

# UNDERSTANDING AND ADDRESSING ADOLESCENT PREGNANCY

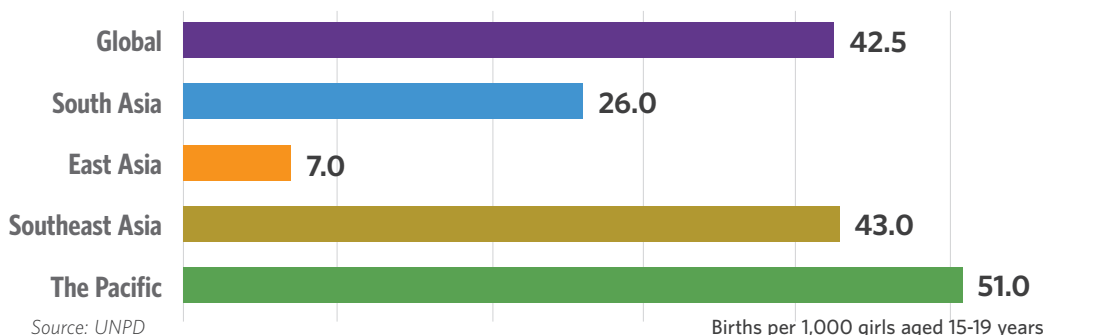


Every year, there are over 3.7 million births to adolescent girls aged 15-19 in Asia and the Pacific.

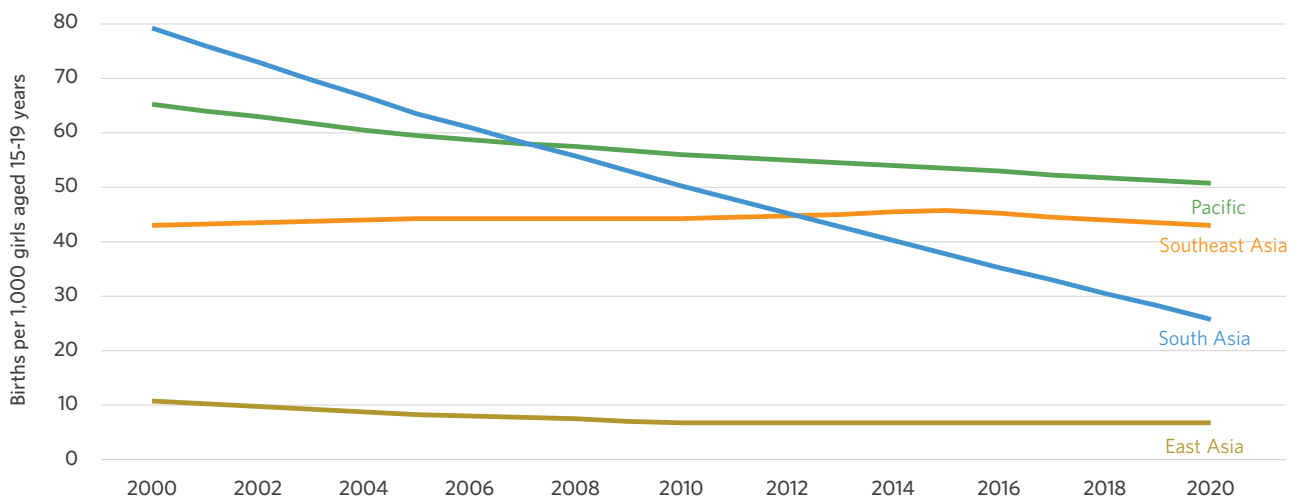


Adolescent fertility rates are now highest in the **Pacific (51 births per 1,000 girls)** and **Southeast Asia (43 births per 1,000 girls)**, compared with **South Asia (26 births per 1,000 girls)**, where there has been a significant reduction in the last two decades, and **East Asia (7 births per 1,000 girls)**. Rate of reduction in Southeast Asia and Pacific is slow or stagnant.

