

EARLY AND UNINTENDED PREGNANCY

Recommendations for the education sector

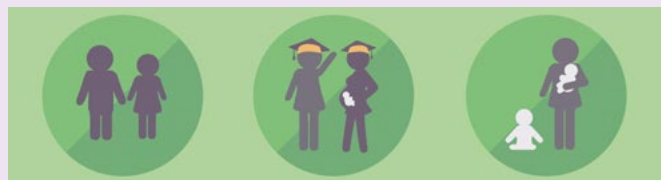
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Available evidence supports a clear and compelling role for the education sector in preventing early and unintended pregnancy and ensuring the right to education for pregnant and parenting girls.

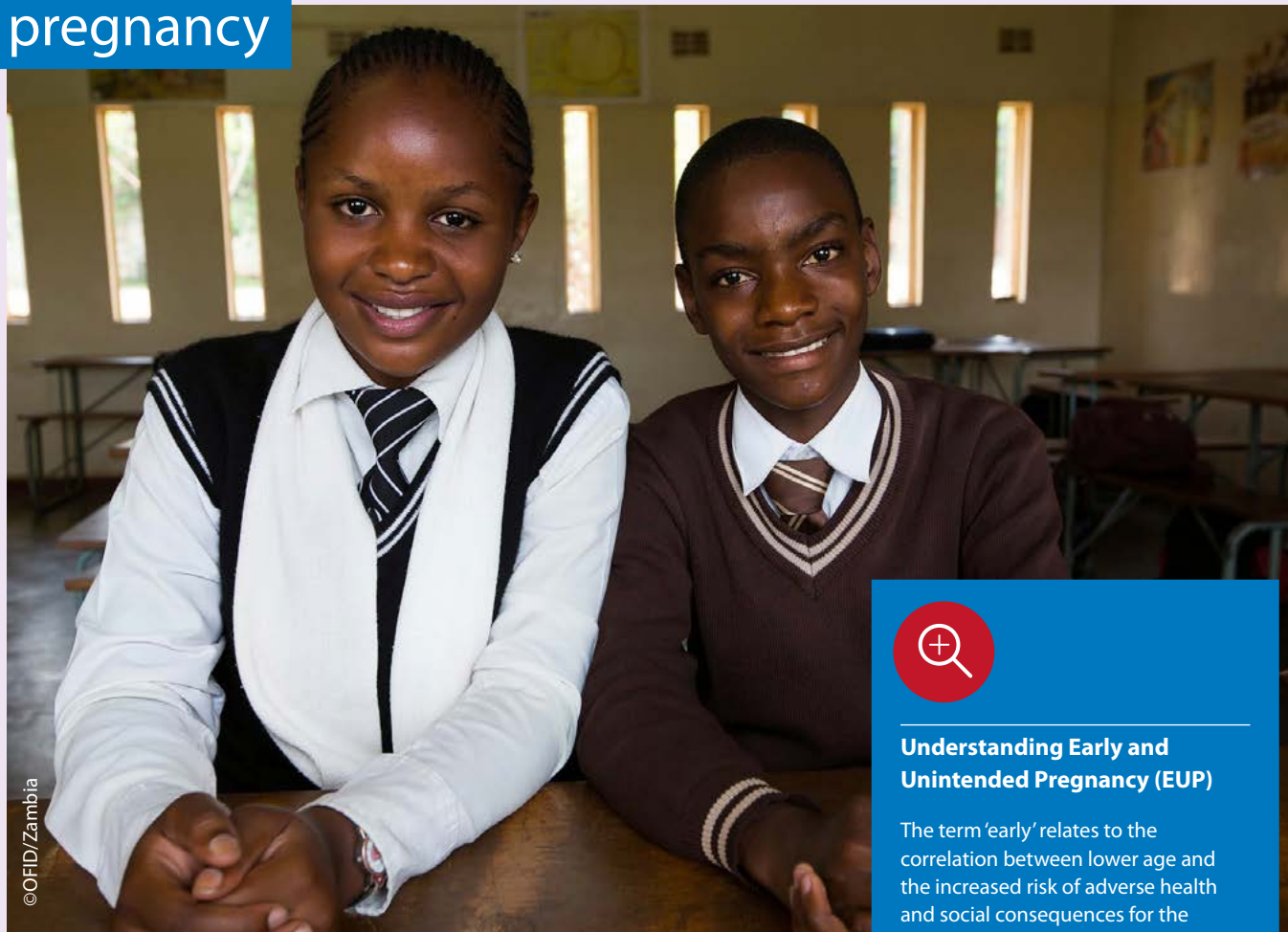
Education has a key role in preventing early and unintended pregnancy – it is effective when girls:

