Young Women’s Empowerment and Teenage Pregnancy in the Pacific

i am not a lost cause!
Like a rite of passage, a part of growing up in the Pacific is hearing the stories about someone’s cousin or friend or a neighbour who becomes pregnant before she reaches the age of 16 years and the resulting shock voiced by those around her.

These young expectant mothers not only join the troubling national statistics on teenage pregnancy, they also become the subject of negative commentary over the dinner table, the object of sniggering in school and on the streets, and, worse still, they become a tag line for parents and teachers who warn other girls: You don’t want to end up like her!

But teenage pregnancy need not be a sentence. Yoshiko Yamaguchi, from the Marshall Islands, found her life had changed drastically at 17. She was pregnant and society was poised to seal her fate with the usual stigma and discrimination that greets a single, young pregnant Pacific woman. However, with the support of her parents and her partner, Yoshiko went

“As a youth activist, I share my experiences because people need to know things from the perspective of a teenage mother.”

Yoshiko, Marshall Islands
on to graduate with a Bachelor’s Degree through a scholarship from the University of Hawaii. She is now the National Coordinator of UNDP’s Global Environment Facility (GEF) Small Grants Programme. Even more admirable is her role as a national and regional advocate for young people and for sexual and reproductive health and rights (SRHR). Yoshiko, now a mother of 2 children, says she will continue to motivate young girls to plan their lives and to encourage young girls who are pregnant and teenage mothers to stay strong.

Yoshiko’s story and her courage, like that of many others, inspires the United Nations Population Fund to prioritize, invest in and advocate for young women, especially adolescent girls. What motivates UNFPA however, is the belief that a young woman’s successful passage from childhood and adulthood should not oblige her to exercise such courage or determination. We know that, in reality, it is the opportunities and choices to which a young woman has access during her adolescence that determine whether she will arrive in adulthood empowered, equipped, active and resilient or instead, entrenched in poverty, voiceless and bearing the scars of neglect and violence.

When teenage pregnancy occurs, a girl’s healthy development into adulthood is side swiped and her chances of achieving her full potential are placed at serious risk. Early pregnancy can impede a girl’s rights, including her rights to education and social supports. Child marriage, coercive sex, and gender-based violence are often key elements in the context in which a girl becomes pregnant and all are human rights violations, as are denials of access to sexual and reproductive health information and essential services. Under these circumstances, the consequences of pregnancy in her teenage years can be felt throughout her life and carry over to the next generation.

If girls are to reach their goals and realize their potential then early pregnancy must be prevented and their rights must be upheld and protected. Respecting young people’s rights means involving them in decision-making about their own lives and their own communities. It means the relevant policy approaches must be inclusive and non-coercive while the relevant systems (health, education, social welfare, and labour) must also be human rights based. This needs governments and community leaders to stand up for the rights of young people in general and young women in particular.
TEENAGE PREGNANCY in the Pacific
Over the last decade, young women’s fertility rates (ages 15-19) across the Pacific have declined in eight countries. However, in five countries (Marshall Islands, Nauru, Papua New Guinea, Solomon Islands and Vanuatu) rates have remained high, at over 50 of births to women 15-19 years per 1,000 women 15-19 years. This highlights a need for stronger focus on adolescent sexual and reproductive health information and services. If teenage mothers’ unmet need for contraception was addressed and contraceptive services made more readily and reliably available, the cycle of poverty that traps many Pacific families could be broken and their health could be improved.

In many Pacific countries, the Contraceptive Prevalence Rate (CPR) for young women (aged 15-24 years) is extremely low, reflecting their high unmet need for contraception and their desire to delay the onset of child bearing and plan birth spacing. Underscoring the importance of enhancing young people’s access to sexual and reproductive health information and services are the number of countries in the Pacific that have a significant proportion of their populations under the age of 14 years. This combined with unacceptably high adolescent fertility rates makes targeting young people with sound public policies a matter of critical public interest.

**Age Specific fertility rates (15-19 years)** in selected Pacific Island Countries, 1990 and 2011


2. Also known as Teenage or Adolescent Fertility Rate
Investing in adolescent girls’ and young women’s SRHR will contribute to preventing teenage pregnancy and sexually transmitted infections including HIV. Ultimately, however, such interventions can also enable and encourage girls to stay in schools; it will improve their understanding of their rights to live free from violence; equip them with understanding about safe options and enhance their ability to make informed choices. Each of these is especially important in the Pacific given its large “youth bulge” in which the youth age group of 15-24 years accounts for nearly two million people. This is close to a fifth of the region’s total population and a third of the working age population in all the Pacific Sub-Regions (Micronesia, Polynesia and Melanesia) where 11 countries have more than a third of their adult working age population in the youth age group. Approximately 42 per cent of the Marshall Islands population is under 15 years old while in eight countries (FSM, Kiribati, Nauru, PNG, Samoa, Solomon, Tonga and Vanuatu) 35 to 40 per cent of their population is under 15 years. Several countries have more than 10 per cent of their population aged between 15-19 years.

