### ADOLESCENT PREGNANCY: EXCLUSIVELY A PUBLIC HEALTH ISSUE?

Health, social, economic and gender perspectives

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### Beijing Declaration on the Girlchild

• ... More than 15 million girls aged 15 to 19 give birth each year. Motherhood at a very young age entails complications during pregnancy and delivery and a risk of maternal death that is much greater than average. The children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a longterm adverse impact on their and their children's quality of life.

### Beijing Declaration on the Girlchild – Action Plan

 Sensitize the girl child, parents, teachers and society concerning good general health and nutrition and raise awareness of the health dangers and other problems connected with early pregnancies;

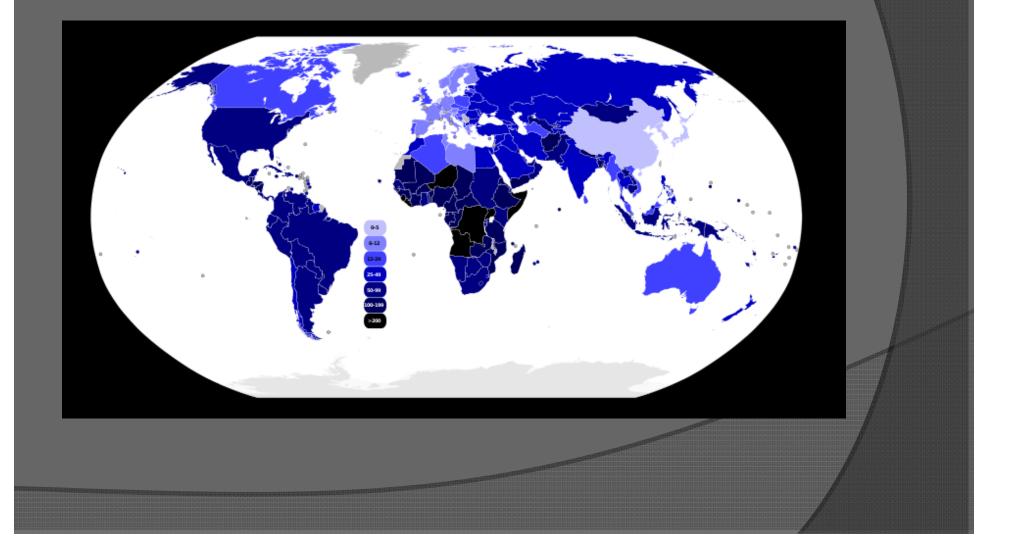
### Beijing Declaration on the Girlchild

 Strengthen and reorient health education and health services, particularly primary health care programmes, including sexual and reproductive health, and design quality health programmes that meet the physical and mental needs of girls and that attend to the needs of young, expectant and nursing mothers;

### Beijing Declaration on the Girlchild

Ensure education and dissemination of information to girls, especially adolescent girls, regarding the physiology of reproduction, reproductive and sexual health, as agreed to in the Programme of Action of the International Conference on Population and Development and as established in the report of that Conference, responsible family planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention, recognizing the parental roles referred to in paragraph 267;

# World Map of Adolescent pregnancy



### Adolescent pregnancy has health implications

- Multinational study of teenage pregnancy outcomes in Latin America (Conde-Agudero et al, 2004, American Journal of OB/GYN)
  - Maternal mortality: adolescents, especially those < 15 years of age, are more likely to die during or after pregnancy
  - Pregnancy complications: adolescents are more likely to have preterm labor, smaller babies, and high blood pressure in pregnancy, and the risks increase with younger maternal age

### Adolescent pregnancy has social implications

 Study of sociodemographic characteristics of teen mothers in Brazil (Padin et al, 2009, Journal of Adolescence)

- For both groups, first sexual experience occurred at age 14-15, with their first pregnancy occurring 2 years after their first sexual experience
- For both groups, school dropout occurred prior to or soon after becoming pregnant
- Income for these girls was at or below the minimum national salary

### Adolescent pregnancy has economic implications

- In the previous study, income for these girls was at or below the minimum national salary
- Teen mothers are at higher risk for living in generational poverty
- In the US, where 1/3 of teenage girls become pregnant, teen pregnancy costs an average of \$USD 9 billion per year
- Teens who become pregnant are rarely able to achieve educational and economic parity with their peers

