

Consequences for adolescents when they become pregnant, and become mothers

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Question

What are the consequences for adolescents when they become pregnant, and when they become mothers?

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1. Summary

When an adolescent becomes pregnant, her life can change radically – especially if the pregnancy is unplanned. This rapid review presents information on consequences of adolescent pregnancy and adolescent motherhood in low income countries, low- and middle-income countries (LMICs), and middle-income countries from Africa, Asia, and Latin America and the Caribbean (LAC). Treatment and effects on the adolescent in terms of health, education, employment opportunities, as well as after-effects on their family members are noted. Key points to highlight:

- Although 2020 has seen the lifting of restrictive policies banning pregnant learners and learner-mothers from continuing school in some countries (e.g. Tanzania, Sierra Leone, Zimbabwe), continuing schooling, exploring employment opportunities, and delaying marriage and pregnancy are challenges for girls that are reinforced through patriarchy and social norms (Nguyen et al., 2019; Nkani & Bhana, 2010).
- *Re-entry to school after pregnancy*: Learner-mothers face **many human rights violations** in the pursuit of continuing their education (CRR, 2013). Re-entry policies vary by country (Human Rights Watch, 2018), and some have been found to be **confusing to the learners** which results in discontinuation of schooling (Kapenda, 2012). To avoid stigma, some schools believe that it is better for a pregnant student to **be readmitted to a different school** (Maluli & Bali, 2014). However, this has been shown to limit educational opportunities available to the teen (Manishatse, 2018; Fofana, 2020). Research shows that adolescent childbearing may have longer-term academic repercussions than previously understood (Psaki et al., 2019).
- *Youth unemployment*: As employment opportunities are low for these pregnant adolescents, especially those already from impoverished backgrounds (Kennedy, 2017; Musyimi et al., 2018), there is evidence that some adolescents **choose to leave education and plan pregnancy** as an alternative to youth employment (Nobrega, 2017). A positive relationship between pregnancy and increased social status among low-income adolescents from Latin American and Caribbean (LAC) countries has been reported (Faisal-Cury et al., 2017).
- *Single vs married adolescent mothers*: There is an increase in forced marriages due to unplanned adolescent pregnancy (Azevedo et al. 2012a; Arceo-Gomez & Campos-Vazquez, 2014; Porcalla & Crisostomo, 2019), including same-sex unions to avoid stigma. However, social stigma can still result in various forms of hostility for married adolescents, such as **physical and domestic violence** (Atuyambe et al., 2005; Stoner et al., 2019), especially if pregnant before the age of 18 (Raj & Boehmer, 2013). Social consequences for unmarried pregnant adolescents may include stigma, rejection or **violence by partners, parents, and peers** (Atuyambe et al., 2005). In Brazil, marrying as an adolescent increases the risk of a girl experiencing **domestic violence and leaving education**, with girls either leaving school after they marry or marrying after dropping out of school (Griffin, 2015). However, there is limited information on the **timing** of marriage, school drop-out, and adolescent pregnancy and childbearing in LMICs as a whole (UNICEF, 2019).
- *Sexual health*: Studies on adolescent sexuality and pregnancy are very limited in some LMICs (Mathewos & Mekuria, 2018). The stigma surrounding premarital sexual activity

for girls may be too high to obtain accurate information (Chong et al., 2006; UNICEF, 2019).

There is research that shows that adolescents who had ever been pregnant are more likely to report **unprotected sex** in the last 3 months when compared to nulliparous adolescents (39.8% vs. 30.5% in those that haven't given birth) (Stoner et al., 2019). Therefore, a **risk of a second pregnancy during adolescence** is implied (Zamberlin et al., 2017). Adolescent mothers are at **higher risk of getting HIV** than their non-parenting counterparts (Groves et al., 2018). Early adolescent pregnancy has been associated with a three-fold HIV risk in the South African Eastern Cape (Christofides et al., 2014).

- *Maternal mortality*: The risk of maternal mortality is highest for adolescent girls **under 15 years old**; complications in pregnancy and childbirth are also higher among adolescent girls age 10-19, compared to young women aged 20-24 years (Ganchimeg et al., 2014; Althabe et al., 2015).
- *Lack of support*: Although schools are obliged to provide **psychosocial support, educational support, and health and nutritional support** (Fredman et al., 2018), evidence reveals that **school environment challenges, economic challenges, and personal related challenges** are the main reasons for dropping out of school after pregnancy (Moonga, 2014; Karimi, 2015).
- *Effects on progeny (child/children of the adolescent)*: Higher rates of **psychological issues** such as suicide (Mittendorfer-Rutz et al., 2004) and **health issues** such as malnutrition (Nguyen et al., 2019) have also been found in the progeny of adolescent mothers. Daughters of adolescent mothers are significantly more likely to become adolescent mothers themselves (Ferraro et al., 2013).

Most data that is available on unmarried adolescent mothers is from sub-Saharan African (SSA) and LAC countries; with more data on married adolescent mothers from Africa, South Asia and LACs. However, very young adolescents – married or unmarried – may not be able to accurately provide suitable qualitative data on this subject (UNFPA, 2013). There is a lack of information available on disabled adolescent mothers globally. Data found is not always available per age of adolescent; group definitions vary from 10-19 years to 15-19 years.

Evidence on the consequences of girls returning to school after they become pregnant is limited, and identifying the effect on subsequent outcomes can be challenging (Psaki, 2015). Available information focuses more on whether pregnant girls go back to school after giving birth, but not so much on **whether the conditions are favourable for adolescent mothers** to re-enter school and concentrate on their studies (Setwin & Rachel, 2019).

