

FROM EVIDENCE TO ACTION: HOW TO USE THIS TOOLKIT

This section of the *Preventing Early Pregnancy and Poor Reproductive Outcomes Toolkit* provides users with a framework for action to reduce adolescent morbidity and mortality due to early pregnancy. Designed for advocates, this section outlines a step-by-step process for encouraging action among decision-makers, opinion leaders, medical personnel, researchers, and affected communities to prevent early pregnancy and poor reproductive outcomes among adolescent girls.

Strategic advocacy as outlined in this toolkit will primarily serve to a) inform key stakeholders so that they understand the causes and effects of early pregnancy, and b) urge them to work toward solutions to prevent too early pregnancy and pregnancy-related mortality and morbidity. This can be accomplished in many ways, such as:

- Mobilizing communities
- Generating media attention
- Working directly with local officials
- Lobbying for policy and institutional changes
- Implementing programmes

Advocacy Planning Checklist

The checklist below outlines a step-by-step process to develop actions based on recommendations from the *WHO Guidelines for Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries*. Answering the questions at each step will help advocates gather much of the information needed to select, design, and implement targeted advocacy activities to prevent early pregnancy and improve adolescent reproductive health.

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| 1 Understand the context | <ul style="list-style-type: none">• What is your geographical target area? National, regional, local?• What national policies exist regarding early pregnancy and the factors that lead to it?• What are the issues regarding early pregnancy and adolescent reproductive outcomes in your target area?• What are the factors contributing to this situation in your target area?• What is being done to prevent adolescent pregnancy? Are there organizations that work on adolescent sexual and reproductive health?• Are community members, health providers, policy-makers, and other key decision-makers working to prevent early pregnancy? |
| 2 Select a focus outcome | <ul style="list-style-type: none">• Which of the six outcomes highlighted in the WHO Guidelines is a priority to achieve through advocacy in your target area? <p>OUTCOME 1: Reduce marriage before the age of 18 years</p> <p>OUTCOME 2: Create understanding and support to reduce pregnancy before the age of 20 years</p> <p>OUTCOME 3: Increase use of contraception by adolescents at risk of unintended pregnancy</p> <p>OUTCOME 4: Reduce coerced sex among adolescents</p> <p>OUTCOME 5: Reduce unsafe abortion among adolescents</p> <p>OUTCOME 6: Increase the use of skilled antenatal, childbirth, and postnatal care among adolescents</p> |
| 3 Determine the goal for action based on the focus outcome selected | <ul style="list-style-type: none">• What advocacy goals could lead to actions by policy-makers, families and communities, and health service providers to prevent early pregnancy? |
| 4 Define objectives to support the goal | <ul style="list-style-type: none">• What action or change will the advocacy goal promote?• Once the advocacy goal has been defined, the next step is to develop SMART objectives to support achievement of the goal. Be sure your objectives are: Specific, Measurable, Attainable, Realistic, Time-bound |

| | |
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| <p>5 Identify your target audience(s)</p> | <ul style="list-style-type: none"> • How can groups be influenced in order to achieve the specific advocacy goal? • What actions and contributions can be made by: <ul style="list-style-type: none"> - Policy-makers - Families and communities - Health service providers - Adolescents? |
| <p>6 Determine the outputs and indicators</p> | <ul style="list-style-type: none"> • What actions will be needed in order to meet the advocacy objectives? • What activities will be conducted? • How will progress toward the advocacy goal and success be measured? • How will the advocacy plan be monitored and evaluated? |
| <p>7 Determine available resources and possible barriers</p> | <ul style="list-style-type: none"> • What can you/your organization offer? What are your organizational strengths? • What organizational gaps exist in achieving the goal? What resources are needed to address these gaps? • Can/should partner(s) or other stakeholders be brought in to address those gaps? • What are the social, cultural, economic, and political barriers to achieving the advocacy goal? |
| <p>8 Identify partners and allies</p> | <ul style="list-style-type: none"> • Which groups, organizations, or individuals can serve as strategic partners to help meet the advocacy goal and objectives? • Are there other organizations or individuals aligned with your cause whose partnership could increase the impact of your advocacy (e.g., champions within government ministries, key civil society coalitions)? |
| <p>9 Develop strategic action plan and messages</p> | <ul style="list-style-type: none"> • What is the advocacy plan meant to accomplish (e.g., share knowledge, build political will, promote a specific action)? • What external factors (e.g., political, cultural, budgetary) might affect implementation of the work/advocacy plan? • What clear, concise messages related to the advocacy plan should be conveyed to the target audience(s)? • How will the advocacy messages be disseminated to the target audience(s)? |
| <p>10 Execute the advocacy and action plan</p> | <ul style="list-style-type: none"> • What is the timeline for implementing the advocacy plan? • Which staff members and organizations will be involved in the execution of the plan? What will be each person's role? • What is the available budget for implementing the advocacy plan? What fundraising plans are in place to support the advocacy work? |

The policy briefs and PowerPoint presentations in this toolkit should be used to engage community leaders and decision-makers at all levels, particularly as a way to initially present the evidence to them and encourage them to support the proposed interventions.

Conclusion

Whether you decide to work independently or assemble a core group of partners, the steps illustrated here form the foundation for a sound and well-executed advocacy plan.

Strategic planning is key to the success of your advocacy campaign. Identifying a clear, achievable goal and utilizing resources effectively will help to ensure favourable outcomes. The WHO Guidelines provide recommendations on how to prevent early pregnancy and poor reproductive outcomes among adolescents in developing countries. Implementing these recommendations to address early pregnancy is up to you. The time for action is NOW.



PREVENTING EARLY PREGNANCY AND POOR REPRODUCTIVE OUTCOMES AMONG ADOLESCENTS IN DEVELOPING COUNTRIES: A CALL TO ACTION

Nearly 16 million girls between 15 and 19 give birth annually, almost all of them in developing countries. Although adolescent pregnancy rates have been dropping globally, there are significant disparities at the regional level and within countries. Early pregnancies are more frequent among the poorest and least educated adolescents. For some of these young women, pregnancy and childbirth are planned and wanted, but for many others they are not. There are several factors that contribute to this. Frequently, young women get pregnant under pressure, because they do not know how to prevent it, or because they are forced to have sexual relations. Pregnant adolescents have less access to safe abortion and to skilled medical care before, during and after childbirth.

