UNFPA China Policy Brief Series

Ending Unintended Pregnancies among Chinese Youth by 2030

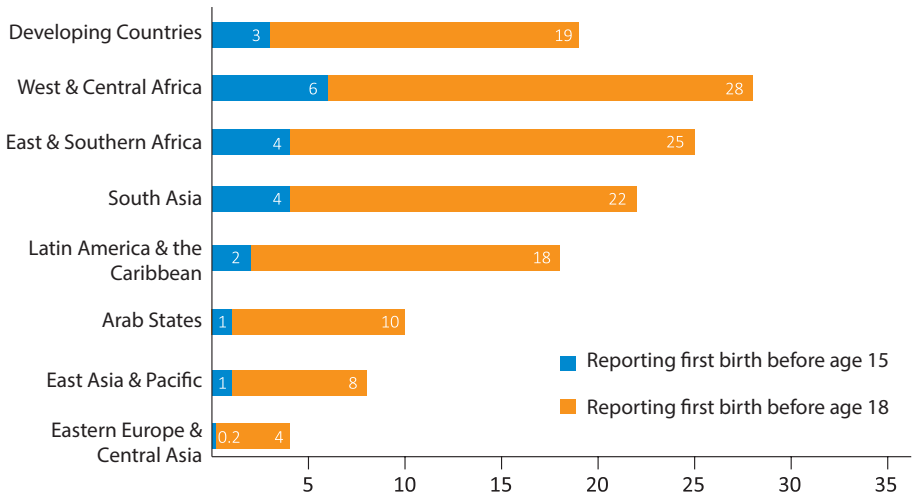
Overview

In 1994, 179 governments agreed at the International Conference on Population and Development (ICPD) on the need to "promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies" [1]. Pregnancy among adolescents aged 10-19 has remained high with little progress. About 19 per cent of young women in developing countries gave birth before age 18, with East Asia and Pacific recording 8 percent (see Figure 1).

The Sustainable Development Goals (SDGs) adopted by world leaders in 2015 outlined an integrated and ambitious development agenda towards 2030, where young people's health, in particular their sexual and reproductive health and rights (SRHR), has been strongly emphasized. In China, several national policy documents have addressed young people's SRHR, such as the National Program for Women's Development (2011-2020), Healthy China 2030, and China's Middle-and Long-term Youth Development Plan (2016-2025). Prevention of unprotected sex and unintended pregnancies is an explicit focus of these policies.

However, the current situation of young people's SRHR in China is concerning. 23% of the sexually active unmarried females in China have had unintended pregnancy, and roughly 90% of them resulted in abortion [2]. According to the National Health and Family Planning Commission (2015), there were 13 million abortions in 2015 in China. Sixty-two percent of these abortions were performed among women aged between 20 and 29. Nearly 20 percent have had more than one abortion. Young people in China lack the knowledge, skills and services that support them to respond effectively to the health risks and rapidly changing environment, which have resulted in the high prevalence of unintended pregnancies.