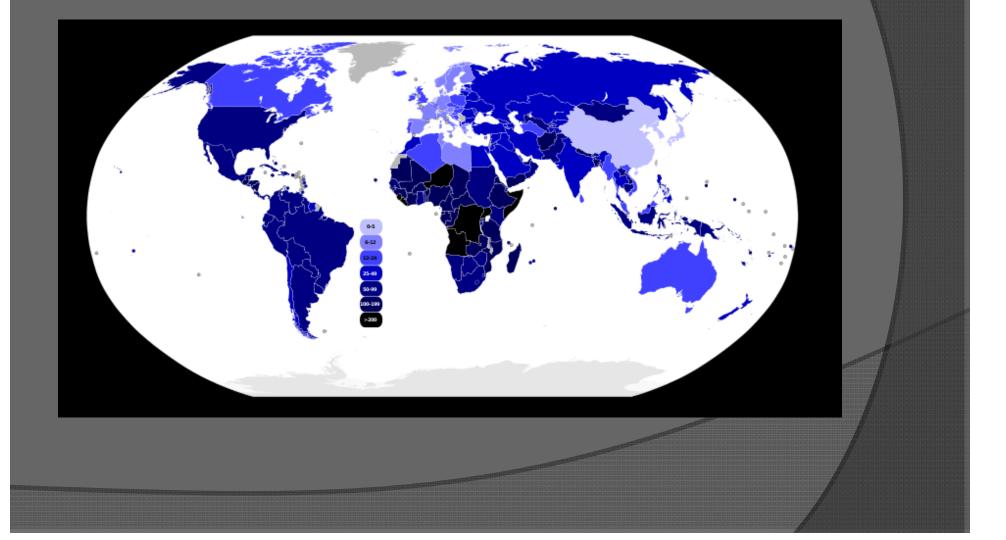
### Adolescent pregnancy has gender implications

- Teen mothers are more likely to not have an involved father or father figure
- Teen pregnancies may more likely to be due to rape or child abuse (Harner, 2006)
- A higher percentages of teen pregnancies are by fathers 3-5 years older than the mother (Darroch et al, *Family Planning Perspectives*, 1999)

## Is adolescent pregnancy a symptom?

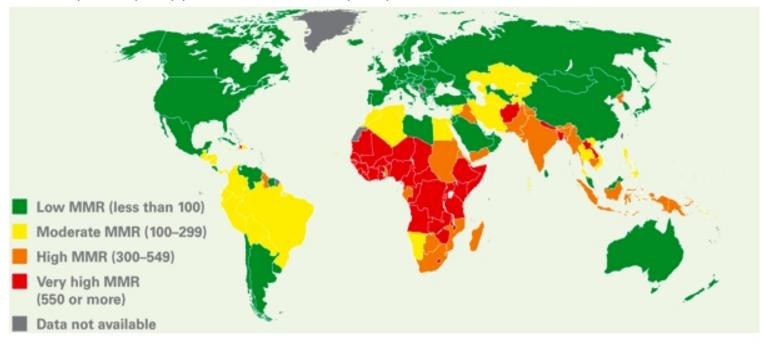


# World Map of Adolescent pregnancy



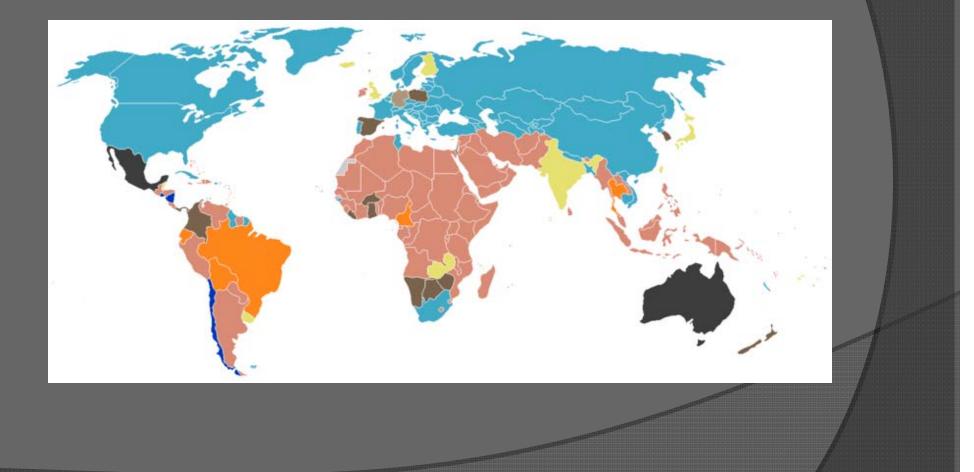
#### World Map of Maternal Mortality

MATERNAL MORTALITY IS HIGHEST IN COUNTRIES OF SUB-SAHARAN AFRICA AND SOUTH ASIA Maternal mortality ratios (MMR) per 100,000 live births (2005)