2. Issues arising with pregnancy in adolescence

Adolescence is defined as individuals in the 10-19 year age group.¹ The largest number of adolescent births occur in Eastern Asia (95,153) and Western Africa (70,423).² The adolescent fertility rate in Latin America and the Caribbean (LAC) countries (73.2 per 1,000) is very high (Abajobir et al., 2017). However, LAC is the only region in the world where adolescent pregnancies are not decreasing.³

This section summarises several challenges that have been reported to arise for pregnant adolescents:

Penalties and punishments

Some countries impose **heavy penalties and punishments** on girls who are reported to have had sexual relationships outside wedlock (Human Rights Watch, 2018: 5). For example, Morocco and Sudan apply **morality laws** that allow them to **criminally charge** adolescent girls with adultery, indecency, or extra-marital sex. Families of pregnant girls are also punished in other parts of sub-Saharan Africa (SSA): in Tanzania there are reports of **pregnant girls, as well as their parents, being arrested** as part of efforts to end teen pregnancy.⁴

Socio-cultural stigmas

The social taboos around teenage pregnancy often leave young mothers highly stigmatised by society (Kennedy, 2017: 7). Culturally, the pregnancy is considered to be the girl's fault in most countries, whether planned, unplanned or as a result of abuse (Uromi, 2014; Nguyen et al., 2019). Some countries resort to harmful means to identify pregnant girls, and sometimes **stigmatise and publicly shame them**.

Planned early motherhood

However, adolescent pregnancy is not always seen as a stigma. Research shows a positive relationship between **pregnancy and increased social status among low-income adolescents** from LAC (Faisal-Cury et al., 2017). For example, in Brazil, contrary to popular belief, not all of the girls reporting to one non-government organisation (NGO) supporting adolescent mothers aged 10-14 years experienced unplanned pregnancies.⁵ These girls plan

¹ WHO (n.d.). Adolescent health. <https://www.who.int/southeastasia/health-topics/adolescent-health#:~:text=WHO%20defines%20%27Adolescents%27%20as%20individuals,age%20range%2010%2D24%20years.>

² Every Woman Every Child (2015). The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Geneva: Every Woman Every Child. <https://www.who.int/life-course/partners/global-strategy/global-strategy-2016-2030/en/>

³ There are active programmes in Asian countries such as India in order to decrease adolescent pregnancies.

⁴ The Citizen (2018). Tanzanian police arrest 5 pregnant pupils and their parents. 8 January 2018: <https://nation.africa/kenya/news/africa/tanzanian-police-arrest-5-pregnant-pupils-and-their-parents-1253202>

⁵ The Lua Nova (New Moon) Training and Re-Education Association, São Paulo: <http://www.luanova.org.br/>

early motherhood as an **alternative to a perceived future of unemployment** (Nobrega, 2017). However, there is no data to show that life with a child will be better.

Divorce

Research from LAC shows that adolescent mothers are also more likely to live in a single-headed household, or to have poorer opportunities in the marriage market (Azevedo et al., 2012b: 14). In the long run, being a mother at a young age reduces years of education and per capita household income and contributes to a higher probability of being married or divorced, as was found in Mexico (Azevedo et al., 2012b: 14; Arceo-Gomez & Campos-Vazquez, 2014).⁶ There is no comparable data for African and Asian countries, however, this data may not be transferable to other cultures.

3. Issues arising with attending school for pregnant learners and learner-mothers

All girls have a right to education regardless of their pregnancy, marital, or motherhood status (Human Rights Watch, 2018: 5). However, data from Africa, Asia, and LAC show that the right of pregnant - and sometimes married⁷ - girls to continue their education is often ignored:

Negative government views

Even though there is an international legal obligation of all governments to provide all children with an education, without discrimination, some African countries currently have policies banning pregnant learners from attending school (Human Rights Watch, 2018: 5). In Tanzania, President John Magufuli drew criticism from activists and donors in 2017 when he voiced support for a ban on **pregnant girls and teenage mothers in state schools**, which dates back to 1961, describing their behaviour as “immoral”.⁸ Although the ban was lifted in 2020, school and educational officials may still agree with this view.

⁶ It is important to note that the majority of adolescent pregnancies in south Asian countries are to married girls, and that divorce is not common in any age group.

⁷ Plan International data has found that early marriage exacerbates the risk of teenage pregnancy, and that not all pregnancies are planned (Griffin, 2015; Taylor et al., 2015: 104). Although most adolescent births in Asian countries are to married girls, there is no data to confirm if these pregnancies are planned or not due to the difficulty in discussing such a taboo subject.

⁸ See quote:

https://www.equalitynow.org/tanzania_ban_sexual_violence_not_teen_mother_s_access_to_education?locale=ar

Restrictive school pregnancy policies

Countries in northern Africa generally lack policies related to the treatment of adolescent pregnancies in school (Human Rights Watch, 2018: 5). Therefore, little research has been conducted on the effect of these policies on learner pregnancy.⁹

Case study: Burundi

In June 2018, an official school ban on pregnant girls was announced: “*Any school girl who has been [a] victim of pregnancy or was forced to get married while she was still studying at the basic or post-basic school is not allowed to return to the formal public or private education system*” (Manishatse, 2018). Although a month after its announcement, the education minister reversed the ban, it was only under specific conditions: girls may be re-admitted one or two years after birth, provided that they address **an apology letter to the Minister of Education** requesting ministerial clemency.

Case study: South Africa

A decision was taken by the South African Council of Education Ministers (CEM) in 2000 in which pregnant learners could no longer be expelled from any public school. Although constitution forbids excluding pregnant learners from school and allows them to continue with their schooling, school governing bodies of most schools responded by formulating pregnancy policies which **forbids a pregnant learner from continuing with her schooling when her pregnancy is in the seventh to eighth month** (Mashishi & Makoelle, 2014: 374). In some schools, a pregnant learner must be **accompanied by an adult at all times** for such a learner to continue with her schooling, which could be inconvenient and not easy to continue long-term.

Case study: Namibia

Like South Africa, Namibia prior-1994 left the decision on learner pregnancy to the discretion of individual schools. Back then, the learner was expelled as soon as the authorities learned about their pregnancies.

