

[AS PREPARED FOR DELIVERY]



DR. NEIL SHARMA

Minister for Health

**ADDRESS – LAUNCH OF MOTHERHOOD IN CHILDHOOD:
FACING THE CHALLENGE OF ADOLESCENT PREGNANCY**

LALI ROOM 1, HOLIDAY INN
10.00 AM

FRIDAY, 1ST NOVEMBER 2013

**Distinguished Minister for Social Welfare, Women and
Poverty Alleviation, Dr. Jiko Luveni,
Director and Representative of the United Nations
Population Fund Pacific Sub-Regional Office, Dr.
Laurent Zessler,
Your Excellencies,
Members of the Diplomatic Corp,
Distinguished guests,
Students,
Ladies and gentlemen**

A very good morning; A particularly warm welcome to Dr. Zessler, who I understand arrived last night from his former post in Afghanistan, to be the new Director and Representative of the United Nations Population Fund Sub-Regional Office.

I must also, thank UNFPA Pacific Sub-Regional Office for inviting me to speak on the issue of adolescent pregnancy in Fiji on this occasion of the launch of the 2013 State of World Population report, *Motherhood in Childhood: Facing the challenge of adolescent pregnancy*.

This year the report focuses on adolescent pregnancy. This is indeed a health and development issue, the consequences of which are eventually reflected at the national and global level. Implicit in the title are fundamental wrongs, we as society, continue to commit against girls.

We allow circumstances that rob them of their inherent right to have and enjoy a childhood, to have and complete an education, to be able to decide if they want to marry and when to marry, and so on.

The report brings home an issue that should be at the heart of national development plans of our Pacific island nations,

because it is about half of our population, girls and women, not reaching their highest potential. As societies and economies, we are short-changing ourselves when this is a reality on the ground, when half our populace is not involved in our development plans, because we deprive our young girls and women, equal opportunity.

Ladies and gentlemen, last month, Fiji accepted the President's assent to the 2013 Constitution. The preamble of the Constitution states, and I quote. **"Commit ourselves to the recognition and protection of human rights, and respect for human dignity"** Chapter 2 provides for the Bill of Rights, which includes the right to life, the right to personal liberty, the right to security including the right to be free from any form of violence, and the right to health. As a family, community and nation, we must recognise that girls are individuals who are born with inherent human rights, and I acknowledge at this juncture the United Nations General Assembly decision to observe October 11 as the International Day of the Girl.

Girls are not properties of individuals or families or communities. We have a Constitution that recognises and protects her: she has the right to life and personal liberty as any other member of the community; she has the right to

dignified and personal security; she can practice her beliefs whatever it may be and she must be free from any form of violence. I am proud as well of the fact that the 2013 Constitution, under the Bill of Rights' *Right to Health* provision, our Constitution specifically states the provision of (and I quote) **"reproductive health care"** (unquote) as necessary to good health. It is not therefore merely a moral obligation to be concerned with the issue of adolescent pregnancy.

Addressing the issue of adolescent pregnancy is a moral and legal obligation. We must change our mind-set and ensure an enabling environment wherein girls can reach their full potential.

An unplanned pregnancy is not the end of someone's life for we do have examples of girls who, with appropriate support, do return to the classroom, complete their education at the highest level they are capable of and become invaluable members of the workforce.

In such cases, it is both a testimony of an enabling environment and the girl's determination not to let her unplanned pregnancy dictate the rest of her life. It is also a great example of the capacity of the social capital that is still at our disposal: our extended families and communities.

It is to this pool of social capital which I appeal to this morning, for a collective effort towards addressing the issue of adolescent pregnancy in our families, in our communities and at national level. My concern stems from the fact that our region has one of the highest rates of adolescent or teenage pregnancy, in the world.

Fiji's response to adolescent pregnancy

My colleague the Honourable Minister for Women will expand on the regional situation but I would like to just highlight a few issues of concern at national level.

