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Addressing early and unintended pregnancy in the Pacific: the information and service delivery needs of adolescents in Vanuatu

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There are over 14 million births to adolescent girls aged 15-19 each year, 91% of these in low and middle-income countries.¹ In the Pacific, up to one quarter of girls aged 15-19 have already commenced childbearing. In Vanuatu one in eight births occurs to an adolescent mother. Adolescent pregnancy in this region commonly occurs outside of marriage and is often unintended; over 50% of adolescent pregnancies are mistimed or unwanted in some settings.²

Pregnancy during adolescence has enormous implications for the health and wellbeing of young people and their families. Complications of pregnancy and childbirth are the leading cause of death of girls aged 15-19, who are twice as likely as adult women to die. Babies born to adolescent mothers have a 50-100% increased risk of death in the first month of life and suffer higher rates of perinatal morbidity than babies of adult women.³ In addition, many pregnant adolescents and their partners are forced to leave school, limiting their educational attainment and employment and economic opportunities. This contributes to a cycle of poverty, gender inequality and disadvantage that affects adolescents but also extends to their families and communities.⁴

Across the Pacific, use of effective methods of contraception is low among adolescents with less than 20% of girls and 50% of boys reporting having ever used family planning (including condoms). Up to 52% of married adolescent girls would like to avoid pregnancy but are not using any method of family planning.² This unmet need is higher among adolescents than adult women.

While the determinants of adolescent pregnancy are complex, inadequate knowledge is a factor. Most adolescents in the Pacific can name a modern method of contraception, however, few have comprehensive knowledge about reproduction or family planning and misconceptions are common.⁵

Additionally, many adolescents report poor access to sexual and reproductive health (SRH) information and are less likely than adults to discuss family planning with a health worker or be exposed to information through mass media.²

The Burnet Institute, in partnership with Wan Smolbag Theatre, conducted a qualitative study in Vanuatu in 2010 to explore the barriers that limit adolescents' access to SRH information and services, including family planning, and the opportunities to overcome these.*

Key messages

- Adolescent pregnancy is common in the Pacific: around 1 in 8 births in Vanuatu is to an adolescent girl aged 15-19 years. Pregnancy at this age has significant health and socio-economic consequences for girls and their families, contributing to poor maternal and child health outcomes, gender inequality and poverty.
- Inadequate knowledge about reproduction and family planning, and poor access to services are the major reasons why adolescents in Vanuatu don't use contraception.



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POLICY BRIEF

Adolescents' access to sexual and reproductive health information

Adolescents revealed a relative lack of access to information about pregnancy prevention and family planning compared with information about sexually transmitted infections and HIV. Both boys and girls believed this information was important, and health service providers interviewed emphasised the need for adolescents to receive comprehensive information about SRH, including family planning. Adolescents also described the significant consequences of pregnancy for both boys and girls including school exclusion, social isolation and loss of freedom, financial hardship and loss of economic opportunities, poor health, unsafe abortion and suicide.

Few adolescents reported access to information about reproduction, sex and relationships despite these issues being of great relevance to them.

Lack of knowledge about reproduction and family planning was the most commonly cited reason for not using family planning or condoms. Adolescents also described shame or embarrassment and opposition from a male partner as barriers to condom or family planning use: some adolescents expressed a need for information and skills to deal with peer pressure and sexual harassment.

Adolescents' access to family planning services

Limited access to family planning services also contributed to non-use. Adolescents reported common barriers to accessing services, including:

- socio-cultural norms and taboos regarding adolescent sexual behaviour contributing to adolescents' fear and embarrassment and opposition from parents;
- lack of counselling skills and judgmental attitudes of health workers;
- adolescents' concerns about lack of privacy and confidentiality;
- costs of services and commodities, including contraceptives; and
- unreliable commodity supply.

Recommendations

A number of opportunities to improve access to family planning information and services were identified, including:

- Support the development and implementation of targeted policies and programs that address adolescent pregnancy.
- Increasing adolescents' access to family planning information by supporting comprehensive, evidence-based and life-skills focused sexuality education and health promotion programs through a range of sources including schools, peer education programs and mass media.
- Strengthen the delivery of youth-friendly family planning services by supporting health worker training, improving reproductive health commodity supply, removing financial barriers, and addressing the clinic environment to ensure privacy.
- Invest in strategies that aim to create a supportive environment for adolescent SRH, including approaches that target community gatekeepers to address socio-cultural barriers. Advocate for the removal of policies that support school exclusion of pregnant adolescents and their partners.

*A total of 66 focus group discussions were conducted with 341 male and female adolescents aged 15-19 years in rural and urban settings on two islands. Additionally, 12 semi-structured interviews were undertaken with policymakers and service providers to identify supply-side challenges and opportunities to improve the provision of youth-friendly services.

References

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Compass: Women's and Children's Health Knowledge Hub is a partnership between the Burnet Institute, Menzies School of Health Research and the Centre for International Child Health, University of Melbourne. The Knowledge Hubs for Health are an Australian Agency for International Development (AusAID) initiative that aims to build knowledge, evidence and expertise and inform health policy dialogue relevant to Asia and the Pacific.

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