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3rd Committee of the Economic and Social Council – Commission on the Status
of Women (ECOSOC3)

Research Report

Topic 3: The question of reducing child and adolescent pregnancy as a means
of improving maternal health



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Introduction

Child and adolescent pregnancy is a frequent and widespread issue in the contemporary global climate, often much more of an issue than we realise. The World Health Organization estimates that approximately 21 million girls aged 15-19 become pregnant every year in developing regions, however, only about 12 million of these pregnancies carry on to birth, and a further minimum of 777,000 babies are born to adolescent girls younger than 15 years old¹. Although the estimated global fertility rate has declined by 11.6% over the past 20 years, the number of children born to adolescent mothers has not due to the growing population of women in the 15-19 age group². At 95,153 and 70,423 annually, Eastern Asia and Western Africa hold the highest number of adolescent births, respectively³. In 2018, the estimated adolescent birth rate was 44 births per 1000 girls aged 15-19; this figure stood at 115 in West and Central Africa, the highest regional rate in the world. From 2010 to 2015, more than 45% of women aged 20-24 reported having given birth for the first time before turning 18, and further, maternal conditions are the top cause of mortality among girls aged 15-19 globally⁴.

¹ World Health Organization. who.int. Last modified January 31, 2020.

<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.

² UN DESA, Statistics Division. SDG Indicators: Global Database. New York: UN DESA: 2017.

³ Every Woman Every Child. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Geneva: Every Woman Every Child; 2015.

⁴ UNICEF. "The highest rates of early childbearing are found in sub-Saharan

African countries." Unicef Data. Last modified October 2019.

<https://data.unicef.org/topic/child-health/adolescent-health/>.

Key Terms

Preterm delivery: A birth that takes place more than three weeks before the baby's estimated due date.

Eclampsia: A severe complication of preeclampsia; high blood pressure results in seizures during pregnancy.

Puerperal Endometritis: A uterine infection, typically caused by bacteria ascending from the lower genital or gastrointestinal tract.

NGO: Non-governmental organization; an organization that tries to achieve social or political aims but is not controlled by a state or government

IGO: Intergovernmental organization; composed primarily of sovereign states, or other IGOs. IGOs are established by a treaty that acts as a charter creating the group, e.g. the UN.

WHO: World Health Organization; a special agency of the United Nations responsible for international public health. (Parent organization: ECOSOC council).

Contraceptives: any of various devices or drugs intended to prevent pregnancy.

Child marriage: the marriage of a girl or boy before the age of 18.

State: a country or its government.

Resolution: an official decision that is made after a group or organization has voted.

Ratify: (especially of governments or organizations)

1. to make an agreement official.
2. to agree in writing a set of rules, or to officially approve a decision or plan.

MEDC: More economically developed country.

LEDC: Less economically developed country.

Non-State Actor: an individual, group, or organization that has significant political influence but is not allied with a particular state or country.

Source: Cambridge University Press. Cambridge Dictionary.
<https://dictionary.cambridge.org/>.



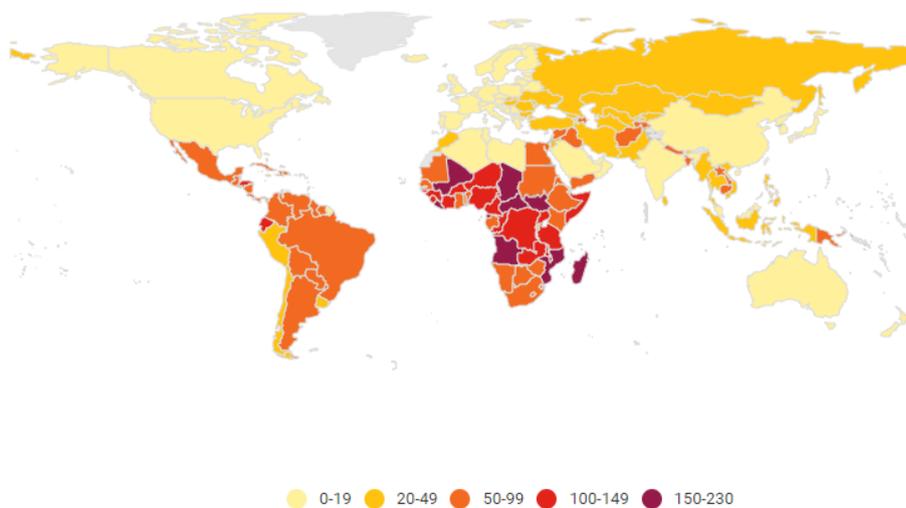
Context

Adolescent pregnancies are a widespread global issue occurring in countries of all sorts of economic conditions from high-, middle-, to low-income countries. They are, however, more likely to occur in marginalized communities, driven by poverty and lack of education as well as employment opportunities. Because these are commonly associated with poor socio-economic conditions and future prospects women, potentially and often compromising educational as well as economic opportunities, such cases may serve as a marker of the environments in which young women live.

⁵ UNICEF. Ending child marriage: Progress and prospects. New York: UNICEF, 2013

Across developed regions, there is very little variance in levels of sexual activity among adolescents, but there are significant differences in the extent to which contraceptives are used; changing social attitudes such as increased acceptance of adolescent sexual activity and expected use of contraceptives can and have been linked to increased levels of contraceptive use, and further lower rates of adolescent and child pregnancy and birth have been associated with subsidized or free contraceptives⁶.

Additionally, adolescents may lack the agency or autonomy to ensure the correct and consistent use of a contraceptive method. In developing regions, among girls aged 15-19, at least 10 million unintended pregnancies occur per year⁷.