- Can access and attend school
- Can begin their schooling early in life
- Can remain in school longer
- Are supported to continue their education, particularly by a supportive and welcoming school environment
- Are protected in school from expulsion, exclusion and violence
- Learn about their bodies, how to manage their reproductive health, about gender equality and power in relationships
- Are provided with access or referrals to services

Early and unintended pregnancy can be prevented through good quality comprehensive sexuality education that includes content on gender equality, and linkages with services ensuring the availability of contraceptives. When a girl becomes pregnant, re-entry and school resuming policies need to be put in place and should be well implemented to allow pregnant and parenting girls to fulfil their right to education.



Scope and impact of early and unintended pregnancy



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Understanding Early and Unintended Pregnancy (EUP)

The term 'early' relates to the correlation between lower age and the increased risk of adverse health and social consequences for the mother and her newborn¹. The term 'unintended' refers to unplanned or unexpected pregnancies, which should be addressed separately from pregnancies that are early and planned.

It is important to recognize girls' rights to make decisions about pregnancy, while also balancing the health, educational, economic and social consequences of having children at a very young age.

The global context

Early and unintended pregnancy (EUP) is a global concern affecting both developed and developing countries. It has a major impact on the lives of adolescents – especially girls – in terms of their health, social, economic and education outcomes.

The largest numbers of adolescents under age 19 who become pregnant are in low- and middle-income countries (LMICs). In 36 LMICs, up to 25 per cent of women aged 15–19 are either pregnant or have given birth, and more than 40 per cent of women marry before the age of 18 in 16 LMICs (Head et al., 2014). Sub-Saharan Africa had the highest fertility rate among 15–19 years olds (with 103 births per 1,000 girls), followed by Latin America and the Caribbean (64.57 births per 1,000 girls) (World Bank open data).

The situation regarding EUP varies between regions and is also specific depending on the context of different regions. For instance, while Latin America, the Caribbean and high-income countries have higher rates of adolescent pregnancy outside marriage, in South Asia the majority of adolescent pregnancies are within marriage or union. In contrast, Sub-Saharan Africa presents high rates of both scenarios (WHO, 2012). While EUP affects young people in different contexts,

the critical issue is limited access to education and health services and poorer health outcomes.

At present, the status of the education sector response to EUP

is still mixed. Policies and practices in schools allowing girls to continue their education when pregnant or parenting are lacking or are not well implemented. This is as a result of lack of knowledge at district or school level or because of arbitrary and context-specific decisions made about their application. Where such 're-entry policies' do exist they often have punitive requirements, such as the obligation for girls to apply to a different school or to stay out of the education system for a fixed period of time before re-entry.

⁰¹ There is no standard definition for 'early pregnancy'. World Health Organization (WHO) guidelines use the term to define any pregnancy before the age of 20. See http://www.who.int/maternal_child_adolescent/documents/preventing_early_pregnancy/en

Early and unintended pregnancy...

...and the education and well-being of adolescent girls

For an adolescent girl (aged 10–19 years old), experiencing pregnancy while still at school often means facing harsh social sanctions and difficult choices that have life-long consequences. Becoming pregnant could mean expulsion from home and school; being shamed and stigmatized by family, community members and peers; increased vulnerability to violence and abuse; and greater poverty and economic hardship.

The health and developmental repercussions of early pregnancy can be damaging. The impact on adolescent mothers includes risks of maternal death, illness and disability, including obstetric fistula, complications of unsafe abortion, sexually transmitted infections; including HIV, and health risks to infants. About 70,000 adolescents in developing countries die annually of causes related to pregnancy and childbirth. There are additional psychosocial harms as a girl may experience stress or depression if she is not psychologically prepared for marriage, sex or pregnancy - especially when sex is coerced or non-consensual – if she is shunned by family or the community or if she is unable to seek reproductive health services (UNFPA, 2013).