IT'S TIME FOR ACTION

We know how to do it. Let's work with adolescents and their families and communities to improve their health and well-being.

In developing countries, pregnancy- and childbirth-related complications are the leading cause of death among adolescent girls. Furthermore, babies of young mothers are more likely to have health problems. Adolescent pregnancy contributes to maternal and child mortality rates and to the vicious cycle of poverty and poor health. Therefore, addressing early pregnancy is critical to achieving the MDGs related to maternal and child mortality and poverty reduction.

Early pregnancy is the result of many factors at individual, social, legal and health systems levels. To improve adolescent health, we must address all of these levels with the active involvement of young people.

This brief emanates from World Health Organization Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Created for policy-makers, civil society groups and advocates, it contains evidence-based recommendations on designing effective national public policies and reproductive health programs.

INTERVENTIONS MUST AIM TO

Prevent early pregnancy

1. Reduce marriage before age 18
2. Reduce pregnancy before age 20
3. Increase use of contraception by adolescents at risk of unintended pregnancy
4. Reduce coerced sex among adolescents

Prevent adverse reproductive outcomes

5. Reduce unsafe abortion among adolescents
6. Increase use of skilled antenatal, childbirth and postnatal care among adolescents

The WHO Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries were developed in conjunction with the Guttmacher Institute, the International Center for Research on Women, FHI 360, the Population Council and Centro Rosarino de Estudios Perinatales (Argentina). Their development has been supported financially by the United Nations Population Fund, the United States Agency for International Development and the International Planned Parenthood Federation. This brief was developed by WHO and Family Care International.



1 REDUCE MARRIAGE BEFORE THE AGE OF 18 YEARS.

Thirty percent of girls in developing countries get married before the age of 18, and close to 14% do so before they turn 15. Early marriage leads to early pregnancy and poor health. Moreover, it perpetuates the cycle of illiteracy and poverty.ⁱ

Prohibit early marriage. In many places, laws do not prohibit marriage before the age of 18. Even in places where they do, these laws are not enforced. Policy-makers must put in place and enforce laws that ban marriage before 18 years of age.

Keep girls in school. Around the world, more girls are enrolled in school than ever before. Educating girls has a positive effect on their health, the health of their children, and that of their communities. Also, girls in school are much less likely to be married at an early age. Sadly, school enrolment drops sharply after five or six years of schooling.ⁱⁱ Policy-makers must increase formal and non-formal educational opportunities for girls at both primary and secondary levels.

Influence cultural norms that support early marriage. In some parts of the world girls are expected to marry and start having children in early adolescence. Parents feel pressured by existing norms and traditions or by economic hardships. Delaying the age of marriage requires working with communities to question, challenge and change such norms. An empowered and informed girl needs a favorable family and social environment to attain her maximum potential.

ⁱ World Health Organization. *Women and health. Today's evidence. Tomorrow's agenda.* Geneva: WHO, 2009.

ⁱⁱ Ibid.

2 CREATE UNDERSTANDING AND SUPPORT TO REDUCE PREGNANCY BEFORE THE AGE OF 20 YEARS.

Worldwide, one in five women has a child by the age of 18. In the poorest regions of the world, this rises to over one in three women.ⁱⁱⁱ Adolescent pregnancies are more likely to occur among poor, less educated and rural populations.^{iv}

Advocate for pregnancy prevention among adolescents. Early pregnancies occur because of a combination of social norms, traditions and economic constraints. At the same time, there continues to be resistance to sexuality education, despite the evidence supporting it. Society, including policy makers, educators and community leaders must give strong and visible support to prevent adolescent pregnancy, specifically through sexual education, information and sexual and reproductive health services.

Educate girls and boys about sexuality. Many adolescents become sexually active before they know how to avoid unwanted pregnancies and sexually transmitted infections. Peer pressure and pressure to conform to stereotypes increase the likelihood of early and unprotected sexual activity. In order to prevent early pregnancy, curriculum-based sexuality education must be widely implemented. These programmes must develop life skills, provide support to deal with thoughts, feelings and experiences that accompany sexual maturity and be linked to contraceptive counseling and services.

Work with communities to promote early pregnancy prevention. In some places premarital sexual activity is not acknowledged and there is resistance to discussing meaningful ways of addressing it. Families and communities are key players and must be engaged and involved in efforts to prevent early pregnancies and sexually transmitted infections, including HIV.



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ⁱⁱⁱ *The Millennium Development Goals Report 2011.* New York, United Nations, 2011.

^{iv} World Health Organization. *Women and health. Today's evidence. Tomorrow's agenda.* Geneva: WHO, 2009.

3 INCREASE THE USE OF CONTRACEPTION.

Sexually active adolescents are less likely to use contraceptives than adults, even in places where contraceptives are widely available.^v

Legislate access to contraceptives, information and services. In many places, laws and policies prevent the provision of contraceptives to unmarried or younger adolescents. Laws and policies must be reformed to enable all adolescents to obtain contraceptives (including emergency contraception), information and youth-friendly sexual and reproductive health services.

Reduce cost of contraception and enable use of contraceptive services. We must advocate for reducing the financial cost of contraceptives to adolescents and promote more responsive and youth-friendly health service delivery.

Educate adolescents about contraceptive use. Adolescents may not be aware of where to obtain contraceptives or how to use them properly. We must promote access to sexual education and information on contraceptive methods, in both formal and informal settings.

Increase community support for contraceptive provision to adolescents. There often is social resistance to the provision of contraceptives to adolescents, especially those who are unmarried. We must raise awareness and obtain support among community members about the importance of access and use of contraceptive services.

