



Improving adolescent reproductive health - The need to address adolescent fertility and access to family planning

Elissa Kennedy¹, Natalie Gray^{1,2}, Peter Azzopardi^{1,3}, Mick Creati^{1,2,3}

1: Centre for International Health, Burnet Institute; 2: Department of Epidemiology and Preventive Medicine, Monash University;
3: Centre for Adolescent Health, Royal Children's Hospital, Melbourne.

Key Messages

- Adolescent pregnancy has significant health, social and economic consequences for girls, their families and communities;
- Quality, accessible data about adolescent reproductive health, behaviours, knowledge and utilisation of family planning are essential to inform effective policy and programs to address adolescent fertility;
- DHS reports provide useful information but are limited by the omission of young adolescents, omission of unmarried adolescents, and failure to disaggregate data by age and marital status for some indicators;
- Adolescent sexual activity and childbearing are common in East Asia and the Pacific and occur in the context of low contraceptive prevalence and high unmet need;
- Adolescent girls have higher unmet need, less knowledge of family planning and poorer access to information and services than adult women;
- There is need for greater investment in reproductive health policies and programs that effectively target adolescents.

Background

There are over 14 million births to adolescent girls aged 15-19 each year. Ninety one percent of adolescent pregnancies occur in low and middle-income countries; 40 percent in Asia and the Pacific. Six million of these pregnancies are unintended and occur in the context of low contraceptive prevalence. Less than half of adolescent girls who want to avoid pregnancy are using a modern method of contraception.^{1,2}

Adolescent pregnancy, intended or unintended, carries an increased risk of adverse health outcomes for girls and their children. Globally, adolescents account for 11 percent of all births but contribute to 23 percent of the burden of disease related to pregnancy and childbirth. Pregnancy related conditions are the leading cause of death of girls aged 15-19 years and girls less than 20 years are between two and five times more likely to die as a result of pregnancy and childbirth than adult women. Babies of adolescent mothers have a 50-100 percent increased risk of mortality within the first month of life and suffer higher rates of perinatal morbidity compared with infants born to adult women.^{3,4}

By impacting on education, employment and economic opportunities, pregnancy during adolescence can also have lasting socio-economic consequences which, in turn, contribute to poorer health outcomes, gender inequity and poverty of adolescent mothers, their families and communities.

Developing evidence-based strategies to prevent too-early pregnancy requires quality and accessible data on adolescents' health, behaviours, and utilisation of family planning information and services. In many countries in East Asia and the Pacific policymakers and programmers rely on Demographic and Health Survey (DHS) reports as a comprehensive and reliable source of reproductive health information. The extent to which they report outcomes related to adolescent fertility and family planning has not previously been determined.

Research Findings

DHS reports for low-middle income countries in East Asia and the Pacific were available and reviewed for 11 countries: Cambodia, Indonesia, Marshall Islands, Nauru, Papua New Guinea, Philippines, Samoa, Solomon Islands, Timor-Leste, Tuvalu and Vietnam.⁵

Data were limited by the omission of adolescents aged 10-14 years, omission of unmarried adolescents and failure to disaggregate data by age for some indicators. There were very limited data disaggregated by both age and marital status to report outcomes for unmarried adolescents.⁶

Key findings from the available reported data:

- Sexual activity is common during adolescence. The percentage of girls who have ever had sex varies between countries, ranging from 10-65%. Up to 12% of women experienced sexual debut before the age of 15;
- By the age of 19, the percentage of girls who have commenced childbearing ranges from 11-49%. Adolescent fertility rates have fallen in most countries in the last decade, but remain high in some countries. A significant proportion of adolescent pregnancies are unintended;
- Contraceptive prevalence among married adolescents is low, and lower than adult women of all ages. A significant proportion of adolescents rely on traditional and less effective methods;
- Unmet need for contraception among married adolescents varies between countries, ranging from 1-52%. Unmet need for birth spacing is among the highest of any age group in most countries;
- Knowledge of modern methods of contraception varies in the region, but is lowest for 15-19 year olds in most countries. Girls are also less likely than adults to be exposed to family planning messages in the media;
- Less than one third of adolescents not using contraception have discussed family planning with a health worker, and the majority report at least one barrier to accessing health services;
- In all countries, adolescents are less protected against unintended pregnancy, and have higher unmet need, less knowledge and poorer access to information and services than adult women.

Policy recommendations

- Recognise that targets for MDG 4 and 5 will not be met without efforts to address adolescent fertility;
- Recognise that strategies to improve access to family planning aimed at the general population do not automatically benefit adolescents and targeted approaches are needed;
- Advocate for greater disaggregation of reported DHS data by age and marital status and the inclusion of unmarried adolescents and young people to better inform policy and programs;
- Advocate for and support reproductive health policies and programs that effectively target adolescents;
- Invest in further research to better understand the barriers to accessing family planning facing both married and unmarried adolescents and ways these may be overcome;
- Support more rigorous evaluation of strategies that target adolescents to build the evidence base for effective approaches.

References

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