While the causal relationship between adolescent pregnancies and early school-leaving may be difficult to clearly establish, early and unintended pregnancy can lead adolescents to drop out of school. For example, one study in Chile found that being

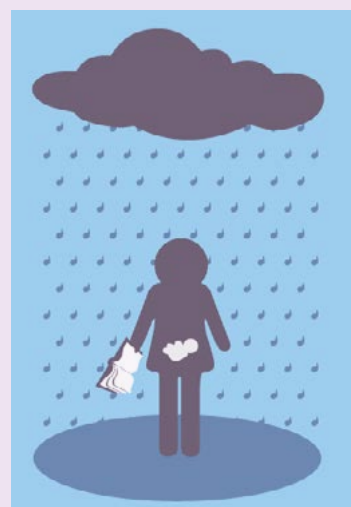
**About 70,000 adolescents
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a mother reduces a girl's likelihood of attending and completing high school by between 24 and 37 per cent (Kruger et al., 2009; UNFPA, 2013). As a consequence of dropping out of school, girls' opportunities are reduced in terms of the overall benefits of education that contribute to their physical and emotional growth, increase in knowledge and life skills, higher self-confidence and better outcomes in life.

Pregnant girls and adolescent mothers may stay in school but they may disengage with learning and go unnoticed by teachers. The quality of learning and their educational

experience are likewise affected by a pregnancy, since pregnant students may feel tired and lack concentration at school, and are sometimes obliged to miss classes for medical reasons (Pillow, 2006). Adolescent mothers are at risk of falling behind with

schoolwork due to their double responsibility as students and mothers (Maluli and Bali, 2014).



...and child marriage

In many country contexts, early pregnancy is closely linked to child marriage and there too the education sector has a responsibility to protect the rights of girls, to support girls' retention in school and to educate parents and communities about the health risks and rights violations involved in child marriage. Importantly, policy reforms are increasing to prevent child marriage and to respond to early and

unintended pregnancy. Challenges however remain, due to entrenched unequal gender norms and the lack of enactment of such policy instruments.

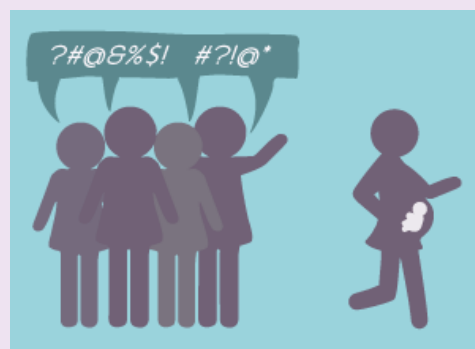
Child marriage is also associated with limits on education. Both pregnancy and child marriage increase the chances of dropping out of school.

...and gender based violence

Gender inequality is strongly correlated with early and unintended pregnancy. In child marriages, the power disparity is often reinforced by the age gap between the young bride and her husband. Married girls may lack both the skills and the decision-making power to refuse sex, to negotiate family planning options or to access health services, all of which can lead to early and unintended pregnancies.

Another negative outcome of gender inequality is gender-based violence. Gender-based violence in, or on the way to and from school (SRGBV), has also been documented as a cause of early and unintended pregnancy when it takes the form of sexual violence from teachers and fellow students. Pregnancy-related gender-based violence in schools also

includes bullying and teasing perpetrated by classmates and teachers toward pregnant girls and adolescent mothers.



The role of the education sector

Fulfilling the right to education

Early and unintended pregnancy (EUP) jeopardizes educational attainment for girls. For this reason, the education sector has an obligation to learners who are pregnant and parenting to ensure that they can fulfil their right to continue their education. Increased quality, quantity and access to education are linked to girls' empowerment. Participation in education, from access through to completion – at least to secondary level, increases the life choices of adolescent girls who, if they can stay in school are less likely to become married and give birth at a young age.

Good quality education for better life outcomes

The education sector has a critical role to play in promoting gender equality by challenging values and norms that maintain inequality through gender transformative curriculum content and teaching approaches.

Delivering comprehensive sexuality education (CSE²) for both girls and boys that begins early, has a strong component on gender and rights and a focus on skills-building, is critical. CSE increases girls' awareness of themselves, their bodies, their rights and capabilities, including preventing pregnancy and making fertility choices. It is also a crucial part of a quality education for boys, improving understanding of sexual health, relationships and gender equality.