The first written policy on learner pregnancy was released and published in 1994 by the Ministry of Education and updated in 1995. In 2009, the Namibian cabinet approved a new policy which allows a pregnant learner to remain in school **until four weeks before the due date**. This *Education Sector Policy for the Prevention and Management of Learner Pregnancy* does help in ensuring that pregnant learners are not losing out on education as part of Namibia Vision 2030, which is geared towards “a Learning Nation for Industrialisation and a better life to all” (Mashishi & Makoelle, 2014: 376). Namibia’s Vision is ultimately to decrease the number of learner pregnancies, and increase the number of learner-parents who complete their education. After 26 weeks of pregnancy, a pregnant learner is required to provide a **medical certificate** confirming that it is safe for her to continue to attend school (Fredman et al., 2018: 8). However, these

⁹ Most research focuses on the obstacles toward the achievement of Millennium or Sustainable Development Goals, and Education for All (EFA)⁹ goals (Ramulumo & Pitsoe, 2013 : 755).

certificates may not be easy to obtain, as cross-sectional research shows that health care workers have behaved disrespectfully to young mothers (Wesson et al., 2018).

Studies have shown that the *Education Sector Policy* has been **inconsistently applied**, with some schools complying with the policy, but others insisting that pregnant learners leave as soon as they show signs of pregnancy (Burton et al., 2011).

Barriers in school

Research shows that adolescent girls who have had early and unintended pregnancies face many social barriers to continuing with formal education (Human Rights Watch, 2018: 3). However, research shows that these barriers can also be found *in* schools:

Discrimination by school staff and/or teachers

Few African governments have tackled the key factors that drive millions of girls out of school, including discrimination by teachers and school officials, and lack of accessibility for girls with disabilities.¹⁰

In the Dominican Republic, pregnant students and young mothers often find it difficult, or impossible, to continue their education. Qualitative research has shown that they have faced **discriminatory attitudes from teachers or school administrators**, and left school during pregnancy or after giving birth. Some never returned (Human Rights Watch, 2019). Research in Zambia shows that teachers have demanded that learner-mothers **pay the teacher if they want to be helped with the missed lessons** (Nkwemu et al., 2019).

Revoking policies with bans and expulsion

In an effort to promote women's human rights in the Philippines, it became illegal to ban unmarried adolescent mothers from enrolling in schools in 2010 (Reyes, 2010). However, the Department of Education has received reports that **private schools are banning such students** (Revita, 2017). Other schools in the country **require a child to agree to be expelled** once they get pregnant. Principals in South Africa **continue to expel pregnant learners** from schools as they are unsure of how to handle pregnant learners (Ramulumo & Pitsoe, 2013: 756) - especially male principals (Nkani & Bhana, 2010).

Although all African Union (AU) countries have made human rights commitments to protect pregnant girls and adolescent mothers' right to education, in practice adolescent mothers are treated very differently depending on which country they live in. For example, Equatorial Guinea, Sierra Leone, and Tanzania all **expel pregnant girls** from school and **deny adolescent mothers the right to study in public schools** (Human Rights Watch, 2018: 5):

¹⁰ Human Rights Watch (2017) Africa: Make Girls' Access to Education a Reality: <https://www.hrw.org/news/2017/06/16/africa-make-girls-access-education-reality>; Global Education Monitoring Report and United Nations Girls' Education Initiative (2017) Gender review – Meeting our commitments to gender equality in education; Malala Fund (2017) Part 1 – The evidence of investing in girls' education: <https://blog.malala.org/part-1-21fc4dc2ca03>; Human Rights Watch (2018: 11).

Case study: Tanzania

Tanzania has one of the world's highest teen pregnancy rates. According to the United Nations, 27% of girls aged 15-19 years are pregnant (Bhalla, 2020). The World Bank reports that 5,500 pregnant girls drop out of school each year in Tanzania.¹¹ According to a 2013 report by the Center for Reproductive Rights (CRR), more than 55,000 schoolgirls have been expelled from school over the last decade for being pregnant. This report provides concrete evidence, as well as compelling stories, of the numerous **human rights violations** many Tanzanian girls face in the pursuit of education. For example, there are more than a dozen personal accounts of young women subjected to **mandatory pregnancy testing** in either primary or high school, either as part of official government policy or individual school practice. These tests are usually done **without the consent of girls and infringe on their right to privacy and dignity**. Many describe the experience as shameful, terrifying, and painful (CRR, 2013). Those that were expelled felt **ostracised from their family and friends**, and that their chances at an education and future were "ripped away" (CRR, 2013).

4. Issues with school re-admittance for adolescent learner-mothers

Evidence on the consequences of girls returning to school after they become pregnant is also limited. Therefore, identifying the effect on subsequent outcomes can be challenging (Psaki, 2015).

Financial barriers

Adolescent girls who have early unintended pregnancies face financial barriers to continuing with formal education (Human Rights Watch, 2018: 3). There are differing viewpoints on why girls drop out of school, but the most prominent barrier to education seems to be the **unstable nature of financial support for school fees**. International Center for Research on Women (ICRW) research shows that boyfriends and husbands are generally unable to finance a girl's return to education after a pregnancy or marriage (Steinhaus et al., 2016: 7).

Unawareness of re-entry policies

Many factors contribute to thousands of adolescent mothers not continuing formal education. High among them is the **lack of awareness** about re-entry policies among girls and their communities. More surprisingly, teachers and school officials are also unaware that these girls can and should go back to school (Human Rights Watch, 2018: 11). Human Rights Watch (2018: 13) found that 24 African countries lack a re-entry policy or law to protect pregnant girls' right to education.

¹¹ World Bank (2020). Tanzania Secondary Education Quality Improvement Program (SEQUIP): <https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondary-education-quality-improvement-program-sequip#:~:text=Of%20the%2060%2C000%20students%20who,pregnant%20girls%20do%20drop%20out.>

Varying policy enforcement

Gabon, Kenya, and Malawi are among the group of 26 African countries that have adopted “continuation” or “re-entry” policies, and strategies, to ensure that pregnant girls can resume their education after giving birth. However, **implementation and adherence varies** across these countries, especially regarding the length of time the girl should be absent from school, the processes for withdrawal and re-entry, as well as available support structures within schools and communities for adolescent mothers to remain in school (Human Rights Watch, 2018: 11).