^v *How universal is access to reproductive health? A review of the evidence.* New York, United Nations Population Fund, 2010; *Conditional recommendation

4 COMBAT COERCED SEX.

Girls in many countries are pressured into having sex, often by family members. In some countries, over a third of girls report that their first sexual encounter was coerced.^{vi}

Prohibit coerced sex. In many places, law enforcement officials do not actively pursue perpetrators of coerced sex and it is often difficult for victims to seek justice. We must advocate for laws that prohibit coerced sex and punish perpetrators. Victims and their families must feel safe and supported when approaching the authorities and seeking justice.

Empower girls to resist coerced sex. Girls may feel incapable of refusing unwanted sex. They must be empowered to protect themselves, and to ask for and obtain assistance when unable to control the situation on their own. Programmes that build self-esteem, develop life skills and improve links to social networks and supports can help girls resist coerced sex.

Influence social norms that condone coerced sex. Prevailing social norms condone violence and sexual coercion in many parts of the world. Efforts to empower adolescents must be accompanied by efforts to challenge and change norms that condone coerced sex, especially gender norms.

Engage men and boys to challenge gender norms. In many contexts, gender-based violence is accepted as a norm. Men and boys should be supported to critically look at the negative effects of this on girls, women, families and communities.



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^{vi} *Multi-country study on women's health and domestic violence against women.* Geneva, World Health Organization, 2005.

5 REDUCE UNSAFE ABORTIONS.

An estimated 3 million unsafe abortions occur globally every year among adolescent girls 15 to 19 years of age.^{vii} Unsafe abortions contribute substantially to maternal deaths and to lasting health problems.

Enable access to safe abortion and post-abortion services. We must promote policies that ensure that adolescent girls have access to safe abortion services, where legal, as well as to post-abortion care, regardless of whether the abortion itself was legal. Girls who have had abortions must be offered post-abortion contraceptive information and services.

Inform adolescents about the dangers of unsafe abortion. Adolescents are frequently unaware of the risks of unsafe abortion, or fear going to health centers. All adolescents and their families must receive information on the dangers of unsafe abortion. In countries where legal abortion is available, they must be informed about where and how to obtain these services.

Educate the community on the dangers of unsafe abortion. There is very little public awareness of the scale and tragic consequences of withholding legal and safe abortion services. Families and community leaders must be made aware of these consequences and build support for policies to enable adolescent girls to access abortion and post-abortion services.

Identify and eliminate barriers to safe abortion services. We must promote clinic policies and procedures that allow access to safe abortion and post-abortion services, as well as family planning methods.



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^{vii} Ahman E. and I. Shah, New estimates and trends regarding unsafe abortion mortality, *International Journal of Gynecology and Obstetrics*: 115 (2011) 121-126.

6 INCREASE THE USE OF SKILLED ANTENATAL, CHILDBIRTH AND POSTPARTUM CARE.

One third of the women in developing countries give birth with no skilled medical care.^{viii} Adolescents, in particular, face significant barriers to safe pregnancy and childbirth.

Expand access to skilled care before, during and after childbirth. Skilled care saves the lives of pregnant women and their babies. Law-makers must develop and implement legislation to expand access to skilled antenatal care, childbirth care and postnatal care, especially for adolescent girls.

Increase access to emergency obstetric care. Emergency obstetric care can be a life-saving intervention. Access to emergency obstetric services must be expanded to all pregnant women, especially to adolescents.

Raise awareness among adolescents, their families and communities on the importance of receiving skilled antenatal, childbirth and postpartum care. Lack of information is a significant barrier to seeking services. It is important to disseminate accurate information on the risks of not utilizing skilled care for both mother and baby, and where to obtain care.

Ensure that adolescents, their families and communities are prepared to respond to obstetric emergencies. Pregnant adolescents must get the support they need to be well prepared for birth and birth-related emergencies, including creating a birthing plan. Birth and emergency preparedness must be an integral part of antenatal care.

Be sensitive to the needs of pregnant adolescents and young mothers. Service providers must treat young women with respect and be sensitive to their specific needs and concerns.

^{viii} United Nations Population Fund. *How universal is access to reproductive health? A review of the evidence*. New York: UNFPA, 2010.



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PREVENTING EARLY PREGNANCY AND POOR REPRODUCTIVE OUTCOMES AMONG ADOLESCENTS IN DEVELOPING COUNTRIES: WHAT THE EVIDENCE SAYS

About 16 million adolescent girls between 15 and 19 give birth each year. Babies born to adolescent mothers account for roughly 11% of all births worldwide; 95% occur in developing countries. For some of these young women, pregnancy and childbirth are planned and wanted, but for many others they are not. There are several factors that contribute to this. Girls may be under pressure to marry and bear children early, or they may have limited educational and employment prospects. Some do not know how to avoid a pregnancy, or are unable to obtain contraceptives. Others may be unable to refuse unwanted sex or to resist coerced sex. Those that do become pregnant are less likely than adults to be able to obtain legal and safe abortions. They are also less likely than adults to access skilled prenatal, childbirth and postnatal care.

In low- and middle-income countries, complications from pregnancy and childbirth are the leading cause of death among girls aged 15 to 19. And in 2008, there were an estimated three million unsafe abortions among girls in this age group.

The adverse effects of adolescent childbearing also extend to the health of their infants. Perinatal deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20 to 29. The newborns of adolescent mothers are also more likely to have low birth weight, with the risk of long-term effects.

This brief emanates from World Health Organization Guidelines on preventing early pregnancy and poor reproductive outcomes in adolescents in developing countries. It contains evidence-based recommendations on action and research for preventing early pregnancy and poor reproductive outcomes.