Pregnancy in the teen years is not always only a product of unmet need for contraception or lack of information about SRHR. In many cases, teenage pregnancy is the result of a girl’s lack of autonomy over her own body and her pregnancy the result of unwanted or forced sexual relations. In many Pacific countries the stigma associated with sexual violence or coerced sexual experiences and disclosure of these, works against young women’s and adolescent girl’s access to health information and care including, to emergency contraception, therapeutic counselling and inhibits the exercise of their right to legal redress.

In the past decade, collaborative effort between governments, civil society organizations and UNFPA, alongside strong support from donor and development partners, has delivered a marked improvement in the availability and reliability of statistics on violence against women and children in the Pacific region (for example, through the Family Health and Safety or Support Studies). According to the violence against women studies undertaken in Kiribati, Samoa, Solomon Islands and Vanuatu, the younger a girl’s first sexual experience, the more likely that it was forced.

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4 Vanuatu National Survey on Women’s Lives and Family Relationships was undertaken by the Vanuatu Women’s Crisis Center in partnership with the Vanuatu National Statistics Office and funded by the Australian Agency for International Development (AusAID).
Data from the violence against women studies undertaken in Kiribati, Samoa, Solomon Islands and Vanuatu reveal that between 3 to 8 per cent of women had their first sexual experience before age 15, and between 23 to 50 per cent before the age 18. Although only a small percentage of women reported that their first sexual experience was below the age of 15, among those women, between 23 per cent in Kiribati to 59 per cent in Vanuatu reported that their first sexual experience was forced. Data for all countries show that the later the first sexual experience, the less likely it was forced. In the women whose first sexual experience was after the age 18, only 6 to 20 per cent reported that it was forced. Understanding the link between violence and teenage pregnancy is key to establishing effective prevention strategies.
Considerable effort has been made by governments, development partners and non-governmental organisations (NGOs) to address teenage pregnancies as a public health issue. However, there has been inadequate prioritization of teenage pregnancy as an important development issue, despite the scale of the “youth bulge” in the populations of the majority of the countries in Pacific.

Yet, teenage pregnancy is clearly a development challenge in need of tackling. In the Pacific, it is deeply rooted in poverty, unequal gender roles and expectations and in gender based violence. It is an outcome of the power imbalance between girls and their sexual partners; a product of their lack of access to information and thus to informed choice; and a result of failings in the education, health and other public systems.

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Frequency distribution of age at which women experienced first sexual intercourse

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Kiribati</th>
<th>Samoa</th>
<th>Solomon Is.</th>
<th>Vanuatu</th>
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<tbody>
<tr>
<td>&lt;15</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
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<tr>
<td>15-17</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>30</td>
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<tr>
<td>18+</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>20</td>
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When Pregnant:

- Teenage girls are more susceptible to depression, stress and suicide, alcohol and drug abuse;
- Teenage girls who do not have the support of their families or are abandoned by their partners may resort to harmful abortion practices such as self-induced abortion;
- Due to stigma and lack of information, teenage girls may fail to attend antenatal care or do so too late in their pregnancy, which can result in complications;
- Insufficient pelvic maturity in young girls means their pregnancy is more likely to end in prolonged delivery and obstructed labor, which can lead to hemorrhage and death;
- Teenage girls are more likely to experience premature labor, spontaneous abortion and stillbirth than older women;
- Teenage girls have higher risks of premature births, and of prenatal and neonatal mortality.

As Mothers:

- Teenage girls who have to care for their children are more often unable to continue school or join the workforce which limits their opportunities to contribute to a nation’s productivity and prosperity;
- Teenage girls and their child/children often become an economic burden on their parents, grandparents and/or communities, who themselves may already be in difficult economic or social circumstances;
- To support a teenage mother and child, a young man may leave school prematurely in search of employment and to supplement income. This limits too his future opportunities for better education and more skilled employment.

And, teenage girls who have been pregnant once are more likely to have repeated, unplanned pregnancies.
Moreover, some research suggests that children who are born to teenage mothers also pay a heavy price. For instance, they are more likely to have:

- Lower weights at birth;
- More reliance on the health system;
- Lower levels of emotional support and cognitive stimulation;
- Fewer social skills and be less prepared to learn;
- More behavioural problems;
- Lower rates of school achievement and higher drop outs from secondary education;
- Higher rates of pregnancy or fatherhood as a teenager;
- Higher rates of unemployment or underemployment as a young adult.