Prohibition from original school

In a context where strong religious values are upheld, being a pregnant-learner means being barred from their original school after giving birth, such as in Jamaica and Tanzania (Kennedy, 2017: 7). This is often done by principals trying to morally safeguard other girls from possible negative influence from adolescent mothers.

In Tanzania, research shows that school heads, education officers, parents and mothering students (learner mothers) all stressed that it is better for a pregnant student to **be readmitted to a different school** (Maluli & Bali, 2014: 85). This is because some of the young mothers might not be comfortable returning to the same schools after delivery, due to the potential stigmatisation and discrimination (Omwancha, 2012: 99). However, in Kenya there were also **inconsistent practices** among the head teachers in relation to re-entry of young mothers to different schools after delivery (Omwancha, 2012: 139). For example, were they to be treated equally to other students?

Complex re-entry application processes

Processes which can negatively affect adolescent mothers’ willingness to return to school or ability to catch up with learning include: long periods of maternity leave (as recommended in South Africa); complex re-entry processes such as those that require **medical certification** (as in Senegal), or letters to various education officials (as in Malawi), or stringent conditions that girls apply for re-admission to a different school (Human Rights Watch, 2018: 11).

Case study: Namibia

Individual schools decide on whether to re-admit adolescents after they deliver their baby (Mashishi & Makoelle, 2014: 376). According to the updated 1995 policy, the pregnant learner who has been excluded from school because of pregnancy “may” be re-admitted to their former schools or to another – **but only if they are “within the permissible age”** for the particular primary or high school (Mashishi & Makoelle, 2014: 376). In 2009, the Namibian cabinet approved a new policy which allows a pregnant learner to return to school shortly after giving birth if they wish, provided that the baby is in good health. Alternately the young mother can stay for a longer period of time with the infant for a maximum period of one calendar year, as schools must reserve the pregnant learner’s place at school for up to a year after the birth (Fredman et al., 2018: 8). However, in order to resume school, she is required to fulfil **several further criteria**, including who will care for the infant and confirming her own and the infant’s well-being. This is criteria that many cannot meet (Namibia Ministry of Education, 2008: 3). An assessment

of the updated policy by the NGO FAWENA¹² shows that the latest re-entry policy is **very confusing to the learners** (Kapenda, 2012). Also, if this long-term care is to be provided by another family member, this may have major economic implications.

Case study: South Africa

Pregnancy policies of most school governing bodies state that pregnant learners **must not return to school immediately after the child is born** (Mashishi & Makoelle, 2014: 374). The period the pregnant girl has to stay at home after the birth of the child is also determined by the school governing body in its pregnant policy (Mashishi & Makoelle, 2014: 376). The Department of Education in 2007 released *Measures for the Prevention and Management of Learner Pregnancy* supporting girls to return to school and **recommending a two-year break from school after pregnancy** (Willan, 2013: 52). However, two years is a long time to be out of formal schooling, and to have to catch up with an academic programme (Ramulumo & Pitsoe, 2013).

Lack of support/ unfavourable conditions

Setwin and Rachel (2019) noted that the studies that have been conducted seem to focus more on whether the pregnant girls go back to school after giving birth, but not so much on **whether the conditions are favourable for them** to re-enter school and concentrate on their studies.

There is evidence that many adolescent mothers lack the required form of support or social assistance both during pregnancy and in raising their children in the economically driven world of today. Girls are most often deeply affected by **financial barriers, the lack of support, and high stigma** in communities *and* schools alike (Human Rights Watch, 2018: 11).

With these worries, they also find it **difficult to adjust to motherhood while doing their schoolwork** (Nkwemu et al., 2019). For example, learner-mothers are not permitted breastfeeding break privileges (Maluli & Bali, 2014: 84). **Obtaining childcare** was found to be one of the biggest challenge re-entrants faced in Masaiti District in Zambia (Setwin & Rachel, 2019: 80). One of the measures outlined which were lacking but necessary for learner-parents' well-being in schools was that schools are **not giving free education or putting learner-mothers on school bursaries**, and this aspect had led to truancy and school drop-outs in many cases. However, this finding does not correspond with the finding of Bolton (2015) in Kenya where secondary education was nominally free for learner-mothers as the government paid for teaching while student families funded transport, uniforms, and meals.

Case study: Kenya

The Karimi (2015) study, which explored how young-mother learners in Kenya experienced challenges associated with motherhood as learners upon re-entry to formal primary school, also looked at some ways that the young-mother learners used in order to cope with the challenges. It was evident that lack of the much needed **financial, emotional, and social support** was a challenge for the young-mother learners in their coping with education. However, the study sample was limited to only two primary schools, and only seven respondents were sampled

¹² Forum for African Women Educationalists Namibia.

comprising of four young-mother learners, two head teachers, and a village director - hence it was not a representation of the larger population.

Case study: Namibia

Schools are obligated to provide support to pregnant learners and learner parents in the form of **psychosocial support, educational support** (through extra tutorials and course packs for missed schoolwork, and relaxed attendance requirements), and **health and nutritional support** (Fredman et al., 2018: 8). However, research shows that this is not always made available.

Development of unsuitable behaviours

Challenges with returning to school have led to truancy and high school drop-outs among learner-mothers (Setwin & Rachel, 2019). This has led to reports of other unsuitable behaviours:

Case study: South Africa

Data is available from a randomised trial of young women aged 13-20 years enrolled in school in the rural South to estimate the association between pregnancy and subsequent drop-out and between drop-out and subsequent pregnancy (Stoner et al., 2019). Results show that adolescents who had ever been pregnant were more likely to report **unprotected sex** in the last 3 months when compared to nulliparous adolescents (39.8% vs. 30.5% in adolescents which have not given birth). Dropout from school was associated with subsequent pregnancy (Hazard Ratio 3.58; 95% confidence interval).