## ADOLESCENT FERTILITY RATES

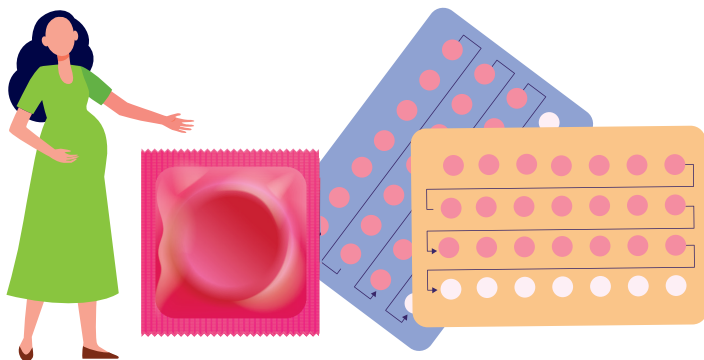


## ADOLESCENT FERTILITY RATES 2000-2020



## 43% of all adolescent pregnancies are unintended

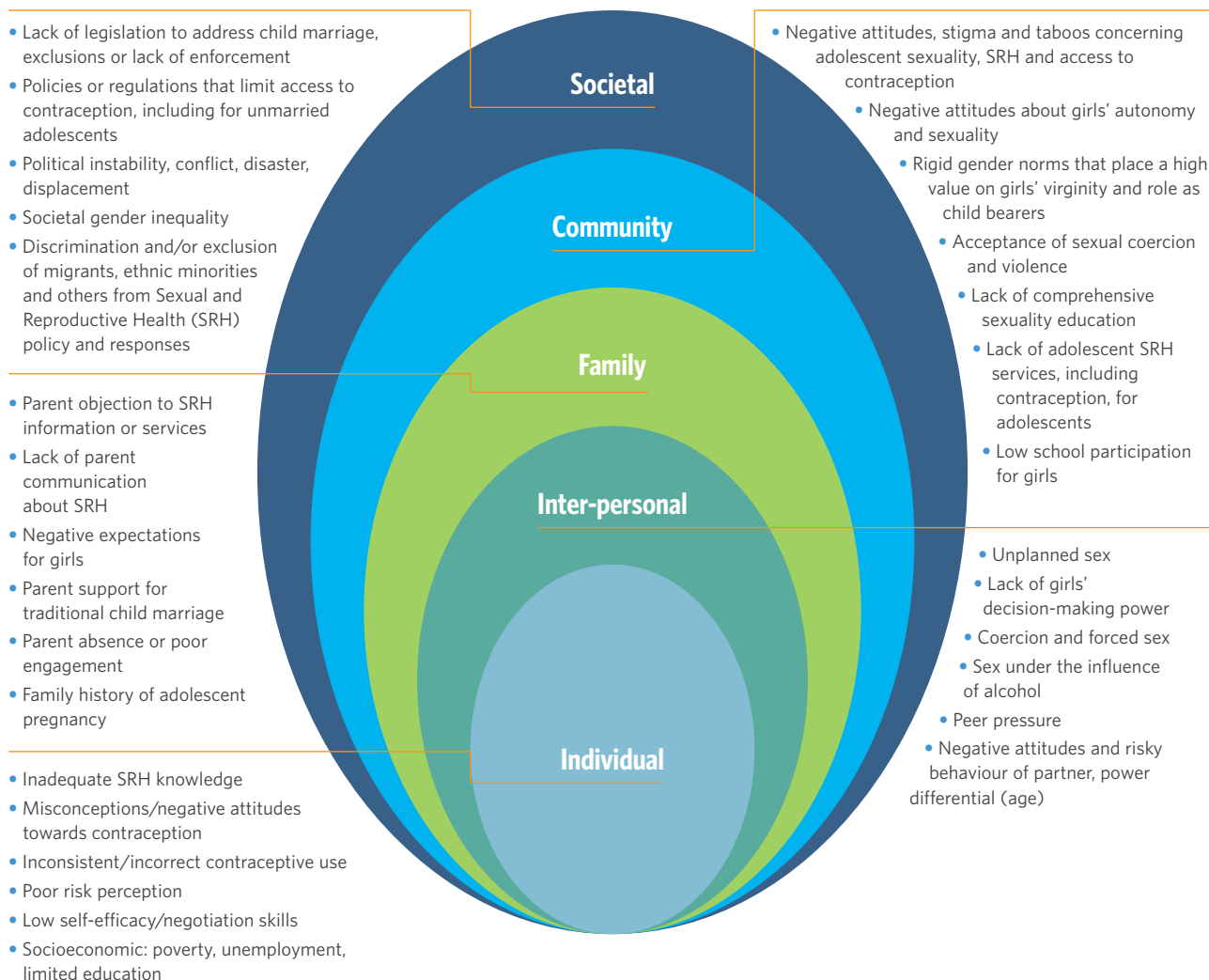
In the region, it is estimated that **65% of all unintended pregnancies in Asia**, and **38% in the Pacific end in induced abortion**. There are an **estimated 3.6 million unsafe abortions each year** among women aged 15-24 years in Asia (excluding East Asia), which, in settings where legal abortion is highly restricted and the majority are unsafe, can lead to considerable morbidity and mortality.