These personal, economic, social and health costs of teenage pregnancies are further compounded by the specific problems that young women face. In a recent on-line dialogue session of the Pacific Young Women’s Leadership Alliance (PYWLA), young women from around the Pacific discussing teenage pregnancy and sexual reproductive health and rights, highlighted some of their concerns as including:

- The on-going stigmatization they face;
- Misplaced blaming of them by others;
- Religious and cultural barriers to receiving needed information, services and support;
- The absence of support provided to them by their families and communities;
- Lack of access to comprehensive sexuality education and information;
- The wide spread misconception that family planning is only the girl’s responsibility;
- Violence against women and girls including sexual violence.

In the Pacific, there has been very little attention placed on children born to teenage mothers thus there is a need for more focused research on the different aspects of teenage pregnancy with a specific focus on the implications for children’s development.

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6 “Teen Pregnancy improving the lives of Young people and strengthening communities by reducing teen pregnancy, At a Glance 2011”, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2011

“Fact sheet - The Children of Teen Parents”, FSU Center for Prevention & Early Intervention Policy, 2005

7 PYWLA is composed of regional and UN organizations: Fiji Women’s Rights Movement (secretariat), Commonwealth Youth Programme South Pacific Centre, FemLink Pacific, International Planned Parenthood Federation, International Women’s Development Agency, Pacific Youth Council, Secretariat of the Pacific Community, YWCA, UNFPA, UNICEF, UNWomen
A number of initiatives are underway across the Pacific to empower girls and young women, address the multi-faceted barriers that young people face in their access to information and services and to challenge the stigma that teenagers confront when they are pregnant or young mothers:

- Enhancing access to and delivery of SRHR, including contraception, information and services in rural areas, informal settlements and outer islands;
- Institutionalising Comprehensive Sexuality Education (CSE) in the school curricula for primary, secondary and tertiary educational institutes;
- Providing CSE for out of school youths, parents and communities;
- Creating enabling environments for the prevention of teenage pregnancy by addressing its underlying determinants including by involving young people in decision making processes.

The underlying institutional failures, which entrench, rather than ameliorate, the personal, social and economic costs of teenage pregnancy, include:

- The failure to provide access to sexual reproductive health services for both young women and young men, especially in rural and remote areas, informal settlements and on outer islands;
- The failure to provide youth friendly services including access contraception and emergency contraception;
- Judgemental and/or poorly trained service providers;
- The failure to involve young people themselves in the development of and decisions about programmes and services that directly affect them.

Strategies to Respond to Teenage Pregnancy in the Pacific

Aileen, PNG

Increasing the knowledge of a young woman on family planning is not enough if her family is not supportive or the health centre is 200km away with a lack of staff and resources. We find that a young man can’t go and get a STI screening because most of the services are for women, especially pregnant mothers. Young women can’t practise safe sex because it is against her religion to use a condom or even talk about the issue. Young women can’t report a rape case because the families decide to pay compensation or because the police blame the woman for walking out late.

Where is the justice in this? - Aileen, PNG
... while the Ministry of Health have strategically established various clinics around the island which provide the basic family planning, maternal health, child care services ... this resource is not effectively utilized aside from the residents within the immediate area, and only by married women.

Young girls are too scared of the “talk” that will accompany their approach to these clinics, as most are labelled as “loose” and “not -virtuous” for doing so... when some of the girls would go to these clinics, workers would then report these sessions back to our teachers not with the intent of addressing why young girls resort to family planning methods at such a young age but with reporting these girls for coming over.... A change in mind set and perspective I believe is crucial.

- Sela, Tonga
Working in partnership with governments and NGOs, such as International Planned Parenthood Federation (IPPF), and supported by AusAID and the New Zealand Ministry of Foreign Affairs and Trade, UNFPA - through its Pacific Sub-Regional Office (PSRO) - supports initiatives to make sexual and reproductive health information and services more available to, supportive of and respectful towards adolescents and youth. The key service components we work for include: universal access to sexual and reproductive health information; provision of modern contraceptive methods including emergency contraception at health services; quality obstetric, midwifery and antenatal care for all pregnant women and girls; and the prevention and management of STIs, including HIV in both young men and young women.

However, while when asked young women acknowledge the efforts of Pacific governments and development partners, they also strongly believe that measures to improve access to SRHR information and services must be more inclusive and involve greater active participation by young women themselves.