Case study: Zambia

Moonga (2014: 70) conducted a study on the challenges faced by adolescent mothers who re-enter school in selected high schools in Kitwe district on the Copperbelt province. The study revealed that learner-mothers faced **school environment challenges, economic challenges, and personal related challenges** such as role conflicts, low self-esteem, as well as rejection from the family and community. Because of the experiences adolescent mothers faced from school and society, they developed certain behaviours such as **beer drinking, truancy, and running away from home** (Nkwemu et al., 2019).

5. Consequences of limited schooling

Although girls are expelled in some countries, the boys responsible for the pregnancy where they are also in school are not, which cements the government's discriminatory approach to girls' education and further increases the gender divide (Human Rights Watch, 2018: 5).

Data from Africa and LAC shows that early motherhood is detrimental to **years of completed schooling and to high school completion** (Berthelon & Kruger, 2014: 2; Human Rights Watch, 2018). In most cases, such educational policies end a girl's chances of ever going back to school, and expose her and her children to a number of challenges:

Poor academic development and skills retention

Adolescent childbearing may have longer-term repercussions on grade attainment than previously understood (Psaki et al., 2019). Early and unintended pregnancies jeopardise educational attainment for thousands of girls (Human Rights Watch, 2018: 14). The years after leaving school may be a critical period for skill retention or loss. Yet few existing policies and programmes aim to secure and strengthen academic skills for young mothers in LMICs (Kennedy, 2017: 5).

Pregnant girls – and to a smaller extent, schoolboys who impregnate girls – have faced all kinds of punishments, including discriminatory practices that deny girls the enjoyment of their right to education (Kennedy, 2017: 13; Human Rights Watch, 2018: 5). In Jamaica, for example, some schools **lumped reintegrated girls into classes irrespective of their areas of interest or career choices**. In other instances, girls are punished for becoming mothers by not being allowed to participate in graduation ceremonies (Kennedy, 2017: 15). Data from Africa also shows that pregnant learners do not have the same learning opportunities: in Burundi, pregnant girls and boys who impregnate them were forced to attend **trade schools or vocational training** (Manishatse, 2018). However, this measure aims to discriminate some children.

Case study: Sierra Leone

The school ban for pregnant learners in Sierra Leone was declared by government in 2010, and introduced in 2015 as schools reopened after the Ebola crisis, which saw a rise in pregnancies among school-age girls. During the ban, pregnant adolescents were only allowed to get their education in **“special” schools** that operated three days a week and taught four subjects. In 2020, President Bio resolutely declared that this ban was overturned.¹³ However, many believe that while the official policy may have changed, the stigma against pregnant girls will continue, so the girls may be kept out of school for a different reason (Fofana, 2020).

Case study: South Africa

Pregnancy is the cause of more 30% of high school drop-outs in South Africa. As with other countries some schools decide to expel pregnant girls, despite the fact that it is against South African law.¹⁴ Once outcasted, many pregnant teenagers never finish their secondary education. Although a **“special school” for pregnant adolescents** was open in Pretoria in the 1980s, it was closed in 2017.¹⁵ This was because the school was fraught with challenges: for example, because there was no cut-off date for learners to enrol at the school, the students were

¹³ Victory for Sierra Leone as the government lifts the ban that prohibits pregnant schoolgirls from attending school! 30 March 2020: https://www.equalitynow.org/press_sierra_leone_victory_mar_2020

¹⁴ Job E (2014). South African School Gives Hope to Pregnant Teens. 4 August 2014. <https://www.voanews.com/africa/south-african-school-gives-hope-pregnant-teens#:~:text=The%20Pretoria%20Hospital%20School%20is,ages%20of%2013%20and%2019.>

¹⁵ EWN (2017). PRETORIA HOSPITAL SCHOOL WILL NO LONGER ACCOMMODATE PREGNANT PUPILS. <https://ewn.co.za/2017/08/14/pretoria-hospital-school-will-no-longer-accommodate-pregnant-pupils>

often **behind the work schedule**; there was also a high absenteeism rate among the girls due to pregnancy-related illnesses.

Economic hardship

Qualitative research shows that many adolescent mothers **lack the required form of support or social assistance** both during pregnancy and in raising their children in the economically driven world of today (David et al., 2017: 44). Furthermore, adolescent mothers who do not live with their parents or relatives are not likely to return to school or graduate, get employed, or be economically independent (David et al., 2017: 48).

Low female labour supply

Teenage motherhood also shows persistent effects on female labour market participation in subsequent years (Berthelon & Kruger, 2014; Narita & Diaz, 2016). In Chile, adolescent motherhood reduces the likelihood of high school completion by 30% (Berthelon & Kruger, 2014: 20). In Brazil, one standard deviation decline in teenage pregnancy was associated with a 9.2% increase in high school completion (Narita & Diaz, 2016). It is also linked with an increase of 5.4% in women's labour market participation. Lifecycle results show that the gains in terms of high school education are greater for younger than for older women, suggesting that women who gave birth as teenagers tend to catch up with high school education while young, but not so much as they age.

Youth employment

Married or not, having a child can put an adolescent girl under intense financial strain. Finding work might be the only way to provide for her young family.

The unemployment rate among women who become mothers as teenagers is likely to be high because of their lower chances of completing school (Kennedy, 2017: 5). Often times, adolescent pregnancy is unplanned and affects students from impoverished backgrounds, and there may be limited opportunities for employment after dropping out of school (Musyimi et al., 2018).

Abuse

Experience of physical and/or mental mistreatment is an unfortunate consequence for adolescent mothers (Human Rights Watch, 2018: 5):

Forced early marriage/unions

The majority of adolescent pregnancies in developing countries are to girls who are married (UNICEF, 2019: 2). Data from Africa shows that these girls are exposed to **child marriage** (Human Rights Watch, 2018: 5). However, in South Asia, adolescent childbearing outside of marriage is believed to be rare, although cultural norms often prevent researchers from collecting data on this issue (UNICEF, 2019: 2).

