

Department of Child and Adolescent Health and Development

Adolescent pregnancy – Unmet needs and undone deeds

A review of the literature and programmes

Issues in Adolescent Health and Development



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Abbreviations used

AC	Adolescent Centre
AFRO	WHO Regional Office for Africa
AIDS	acquired immune deficiency syndrome
AIM	African Index Medicus
AMES	Asociación Mexicana de Educación Sexual
ANC	antenatal care clinic
ARTH	Action Research and Training Health Programmes
ARV	antiretroviral
BEOC	basic essential obstetric care
BLO	Better Life Options Programme
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
CEDAW	Convention of the Elimination of All Forms of Discrimination Against Women
CEDPA	Centre for Development and Population Activities
CEE/CIS	Central and Eastern Europe and Commonwealth of Independent States
CEMD	Confidential Enquiries into Maternal Deaths
CEMICAMP	Centro de Pesquisas das Doenças Materno-infantis de Campinas
CI	confidence interval
CORA	Centro de Orientación para Adolescentes
DHS	Demographic and Health Surveys
EC	emergency contraceptives
EMRO	WHO Regional Office for the Eastern Mediterranean
EOC	emergency obstetric care
EURO	WHO Regional Office for Europe
FCI	Family Care International
FGC	female genital cutting
FHI	Family Health International
FIGO	International Federation of Gynaecologists and Obstetricians
GBD	global burden of disease
GBV	gender-based violence
GHC	Group Health Cooperative
GTZ	German Technical Cooperation
HIV	human immunodeficiency virus
HRC	high-risk clinic
IMEMR	Index Medicus for the Eastern Mediterranean Region
IMSEAR	Index Medicus for the South-East Asian Region
IPT	intermittent preventive treatment
ITN	insecticide-treated bed nets
IWHC	International Women's Health Coalition
LBW	low birth weight
MCC	Maternity Care Coordination Programme
MTCT	mother-to-child transmission
NGO	non-governmental organization
OB/GYN	obstetrics and gynaecology

OR	odds ratio
PAC	post-abortion care
PAHO	Pan American Health Organization
PATH	Programme for Appropriate Technology in Health
PPC	postpartum care
PREA	Educational Programme for Adolescent Mothers
RBM	roll back malaria
RCH	reproductive and child health
RMP	Resource mothers for Pregnant Teens Program
RNA	ribonucleic acid
RR	relative risk
RSDP	Rural Service Delivery Program
SEARO	WHO Regional Office for South-East Asia
SGA	small for gestational age
SIECUS	Sexuality, Information and Education Council of the United States
SP	sulfadoxine-pyrimethamine
STI	sexually transmitted infection
TB	tuberculosis
TBA	traditional birth attendant
TPPC	Teen Pregnancy and Parenting Clinic
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTMB	University of Texas Medical Branch
UWMC	University of Washington Medical Center
VAW	Violence Against Women
VVF	vesico-vaginal fistula
WCJF	Women's Centre of Jamaica Foundation
WHO	World Health Organization
WIC	(Special Supplemental Food Programme for) Women, Infants and Children
WPRO	WHO Regional Office for the Western Pacific
YWC	Young Women's Clinic

Executive summary

The World Health Organization (WHO) has been contributing to meeting the Millennium Development Goals (MDGs) by according priority attention to issues pertaining to the management of adolescent pregnancy. Three of the aims of the MDGs – empowerment of women, promotion of maternal health, and reduction of child mortality – embody WHO's key priorities and its policy framework for poverty reduction. The UN Special Session on Children has focused on some of the key issues affecting adolescents' rights, including early marriage, access to sexual and reproductive health services, and care for pregnant adolescents.

This review of the literature was conducted to identify (1) the major factors affecting the pregnancy outcome among adolescents, related to their physical immaturity and inappropriate or inadequate health-care-seeking behaviour, and (2) the socioeconomic and political barriers that influence their access to health-care services and information. The review also presents programmatic evidence of feasible measures that can be taken at the household, community and national levels to improve pregnancy outcomes among adolescents.

The incidence, socio-cultural aspects, and health consequences of adolescent pregnancy have been described in the literature from a global perspective. An estimated 14 million young women aged 15–19 years gave birth each year between 1995 and 2000, with 12.8 million births occurring to adolescents in the developing countries (188). The incidence of very early childbearing (i.e. before the age of 15 years) is not as common, but is substantial in several countries; 8–15% of girls in Bangladesh, Cameroon, Liberia, Malawi, Mali, Niger and Nigeria have had a child by the age of 15.

The review of the literature suggests that pregnancy in adolescents is not free of risks. There is a high prevalence of nutritional anaemia among adolescents in developing countries. The risk of low birth weight (LBW) and preterm delivery is particularly high among iron-deficient anaemic adolescents. The risk of LBW is significantly higher in young adolescents aged 10–14 years. The risk of dying from pregnancy-related causes is twice as high for women aged 15–19 years and five times higher for girls aged 10–14 years as for women aged 20–29 years. In endemic areas, malaria is one of the major causes of maternal mortality among adolescents. Perinatal and infant mortality rates are higher among adolescents, particularly <15 years of age, compared to 20–29-year-olds. Evidence also indicates that the bulk of adverse consequences of adolescent childbearing may be of a social and economic origin, rather than attributable to the effects of young age per se. The prevalence of overall poverty, poor health and nutrition, and lack of health care aggravate the health consequences of adolescent pregnancy. Therefore, the age below which the physical risks of adolescent pregnancy are considered to be significant varies depending on the general health condition of adolescents and their access to adequate antenatal and obstetric care.

There is some evidence that lack of or insufficient antenatal care is related to missed opportunities to

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