant at a young age. Many girls experience considerable pressure to marry and become mothers while they are still children themselves, and this varies by culture and region. As a result, child marriage is a main contributing factor for adolescent pregnancy. The United Nations and WHO have estimated that 9 out of 10 births to girls between 15-19 years occur within marriage. Child marriage, according to UNICEF, affects girls disproportionately, and increases the personal risk of violence, exploitation, abuse, and adolescent pregnancy.

Adolescent Pregnancy Affects the Health and Welfare of Both Mother and Child

As gynecologists who care for adolescents, FIGIJ members recognize that girls especially below the age of 15 have much higher rates of maternal morbidity and mortality than older women as their body is not physically ready for the physiologic effects of pregnancy. Adverse maternal outcomes of pregnancy in this age group include obstructed labor, obstetric fistula, placental abruption, hypertensive

(preeclampsia/eclampsia) and hemorrhagic complications, infection, and even death. Perinatal complications affecting the baby include prematurity, low birth weight and fetal death in utero. Pregnant teens with no support from their family are at risk of not accessing prenatal care and higher rates of depression and anxiety. While some adolescents see a rise in social standing and increased access to medical care, for many others the impact is much more adverse including denial of education, social ostracism, susceptibility to intimate partner violence, and economic hardship for her and her offspring.

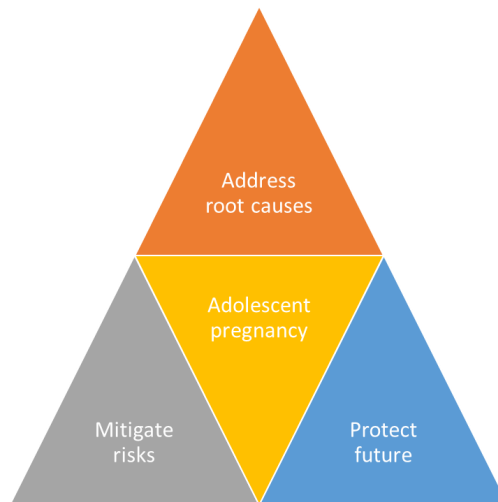
Adolescent Pregnancy Prevention Requires Broad Efforts

Prevention of adolescent pregnancy requires comprehensive sexual health education and accessibility of services. Adolescents who may want to avoid pregnancies may not be able to do so due to knowledge gaps and misconceptions on where to obtain contraceptive methods and how to use them. Age-appropriate reproductive health education has been found to be effective. Targeting at-risk adolescents and providing individualized care were also effective. Improvement in health care and psychosocial support to pregnant adolescents prevents adverse outcomes for both the mother and the neonate. Governments must improve literacy of girls, improve legislation with regard to banning child marriage and addressing sexual violence and make laws to prioritize national support adolescent pregnancy.

Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Effective interventions are available to prevent adolescent pregnancy and mitigate the effect of pregnancy on the young. However, many intervention programs do not include married girls, nor very young adolescents aged 10-14 years. Providing support especially to socioeconomically disadvantaged communities to keep the children in school and to provide access to health services is key to decreasing the incidence of adolescent pregnancies. Adolescents who become pregnant should be free from stigmatization and be permitted to continue their education. Programs caring for adolescents during their pregnancy and postpartum should support their emotional, medical and educational needs in a positive way, avoiding blame and shaming of young mothers.

Conclusions

FIGIJ calls for a holistic approach to respond to this problem (see Figure 1 below). Preventing adolescent pregnancies requires analysis of unique factors that place the child at risk. Family and community resources should be mobilized with both policy and material support of national governments and other influential sectors worldwide to recognize this burden and to reduce its impact on adolescent health.



Call for action

- FIGIJ supports comprehensive sexual and reproductive health education.
- FIGIJ advocates for access to youth-friendly health services including affordable and safe contraception, such as emergency contraception and LARCs. See *FIGIJ Statement: A Call to Increase Access to LARC's for Prevention of Adolescent Pregnancy*.
- FIGIJ supports development of comprehensive programs from communities and institutions for both prenatal and postpartum care, education and socioeconomic support to optimize adolescent health and wellbeing during and after pregnancy.

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