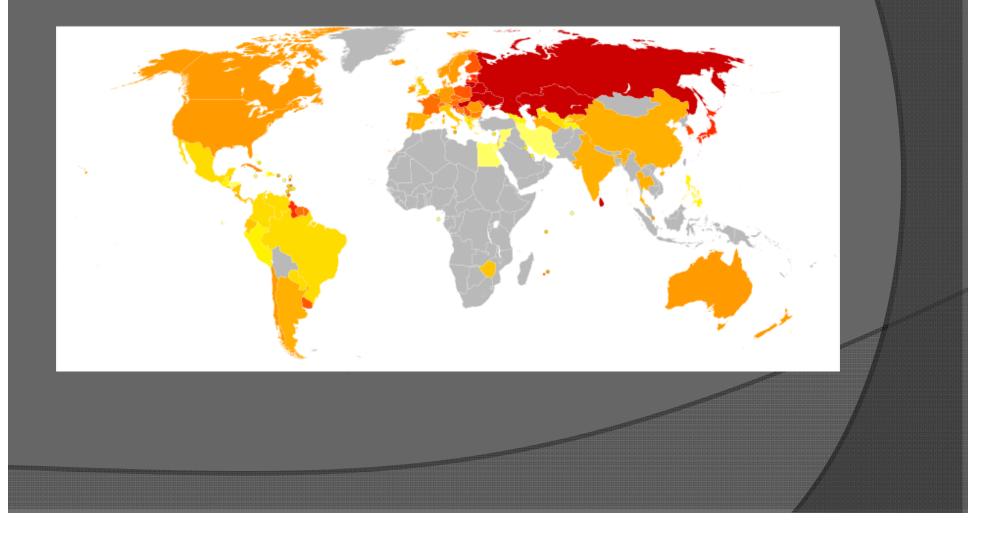




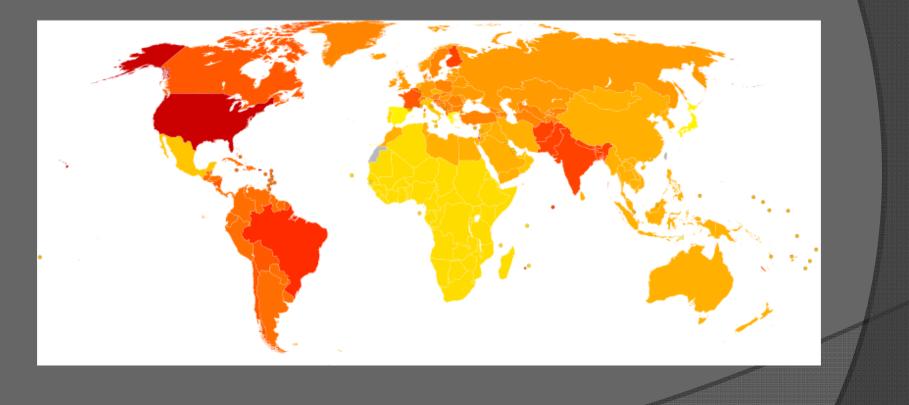
#### World Map of Abortion Laws



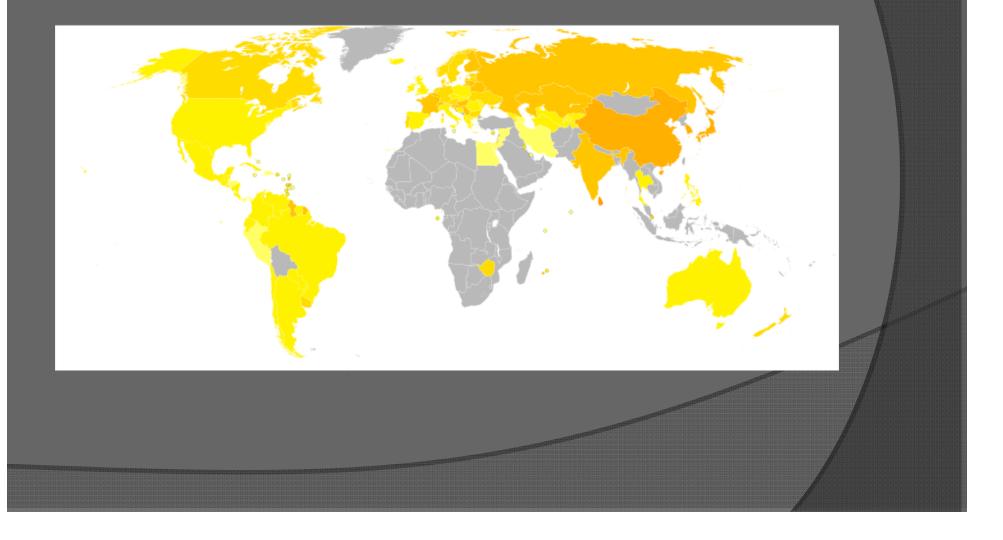