INTERVENTIONS MUST AIM TO:

Prevent early pregnancy

1. Reduce marriage before age 18
2. Create understanding and support to reduce pregnancy before age 20
3. Increase use of contraception by adolescents at risk of unintended pregnancy
4. Reduce coerced sex among adolescents

Prevent adverse reproductive outcomes

5. Reduce unsafe abortion among adolescents
6. Increase use of skilled antenatal, childbirth and postnatal care among adolescents



WHO

1

REDUCE MARRIAGE BEFORE THE AGE OF 18 YEARS

Over 30% of girls in developing countries marry before 18 years of age; around 14% do

so before the age of 15. Early marriage is a risk factor for early pregnancy and poor reproductive health outcomes. Furthermore, marriage at a young age perpetuates the cycle of under-education and poverty.¹

WHO's recommendations for reducing early marriage are informed by 21 studies and project reports as well as the conclusions of an expert panel. The studies were conducted in Afghanistan, Bangladesh, Egypt, Ethiopia, India, Kenya, Nepal, Senegal and Yemen, among others. In some of these studies and projects, the primary outcome was delaying the age of marriage. In others, this outcome was secondary to school retention, influencing knowledge and attitudes, or changing sexual behaviour. The results of these studies and projects support action at multiple levels – policies, individuals, families and communities – to prevent early marriage.



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What can policy-makers do?

PROHIBIT EARLY MARRIAGE.

In many places, laws do not prohibit marriage before the age of 18. Even in places where they do, these laws are not enforced. Policy-makers must put in place and enforce laws that ban marriage before 18 years of age.

What can individuals, families and communities do?

KEEP GIRLS IN SCHOOL.

Around the world, more girls are enrolled in school than ever before. Educating girls has a positive effect on their health, the health of their children, and that of their communities. Also, girls in school are much less likely to be married at an early age. Sadly, school enrolment drops sharply after five or six years of schooling.² Policy-makers must increase formal and non-formal educational opportunities for girls at both primary and secondary levels.

INFLUENCE CULTURAL NORMS THAT SUPPORT EARLY MARRIAGE.

In some parts of the world, girls are expected to marry and have children in their early or middle adolescent years, well before they are physically or mentally ready to do so. Parents feel pressured by prevailing norms, traditions and economic constraints to marry their daughters at an early age. Community leaders must work with all stakeholders to challenge and change norms around early marriage.

What can researchers do?

- Build evidence on the types of interventions that can result in the formulation of laws and policies to protect adolescents from early marriage (e.g., public advocacy).
- Gain a better understanding of how economic incentives and livelihood programmes can delay the age of marriage.
- Develop better methods to assess the impact of education and school enrolment on the age of marriage.
- Assess the feasibility of existing interventions to inform and empower adolescent girls, their families and their communities to delay the age of marriage, and assess the potential of taking interventions to scale.

¹ *Women and health: Today's evidence, tomorrow's agenda*. Geneva, World Health Organization, 2009.

² *State of the World's Children 2011: Adolescence - an age of opportunity*. New York, UNICEF, 2011.

2 CREATE UNDERSTANDING AND SUPPORT TO REDUCE PREGNANCY BEFORE THE AGE OF 20 YEARS

Worldwide, one in five women has a child by the age of 18. In the poorest regions of the world, this rises to over one in three women.³ Adolescent pregnancies are more likely to occur among poor, less educated and rural populations.⁴

WHO's recommendations for reducing early pregnancy are informed by two graded systematic reviews, three ungraded studies, as well as the conclusions of an expert panel. The studies in the systematic reviews included those conducted in developing countries (Mexico and Nigeria) as well as those conducted among poorer socio-economic populations in developed countries. Collectively, the studies demonstrate reductions in early pregnancy among adolescent girls exposed to interventions that included sexuality education, cash transfer schemes, early childhood education and youth development, as well as life skills development. One study showed a reduction in repeat pregnancies as a result of an intervention that included home visits for social support.



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What can policy-makers do?

SUPPORT PREGNANCY PREVENTION PROGRAMMES AMONG ADOLESCENTS.

Early pregnancies occur because of a combination of social norms, traditions and economic constraints. At the same time, there continues to be resistance to sexuality education. Policy-makers must give strong and visible support for efforts to prevent early pregnancy. Specifically, they must ensure that sexuality education programmes are in place.

What can individuals, families and communities do?

EDUCATE GIRLS AND BOYS ABOUT SEXUALITY.

Many adolescents become sexually active before they know how to avoid unwanted pregnancies and sexually transmitted infections. Peer pressure and pressure to conform to stereotypes increase the likelihood of early and unprotected sexual activity. In order to prevent early pregnancy, curriculum-based sexuality education must be widely implemented. These programmes must develop life skills, provide support to deal with thoughts, feelings and experiences that accompany sexual maturity and be linked to contraceptive counseling and services.

BUILD COMMUNITY SUPPORT FOR PREVENTING EARLY PREGNANCY.

In some places premarital sexual activity is not acknowledged and there is resistance to discussing meaningful ways of addressing it. Families and communities must be engaged and involved in efforts to prevent early pregnancies and sexually transmitted infections, including HIV.

What can researchers do?

- Build evidence on the effect of interventions to prevent early pregnancy, including those that increase employment, school retention, education availability, and social supports.
- Conduct research across socio-cultural contexts to identify feasible and scalable interventions to reduce early pregnancy among adolescents.

³ *The Millennium Development Goals Report 2011*. New York, United Nations, 2011.

⁴ *Women and health: Today's evidence, tomorrow's agenda*. Geneva, World Health Organization, 2009.

3

INCREASE USE OF CONTRACEPTION

Sexually active adolescents are less likely to use them than adults,⁵ even in places where contraceptives are widely available.

WHO's recommendations for increasing the use of contraception are informed by 7 graded and 26 ungraded studies conducted in 17 countries, as well as the conclusions of a panel of experts. The studies were conducted in Bahamas, Belize, Brazil, Cameroon, Chile, China, India, Kenya, Madagascar, Mali, Mexico, Nepal, Nicaragua, Sierra Leone, South Africa, Tanzania and Thailand. Some focused exclusively on increasing condom use, while others examined increasing the use of hormonal and emergency contraceptives. In some, increasing contraception was a primary outcome whereas in others it was secondary. Some studies focused exclusively on health system actions (such as over-the-counter or clinic provision of contraceptives) while others focused on community and stakeholder engagement to increase contraceptive use. Collectively, these studies demonstrate that contraceptive use can be increased as a result of actions directed at multiple levels - policies, individuals, families, communities and health systems.

