

EXECUTIVE SUMMARY



This report examines trends in adolescent childbearing using techniques that focus on the most vulnerable girls, such as child mothers, girls with repeat adolescent childbearing, and births that occur in dangerously quick succession. In using these new measures, it uncovers the untold story of more than 50 years of adolescent childbearing in the world's low- and middle-income countries.

MOTHERHOOD IN CHILDHOOD

The Untold Story



The new measures reveal that the issue is not just about whether or not a girl gives birth in adolescence but if, when and how many births she experiences. That is, adolescent childbearing comprises three fundamental and interconnected fertility processes: (i) the timing of a first adolescent birth, (ii) the spacing between adolescent births and (iii) the quantity or total number of births to each adolescent mother. This multifaceted process is most immediately shaped by factors such as the age of menarche and sexual debut, the frequency of sexual activity, the patterns of marriage and union formation, and the use and effectiveness of contraception. It is worth emphasizing that the majority of first births to girls aged 17 years and younger, in 54 developing countries with data, occur within marriage or cohabiting unions. More distal determinants – such as girls' education – are also critical to the process and include gendered social, economic, cognitive and psychological factors at the individual, peer, family and community levels. Additionally, broader norms, values, inequalities, events, economic forces, and national laws, policies and priorities shape the adolescent fertility landscape.

Across the globe, there are encouraging signs of declining levels of motherhood in childhood (17 years and younger) and in adolescence (19 years and younger). Nevertheless, in many ways, the pace of decline has been alarmingly slow – often declining by only a few percentage points per decade – and has not kept pace with declines in total fertility. Key findings from this technical report on the most recent trends across low- and middle-income countries include the following.

KEY FINDINGS



TIMING

Nearly one third of all women in low- and middle-income countries begin childbearing in adolescence (i.e., at age 19 years and younger).

Nearly half of first births to adolescents are to child mothers aged 17 years and younger, and 6 per cent are to child mothers aged 14 years and younger.



QUANTITY

Additional childbearing in adolescence is common for child mothers. A girl with a first birth at the age of 14 years or younger has on average 2.2 births before she is 20 years of age. A girl with a first birth between the ages of 15 and 17 years has on average 1.5 births before she is 20.

Among girls with a first birth at 14 years of age or younger, nearly three quarters also have a second birth in adolescence, and 40 per cent of those with two births progress to a third birth before exiting adolescence.

Nearly half of girls with a first birth between the ages of 15 and 17 years have a second birth in adolescence, and 11 per cent of those with two births have a third birth in adolescence.

In line with child mothers' high rates of repeat births in adolescence, 50 per cent of all adolescent births are to girls who were 17 years or younger at the time of their first birth, while 8 per cent of all adolescent births are to girls who were 14 years or younger at the time of their first birth.



SPACING

Once an adolescent girl becomes a mother, she has a one-in-five chance of experiencing another adolescent birth within two years. Such short birth intervals come with considerable health risks.

More than half of all repeat births in adolescence occur within 23 months of a previous birth.



LIFETIME FERTILITY

Total fertility across the globe has fallen dramatically, but women who began childbearing in adolescence have had an average of 4.6 births by the time they are 40 years of age, while their peers who started childbearing after adolescence have had 3.4 births.

Adolescent births account for 16 per cent of all births.

The report also reviews regional trends and highlights noteworthy patterns in selected countries. As a region, Northern Africa and Western Asia has seen some of the strongest declines in adolescent childbearing. The declines are broadly concentrated among the oldest adolescents, however, meaning that relatively little has changed for a vulnerable core of girls among whom child motherhood and repeat adolescent childbearing remain widespread. Central and Southern Asia has also seen some of the most dramatic declines in adolescent childbearing of any world region, particularly among child mothers. Nevertheless, the likelihood of repeat adolescent births occurring within dangerously short inter-birth intervals remains particularly high. Eastern and South-Eastern Asia's declines in child motherhood have outpaced those in all other regions. The declines among older adolescents have been more limited, however, meaning that this region's declines in aggregate adolescent childbearing are more modest than those seen in other Asian regions.

Latin America and the Caribbean has seen some of the strongest declines in repeat adolescent childbearing, but very little change in first births. That is, in the earliest decades, the region had some of the lowest levels of adolescent motherhood, but because there has been comparatively little change, it now has some of the world's highest levels of adolescent childbearing. Oceania has also seen a decline in repeat adolescent childbearing, particularly among the youngest girls. However, there has been little change in many other aspects of adolescent childbearing, and indeed some increase in first births in adolescence. Though sub-Saharan Africa sees the highest levels of adolescent childbearing, and child motherhood in particular, it does not see repeat adolescent births happening within dangerously

short intervals to the same degree as seen elsewhere. Finally, the middle-income countries of Europe remain strong outliers in the regional trends, with low levels of adolescent childbearing for the most part. The region did though experience a period of dramatic increase in adolescent childbearing and motherhood in childhood in early decades.

It is important to note that this analysis examines births, not pregnancies, which are also critically important and treated in other publications. The trends in pregnancies can tell a very different story given differences in access to and the use of abortion across the globe. Each year, adolescent girls aged 15 to 19 years in low- and middle-income countries have an estimated 21 million pregnancies, nearly half of which – 10 million – are unintended. More than a quarter of those 21 million – an estimated 5.7 million – end in abortion, the majority of which occur in unsafe conditions.

With a fuller understanding of the timing, spacing and quantity of the adolescent childbearing process – and eventually their proximate and distal determinants – policy and programming can better frame and target their approaches. Promising interventions include components of asset building for adolescent girls, support for families and parents, comprehensive sexuality education, health service provision, and community and policy engagement. This report's findings on the prevalence of motherhood in childhood and repeat adolescent childbearing highlight that more needs to be done to design, implement and evaluate programmes that target the youngest starters and girls at risk of rapid and repeat adolescent births.

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