Figure 1 – PERCENTAGE OF WOMEN BETWEEN THE AGES OF 20 AND 24 REPORTING A BIRTH BEFORE AGE 18 AND BEFORE AGE 15

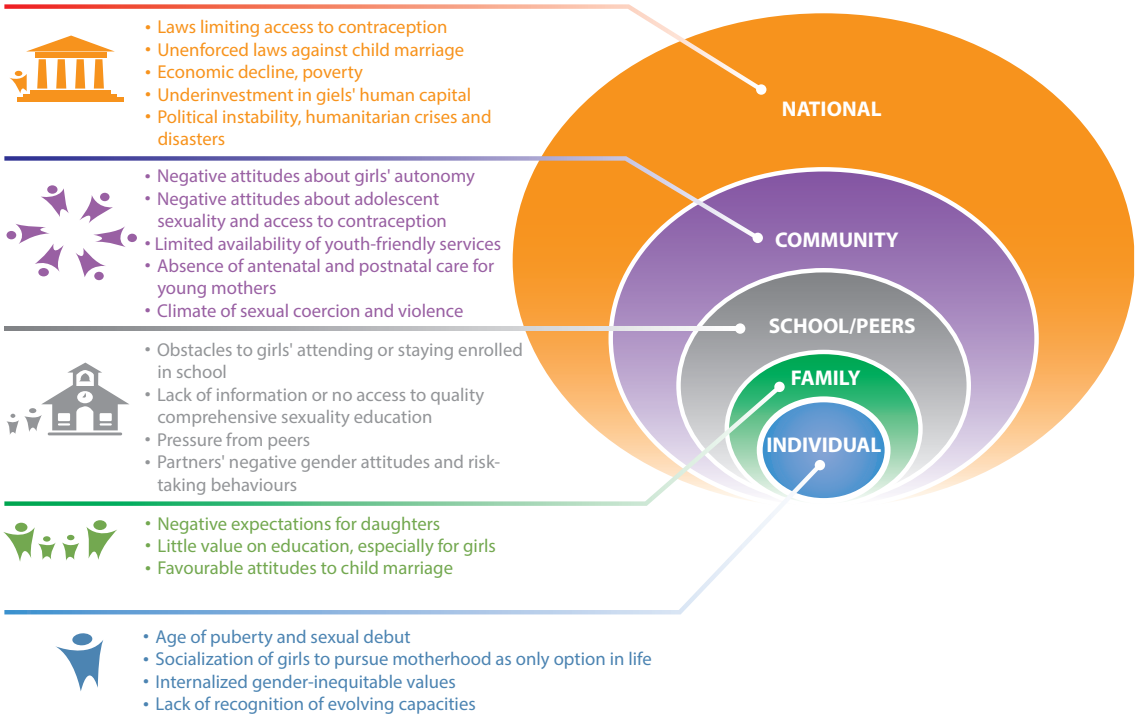


Source: UNFPA, 2013. Calculations based on data for 81 countries, representing more than 83 per cent of the population covered in these regions, using data collected between 1995 and 2011

The cultural environment of young people's SRHR has changed in China. Evidence indicates that the younger generation of Chinese exhibit more liberal attitudes towards premarital sex [3]. The age at sexual debut is declining and the prevalence of premarital sex is rising [4], unlike in the 1970s when sex before marriage was culturally unacceptable [5]. According to the 2009 National Youth Survey, about two-thirds of Chinese unmarried youth were open to premarital sex and 22% have had premarital sex [2]. The same study revealed that the age of sexual debut for some girls was as low as 12, and 13% of unmarried young people overall experienced sexual debut before the age of 18.

Young people lack general skillsets to protect themselves from potential

Figure 2 – Determinants of adolescent pregnancy



Source: "The State of World Population 2013: Motherhood in Childhood - Facing the Challenge of Adolescent Pregnancy," UNFPA, 2013

risks during sexual encounters. The survey showed that only 36 percent of unmarried youth used condoms at first sexual intercourse and over 50 percent did not use any contraception during sexual debut [2]. More recently, in 2016, the China Family Planning Association (CFPA) studied university students (18-25 years): 20% had had sexual intercourse; 11% of them had experienced pregnancy, almost all ending in elective abortion [6]. Meanwhile, sixteen percent of the sexually active students did not use any contraceptives during the last intercourse.

SRHR services, such as family planning counselling and safe abortion services, are rarely youth-friendly. There is a stereotypical perception among Chinese service providers that family-planning services is only for married women [7]. The main reason that unmarried young women chose not to visit hospitals when having unintended pregnancies is for fear of discrimination and judgement from service providers. Evidence also shows that avoiding seeking medical advice could lead to higher probability of repetitive unintended pregnancies [8].

On the whole, the high prevalence of unintended pregnancy among Chinese youth remains a pressing issue that prevents young people from healthy development, education and employment opportunities, thus further limiting their potential to contribute to building a prosperous society in all respects.

What causes high prevalence of unintended pregnancy among Chinese unmarried youth?