There is limited information on the timing of marriage, school drop-out, and adolescent pregnancy and childbearing (UNICEF, 2019: 24). However, due to the social stigma linked to

teenage pregnancy – especially in unmarried teens - it is known that after a young girl becomes pregnant, her family and community may pressure her into marrying as a means of providing for herself and her child (Steinhaus et al., 2016: 5). This has been found in LAC countries: Mexican research shows that teenage pregnancy seems to reduce school attendance and teenagers' years of schooling (with between 1 and 1.2 years lost), while increasing marriage rates (Azevedo et al. 2012a; Arceo-Gomez & Campos-Vazquez, 2014). The law permits Brazilians to marry at 16 if their parents agree and **earlier in the case of pregnancy**. Family may pressure a girl into marriage if she is pregnant, and **early marriage exacerbates the risk of teenage pregnancy**:

Case study: Kenya

Data from the traditionally cultural district of Kuria reveals that whenever a girl dropped out of school due to pregnancy, then that was good reason to be **married quickly to have the dowry** (Omwancha, 2012: 86). A “penalty” payment from the man responsible for the pregnancy can also be obtained.¹⁶ Some of the head teachers suggested that this attitude could affect the education of girls and the school re-entry policy (Omwancha, 2012: 79). Ministry of Education officials felt that parents viewed the re-entry policy as a means of exposing this shame, hence the focus on the pregnant girl getting married off to remove the shame from self and the family rather than continuing with her studies (Omwancha, 2012: 82).

Case study: The Philippines

Teenage pregnancy has become a “national emergency.” The spike in the number of **out-of-school youths** can be traced to teenagers who are forced into marriage due to underage pregnancy (Porcalla & Crisostomo, 2019).

Violence

Psychological problems from social consequences for unmarried pregnant adolescents may include stigma, rejection or **violence by partners, parents, and peers** (Atuyambe et al., 2005). Girls who become pregnant before the age of 18 years are more likely to experience **violence within a marriage or partnership** (Raj & Boehmer, 2013). For example, in South Africa, adolescents who had ever been pregnant are more likely to report physical partner violence (47.2% vs 16.8%) (Stoner et al., 2019). In Brazil, marrying as an adolescent increases the risk of a girl experiencing **domestic violence and leaving education**, with girls either leaving school after they marry or marrying after dropping out of school (Griffin, 2015).

¹⁶ <https://www.girlsnotbrides.org/child-marriage/kenya/>

Country cases: Tanzania and Kenya

Among Kuria¹⁷ communities, young pregnant girls are sometimes married off to older women who cannot bear sons, in a tradition known as *Nyumba mboke*.¹⁸ In Tanzania, *Nyumba ntobhu* (meaning "house without a man") is a traditional form of non-sexual same-sex union among Kuria women of the Mara Region. Although these traditional practices arose as a result of male violence against women, reports from Kenya show that these adolescent surrogates are being **abused**.¹⁹

Suicide

Suicide is one of the most common causes of death among female adolescents (Blanc et al., 2013). However, there is a general scarcity of research regarding suicide among pregnant and out of school adolescents (Kapungu et al., 2018). A study conducted in Brazil revealed that suicidal behaviour is common in adolescent pregnancies, with a prevalence rate of 13.3%, and is associated with psychiatric disorders like anxiety and major depressive disorder (Pinheiro et al., 2012). A greater risk is seen among adolescent mothers who become pregnant outside marriage (Musyimi et al., 2020). Rejection by parents and isolation by peers at school, as well as diagnosis of a chronic illness such as HIV/AIDS are other contributing factors to suicidal behaviour in adolescent mothers. In congruence with earlier research, low-socio-economic status, unemployment, and poverty have been linked to suicidal behaviours.²⁰ As adolescent mothers are predisposed to a high risk of economic insecurity, thoughts of suicide emerge (Musyimi et al., 2020).

Repeat pregnancies and childbirths

Research in African countries shows that allowing girls who have been pregnant to attend school is unlikely to boost fertility (Evans & Acosta, 2020). However, this is not the case in Pakistan: adverse impacts of girl child marriages include high fertility rates (three or more childbirths), frequent childbirth with fewer than 24 months between births, unwanted pregnancies, and pregnancy termination (Nazrulla et al., 2014).

In the Philippines one out of six pregnant teens has had a **repeat pregnancy**. Based on the PSA Poverty Indicators survey, there were 30,000 repeat pregnancies in 2017 (Porcalla & Crisostomo, 2019).

¹⁷ Bantu community in Tanzania and Kenya.

¹⁸ Same-sex arranged marriage is culturally accepted so women who are unable to have children, or those who have not yet had a son, can fulfil societal expectations. The children are also respected more when their mother is married, and become ng'ide awi (children of the home) rather than ng'ide akeor (children of the field).

¹⁹ <https://www.aljazeera.com/features/2019/05/10/in-southern-kenya-women-marry-their-surrogates-to-raise-children/>

²⁰ Li Z, Page A, Martin G, Taylor R. (2011). Attributable risk of psychiatric and socio-economic factors for suicide from individual-level, population-based studies: a systematic review. *Soc Sci Med*, 72, 608–616. DOI: 10.1016/j.socscimed.2010.11.008

Case study: Argentina

An evaluation from 2017 showed that 52% of adolescent mothers had no schooling, 21% had a previous child, and 15% three or more previous children (Zamberlin et al., 2017 in Reina & Castelo-Branco, 2018: 90). Although the sample is small, this study reveals that **the risk of a second pregnancy during adolescence is implied.**

6. Effects of stigmas

There is limited evidence to show that adolescent pregnancy does have various large reaching effects on health and family members. Some researchers question whether very young adolescents have the cognitive ability to answer questions requiring a thoughtful assessment of the barriers they face or of potential consequences of future actions (UNFPA, 2013: 8). Others believe that the stigma surrounding premarital sexual activity for girls is too high to obtain accurate information (Chong et al., 2006).