You may know that 60 per cent of Fiji's population is below 30 years old. There are more than 12,000 youths graduating out of the school system annually. The need to focus on youth-related issues is paramount; consulting young people for social, economic and political development is critical and should not just be rhetoric.

Fundamental cause factors that can lead to adolescent pregnancy include **gender inequality and violence against women**. This government aims to end the violence

perpetrated against women and children. Legislations have either been formulated or updated to support this intention; these include the Domestic Violence Decree 2009, the Criminal Procedures Decree 2009, Crimes Decree 2009, Sentencing and Penalties Decree 2009, Child Welfare Decree 2010, and the Employment Relations Promulgation 2007. The government has also signed a **“Commit Campaign”** initiative with UN Women to reaffirm its position on the elimination of violence against women and children. The signing takes our accountability to global levels and we should all be proud of this courageous step. The Ministry of Women in partnership with local leaders and communities are advocating for Violence Free villages and communities.

The Ministry of Health has also invested resources addressing issues faced by our youths in the past five years through its Peer educators in the 19 Medical Sub-Divisions. Working with the Ministry of Education, with technical support from the United Nations Population Fund Pacific office, the process of integrating comprehensive and age-appropriate sexuality education into our curricula has been rolling out well. To ensure sexual and reproductive health and rights information is disseminated both in schools and outside such formal structures, the government also has an adolescent and peer

educators programs that involve community visits. Topics discussed include emergency contraception, family planning and condom use.

One of my points: is how the Fiji government is advanced of even developed economies in the utilization of social media platforms – Facebook and mobile phones – for the dissemination of health-related information. More than 200,000 people in Fiji reportedly have a Facebook account, and the number keeps growing. The ministry's Facebook account targets 15 to 29-year-olds and it contains messages and information on adolescent pregnancy, the use of contraception, and the transmission of sexually transmitted infections, among others.

The examples I have just outlined complements related work in other line ministries and by stakeholders like non-government organisations. In Lautoka, the Reproductive and Family Health Association of Fiji, apart from its other areas of focus, provides counseling specifically for adolescent and or single mothers.

Concluding Remarks

Ladies and gentlemen, 328 adolescent pregnancy cases were recorded at the Lautoka Hospital in 2010, according to a senior gynecologist in June this year. Seventy of them were girls between 15 and 17 years. The highest number, 255 cases, were of 18 and 19-year-olds. In August, His Excellency the President expressed concern over the unprecedented rates of unplanned adolescent pregnancies. He had said then the fact that adolescent mothers comprise 10 per cent of all pregnancies was **“unacceptable”**.

The 2013 State of World Population Report rightly reminds us that adolescent pregnancies do not occur in a vacuum; they occur within an interlocking set of factors such as widespread poverty. These multi-layered forces and their numerous consequences prevent girls from enjoying their inherent human rights; it curtails girls’ ability to be empowered to shape their future.

The government has ensured legal support towards addressing issues like adolescent pregnancy. To be the focus of a global report like this is reflective of how much of a concern

adolescent pregnancy has become. These laws are however useless if as a society, we continue to create a dis-enabling environment for girls to thrive and reach their full potential in.

We blame society, but we are society. I appeal to the social capital that provides the care and love for all people: just as you (eventually) accept unplanned adolescent pregnancy and care and nurture the baby communally, could we not extend this to the girl-child. We are all responsible for circumstances that allow unplanned adolescent pregnancies.

A service provider which deprives a young person of contraceptives because of cultural norms or religious beliefs violates the right of that individual. A leadership that does not recognise the threats adolescent pregnancy poses to the achievement of development goals is being unrealistic and naïve. People that discriminates and refuse to value what girls and or young women are capable of, short-charges itself.

Ladies and gentlemen, all of us present here this morning, whether you are from embassies or non-government organisations or still students – we all have something to contribute towards addressing **adolescent pregnancy**.

May I close with a quote from His Excellency, the President, when he said in August that “... **you must advocate pregnancies by choice, and provide women and girls of our nation with the necessary knowledge, skills and attitudes so that they will use contraceptives as and when required.**”

I thank you.

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