**34 million young women aged 15-24 years** have an unmet demand for modern contraception, that is almost 1 in 3 (31%).

Early childbearing is generally more common among less educated, rural and poorer adolescents, and is also higher in countries with increased levels of societal gender inequality. **Marginalised girls are at particular risk of early and unintended pregnancy**. However, the context and drivers of adolescent pregnancy are complex, inter-related and context-specific.

## DRIVERS OF ADOLESCENT PREGNANCY

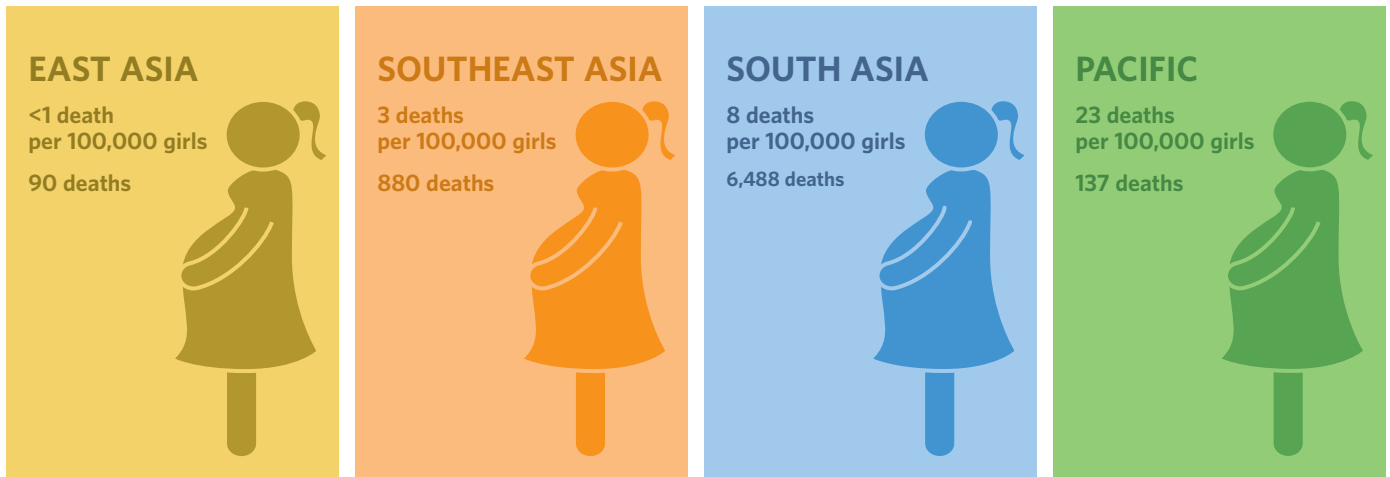




## HOW DOES ADOLESCENT PREGNANCY AFFECT YOUNG PEOPLE?

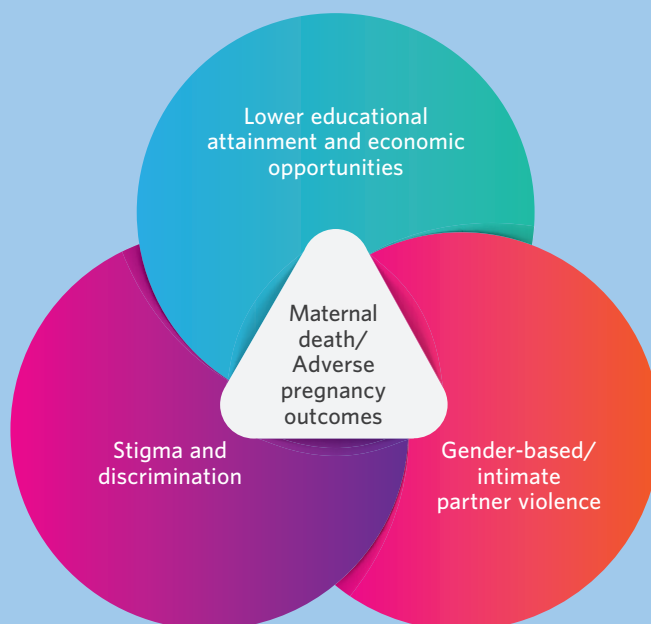
Adolescent pregnancy has profound implications for the health and wellbeing of young people and that of future generations.

### MATERNAL MORTALITY RATE AND TOTAL NUMBER OF MATERNAL DEATHS AMONG GIRLS AGED 15-19 YEARS (2017)



Source: GBD 2017

**THESE OUTCOMES CAN PERPETUATE A CYCLE OF POOR HEALTH, DISADVANTAGE AND GENDER INEQUALITY THAT IMPACTS NOT ONLY ON ADOLESCENT GIRLS BUT ALSO EXTENDS TO THEIR FAMILIES AND COMMUNITIES.**



**Many pregnant adolescents do not receive adequate maternal care.**

Repeat pregnancy among adolescents is common and associated with adverse outcomes. Therefore, there is a critical need for high-quality postnatal and postabortion contraceptive counselling and services for this group.

**Strategies to address adolescent pregnancy and associated harms**

Addressing adolescent pregnancy requires a comprehensive, youth-centred, multisectoral approach to respond to the interrelated drivers of early pregnancy, and reduce associated adverse outcomes for girls and their infants. Key is the meaningful engagement of young people at every step on the way.





**For us, condoms are too expensive but I only found that the long-term contraception injection was free after I already had my baby.**

Young woman,  