Effect on adolescent health

Psychological issues

Pregnant students face depression in and out of schools. Once a student becomes pregnant, she is normally affected psychologically due to thoughts about the consequences, particularly among younger adolescents, especially if the pregnancy itself may be a result of rape or incest. These issues occur mainly when their partners run away or are unwilling to take family responsibilities.

Research from Namibia reveals that some students stigmatise pregnant learners through hurtful comments, avoiding them in group work, playing etc., which make them uncomfortable and perform poorly. School heads and teachers acknowledge stigma and trauma accompanying being a mother at school: a young mother is offensively called 'mzazi', which means a parent or guardian (Maluli & Bali, 2014: 84).

If young mothers are forced into early marriages, this makes them feel **rejected or isolated** (Nkwemu et al., 2019; Taylor et al., 2015: 90). These experiences resulted in low self-esteem, inferiority complex, poor performance in their academic work, and identity crises in the young mothers.

Health costs of adolescent pregnancy in India, which can be lifelong and inter-generational, affects the lives of a large number of these girls (Nguyen et al., 2019). Young mothers who could not afford to complete their schooling in Namibia have suffered from everlasting low status and low self-esteem (Iimene, 2015: 164). It is argued by some that low self-esteem is transferable to their babies/children.²¹

Unsafe abortions, 'baby-dumping' and infanticide

Some girls fear such humiliation that they will pre-emptively drop out of school when they find out they are pregnant (Human Rights Watch, 2018: 13), while others will go to great lengths to

²¹ Gutman SB (1987). Teen Pregnancy. New York: Lerner Publications Company.

procure unsafe abortions, putting their health and lives at risk (WHO, 2008; Shrestha, 2012: 6). In India, abortions are more prevalent among younger adolescents than among older adolescents, and among all adolescents than among adult women (Patra, 2016).

In several African countries, fear that a pregnancy would disrupt education is one of the main reasons young women cite for seeking abortions. Restrictive school policies may also lead to baby-dumping or infanticide; although there are no studies which document the extent of this connection (Namibia Ministry of Education, 2008: 21) there are continuous reports in southeast Asia.²²

Case study: Dominican Republic

The LAC region has the second highest adolescent fertility rate, after SSA. The Dominican Republic has the highest teen pregnancy rate in the LAC, according to the Pan American Health Organization (PAHO).²³ Public health data shows 20.5% of girls and young women aged 15-19 in the Dominican Republic become pregnant in their teens.²⁴ Laws criminalising abortion create pervasive fear and have driven abortion underground, forcing these girls to resort to unsafe measures to end unwanted pregnancies.²⁵

Complications of pregnancy and childbirth

Research in LMICs suggests that pregnancy among adolescents is not associated with worse maternal outcomes, but is associated with **worse perinatal outcomes** (i.e. immediately before/after birth), particularly in younger adolescents (Althabe et al., 2015).²⁶

Health consequences for adolescent mothers include tearing of the vagina, fistula, mental disorders, puerperal sepsis, pregnancy induced hypertension, and many more due to physiological and psychological immaturity (WHO, 2008; Shrestha, 2012: 17).

²² Nortajuddin A (2020). Southeast Asia's baby dumping problem. 5 March 2020.

<https://theaseanpost.com/article/southeast-asias-baby-dumping-problem>; Hamza D (2020). Baby dumping a serious social concern in Malaysia. 26 June 2020: <https://www.thestar.com.my/lifestyle/health/2020/06/26/baby-dumping-a-serious-social-concern-in-malaysia>

²³ PAHO (2018). PLISA Health Information Platform for the Americas:

<https://www.paho.org/data/index.php/en/indicators/visualization.html>

²⁴ Ministeria de Salud Pública (2013). ENCUESTA DEMOGRÁFICA Y DE SALUD REPÚBLICA DOMINICANA 2013 [In Spanish]: <https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/DRDHS2013-Final02-10-2013.pdf>

²⁵ Human Rights Watch (2019). "It's Your Decision, It's Your Life". The Total Criminalization of Abortion in the Dominican Republic. 19 November 2019: <https://www.hrw.org/report/2018/11/19/its-your-decision-its-your-life/total-criminalization-abortion-dominican-republic#2ba0c1>

²⁶ For this study, maternal outcomes were: antepartum and postpartum haemorrhage, obstructed labour, hypertensive disorders, maternal sepsis, and maternal mortality at 42 days postpartum. The perinatal outcomes were: preterm birth (live birth at <37 weeks' gestation), LBW (live birth weighing <2,500g at birth), stillbirth (foetal deaths occurring >500 g [or >22 weeks gestation]), early neonatal deaths (neonatal deaths 0-6 days after birth), neonatal deaths (neonatal deaths 0-28 days after birth), perinatal deaths (neonatal deaths 0-6 days plus stillbirths).

According to the WHO, complications during pregnancy and childbirth are the second highest cause of death for 15-19 year-old girls globally (WHO, 2020). Adolescent girls experiencing pregnancy at a very young age (i.e. <16 years) have an increased risk of adverse pregnancy outcomes (Ganchimeg et al., 2013). Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20-24 years.²⁷

Adolescent pregnancies could be fatal because the girls' bodies are not well-developed and susceptible to complications at delivery. The maternal mortality risk in adolescents has been rated at 28% higher than older women (Blanc et al., 2013). Young adolescents (ages 10-14 years) face a higher risk of complications and death as a result of pregnancy than other women (WHO, 2019). The risk of maternal mortality is highest for adolescent girls **under 15 years old** and complications in pregnancy and childbirth are higher among adolescent girls aged 10-19 years (compared to women aged 20-24 years) (Ganchimeg et al., 2014; Althabe et al., 2015). Additionally, **risk of miscarriage** is seen as high and consistent in girls under 15 years, intermediate in 15-17 years, and lowest in higher ages (Shrestha, 2012: 17). Pregnancy and childbirth complications are among the leading causes of death in girls aged 15-19 years in India (Patra, 2016). Cross-sectional data on adolescent married women shows that **stillbirths** are more prevalent among younger adolescents than among older adolescents, and among all adolescents than among adult women (Patra, 2016).