What can policy-makers do?

LEGISLATE ACCESS TO CONTRACEPTIVE INFORMATION AND SERVICES.

In many places, laws and policies prevent the provision of contraceptives to unmarried or younger adolescents. Policy-makers must intervene to reform policies to enable all adolescents to obtain contraception.

REDUCE THE COST OF CONTRACEPTIVES TO ADOLESCENTS.*

Financial constraints can adversely impact contraceptive use among poorer adolescents. To increase use, policy-makers should consider reducing the financial cost of contraceptives to adolescents.

What can individuals, families and communities do?

EDUCATE ADOLESCENTS ABOUT CONTRACEPTIVE USE.

Adolescents may not be aware of where to obtain contraceptives and how to use them appropriately. Efforts to provide accurate information about contraceptives must be combined with sexuality education.

BUILD COMMUNITY SUPPORT FOR CONTRACEPTIVE PROVISION TO ADOLESCENTS.

There is resistance to the provision of contraceptives to adolescents, especially those who are unmarried. Community members must be engaged and their support obtained for the provision of contraceptives.

What can health systems do?

ENABLE ADOLESCENTS TO OBTAIN CONTRACEPTIVE SERVICES.

Often, adolescents do not seek contraceptive services because they are afraid of social stigma or being judged by clinic staff. Health service delivery must be made more responsive and friendly to adolescents.

What can researchers do?

- Build evidence on the effectiveness of different interventions to increase contraceptive use through favorable laws and policies, commodity cost reduction, community support of adolescent access to contraception, and access to over-the-counter hormonal contraception.
- Understand how gender norms affect contraceptive use and how to transform gender norms about the acceptability of contraceptive use.

⁵ *How universal is access to reproductive health? A review of the evidence.* New York, United Nations Population Fund, 2010.

* Conditional recommendation

4 REDUCE COERCED SEX

Girls in many countries are pressured into having sex, often by family members. In some countries, over a third of girls report that their first sexual encounter was coerced.⁶

WHO's recommendations for reducing coerced sex are informed by two graded studies, six ungraded studies or reviews of laws, and the collective experience and judgment of an expert panel. The studies and reviews were conducted in Botswana, India, Kenya, South Africa, Tanzania and Zimbabwe. Collectively, these studies suggest that actions to influence community and gender norms can have positive effects on the ability of girls to resist coerced sex and on the attitudes of men and boys towards coerced sex.

What can policy-makers do?

PROHIBIT COERCED SEX.

In many places, law enforcement officials do not actively pursue perpetrators of coerced sex and it is often difficult for victims to seek justice. Policy-makers must formulate and enforce laws that prohibit coerced sex and punish perpetrators. Victims and their families must feel safe and supported when approaching the authorities and seeking justice.

What can individuals, families and communities do?

EMPOWER GIRLS TO RESIST COERCED SEX.

Girls may feel powerless to refuse unwanted sex. Girls must be empowered to protect themselves, and to ask for and obtain effective assistance. Programmes that build self-esteem, develop life skills, and improve links to social networks and supports can help girls refuse unwanted sex.

INFLUENCE SOCIAL NORMS THAT CONDONE COERCED SEX.

Prevailing social norms condone violence and sexual coercion in many parts of the world. Efforts to empower adolescents must be accompanied by efforts to challenge and change norms that condone coerced sex, especially gender norms.

ENGAGE MEN AND BOYS TO CRITICALLY ASSESS NORMS AND PRACTICES.

Men and boys may view gender-based violence and coercion as normal. They should be supported to critically look at the negative effects of this on girls, women, families and communities. This could persuade them to change their attitudes and refrain from violent and coercive behaviours.



What can researchers do?

- Build evidence on the effectiveness of laws and policies aimed at preventing sexual coercion.
- Assess how laws and policies are formulated, enforced and monitored in order to understand how best to prevent the coercion of adolescent girls.

⁶ *Multi-country study on women's health and domestic violence against women*. Geneva, World Health Organization, 2005.

5 REDUCE UNSAFE ABORTION



WHO

An estimated 3 million unsafe abortions occur globally every year among adolescent girls 15 to 19 years of age.⁷ Unsafe abortions contribute substantially to maternal deaths and to lasting health problems.

WHO's recommendations for reducing unsafe abortions are informed by the collective experience and judgment of an expert panel. There were no studies that could be used to provide evidence to inform the panel's decisions.

What can policy-makers do?

ENABLE ACCESS TO SAFE ABORTION AND POST-ABORTION SERVICES.

Policy-makers must support efforts to inform adolescents of the dangers of unsafe abortion and to improve their access to safe abortion services, where legal. They must also improve adolescent access to appropriate post-abortion care, regardless of whether the abortion itself was legal. Adolescents who have had abortions must be offered post-abortion contraceptive information and services.

What can individuals, families and communities do?

INFORM ADOLESCENTS ABOUT SAFE ABORTION SERVICES.

When faced with an unwanted pregnancy, adolescent girls may turn to illegal or unsafe abortions. All adolescent girls must be informed about the dangers of unsafe abortion. In countries where abortion services are legally available, they must be informed about where and how they can obtain these services.

INCREASE COMMUNITY AWARENESS OF THE DANGERS OF UNSAFE ABORTION.

There is very little public awareness of the scale and tragic consequences of withholding legal and safe abortion services. Families and community leaders must be made aware of these consequences and build support for policies to enable adolescent girls to access abortion and post-abortion services.

What can health systems do?

IDENTIFY AND REMOVE BARRIERS TO SAFE ABORTION SERVICES.

Even where abortions are legal, adolescents are often unable or unwilling to obtain safe abortions because of unfriendly health workers and burdensome clinic policies and procedures. Managers and health service providers must identify and overcome these barriers so that adolescent girls can obtain safe abortion services, post-abortion care, and post-abortion contraceptive information and services.

What can researchers do?