Systems and infrastructure that promote safety and inclusion

The education sector can make a significant contribution towards better health and social outcomes by promoting adolescents' access to services through the development and reinforcement of an effective referral system and counselling service in school. Schools can also act as social support centres, trusted institutions that can link children, parents, families and communities with services in other sectors, such as health and child protection.

In addition, through management structures and education policies, school authorities have the power to define and regulate the environment in which working and studying take place, making it protective and supportive, inclusive and free from all forms of violence.



Why should the education sector respond to EUP?

- For the protection of children and respect for their rights, including the right to education
- For the prevention of pregnancy among adolescent girls
- To improve the situation of young mothers at school
- To contribute to a society that is healthier, better educated, more prosperous and more gender equitable.

⁰² Comprehensive sexuality education (CSE) is recognized as an 'age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information'. Across the world there are many different names for, and approaches to, CSE. The objective of CSE is to ensure that young people are receiving comprehensive, life skills-based sexuality education to gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality. Core elements of CSE programmes share certain similarities: CSE's firm grounding in human rights – including the rights of the child, the empowerment of children and young people – and a reflection of the broad concept of sexuality as a natural part of human development.

Key recommendations and supporting evidence



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Based on a review of available evidence, UNESCO, in collaboration with partners³, has developed recommendations to guide ministries of education around the world on actions that they can implement in order to prevent EUP and to ensure that pregnant and parenting girls can continue education in a safe and supportive school environment, free from violence, stigma and discrimination.



⁰³ UNESCO's partners in education sector responses to early and unintended pregnancy include WHO, UNFPA, Population Council (through the STEP UP Research Programme Consortium), IPPF, Ford Foundation and The Institute of Education, University College London.

Five priority areas for action

Access to Quality Education for All Girls



All recommendations below are based on evidence ranked as ‘strong’ by the review process, with the exception of ‘safe and supportive learning environments’, for which more evidence is needed.

Priority area	Recommendation	What the evidence says
Access to quality education for all girls	Universal access to quality education should be ensured as a way to prevent child marriage and promote gender equality.	Enhancing access to education and improving the quality of girls’ education, as well as reducing costs associated with education, also deter child marriages (Walker, 2013; Warner et al., 2014). Education and school attendance both in high-income countries (HICs) and low- and middle-income countries (LMICs) are associated with reduced fertility, delayed marriage and first birth (McQueston et al., 2012; Mmari and Sabherwal, 2013; Skider et al., 2014).
	Education should start, particularly for girls, as early as possible, as it is a key intervention for reducing early and unintended pregnancies and child marriage.	Repeating a grade and being older than other students in the same grade is significantly correlated both with the risk of getting married or pregnant and with the risk of dropping out (Grant and Hallman, 2006; Lloyd and Mensch, 2006). In Uganda, girls who started school at age nine were 1.4 times more likely to have early unintended pregnancies leading to school drop out than girls who started school at younger ages (Stoebenau et al., 2015).