### World Male Suicide Map



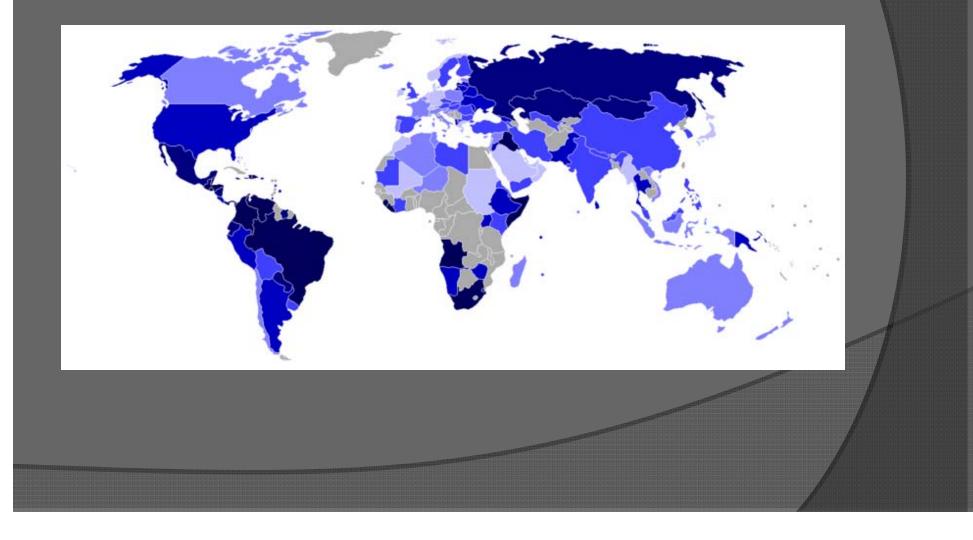
### Disability Adjusted Life Years from Unipolar Depression