Young women participating in the PYWLA on-line dialogue, for example, emphasised that some of the main inadequacies in service provision to young people, especially adolescent girls, include:

- Lack of qualified counsellors and the need for counselling services to be available in general health services. They noted that most health personnel providing counselling services have not been properly trained to provide this service to young people and thus do not appreciate the need to respect young people’s, especially young women’s, privacy. Confidentiality in health care, especially for small island states, is crucial. Young women must be able to access SRHR services without judgment and discrimination and be able to receive the highest standards of health care possible.

- Health services are mostly located in or near the main urban centres. This means young women in rural areas, informal settlements and on the outer islands cannot have regular or easy access. Young women highlight the need to change this situation and call for more youth-friendly health services that are strategically placed and which offer extended hours of service. They stress the need for more involvement of trained peer educators to ensure services are truly “youth friendly”.

On the question of access to information, PYWLA’s young women participants called for public awareness campaigns that would promote SRHR as a responsibility shared between young women and young men. Health awareness campaigns are often seen as targeting women only, carrying thus the implication that women should be held more responsible for SRH outcomes. In teenage pregnancy, the associated stigma and criticism falls most heavily on the young woman herself and on her family. Young women face harsher scrutiny from their peers and the surrounding community and often are blamed for failing to take preventative measures, even where they have no access to contraceptives and although they often lack the power to make informed choices in the context of their sexual relationships.

Many young women report experiences in which their partners have refused to use a condom. Many were unaware of other contraception options available to them or were apprehensive about using alternatives because of associated myths and misunderstandings. An inclusive awareness and education campaign that emphasizes family planning as a shared responsibility, is urgently needed in order to advancing SRHR in the Pacific.

An effective solution, in which UNFPA and other development partners are investing, is the institutionalisation of CSE in schools and the scaling up efforts to provide CSE to youth who are out of school. Incorporating CSE (or Family Life Education –FLE - as is preferred in some countries) appropriately in school curricula can give young people, including adolescent girls and boys, what they need to make well-informed choices about their sexual and reproductive health. This not only empowers young people it ultimately reduces the health, social and economic costs associated with unintended teenage pregnancy.

CSE curricula that are grounded in human rights and gender equality also help to tackle the stigma associated with accessing SRH services, challenge destructive social norms and which in turn supports efforts to combat gender stereotyping.
Young women themselves believe that CSE in schools is the most sustainable means by which to advance SRHR in the Pacific. However, they urge that a more inclusive approach to the development of CSE curricula be taken.

Involving young people, especially alumni students who have been through CSE, should be a priority. UNFPA is supporting 10 countries to provide CSE (FLE) in school curricula, namely Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. Each is at a different stage in their development and implementation of CSE (FLE) and progress has been made possible only thanks to strong political will and commitment from Pacific governments. UNFPA is working with governments to involve young people in these initiatives, through, for example, in-country youth advisory bodies, so that CSE curricula and dissemination strategies are youth relevant and youth friendly.

While provision of CSE for both in- and out-of school young people will help accelerate the advance of SRHR in the Pacific, it is not enough to only educate the youth. Simultaneous and continuous efforts need to be directed at education on SRHR for parents and communities at large, including on the importance of sexuality education. Such initiatives help to create a supportive environment in which young people can discuss their issues more openly, make more informed choices, better understand the nature of consensual relationships and access services without fear of stigma or discrimination; all of which further reinforces responsible sexual behaviour.

The pay off from Comprehensive Sexuality Education may take some time to be fully realised. However, preventative, rather than only remedial, measures are needed if current and future generations are to have the opportunities they are entitled to: lead healthy lives, fulfil their potential and actively contribute to the prosperity, sustainability and inclusiveness of their societies.

As a teenager (even worse an orphan) I collected my first set of information on SRHR from my peers in senior primary school – I wish it was from my parents or teacher ...

- Jasmine, Solomon Islands
A Supportive and Enabling Environment
Many Pacific countries are recognising that for young people, especially young women and adolescent girls, to fulfil their individual potential and thereby contribute effectively to national development, a collective effort by all key stakeholders is needed to create for them a supportive and enabling environment.

This is a matter of both a young person’s immediate environment (as provided by, for example, parents, peers, teachers, community, health providers) and their broader environment encompassing those policies, legislation and mass media that target or otherwise impact on young people. To support and empower young people, both levels of social environment must be oriented to respect for a young person’s evolving capacity to make decisions affecting their life; to helping young people develop the understanding, behaviours and skills needed to set them on course for an empowered and healthy adulthood; and to standing by a young person’s right of access to essential SRH information and services, including to contraception and emergency contraception, without being subjected to stigma and discrimination.