Malnutrition

Compared to adult mothers, adolescent mothers are shorter, more likely to be underweight and anaemic, less likely to access health services, and have poorer complementary feeding practices (Nguyen et al., 2019). Studies in Bangladesh²⁸ and Mexico²⁹ have suggested that adolescent girls (aged 12–19 years and 13–17 years, respectively) stop growing in response to pregnancy: the change in height (from the first trimester to 6 months postpartum in the study from Bangladesh, and from <20 weeks of gestation to 1 month postpartum in the study from Mexico) was approximately zero in pregnant adolescent girls, but was positive and significant in non-pregnant adolescent girls matched on age and menarcheal age (Johnson & Moore, 2016). **Anaemia** due to malnutrition is a common consequence of teen pregnancy (Shrestha, 2012: 17).

Sexual diseases: HIV/AIDS

HIV/AIDS is the leading cause of deaths among adolescents (Shayo & Kalomo, 2019). SSA has a high burden of HIV/AIDS. Studies on adolescent sexuality and pregnancy are limited, however (Mathewos & Mekuria, 2018: 288). In a longitudinal study in South Africa, early adolescent

²⁷ WHO (2016). Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: World Health Organization.

²⁸ Rah JH, Christian P, Shamim AA, et al. (2008). Pregnancy and lactation hinder growth and nutritional status of adolescent girls in rural Bangladesh. *J Nutr*, 138, 1505–1511. DOI: [10.1093/jn/138.8.1505](https://doi.org/10.1093/jn/138.8.1505)

²⁹ Casanueva E, Rosello-Soberon ME, De-Regil LM, et al. (2006). Adolescents with adequate birth weight newborns diminish energy expenditure and cease growth. *J Nutr*, 136, 2498–2501. DOI: [10.1093/jn/136.10.2498](https://doi.org/10.1093/jn/136.10.2498)

pregnancy was associated with a three-fold HIV risk (Christofides et al., 2014). Adolescent mothers are at higher risk of HIV than their non-parenting counterparts (Groves et al., 2018).

Delayed healthcare seeking

Key informant interviews and focus group discussions with pregnant adolescents in Uganda revealed that health workers have been rude and unsympathetic to pregnant adolescents (Atuyambe et al., 2005). This has significantly contributed to delayed health care seeking when adolescents were ill.

Research from northwest Ethiopia shows that adolescent women aged 15–19 years were less likely to receive antenatal care (ANC) services (Kassa et al., 2019). What is worrying is that most of these pregnant girls give birth at home under the care of traditional birth attendants who cannot provide specialised healthcare (Uromi, 2014: 192).

Effect on adolescent family members

Stigma and rejection are common, not only for teenage mothers but also for their families (Araúz-Ledezma et al., 2020):

Parents

Teenage pregnancy is reported to cause marital tensions between the girl's parents due to the shame they say she had brought on the family (Ruzibiza, 2019). This can result in divorce, which can also add to the stigma.

Younger sisters

Several examinations of family histories in higher income countries in the literature show older sisters to have the greatest influence on a younger sister's odds of having a teenage pregnancy. Although both are significant, the correlation between an older sister's teenage pregnancy and a younger sister's teenage pregnancy is much stronger than that between a mother's teenage childbearing and a younger daughter's teenage pregnancy³⁰ (Wall-Wieler et al., 2016). However, there is no comparable data from LMICs.

Progeny (child/children of the adolescent)

Data from Brazil shows that daughters of adolescent mothers are significantly (35%) **more likely to become adolescent mothers** themselves (Ferraro et al., 2013). African data shows that these daughters are also **less likely to enrol in and complete school** themselves (Burton et al., 2011: 14, 49).

³⁰ The adjusted odds of becoming pregnant between ages 14-19 for teens with at least one older sister having a teenage pregnancy were 3.38 (99 % CI 2.77–4.13) times higher than for women whose older sister(s) did not have a teenage pregnancy. Teenage daughters of mothers who had their first child before age 20 had 1.57 (99 % CI 1.30–1.89) times higher odds of pregnancy than those whose mothers had their first child after age 19.

Babies born from adolescent women are at higher odds of **adverse neonatal outcomes** like low birth weight (LBW), preterm birth, and higher neonatal mortality than babies born from adult women (Kassa et al., 2019; Ganchimeg et al., 2013).

They also frequently experience health and developmental problems Children born to adolescent mothers are more likely to be **undernourished** than children of adult mothers. Adolescent (i.e. 10-19 years old) pregnancy is related to child undernutrition through poor maternal nutritional status, lower education, less health service access, poor complementary feeding practices, and poor living conditions (Nguyen et al., 2019). International Food Policy Research Institute (IFPRI) research found that stunting and underweight prevalence were 10 percentage points higher in children born to adolescent mothers than in children born to adult mothers (Nguyen et al., 2019).

Babies born to adolescent mothers face a substantially **higher risk of dying** than those born to women aged 20 to 24.³¹ Adolescent motherhood also has far reaching negative effects to the progeny as they age, including **elevated suicidal behaviour** when the children reach early adulthood (Mittendorfer-Rutz et al., 2004).

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³¹ WHO (2014): Adolescent pregnancy Factsheet [Internet]. World Health Organization: <http://www.who.int/mediacentre/factsheets/fs364/en/>

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https://www.researchgate.net/publication/273775774_Teenage_Pregnancy_and_Opportunities_in_Latin_America_and_the_Caribbean_On_Teenage_Fertility_Decisions_Poverty_and_Economic_Achievement
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