Thailand



**I was 15 years old going on 16 when I had my first child. It was never my intention.....I had a boyfriend, he was a bit older than me. He took me out. I was already a bit drunk from work. We drank more. We never meant for this to happen. It was out of control.**

Young adolescent mother,  
Thailand



**He [husband] didn't want a baby either. But my father- and mother-in-law wanted one right away, and said we couldn't use birth control.**

20-year-old woman,  
Nepal



## TAKE ACTION



Remove age and mandatory parental or spousal consent for contraception and other sexual and reproductive health services.



Improve the coverage and quality of comprehensive sexuality education (for both in-school and out-of-school adolescents and children), with a focus on building communication and negotiation skills, gender equality, consent and agency, and addressing myths and misconceptions about contraception.



Educate and mobilise families, communities and leaders to address harmful cultural, religious and gender norms and/or stigmatise sexually active unmarried adolescents.



Engage boys and men to address harmful gender norms that limit girls' agency and contribute to sexual violence and coercion.



Inform policies and programmes, particularly understanding the context of adolescent pregnancy outside traditional child marriage and the needs of sexually-active unmarried adolescents.



Improve access to and the quality of maternity and postnatal care, including increased psychosocial and other support for young parents.

For more information, see the full report United Nations Population Fund 2021. 'My Body is My Body, My Life is My Life: Sexual and reproductive health and rights of young people in Asia and the Pacific.'



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