



Online learning series: Session 3

Supporting married girls, adolescent mothers and girls who are pregnant

Key takeaways

- Child marriage and adolescent pregnancy are closely linked – 90% of births to adolescent girls take place in the context of marriage.
- Focus has been on prevention and health risks, but more support is needed for girls and adolescents who are already pregnant or mothers.
- Responses to adolescent marriage, pregnancy and motherhood should be holistic, integrated into existing national strategies and consider girls' education; economic opportunities; reproductive coercion; mental health, discrimination and support for new mothers; gender-based violence; HIV; and access to justice and support services.

Link between child marriage and adolescent pregnancy

- Globally, 90% of births to adolescent girls take place within the context of marriage.
- Every year, 12 million girls aged 15-19 give birth and 770,000 below 15 give birth in low- and middle-income countries.
- Adolescent birth rates have declined by about 33% since 1990s.
- Births to adolescent mothers can happen before or after marriage or union.
 - In South Asia, births are mostly to married girls.
 - In Latin America and the Caribbean and sub-Saharan Africa,¹ births take place within and outside marriage/unions.
- Births to younger girls are often poorly recorded but from available data are often strongly related to child, early and forced marriage and unions (CEFMU), sexual violence and poverty.

Why supporting adolescent mothers, girls who are pregnant and married girls is important

To date, the focus of most responses to adolescent pregnancy and CEFMU has been on prevention, neglecting the unique needs of married girls and girls who are already pregnant or mothers.

- **Health risks** of adolescent girls are well documented and the focus of most research.
 - 99% of all maternal deaths happen among adolescent girls aged 15-19
 - It is more risky for younger girls.

Other impacts are less well researched and have received less attention in efforts to support adolescent mothers, married girls and girls who are pregnant. These impacts include:

¹ *Girls Not Brides* generally avoids the term “sub-Saharan Africa” due to its racial and colonial connotations, and lack of specificity. We have used it here to reflect the available data and evidence, which refers to sub-Saharan Africa as a geographical region. For regional and country-level detail, see our [Atlas](#).

- **Disruption to education:**
 - 4 million girls drop out of school every year in sub-Saharan Africa.
 - They may have changed priorities, or be pushed out by policies that exclude them.
 - Common obstacles: lack of awareness of re-entry policies, lack of flexibility, finance, parental support, ongoing stigmatisation and discrimination .
- **Impact on future life prospects, also related to education:**
 - Adolescent mothers are more likely to be in employment with limited earning potential throughout life.
 - Daughters of adolescent mothers are also more likely to become adolescent mothers themselves, leading to an intergenerational cycle of poverty.
 - Financial insecurity can lead to marriage/union with the father.
 - Abandonment – adolescent girls who are pregnant or mothers may seek further informal unions or engage in transactional sex.
 - Highly stigmatised, with impacts throughout a girl's life.
- **Reproductive coercion – removing the right to decide if and when to have children:**
 - Decision often made by partner, partner's family or adolescent girl's family.
 - Pressure to prove fertility.
 - Violation of sexual and reproductive rights.
 - Forced motherhood.
 - Obstetric violence – abuse of pregnant women accessing ante natal care or while giving birth – most frequently reported by mothers in LAC.
- **Mental health:**
 - Increased risk of issues – depression, anxiety and suicidal thoughts.
 - Brazil study: 13% exhibit suicidal behaviour; those without social support 70% more likely to exhibit this.
- **Gender-based violence and HIV:**
 - Adolescent pregnancy is often the result of rape or sexual coercion of a minor, especially for girls under 15 years.
 - Often support services or access to justice is inadequate.
 - Adolescent mothers are more likely to experience intimate partner violence (IPV).
- **HIV:**
 - East and Southern Africa – HIV infection overlaps strongly with adolescent motherhood.
 - Double impact is very overwhelming.

Programme example: Reencontrándome (Finding myself again) programme, ProSalud, Mexico

The programme model aims to support adolescent mothers through a holistic approach which includes education, life skills, mentoring, sexual and reproductive health services and the creation of support networks of adolescent mothers.

The programme works with adolescents through trained community “orientators” who:

1. Identify and sign up adolescents, and continue to check in on them throughout their participation in the programme.
2. Provide support in seeking employment and accessing support networks.
3. Support access to health services and strengthening knowledge of contraception.
4. Support girls to:
 - Develop a life plan and help to delay next pregnancy by five years
 - Think about starting to work or returning to school
 - Transition from education to work

Results:

- Reduction in pregnancy – delay subsequent pregnancy(ies).
- Improved knowledge and use of contraception.
- Better communication between adolescent, family and partner.
- Family had more information and greater communication with adolescent.
- Less violence among family and partners.
- Many adolescents joined school or work.
- Some became promotors based on their experience, to reduce adolescent pregnancy in their own communities.

Recommendations:

- Adolescent mothers and girls who are pregnant need support that goes beyond maternal and neonatal health – education, economic opportunities, new role as mothers, justice and support services.
- Policies to support them should be integrated into existing national strategies to ensure that adolescent mothers are offered a holistic package of support.
- Multi-sectoral recommendations:
 - Create referral and tracking mechanisms between the health, education and child protection systems to identify pregnant adolescents in school and refer them to appropriate maternal health, support and child protection services.

- Create safeguarding policies in schools to refer girls to appropriate child protection and psychosocial support services where the pregnancy is the result of rape or the father is an adult.
- Track adolescent girls who have left school due to pregnancy and actively reach out to girls after birth to facilitate reintegration into school.
- Combine access to education, health and child protection services with community-based programmes to lessen the stigma associated with adolescent pregnancy and motherhood and build girls' agency.