Globally an "ecological" model (see Figure 2) to pregnancy among adolescent and young women is recognized which takes into account the full range of complex drivers of pregnancy among adolescents and young women and the linkages between these drivers. Most of the determinants in this model operate at more than one level [9]. For example, national level policies may restrict adolescents' access to sexual and reproductive health services, including family planning, while the community or family may oppose their access to comprehensive sexuality education or information and services to prevent a pregnancy. Addressing pregnancies among adolescent girls and young women requires multi-sectoral efforts involving parents, communities, teachers, services providers, religious, traditional and political leaders, relevant institutions, and governments at all level.

Based on existing evidence, some immediate factors that are shaping the prevalence of unintended pregnancy among unmarried young people in China are discussed here.

1. Lack of SRH knowledge and risk awareness among young people.

Despite the declining sexual debut age, young people's sexual and reproductive health knowledge remains low. The 2009 National Youth Survey revealed that while the three contraceptives with highest awareness were: condom (73%), contraceptive pills (67%), and emergency contraception (20%); notably, 8% did not know any method. Few young people could name the long-acting and reversible methods (such as IUDs or implants). It also showed that 39% of adolescents who had unintended pregnancy had undergone repeated abortions [2]. The primary reason for their unintended pregnancies was non-use of contraception (68%) followed by ineffective contraception (32%) [10]. Beyond knowledge, life skills are also an important factor as young people equipped with HIV/AIDS knowledge may still fail to use contraceptives during sexual intercourse if they are unable to communicate with their sexual partners about contraception [11].

Over 50% of Chinese youth do not use any contraceptive method during their first sexual intercourse, while 21% do not use contraception on a regular basis [2]. This means one in five young people is

engaged in unprotected sex and faces the risk of unintended pregnancy possibly leading to abortion.

A majority of unmarried Chinese youth lack awareness of self-protection when encountering SRHR problems. Self-protective behavior at sexual debut has long-term implications for well-being as it is regarded as a habit-forming behavior [12]. Not using contraceptives at sexual debut can therefore be seen as a proxy for high-risk behavior (i.e. unsafe, unprotected sex) throughout a person's adolescence and early adulthood [13]. Although the proportion of Chinese young people who are sexually active before 18 is not high compared to the United States and the Netherlands where around 50% of teens in high schools are sexually active [14], Chinese young people's attitude towards sexuality is becoming increasingly liberal and more open to sex before marriage [15].

With the vast majority of Chinese young people having access to Internet, some media reports indicate that sometimes young people are misled by social media when making decisions that matter to their life and when building their value system [16]. Therefore, it would be critical to cultivate young people's analytical thinking skills and increase their awareness on SRHR, through both formal education and media campaigns.

2. Lack of comprehensive sexuality education for young people

Globally, comprehensive sexuality education (CSE) has proven to be effective in delaying adolescent sexual debut, improving young people's SRHR knowledge and preventing unintended pregnancies, HIV and other sexually transmitted infections (STIs) [17].

What is Comprehensive Sexuality Education?

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

International technical guidance on sexuality education: an evidence-informed approach, 2018, UN

In China, young people's SRHR knowledge remains low. According to the 2009 National Youth Survey, only 4% of young people demonstrated sound SRHR knowledge, 14% had adequate knowledge about HIV/AIDS, and more than half did not know how to avoid pregnancy after unprotected sex [2]. The survey also showed less than 40% of young people participated in any form of school-based sexuality education, and the participation rate in lectures on contraception was only 4% [2]. Young people are also exposed to inadequate sources of information [2]. One study demonstrated that a significant percentage (70%) of Chinese youth obtain information about sex from pornography [18]. Unregulated and informal sources, such as TV, magazines, and online novels, were the primary means through which young people obtained SRHR information [2].

There is a significant lack of SRHR education in China [19]. Although sexuality education has been partially available in schools since 1985, its content does not adequately address the demand [20]. In addition to inadequate supportive environment, the case for improving national technical guidelines, standards, tools and institutional mechanism for teachers' capacity building should be reviewed in order to ensure adequate delivery of comprehensive sexuality education at in and out of school settings.