The importance of these enabling environments was set out at the recent Pacific Conference of Parliamentarians on Population and Development held in August 2013, which culminated in the Moana Declaration. Among the Declaration’s 18 recommendations are those calling for: the creation of an enabling environment to ensure access to SRHR for all people without discrimination; the incorporation of sexual and reproductive health-related issues in development strategies; increased participation of women and young people in decision-making processes; and the elimination of gender-based violence.
Religious authorities and communities, such as local churches, can play an important part in the enhancement of SRHR for young people. Among the most influential institutions in Pacific communities, churches can generate awareness of SRHR including, for example, STIs and, critically, gender based violence. Religious leaders can be influential supporters and advocates for SRHR and they can effective promoters of gender equality. Religious leaders should be among those who are sensitized, educated and engaged in the promotion of SRHR, ensuring that they can fully appreciate the challenges confronting young people and the specific difficulties faced by young women.

UNFPA places the development, health and human rights of youth, especially young women and the adolescent girl, at the core of our programmes in the Pacific. Through its country programmes, UNFPA recognises and interacts with the unique cultures and identities of each of 14 Pacific Island Countries. We support the commitments made by, and the strategies of, the region’s governments by providing tailor-made interventions and focused technical expertise that are designed to increase young people’s access to their sexual and reproductive health and rights, including by increasing their decision-making power and voice within their own communities. This also involves advocating for implementation of polices and investments to ensure that young women gain the knowledge, skills and confidence they need to realize their full potential and to contribute to decision making at local, national, regional and international levels.

Other innovative approaches for addressing teenage pregnancy in the Pacific

UNFPA is enriching its country programmes in the Pacific, taking innovative steps for the purpose of deepening local understanding of effective solutions. We are also strengthening our private sector partnerships, especially with the telecommunication sector. With mobile technology providing popular forms of communication between young people, the region has a platform by which to increase young
people’s ease of access to SRHR information. This mode of transmission can provide a young person access to information without the attendant fear of stigma or discrimination, which is especially important for young women. UNFPA is also taking advantage of social media to actively engage in dialogue with young people, so that they can voice their concerns in real time, and be part of key decision making processes including in the design of SRH solutions.

**Wantok Pacific, Wantok Future**

Young people, especially young women and adolescent girls, hold the key to the Pacific’s future: they are its tipping point and its hope. If the region’s governments are to secure the social and economic well-being of their countries, they have to first ensure the social and economic well being of their young people. And, the most basic step in doing so is to improve young people’s SRHR.

A sustainable, inclusive, prosperous future for the Pacific will only be secured if governments and communities also understand and respect young people’s, especially adolescents’, evolving capacities including their emergent needs in regards to sexual and reproductive health and wellbeing. An integrated and collaborative approach that involves all key stakeholders, including young people themselves, can create the necessary supportive and enabling environment that maximises the probability of a successful passage into adulthood and limits the likelihood of negative or unwanted outcomes.

The recent expression of solidarity with young people, and commitment to their well being, issued by government officials and parliamentarians from various Pacific countries as captured in the Moana Declaration and reinforced at the 6th Asian and the Pacific Population Conference in September 2013, signals hope for young people, especially young women and adolescent girls in the Pacific. The 12 Pacific government
delegations, representing Cook Islands, Federated States of Micronesia, Fiji, Nauru, Niue, Papua New Guinea, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, along with youth and NGO representatives, spoke with one voice when they affirmed that inclusiveness, gender equality and SRHR are indispensable both to sustainable development and in the Pacific demands for the Post-2015 global development framework. UNFPA firmly supports this understanding that future global development agenda will only succeed if women, adolescents and young people are at its centre.

UNFPA’s commitment to the Pacific is clear: the empowerment of women, adolescents and young people to exercise their reproductive rights; universal access to sexual and reproductive health services within a framework of human rights and gender equality; innovative approaches that are more inclusive of young people’s voices, especially those of young women and adolescent girls and focused attention on the implications of population dynamics for the region’s future development. In partnership with Pacific governments, NGOs, donors and development partners, UNFPA will continue to work to substantially reduce unintended teenage pregnancies and improve the lives of young people by empowering young women to make informed choices and enabling young men to respect young women’s choices, so that every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.
The Moana is not only a ground-breaking communiqué, it is a concept, an image and a construct represented by the ocean. Through this we are all affirmed as being profoundly, deeply, inevitably and inextricably connected and it is to these connections that, in this communiqué, we have sought to give text.

- Kate Gilmore, UNFPA Deputy Executive Director, 2013