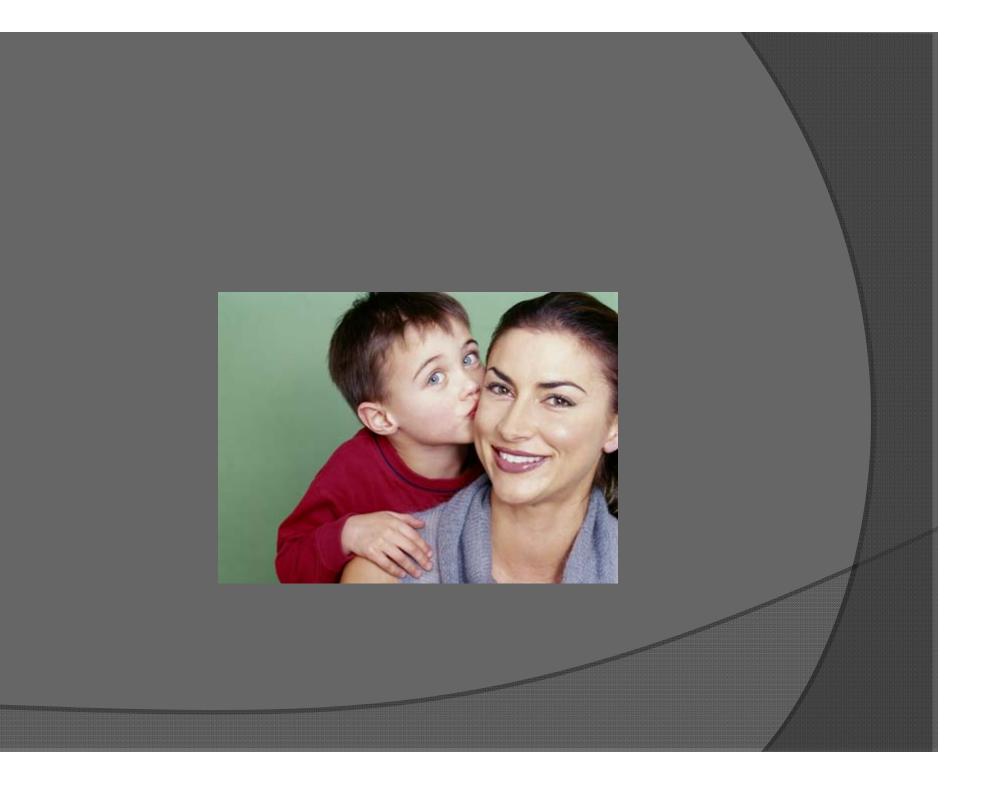


### Global Female Suicide Rate

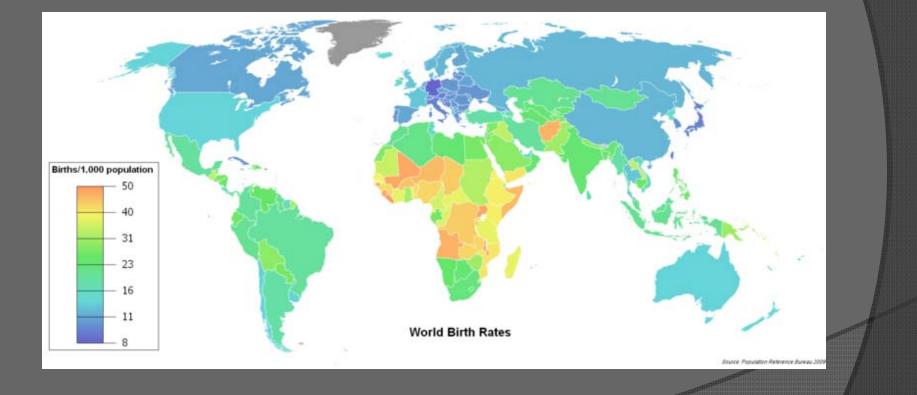


#### World Map of Homicide

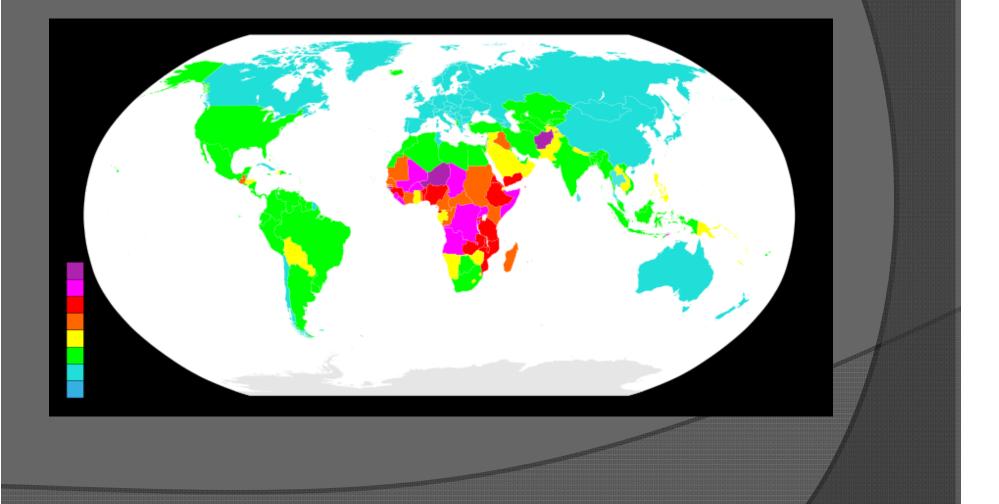




### Births per 1,000 population



### **Global Fertility Rates**



Can we effectively treat a problem by treating its symptoms?