3. Lack of youth friendly reproductive health services

According to the World Health Organization, Youth Friendly Services should contain the following broad dimensions [21]:

The contraceptive uptake of Chinese young people is lower than that in other countries. For example, 61% of young people in the United States uses a condom at sexual debut [9]. In the CFPA's university students survey, 17% of sexually active students never used any contraception. The main reasons given were: "feel unnecessary" (36%), "partner refused" (25%), and "unpleasant sexual experience" (18%) [6].

In addition, although long-acting reversible contraceptives (LARC) have been proven to be an effective contraception method, few young people in China use LARC as it is not available in most health facilities for young people as a contraceptive choice and there is a strong social stigma against young people using LARC (Marie Stopes International China, 2017).

Broad Dimensions of Youth Friendly Services

Equitable: All young people, not just certain groups, are able to obtain the health services they need.

Accessible: Young people are able to obtain the services that are provided.

Acceptable: Health services are provided in ways that meet the expectations of youth clients.

Appropriate: The health services that young people need are provided.

Effective: The right health services are provided in the right way and make a positive contribution to the health of adolescents.

Source: Quality Assessment Guidebook: A guide to assessing health services for adolescent clients, WHO, 2009.

In China, there is a common stereotype that family planning services are designed only for married women, leaving unmarried young women with limited access to such services. A study revealed that family-planning workers are reluctant to provide contraceptives and other SRHR services to unmarried young people, even when they are over 18 [7]. In addition, only a quarter of family planning workers agree to provide contraceptives to senior high school students, at the age of 18. Young people oftentimes are declined and judged by the family planning services providers when seeking help as they are not supposed to be having premarital sex.

Such attitudes prevent most unmarried young people from accessing quality SRHR services and essential contraceptives, thus causing long-term irreversible damage to young people's physical and mental health. In order to ensure universal access to family planning services, in particular by unmarried young people who contribute almost half of all abortions in China, there is an urgent need to change attitudes among family planning service providers so as to meet young people's needs in line with the youth friendly standards.

4. Lack of access to safe abortion services

A study revealed that 2.5% of all unmarried female youth needed abortion services in 2010, while 39% of the pregnant youth did not go to public medical facilities for abortion services where the quality of services are more reliable, especially in underdeveloped areas [22]. Unmarried females are reluctant to visit public medical facilities because of the fear of being judged and discriminated against, and not being taken seriously. For those who sought help from private clinics, the risk of abortion failure was much higher compared to public hospitals [8]. The "affordable and privacy-protected" private "abortion convenience stores" often provide unprofessional and incomplete abortion surgery to unmarried young people [8].

According to the Law of Population and Family Planning, married couples of reproductive age enjoy free national family planning services. However, not only do unmarried youth not benefit from free family planning services [7], they are not provided with clear information regarding availability and reliability of abortion services [8]. Promoting and ensuring youth friendly standards of the abortion services should be established and it can help unmarried young women make informed choices when seeking help.

Suggested areas for actions

Going forward, a national strategy to address unwanted pregnancies among unmarried youth with concrete goals and actions, should set a foundation for integrated and coordinated efforts by all relevant actors in China. The national strategy should lead to long-term, multi-sectoral and sustained actions, since a piecemeal approach would not be sufficient to tackle this issue.

Strategically, there are three pillars that could become the entry points for China to advance its efforts in preventing unintended pregnancies among

Case study 1: Halving under-18 pregnancy rate in the UK

In the 1995, in the UK the unintended pregnancy rate among teens under the age of 18 was very high. In 1999, the UK Government launched a 10-year Teenage Pregnancy Strategy and set a clear and ambitious goal to halve the under-18 teen pregnancy rate. The strategy was the first attempt by the government to implement a comprehensive, evidence-based programme with sufficient time, funding and leadership to have an impact. It was nationally led and locally delivered, and had four themes:

1. joined up action by national and local government;
2. better prevention through improved sex and relationships education and young people's access to effective contraception;
3. a national campaign to reach young people and parents, and;
4. coordinated support for young parents.

Relative to the baseline (1998), the under-18 conception rate in England has fallen by half as of 2014 from 47% to 24%, and teenage maternity rate declined from 27% to 11%, with more significant reductions in deprived areas[24].

