CAN WE ACCELERATE THE REDUCTION OF ADOLESCENT PREGNANCY IN LATIN AMERICA AND THE CARIBBEAN?

March 30, 2017
Texas Campaign to Prevent Teen Pregnancy, Annual Symposium

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ADOLESCENT PREGNANCY IN LAC

- Adolescent fertility rate (15-19 years) the second highest in the world
- Downward trend in fertility rate in LAC slowest in adolescents
- LAC the only region with an increasing trend in child pregnancy (<15 years)
- If this trend continues, LAC will have the highest adolescent fertility rate in the world by 2020
TRENDS AND PROJECTIONS ADOLESCENT FERTILITY RATES 1995-2100
INEQUITIES IN ADOLESCENT FERTILITY (1)

ADOLESCENT FERTILITY RATES BY EDUCATION LEVEL

Births per thousand women aged 15-19

- None
- Primary
- Secondary or higher

Countries and Years:
- Bolivia 2008
- Colombia 2010
- Dominican Republic 2007
- Guyana 2009
- Haiti 2005
- Honduras 2005
- Peru 2004
- Nicaragua 2001
INEQUITIES IN ADOLESCENT FERTILITY (2)

ADOLESCENT FERTILITY RATES BY WEALTH QUINTILES

Births per thousand women aged 15-19

- Q1 (poorest)
- Q2
- Q3
- Q4
- Q5 (richest)

Countries and Years:
- Bolivia 2008
- Colombia 2010
- Dominican Republic 2007
- Guyana 2009
- Haiti 2005
- Honduras 2005
- Peru 2004
- Nicaragua 2001
**PERCENTAGE ADOLESCENT MOTHERS BY AGE GROUP, PLACE OF RESIDENCE AND ETHNIC GROUP IN SELECTED LAC COUNTRIES**

<table>
<thead>
<tr>
<th>Country and census year</th>
<th>Age group</th>
<th>Percentage adolescent mothers</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Indigenous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urban</td>
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<tr>
<td><strong>Brasil, 2010</strong></td>
<td>15-17 years</td>
<td>10.6</td>
</tr>
<tr>
<td></td>
<td>18-19 years</td>
<td>26.8</td>
</tr>
<tr>
<td></td>
<td>15-19 years</td>
<td>17.0</td>
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<tr>
<td><strong>Ecuador, 2010</strong></td>
<td>15-17 years</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>18-19 years</td>
<td>28.9</td>
</tr>
<tr>
<td></td>
<td>15-19 years</td>
<td>17.4</td>
</tr>
<tr>
<td><strong>Uruguay, 2010</strong></td>
<td>15-17 years</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>18-19 years</td>
<td>20.2</td>
</tr>
<tr>
<td></td>
<td>15-19 years</td>
<td>11.6</td>
</tr>
</tbody>
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ACCELERATING PROGRESS: A PUBLIC HEALTH AND MORAL IMPERATIVE

• Technical consultation in August 2016 organized jointly by PAHO/WHO, UNFPA and UNICEF:
  o To take stock of the situation and agree on strategic approaches and priority actions to accelerate progress

• 38 stakeholders representing global, regional and country-level stakeholders, including civil society, Ministries of Health and Education, youth, and representatives from Indigenous and Afro communities
CONCLUSIONS (1)

• There is no single portrait of an adolescent girl mother in LAC

• Adolescent pregnancy does not occur in a vacuum; a confluence of multi-layered factors at the individual, interpersonal relationship, community, and societal levels contribute to the high rates of adolescent fertility in LAC
CONCLUSIONS (2)

- Key factors contributing to adolescent pregnancy in LAC:
  - Lack of knowledge about their sexual and reproductive health and rights
  - Poor access to and inadequate use of contraceptives
  - Restrictive laws and policies
  - Education and income
  - Sexual violence and abuse
  - Unequal gender relations
THE CURRENT RESPONSE

• Regional commitments: Montevideo Consensus (ICPD + 20), Mexico Declaration; Regional Strategy for Adolescent and Youth Health

• All the sub-regions have developed multi-country plans or strategies:
  o The Andean Plan to Prevent Teen Pregnancy (PLANEA)
  o The Strategic Plan for the Prevention of Adolescent Pregnancy in Central America and the Dominican Republic,
  o The Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean
  o An intersectoral multi-country strategic framework to prevent and reduce adolescent pregnancy in the Southern Cone countries.

• Several countries have developed national adolescent pregnancy prevention plans
RECOMMENDATIONS (1)

• Make adolescent pregnancy and its drivers and impact more visible with data and stories.

• Design interventions taking into account local – including cultural - realities; fully involve adolescents.

• Invest resources in applying proven interventions; abandon ineffective ones.
RECOMMENDATIONS (2)

• Facilitate intersectoral collaboration.
• Move from boutique projects to large scale and sustained programmes.
• Consistently apply an equity lens to the design, implementation, and monitoring of interventions.
• Create an enabling environment for gender equality and adolescent sexual and reproductive health and rights.
MOVING FORWARD

• Advocacy for adherence to global and regional political and human rights commitments.

• Maximize the momentum generated by the SDGs and the Global Strategy for Women’s, Children’s, and Adolescent Health.

Coordinated support from regional partners to implement recommendations.
THANK YOU

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