## Teenage pregnancy prevention programs

• Emphasize interventions to:

- Increase abstinence
- Delay sexual initiation
- Improve decision-making skills
- Increase use of contraceptives
- Increase availability of abortion
- Expand sex education

#### Example: England, 2000-2010



#### Example: England, 2000-2010

- England has the highest rates of adolescent pregnancy in Western Europe
  - Despite 10 years of intensive efforts using typical prevention strategies including expanding sex education, increasing availability of contraception, increasing access to abortion (without parental consent) the teen birth rate continued to rise at 4% per year
  - 50% of teenage pregnancies in Britain end in abortion

### Example: low adolescent pregnancy rate "success stories"

- Adolescent sexual activity rates are high while pregnancy and abortion rates are low in the Netherlands, Germany and France (Moore, 2000, JOGNN), as well as Sweden
  - Advocates have used these countries as examples of success stories, recommending adopting their policies
  - However, fertility and birth rates have been in decline in these nations for decades
  - Rates of divorce and illegitimacy are high in these countries as well

### Medicalization of the problem of adolescent pregnancy

 Focus on medical and public health solutions to teen pregnancy has enabled the development of a large and profitable sector focused on provision of services as well as research attempting to support interventions focusing on teen reproductive health Failure of primary prevention strategies
DiCenso et al, BMJ, 2002
Systematic review and meta-analysis
8019 women in 12 studies

#### Interventions to reduce unintended pregnancies among adolescents: systematic review of randomised controlled trials

Alba DiCenso, Gordon Guyatt, A Willan, L Griffith

#### Abstract

**Objective** To review the effectiveness of primary prevention strategies aimed at delaying sexual intercourse, improving use of birth control, and reducing incidence of unintended pregnancy in adolescents.

**Data sources** 12 electronic bibliographic databases, 10 key journals, citations of relevant articles, and contact with authors.

**Study selection** 26 trials described in 22 published and unpublished reports that randomised adolescents to an intervention or a control group (alternate intervention or nothing).

**Data extraction** Two independent reviewers assessed methodological quality and abstracted data.

**Data synthesis** The interventions did not delay initiation of sexual intercourse in young women (pooled odds ratio 1.12; 95% confidence interval 0.96 to 1.30) or young men (0.99; 0.84 to 1.16); did not for the individual, family, and community.<sup>1</sup> There negative associations between early childbearing numerous economic, social, and health outcome For society, unintended early childbearing has tren dous social and financial costs.<sup>6 7</sup> In response, com nities have implemented various pregnancy pretion strategies for adolescents, several of which 1 been evaluated. Discrepant results of these evaluat have left the effectiveness of such strategies in doul

A recent meta-analysis found that school education programmes improved sexual knowled Several reviews have examined the effectivenes pregnancy prevention programmes for adolescent improving sexual behaviour.<sup>2 9-14</sup> All of these revincluded non-randomised observational studies; r did not include unpublished studies; and only one tistically combined study findings, although most of studies were surveys.<sup>14</sup>

We undertook a systematic review that inclu non-published studies to avoid publication bias

### Study Findings

- "...primary prevention strategies do not delay the initiation of sexual intercourse or improve use of birth control among men and women".
- "Meta-analyses

### Risk factors for adolescent pregnancy

- Older male partner
- Dysfunctional family
- Fatherlessness
- Inappropriate male-female relationships (rape, sexual abuse, social pressure)
- Poor self-esteem
- Low formal education
- Poverty

#### The way forward...

- Address the specific known risk factors for adolescent pregnancy in a social context that integrates the adolescent into the family, community and society
  - Strengthen families, specifically fathers
  - Involve young men in activities to encourage responsibility
  - Address poverty and social disadvantage

### Adolescent pregnancy has health implications

- Address maternal mortality by strengthening obstetrical services
- Improve the health of adolescents by increasing pediatric and primary care services

### Adolescent pregnancy has social implications

- Encourage children to stay in school
- Prevent early sexual activity by
  - Strengthening families
  - Improving girls' self esteem

### Adolescent pregnancy has economic implications

- Address the root causes of poverty
- Promote self-sufficiency

### Adolescent pregnancy has gender implications

- Prevent teen pregnancy due to rape or child abuse
- Prevent exploitation of teen girls by older men



#### Conclusions

- Adolescent pregnancy is a public health outcome that has family and societal root causes
- Current approaches to address this problem, as enumerated in the Beijing Declaration have focused on gender and public health approaches, which are commendable and likely to have improved adolescent health

### Conclusions

- Approaches focusing on reproductive health, sex education and primary prevention have not proven effective and in one meta-analysis have proven deleterious
- A new paradigm, focusing on healthy relationships between men and women, healthy families and gender social integration within a family, community and societal context is required

### Acknowledgements

- To the Population Health Institute, for inviting me
- To Catrelle Hampton, for providing translation