- Identify and assess interventions that reduce barriers to the provision of safe and legal abortion services in multiple socio-cultural contexts.
- Build evidence on the impact of laws and policies that enable adolescents to obtain safe abortion and post-abortion services.

⁷ Ahman E. and I. Shah, New estimates and trends regarding unsafe abortion mortality, *International Journal of Gynecology and Obstetrics* 115 (2011) 121-126.

6 INCREASE THE USE OF SKILLED ANTENATAL, CHILDBIRTH AND POSTPARTUM CARE

In some countries, adolescents are less likely than adults to obtain skilled care before, during and after childbirth.^{8,9}

WHO's recommendations for increasing the use of skilled antenatal, childbirth and postpartum care are informed by one graded study, one ungraded study, existing WHO guidelines and the collective experience and judgment of a panel of experts. The studies were conducted in Chile and India. One intervention was a home visit programme for adolescent mothers. Another was a cash transfer scheme contingent upon health facility births. Collectively, these studies suggest that interventions to increase the use of skilled antenatal, childbirth and postpartum care can result in improved health outcomes for adolescent mothers and newborns.

What can policy-makers do?

EXPAND ACCESS TO SKILLED ANTENATAL, CHILDBIRTH AND POSTNATAL CARE.

Policy-makers must develop and implement legislation to expand access to skilled antenatal care, childbirth care and postnatal care, especially for adolescent girls.

EXPAND ACCESS TO EMERGENCY OBSTETRIC CARE.

Emergency obstetric care can be a life-saving intervention. Policy-makers must intervene to expand access to emergency obstetric services, especially for pregnant adolescent girls.

What can individuals, families and communities do?

INFORM ADOLESCENTS AND COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF SKILLED ANTENATAL, CHILDBIRTH AND POSTPARTUM CARE.

Lack of information is a significant barrier to seeking services. It is important to disseminate accurate information on the risks of not utilizing skilled care for both mother and baby, and where to obtain care.

What can health systems do?

ENSURE THAT ADOLESCENTS, THEIR FAMILIES AND COMMUNITIES ARE WELL PREPARED FOR BIRTH AND BIRTH-RELATED EMERGENCIES.

Pregnant adolescents must get the support they need to be well prepared for birth and birth-related emergencies, including creating a birthing plan. Birth and emergency preparedness must be an integral part of antenatal care.

BE SENSITIVE AND RESPONSIVE TO THE NEEDS OF YOUNG MOTHERS AND MOTHERS-TO-BE.

Adolescent girls must receive skilled - and sensitive - antenatal and childbirth care and, if complications arise, they must have access to emergency obstetric care.

What can researchers do?

- Build evidence to identify and eliminate barriers that prevent the access to and use of skilled antenatal, childbirth and postnatal care among adolescent girls.
- Develop and evaluate interventions that inform adolescents and stakeholders about the importance of skilled antenatal and childbirth care.
- Identify interventions to tailor the way in which antenatal, childbirth and postnatal services are provided to adolescents; expand the availability of emergency obstetric care; and improve birth and emergency preparedness for adolescents.

⁸ Reynolds, D, Wong, E, and Tucker, H. Adolescents' use of maternal and child health services in developing countries. *International Family Planning Perspectives*, 2006, 32(1): 6-16.

⁹ Magadi, M A, Agwanda, A O, and Obware, F A. A comparative analysis of the use of maternal health services between teenagers and older mothers in sub-Saharan Africa: evidence from Demographic and Health Surveys (DHS). *Social Science and Medicine*, 2007 Mar, 64(6):1311-25.



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These guidelines are primarily intended for programme managers, technical advisors and researchers from governments, nongovernmental organizations, development agencies and academia. They are also likely to be of interest to public health practitioners, professional associations and civil society groups.

They have been developed through a systematic review of existing research and input from experts from countries around the world, in partnership with many key international organizations working to improve adolescents' health. Similar partnerships have been forged to distribute them widely and support their use.



The *WHO Guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries* were developed in conjunction with the Guttmacher Institute, the International Center for Research on Women, FHI 360, the Population Council and Centro Rosarino de Estudios Perinatales (Argentina). Their development has been supported financially by the United Nations Population Fund, the United States Agency for International Development and the International Planned Parenthood Federation. This brief was developed by WHO and Family Care International.

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Preventing Early Pregnancy & Poor Reproductive Outcomes

among adolescents in developing countries



At a glance



OMS

- 16 million adolescent girls between 15 and 19 are mothers every year
- Adolescent pregnancies are most common among poor and less educated girls and those living in rural areas
- Despite progress, adolescent pregnancy continues to increase in some regions of the developing world

Consequences

Adolescent pregnancy and childbirth is associated with greater health risks for the mother:

Complications of pregnancy and childbirth are the leading cause of death in adolescent girls aged 15-19 years in developing countries.

Adolescent pregnancy is harmful to the health of infants: Babies of adolescent mothers are more likely to die, to have low birth weight, and to have long time ill effects.

Adolescent pregnancy reinforces the vicious cycle of poverty and ill health: Adolescent mothers in many places leave or are made to leave school, and are less likely than their peers to develop vocational skills.



WHO Guidelines on preventing early pregnancy and poor reproductive outcomes in adolescents in developing countries

Based on

- Thorough review of the evidence
- Practical experience of policy makers, programme managers, and front-line workers from countries around the world

Developed in a systematic and transparent manner

In partnership with

- Guttmacher Institute
- International Center for Research on Women
- FHI360
- Population Council
- Centro Rosarino de Estudios Perinatales (Argentina)

Supported financially by

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- International Planned Parenthood Federation



Levels of Early Pregnancy Determinants



JOEY O'LOUGHLIN

Early pregnancy and poor reproductive outcomes among adolescents are determined by a web of micro- and macro-level factors:

- Individuals make choices to engage in specific behaviours.
- Family and community norms, traditions, and economic circumstances influence these choices.
- Policy and regulatory frameworks facilitate or hinder choices.

Actions are needed at each of these levels by different sectors.

Adolescents too have key roles to play.