Overall, six key factors have been identified as being fundamental to its success:

- creating an opportunity for concerted action;
- developing an evidence based strategy;
- establishing structures and guidance for effective implementation;
- regularly reviewing progress;
- embedding strategies and actions in wider government programmes, and;
- providing government leadership throughout the 10-year programme.

It is also noteworthy that since that first strategy, the UK has launched the "Teenage Pregnancy Strategy: Beyond 2010" to continue the efforts, with the document being released before the ten-year strategy plan ended. The goal was set to further halve the teen pregnancy rate, as well as enabling all young people to receive the information, advice and support that they need to deal with the pressure to have sex, enjoy positive and caring relationships, and experience good sexual health.

Sources: Hadley, A., Chandra-Mouli, V. and Ingham, R., "Implementing the United Kingdom Government's 10-year teenage pregnancy strategy for England (1999–2010)," Journal of Adolescent Health [23].

unmarried youth, namely promoting comprehensive sexuality education to equip young people with appropriate knowledge and skills, improving youth friendly services to ensure young people's access to quality reproductive health services, and using social media to increase young people's awareness on prevention of unintended pregnancies and SRHR issues.

1. Promotion and Implementation of Comprehensive Sexuality Education (CSE)

The effectiveness of CSE programmes in instilling positive sexual behaviors is robust and well-evaluated [24]. In a review of 87 comprehensive sexuality education programmes including 29 from developing countries, UNESCO (2009) found that nearly all of the programmes increased knowledge, and two-thirds had a positive impact on behaviour: Many adolescents delayed sexual debut, reduced the frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk taking [9]. While abstinence-only schemes yielded null or very weak results, CSE, which strongly emphasizes gender-sensitive life skills, sense of responsibility for own behavior and respect for rights of others, is five times more effective to reduce rates of STIs and unintended pregnancy [25]. It is therefore important to include these elements in national policies, build institutional capacity for implementation of CSE and implement it nationwide at scale. Youth involvement should also be taken into account in designing and delivering CSE, in line with global best practices and international standards. Considering the cultural sensitivity and social norms, policy environment and the sexual SRH status of unmarried young people in China, a proposed roadmap for advocacy and implementation of the CSE is illustrated in Figure 3.

2. Improving access to and quality of Youth Friendly Services

Youth-friendly services need to be significantly expanded and strengthened, including counseling so as to educate young people on LARCs and dual protection, provide them with correct information about risks of becoming pregnant, possible side effects of different contraceptive methods, and support in switching methods when desired. As part of such efforts, it would also be important to systematically counter the prevailing myths and biases around different contraceptives.

The youth-friendly services should not only focus on provision of contraceptives but also the required access to accurate information on all methods, contraceptive counselling and follow-up, offering a mix of modern methods consistently. Accessibility to these effective methods should be massively broadened for young people, hence addressing their unmet needs for contraceptive services. For the youth-friendly services to be fully responsive to the SRH needs of all categories of unmarried youth, they must also make available to those needing STI counseling and treatment as well as post-abortion care appropriate confidential and quality services. This is especially required since many unmarried Chinese youth still engage in episodic, unplanned and unprotected sexual activities [14].

For designing the youth friendly services, international standards and tested tools could be reviewed and localized reflecting key characteristics and elements of those international standards. For instance, EngenderHealth, an international NGO aiming to improve women's health worldwide, developed and used a well-recognized Youth Friendly Services Manual, which outlines the main characteristics for Youth Friendly Service providers, as illustrated in Figure 4 [26]:

Figure 3 – Roadmap for advancing and implementing quality CSE

Upholding essential components of CSE	Creating supprtive policy environment through advocacy	Building technical capacities to strengthen CSE	Enhancing protective social factors in school and community	Monitoring and evaluation
• Core universal value of human rights • Integrated focus on gender • Thorough and scientifically accurate information • Safe and healthy learning environment • Linking to other SRH services and initiatives • Participatory teaching methods • Strengthening youth participation and civil engagement • Cultural relevance to human rights issues and gender inequality • Reaching across age groups and formal and informal settings	• Assess policy environment and look for strategic entry points to build the case • Ensure policy makers, educators understand CSE • Build new partnerships and leverage support for CSE • Align CSE policies/ programs with international standards and agreements, such as the ICPD PoA • Build the evidence base to support further policy advocacy • Ensure endorsement of Government to strengthen CSE at in and out school settings	• Conduct situational analysis to assess strengths and gaps • Update curriculum and adopt national guidelines, through a process of extensive consultations with stakeholders and in line with the international standard • Support institutional capacity building for teachers' training on CSE to improve teachers' knowledge, confidence and skills, including for developing resource materials and training methodology	• Ensure a safe and affirmative learning environemnt. Explicit attention should be given to safe schooling and zero tolerance to gender based violenve including sexual abuse • Mainstreaming gender equality and critical thinking pedagogies in CSE • Address the risk/ protective social factors in the wider environment, such as youth friendly clinics, out-of-school educational programs, and other youth health initiatives	• Carefully define the terms for M&E, including at oucome and impact levels. • Draw logic models for CSE and identify program goals. • Conduct formative research on target groups, including parents, school teachers and students • Conduct formative research on policies and programs • Ensure regular monitoring and evaluation • Document and disseminate successful stories and good practices

Figure 4 – Characteristics of Youth Friendly Services

Youth-Friendly Provider Characteristics	Youth-Friendly Health Facility Characteristics	Youth-Friendly Health Facility Programming Characteristics
• Familiarity with adolescent physiology and development • Knowledge of appropriate medical options for adolescents according to age and maturity • Counseling training • Working with and serving for young people • Skills to communicate fluently in the youth language • Effective interpersonal skills • Ability to relate to youth in a respectful manner • Skills to honor youth privacy and confidentiality • Skills to engage in conversation about body image and development, sex, relationships, and contraceptive method options • Skills to bring myths to the surface, to discuss and dispel them • Sexual health assessment taken or updated at every visit	• Convenient location • Adequate space • Counseling areas that provide visual and auditory privacy • Examination areas that provide visual and auditory privacy • Comfortable surroundings • High quality adolescent health materials available, in all the languages that young people in the community speak and for various reading levels, including low literacy • Clear and visible information about youth clinic hours and location • Automated voice messaging on telephones providing information about location, visiting hours, and telephone number for counseling • Displays of information and health education materials on issues related to adolescent sexual and reproductive health • Teen-focused magazines and posters displayed on the walls	• Youth involvement in design and continuing feedback of programming • Affordable fees • Boys and young men welcomed and served • Wide range of services available including pregnancy and birth control counseling, STI/HIV testing and treatment • Use of number system calling instead of names in the waiting room • System to "red-flag" youth with particular confidentiality concerns • Flexible hours; offering lunch-time, evening and weekend appointments • Well-established mechanism to allow for slightly longer visits with adolescents • Clinic staff is called by first name to make the environment more informal and welcoming • Drop-in clients welcomed and appointments arranged rapidly • Well-established linkages and referrals to mental health, education, employment, and social services

Source: EngenderHealth, "Youth-Friendly Service: A manual for service providers," EngenderHealth, New York, 2002.

The following concrete proposed actions can be considered for operationalization of Youth Friendly Services in China:

• At the national and provincial level, a multi-sectoral mechanism should be established, led by the National Health Commission, in order to develop facility-based youth friendly services. The tasks of each participating organization could be defined, such as conduct community mobilization, service delivery, monitoring and evaluation, etc.

• Youth friendly services should also offer low-cost or free contraception, including male and female condoms, emergency contraception, and a full range of modern methods, including long-acting reversible methods, according to young people's needs. There are some pilot programmes being tested and experiences of these programmes could be reviewed and scaled up.

• Special attention should be given to vulnerable populations, such as young

Therefore, in order to tackle the high prevalence of unintended pregnancy, innovative social media communication campaigns should be launched to strategically address the issue. In designing and implementing effective social media campaigns the following steps could be adopted:

• Conduct situational analysis and formative research to understand the environment and knowledge gap on unintended pregnancies among unmarried