Adolescent birth rate by country (number of annual births per 1,000 girls aged 15-19s)

Furthermore, adolescent impregnation is often more

prevalent in countries that are marked by income inequality both within and among sovereign states⁹. Thus, reduction and control of poverty levels as well as economic development on global and national scales may have important ameliorative impacts in reducing adolescent pregnancy rates.

⁶ Guttmacher Institute. "FACTORS ASSOCIATED WITH ADOLESCENT PREGNANCY." [guttmacher.org](https://www.guttmacher.org/fact-sheet/adolescent-pregnancy-and-its-outcomes-across-countries#). Last modified August 2015. <https://www.guttmacher.org/fact-sheet/adolescent-pregnancy-and-its-outcomes-across-countries#>.

⁷ Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016.

⁸ UNICEF. "The highest rates of early childbearing are found in sub-Saharan African countries." Unicef Data. Last modified October 2019. <https://data.unicef.org/topic/child-health/adolescent-health/>.

⁹ Santelli, John S., Vinit Sharma, and Russell Viner. "Inequality, National Wealth, Economic Development and Global Trends in Teenage Birth Rates, 1990-2010." *Journal of Adolescent Health* 52, no. 2 (February 1, 2013). <https://doi.org/10.1016/j.jadohealth.2012.10.015>.

Moreover, in a substantial number of societies, girls are pressured to marry and bear children from exceedingly early ages. In the least developed countries, WHO estimated that at least 39% of girls marry before they are 18 years old, and a further 12% before the age of 15¹⁰. Additionally, not only are adolescent and child pregnancies commonplace as a result of pressure to marry young, but also as a result of sexual violence. Rape of girls below the age of 14 is frequent in Latin American countries, and forced pregnancy as well as motherhood is a pervasive public health and human rights issue¹¹. According to Planned Parenthood Global's report, in partnership with the O'Neill Institute at Georgetown University and Ibis Reproductive Health, *Stolen Lives*, 2 million girls under the age of 15 give birth every year, globally, as a result of sexual violence; nearly 90% of pregnancies in girls under 14 years old are the result of rape¹².

Health Consequences

Pregnancy and childbirth complications are the leading cause of death among girls between the ages of 15-19 globally, low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15-49¹³. Adolescent girls aged 10-19 years old face increased risks of eclampsia, puerperal endometritis, as well as systemic infections, as opposed to women aged 20-24 years old¹⁴. Moreover, babies born to mothers under 20 years of age face increased risks of low birth weight, severe neonatal conditions, in addition to risks of preterm delivery¹⁵.

¹⁰ World Health Organization. who.int. Last modified January 31, 2020.

<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.

¹¹ Casas, Ximena. "They Are Girls, Not Mothers." NCBI. Last modified December 21, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6927362/>.

¹² Isaza, Ximena Casas, Oscar Cabrera, Rebecca Reingold, and Daniel Grossman. *Stolen Lives*. https://www.plannedparenthoodaction.org/uploads/filer_public/db/6d/db6d56cb-e854-44bb-9ab7-15bb7fc147c5/ppfa-stolen-lives-english.pdf.

¹³ Neal S, Matthews Z, Frost M, et al. Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. *New estimates from demographic and household surveys in 42 countries. Acta Obstet Gynecol Scand* 2012;91: 1114–18. *Every Woman Every Child. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*. Geneva: Every Woman Every Child, 2015.

¹⁴ WHO. *Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015*. Geneva: WHO; 2016.

¹⁵ World Health Organization. who.int. Last modified January 31, 2020.

<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.

Major Actors

Africa: the only continent which currently has countries with an adolescent pregnancy rate of more than 150 annual births per 1,000 adolescents aged 15-19. These countries are as follows (in order):

- **Central African Republic:** 229
- **Mozambique:** 194
- **Chad:** 179
- **Equatorial Guinea:** 176
- **Mali:** 174
- **Angola:** 163
- **South Sudan:** 158
- **Madagascar:** 152
- **Liberia:** 150

Latin America (especially Ecuador, Guatemala, Nicaragua, and Peru): these are the countries in which research was primarily conducted for the *Stolen Lives* report measuring pregnancy, birth, and motherhood rates as a result of sexual violence on girls between 9-14 years of age. This is, furthermore, the only region except **Africa**, in which the adolescent pregnancy rate is more than 100 annual births per 1,000 adolescents aged 15-19. These countries are as follows (in order):

- **Ecuador:** 111
- **Honduras:** 103

World Health Organization: WHO has worked with partners to advocate for attention to adolescents, to compile the evidence and build the epidemiologic base for action such as “WHO’s Guidelines for preventing early pregnancy and poor reproductive outcomes in adolescents in developing countries”. WHO works closely with the **UNICEF**, **UNFPA**, and **UNWomen** to end child marriage, as well as collaborations with **Family Planning 2020**, working to enable 120 million more women and girls access to contraceptives. There is now a

small, but growing number of successful government-led national programmes in countries such as **Chile, Ethiopia, and the United Kingdom**¹⁶.

Previous/Relevant UN Resolutions

- Resolution 70/1 Transforming our world: the 2030 Agenda for Sustainable Development ->
https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf
- Resolution 2012/1 Adolescents and youth ->
https://www.un.org/en/development/desa/population/pdf/commission/2012/country/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf

Possible solutions

- Providing or increasing access to modern contraceptives
- Eliminating or reducing child marriage
- Increasing and improving sexual education

¹⁶ United Nations General Assembly. Resolution adopted by the General Assembly on 25 September 2015: Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations; 2015.

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