Priority area	Recommendation	What the evidence says
Re-entry and / or continuation policies for pregnant or parenting learners	Policies allowing pregnant and parenting girls to continue education should be developed, implemented and monitored.	Drop-out prevention programmes increase school enrolment rates for those adolescents who have had or are at risk of EUP (Steinka-Fry et al., 2013). South Africa has a law that prohibits schools from dismissing pregnant adolescents, and also provides unconditional cash transfers to assist mothers of young children and adolescent girls who are pregnant. A study found that parenting girls who received unconditional cash transfers are statistically as likely to graduate from high school by age 22 as girls who have never been pregnant (Ranchhod et al., 2011).
Comprehensive sexuality education	Curriculum-based comprehensive sexuality education (CSE) should be ensured in schools prior to and after puberty to prevent early and unintended pregnancies. Interventions to promote gender equality, address gender norms, roles and relationships, and engage men and boys to critically assess gender norms and normative behaviours should be promoted at schools.	Adolescents receiving CSE, combined with counselling by a trained professional at least once a week, were 40 per cent less likely to have an EUP and 30 per cent more likely to have graduated from high school (Coalition for Evidence-based Policy, 2015). Comprehensive sexuality education (CSE) has been found to be effective in preventing and reducing early and unintended pregnancy in different country contexts (Chandra-Mouli et al., 2013; Kohler et al., 2008; Oringanje et al., 2009; Rosenthal et al., 2009; WHO, 2011). A study found that CSE among adolescent boys increased boys' gender equitable attitudes including a sense of shared responsibility to prevent EUP (Trivedi et al., 2009). Curriculum-based CSE programmes that addressed gender or power were associated with a significant decrease in pregnancy, childbearing or STIs, and were five times as likely to be effective than programmes that did not address gender or power (Haberland, 2015).
School health services and links to external health services	Linkages between schools and health services should be created as part of efforts to reduce EUP and support pregnant and parenting adolescents. School health services (SHS) that are offered on-site as part of efforts to reduce early and unintended pregnancies, and that offer antenatal care to support pregnant and parenting adolescents and to reduce school drop out, should be encouraged and supported.	A review of studies from Nigeria, Mexico, US and Europe found that concurrent education and contraceptive promotion reduces the risk of unintended pregnancy in adolescents (Oringanje et al., 2009). A large study in Bangladesh found that teachers who directly informed students about health services resulted in female adolescents accessing services at a 3.7 times higher rate than other girls, with higher rates of condom use (Bhuiya et al., 2006). A study in the US found that a programme providing prenatal care on school premises for adolescents resulted in a 14.2 per cent increased attendance at school for pregnant adolescents compared to prior years where prenatal care was not provided at school (Griswold et al., 2012).
A safe and supportive learning environment	Interventions to reduce stigma and discrimination against pregnant and parenting girls should be implemented at school.	Stigma against pregnant and parenting girls negatively impacts educational outcomes for adolescents (EPPI Centre, 2006). The effects of such stigma and discriminatory attitudes toward pregnant girls and adolescent mothers presented by a study conducted in the UK include isolation, loss of self-esteem, depression and drop out from school (Yardley, 2008).



Ensuring sustainability

Early and unintended pregnancy (EUP) is an issue that cuts across the responsibilities of a wide range of institutions and service providers –including the family, schools, social protection agencies and health service providers. The impact and sustainability of efforts to address EUP are therefore contingent on the implementation of multi-pronged actions at all levels of the education system, engaging a range of implementing partners.

**Strong leadership by ministries of education
is central to the sustainability of EUP
prevention and response strategies in which
the various components
require linkages and coordination.**

Recommendations on these components that support sustainability in the long term include:

Teacher training

Involving teachers through training on appropriate comprehensive sexuality education (CSE) content and methodology on how to overcome challenges due to social norms around adolescent pregnancy is fundamental to ensuring a sustainable change in the school environment.

- Ensure that both pre-service and in-service teacher training is provided and that content related to early and unintended pregnancy is integrated in teacher training content.

Community engagement

Including parents and community in the response to EUP can also help pregnant and parenting girls to fulfil their right to education and to sexual and reproductive health (SRH) information and services.

- Sensitize communities and parents about all aspects related to EUP, in order to contribute to the prevention of EUP, to encourage the education of pregnant and parenting girls, help them to access sexual and reproductive health services and reduce stigma and discrimination through empathy and support.

Media for education and awareness

In addition, the use of media and social media is an effective way to anchor changes in society, as these tools are widely used by adolescents.

- Consider the wide use of media and social media when trying to reach adolescents and young people with CSE and SRH information.

Multisectoral response & partnerships

A multisectoral approach, characterized by the collaboration of different actors - ministries, international organizations, non-governmental organizations and civil society organizations – is required in order to make the response more holistic and therefore sustainable.

- Work closely with different sectors and actors in both the planning and implementation of interventions to ensure effective and sustainable results.

Monitoring and evaluation

Consistent collection of data and analysis of the rates of girl's retention in school, pregnancy-related dropouts, the application of policies, and the effectiveness of different programmes is essential.

- monitor and evaluate relevant policies and actions to investigate their effectiveness, to improve their efficacy and to scale them up when successful.



About the evidence review



The approach...

In 2015 UNESCO commissioned a global review of evidence on effective education policies and practices for reducing EUP and responding to the educational needs and well-being of pregnant and parenting adolescent girls.

UNESCO's evidence review draws on the good amount of literature currently available on the determinants and consequences of EUP, the implications of EUP for the education sector and the importance of an education sector response to this issue.