OUTCOME 1

Reduce marriage before age 18

POLICY-LEVEL ACTIONS

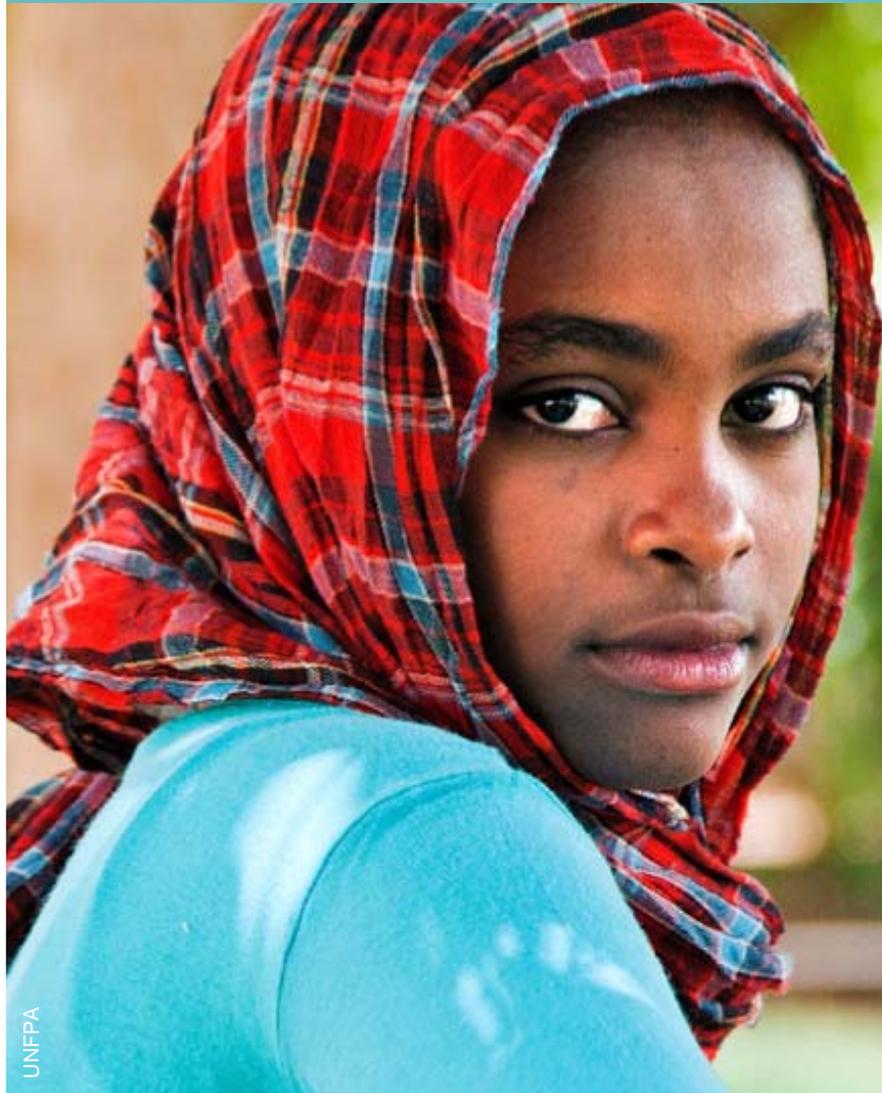
- Prohibit early marriage

INDIVIDUAL, FAMILY & COMMUNITY-LEVEL ACTIONS

- Inform and empower girls
- Keep girls in school
- Influence cultural norms that support early marriage

OUTCOME 1

Reduce marriage before age 18



EVIDENCE

- 21 ungraded reports or studies + expert panel's recommendations
- Evidence from Bangladesh, India, Egypt, Nepal, Kenya, Ethiopia, Afghanistan, Yemen, & Senegal
- Interventions targeted adolescents, community, and other stakeholders
- Age of marriage was either a primary or secondary outcome

OUTCOME 2

Create understanding and support to reduce pregnancy before the age of 20 years



POLICY-LEVEL ACTIONS

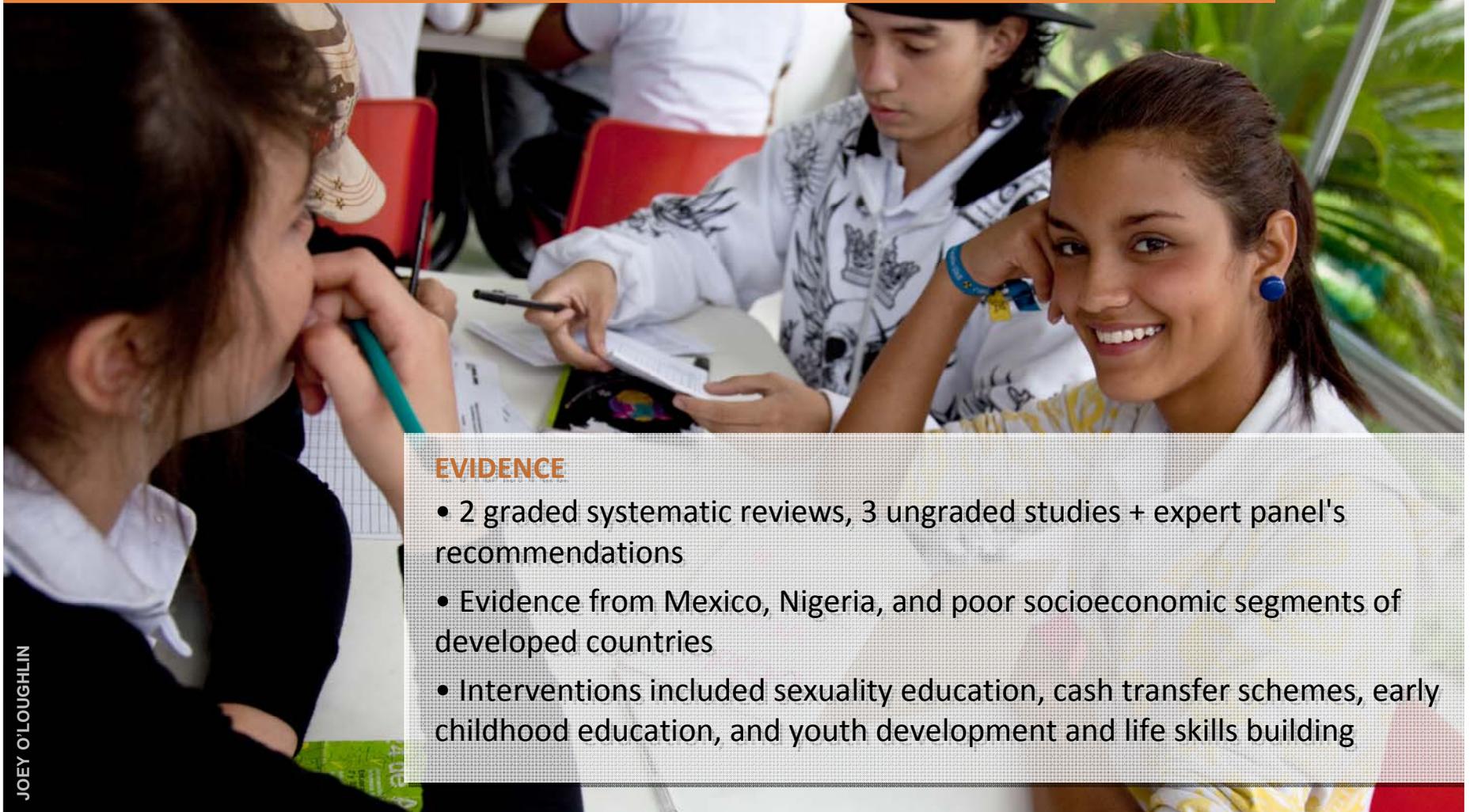
- Support pregnancy prevention programmes among adolescents

INDIVIDUAL, FAMILY & COMMUNITY-LEVEL ACTIONS

- Educate girls and boys about sexuality
- Build community support for preventing early pregnancy

OUTCOME 2

Create understanding and support to reduce pregnancy before the age of 20 years



EVIDENCE

- 2 graded systematic reviews, 3 ungraded studies + expert panel's recommendations
- Evidence from Mexico, Nigeria, and poor socioeconomic segments of developed countries
- Interventions included sexuality education, cash transfer schemes, early childhood education, and youth development and life skills building

OUTCOME 3

Increase use of contraception



POLICY-LEVEL ACTIONS

- Legislate access to contraceptive information and services
- Reduce the cost of contraceptives to adolescents (conditional recommendation)

INDIVIDUAL, FAMILY & COMMUNITY-LEVEL ACTIONS

- Educate adolescents about contraceptive use
- Build community support for contraceptive provision to adolescents
- Enable adolescents to obtain contraceptive services

OUTCOME 3

Increase use of contraception



EVIDENCE

- 7 graded studies or systematic reviews, 26 ungraded studies + expert panel's recommendations
- Evidence from Bahamas, Belize, Brazil, Cameroon, Chile, China, India, Kenya, Madagascar, Mali, Mexico, Nepal, Nicaragua, Rwanda, Sierra Leone, South Africa, Tanzania, & Thailand
- Interventions included health system improvements and stakeholder engagement.
- Studies examined condom, hormonal, and emergency contraceptive use, as well as knowledge and attitudes

OUTCOME 4

Reduce coerced sex

POLICY-LEVEL ACTIONS

- Prohibit coerced sex

INDIVIDUAL, FAMILY & COMMUNITY-LEVEL ACTIONS

- Empower girls to resist coerced sex
- Influence social norms that condone coerced sex
- Engage men and boys to critically assess gender norms

OUTCOME 4

Reduce coerced sex

EVIDENCE

- 2 graded studies, 6 ungraded studies + expert panel's recommendations
- Evidence from Botswana, India, Kenya, South Africa, Tanzania, & Zimbabwe, as well as knowledge and attitudes of adolescents and community members
- Outcomes examined included the effects of legislation

OUTCOME 5

Reduce unsafe abortion



POLICY-LEVEL ACTIONS

- Enable access to safe abortion and post-abortion services for adolescents

INDIVIDUAL, FAMILY, & COMMUNITY-LEVEL ACTIONS

- Inform adolescents about dangers of unsafe abortion
- Inform adolescents about where they can obtain safe abortion services
- Increase community awareness of the dangers of unsafe abortion

HEALTH SYSTEM-LEVEL ACTIONS

- Identify and remove barriers to safe abortion services

OUTCOME 5

Reduce unsafe abortion



EVIDENCE

- No available studies
- Expert panel relied on its experience and judgment to inform the recommendations

OUTCOME 6

Increase use of skilled antenatal, childbirth, and postpartum care

POLICY-LEVEL ACTIONS

- Expand access to skilled antenatal, childbirth, and postnatal care
- Expand access to Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC)

INDIVIDUAL, FAMILY, & COMMUNITY-LEVEL ACTIONS

- Inform adolescents and community members about the importance of skilled antenatal and childbirth care

HEALTH SYSTEM-LEVEL ACTIONS

- Ensure that adolescents, families, and communities are well prepared for birth and birth-related emergencies
- Be sensitive and responsive to the needs of young mothers and mothers-to-be



OUTCOME 6

Increase use of skilled antenatal, childbirth, and postpartum care

EVIDENCE

- 1 graded study, 1 ungraded study, WHO guidelines + expert panel's recommendations
- Evidence from Chile and India
- Interventions included home visits to adolescent mothers and a cash transfer scheme contingent upon health facility births

“Educated and empowered women and girls can make informed decisions about their own health.”

— DR. MARGARET CHAN, DIRECTOR-GENERAL, WHO

“When girls are educated, healthy and can avoid child marriage, unintended pregnancy and HIV, they can contribute fully to their societies’ battles against poverty.”

— DR. BABATUNDE OSOTIMEHIN, EXECUTIVE DIRECTOR, UNFPA