The quantitative and qualitative evidence from these studies was analysed and ranked, drawing on a system known as the Gray Scale (Gray, 1997; Gray, 2009). The strength of the evidence was categorized using a modification of the five levels identified by Gray (Gray, 1997) and divided into three categories: 'strong', 'promising', 'limited and more needed'.



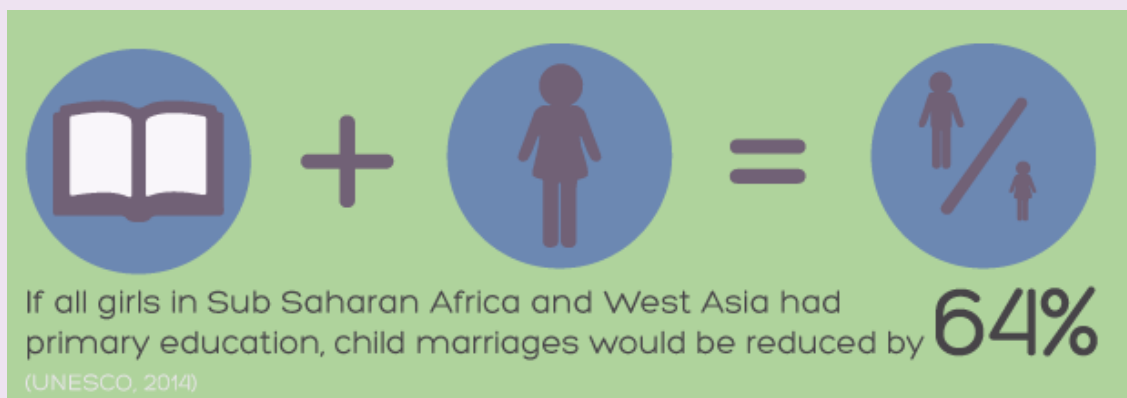
...and the limitations

An overwhelming majority of the studies took place in the US, Europe and Australia. While further studies are needed from LMICs, the evidence that already exists for many of the recommendations provide justification for action by governments across the globe.

Research gaps

Research is still needed to answer to the following questions:

- Does CSE have positive health outcomes for pregnant and parenting adolescents, and their children?
- Does CSE lead to improved school completion rates and better educational outcomes for pregnant and parenting adolescents?
- Do condom distribution programmes in schools lead to increased condom use and prevent EUP?
- What is the acceptability, feasibility and effectiveness of health care providers offering comprehensive information on pregnancy prevention and services in schools?
- What are effective ways to engage adolescent boys in preventing EUP?
- What is the effectiveness of promoting gender equality interventions for all students and teachers in terms of reducing stigma and discrimination against pregnant and parenting girls in schools?



CONCLUSION

Early and unintended pregnancy (EUP) prevention is one piece of a bigger puzzle of rights-based, quality education, and the connections between girls' access to school, comprehensive sexuality education (CSE), child marriage, health services, school-related gender-based violence (SRGBV) and a safe, supportive environment at school, which require the effective response of the education sector, in collaboration with other actors.

With great strides being made in improving access and retention for girls in education, one piece of the puzzle is already being addressed. To contribute more effectively to the prevention and management of learner pregnancy, greater focus should be placed on the implementation of policies that ensure that pregnancy does not spell the end for a girls' education, and that curriculum content, particularly CSE is strengthened. Without access to appropriate services, either through school or outside, pregnancy prevention efforts will not be realized.

In addition, a supportive environment fostering gender equality is key to avoiding violence and stigma and discrimination towards pregnant and parenting girls, which may jeopardize their willingness to continue education, thereby negatively impacting their future prospects.

To learn more about UNESCO's work to support national Ministries of Education to end early and unintended pregnancy, promote safe and inclusive schools that are free from gender based violence, and deliver quality comprehensive sexuality education, please visit the webpage www.unesco.org/aids

Early and unintended pregnancy (EUP)

is a major concern in many countries. It has a major impact on the lives of adolescents – especially girls – in terms of their health, social, economic and education outcomes.

This brief contains the summary of recommendations from an evidence review to support the education sector to prevent and respond to EUP.

The full evidence review including all the references cited in this brief is available at www.unesco.org/aids and

hivhealthclearinghouse.unesco.org/

In collaboration with:

