

Forum: Youth Assembly (YA)
Issue: Measures to Prevent Teen Pregnancies
Student Officer: Eftychia Oikonomidou
Position: Co-Head

PERSONAL INTRODUCTION

Dear Delegates of the Youth Assembly,

My name is Eftychia Oikonomidou and I am a 10th Grade student in Platon School. It is an utmost honor to serve as a Co- Head in this year's PSMUN at the Youth Assembly Committee. My first contact with MUN was when I was 12 years old and first joined middle school. In my 4-year journey in MUN, I have attended more than 12 conferences, but this year's PS MUN will be my first time serving as a Student Officer and I am thrilled to share my first experience as a Co-Head with all of you!

The Youth Assembly discusses topics addressed to the youth. This Study Guide will familiarize you with the third topic in the Agenda namely, "Measures to Prevent Teen Pregnancies" referring to the essence of the matter and how it is handled today around the world. You will be presented with an introductory paragraph as well as a set of key definitions in order to get a better understanding of the topic. In the guide you can also find the causes and the effects of teen pregnancies, along with the drawbacks on both the baby's and the mother's education, a section of member states and organizations involved in the topic and past attempts to resolve the issue. Lastly, there are some possible solutions on the matter listed from which you can get ideas for your clauses.

I look forward to meeting you all and wish for a fruitful debate during the conference. Regarding your preparation, you are highly encouraged to conduct your own extensive research on the topic and not rely solely on the study guide. If you have any questions or need any clarifications regarding the topic or generally the procedure, do not hesitate to contact me by sending me a personal email at oikonomidoueutixia@gmail.com.

Kind Regards,

Eftychia

INTRODUCTION

Pregnancies among adolescents aged 13 to 19 have been documented throughout history. Despite a decrease in adolescent birth rates, teen pregnancies persist globally, albeit with varying rates across regions. Teenage pregnancies occur in both LEDCs and MEDCs, but for different reasons.

In LEDCs, a significant proportion of teenage pregnancies stem from forced and early marriages, often driven by cultural and religious beliefs emphasizing a woman's role as a mother. Many societies in LEDCs view motherhood as the primary purpose of a woman's existence, while fathers bear fewer responsibilities. In MEDCs, where gender equality is emphasized and religious constraints on labor are absent, factors such as lack of access to contraception and inadequate sex education contribute to high rates of adolescent pregnancies. Additionally, teenagers worldwide often lack awareness of their sexual and reproductive health rights, leading to unintended pregnancies.

The consequences of teenage pregnancy are multifaceted. Young mothers face health risks, emotional challenges, and economic hardships during pregnancy and after childbirth, especially without adequate familial support. Raising a child as a teenager is particularly demanding, often resulting in adverse effects on both the mother and the child. For instance, children of teenage mothers are more likely to experience behavioral problems, academic underachievement, and dropout rates due to parental concerns about providing for their family's basic needs, which can interfere with monitoring their children's education. Infants born to teenage mothers are also at higher risk of medical complications, such as low birth weight and infant mortality, compared to infants born to older women.

Efforts to prevent teen pregnancies have been made by governments and organizations in the past, but the issue persists. Given the diverse social, economic, and medical consequences of teen pregnancies, it remains a pressing concern. Preventive measures are crucial to reducing the incidence of teen pregnancies. By doing so, not only can we mitigate the educational and health challenges faced by teenage mothers and their children, but we can also positively impact the economy by fostering a more educated and healthy population.

DEFINITION OF KEY TERMS

Pregnancy

Pregnancy is the condition of carrying an embryo within the female body. It is typically detected through a missed period and confirmed by a positive urine test. Confirming a pregnancy often requires medical tests and doctor visits. The gestation period for a pregnancy typically lasts about 266-270 days, equivalent to nine months. When an adolescent girl becomes pregnant between the ages of 13-19, it is termed a teen pregnancy.

Methods of contraception

Through the use of contraception, a family can determine the spacing of their pregnancies as well as achieve the desired number of children.¹ Information on contraceptives and services is fundamental to the health and human rights of all individuals. By reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortions. It can also benefit girls' education and create opportunities for women to participate more fully in society, including in paid employment. Some methods of contraception include the following:

Condoms

A condom is a covering made of thin rubber which a man or woman can wear during sexual intercourse as a contraceptive or as protection against disease.²

Birth Control Pills

A pill that utilizes hormones to prevent pregnancy. Through birth control, a woman essentially plans whether to have children and utilizes contraception to prevent pregnancy when she does not wish to conceive.³

Intrauterine Device (IUD)

A device inserted into the uterus that prevents pregnancy for up to 10 years, depending on the type. A healthcare provider can remove the device at any time if so desired.

Abortion

The expulsion of a fetus from the uterus before it has reached the stage of viability. It can either be an induced abortion, in which case the termination of the pregnancy occurs intentionally, or a miscarriage due to pregnancy complications. Induced abortions may be legal or illegal, depending on the country's policy.

¹ "Family Planning/Contraception Methods." World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/family-planning-contraception.

² *Condom Definition and Meaning* | Collins English Dictionary, www.collinsdictionary.com/dictionary/english/condom.

³ *Birth Control Definition and Meaning* | Collins English Dictionary, www.collinsdictionary.com/dictionary/english/birth-control.

Infant Mortality

Infant mortality is the term used to describe the premature death of newborns, typically referring to the death of an infant before their first birthday. The rate of infant deaths is calculated in most countries as it is an important indicator of the physical health of a community.⁴

Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases are usually transmitted from person to person by direct sexual contact. A Disease may also be transmitted from a mother to her child before or at birth.⁵

Low-Birth Weight Baby

A low-birth-weight baby is defined as a baby born weighing less than 5.5 pounds. In some cases, being born with a lower weight than normal can lead to health complications for the baby, while in other cases, despite being small, the baby may be healthy. Low birth weight is more common in developing countries, although data on low birth weight in such countries is often limited. This is due to many deliveries taking place in homes or small health facilities, where cases of infants with low birth weight often go unreported.⁶

Less Economically Developed Countries (LEDCs)

Less Economically Developed Countries (LEDCs), mainly located in Africa and Asia, face economic underdevelopment, low incomes, and inadequate healthcare, nutrition, and education systems. These nations rely heavily on primary sectors like agriculture and lack industrialization and technological advancement. Limited resources lead to challenges in providing healthcare and education, resulting in higher rates of malnutrition and illiteracy. LEDCs also experience economic instability due to factors such as reliance on volatile commodity prices and political instability.⁷

More Economically Developed Countries

More Economically Developed Countries (MEDCs), including nations in Europe, North America, and other regions, boast advanced economies, offering stability, high living standards, quality healthcare, education, and ample employment opportunities. These countries tend to prioritize innovation and technology, resulting in well-funded education and healthcare systems. Citizens may benefit from diverse labor markets, fair wages, and social safety nets. Despite overall prosperity, inequalities persist, necessitating ongoing efforts to address social and economic disparities.

⁴ Infant Mortality Rate." Encyclopædia Britannica, Encyclopædia Britannica, inc., www.britannica.com/science/infant-mortality-rate.

⁵ Sexually Transmitted Disease." Encyclopædia Britannica, Encyclopædia Britannica, inc., 1 Feb. 2024, www.britannica.com/science/sexually-transmitted-disease.

⁶ Low Birth Weight." *World Health Organization*, World Health Organization, www.who.int/data/nutrition/nlis/info/low-birth-weight.

⁷ *Encyclopædia Britannica*, Encyclopædia Britannica, inc., kids.britannica.com/kids/article/less-economically-developed-countries/476290/related.

BACKGROUND INFORMATION

Causes of Teen pregnancies

Lack of information

The lack of information about sexual and reproductive health and rights is a significant contributing factor to teen pregnancies. Comprehensive knowledge in these areas is essential for teenagers to make informed decisions about their sexual health, relationships, and contraceptive use. However, many adolescents, both in MEDCs and LEDCs, face barriers to accessing accurate information.⁸

Inadequate sexual education programs in schools often fail to provide comprehensive information about topics such as contraception, STDs, consent, and healthy relationships. Due to cultural taboos, societal stigma, or conservative attitudes, discussions about sex and sexuality may be avoided or restricted, leaving teenagers uninformed and ill-equipped to navigate sexual situations safely.

Furthermore, access to reliable information outside of formal educational settings may be limited or unreliable. Misinformation and myths about sex and contraception may circulate among peers or through social media, leading to confusion and misconceptions among teenagers. Without access to accurate information, teenagers may engage in risky sexual behaviors or fail to use contraception effectively, increasing their likelihood of experiencing unintended pregnancies.

In LEDCs, where resources for sexual education and healthcare are often scarce, the lack of information about sexual and reproductive health is particularly acute. Cultural norms and traditional gender roles may further limit discussions about sex and contraception, particularly for young girls. As a result, many teenagers in LEDCs may be unaware of basic reproductive health concepts or lack access to contraception, placing them at higher risk of early and unintended pregnancies.

Sexual violence

Sexual violence is a distressing and significant cause of teen pregnancy, with profound implications for the affected individuals. Often involving non-consensual sexual activity, such as rape or coercion, sexual violence robs teenagers of their agency and autonomy. The lack of consent means that any resulting pregnancy is the consequence of a traumatic and involuntary experience, leaving victims feeling powerless and violated. Additionally, the

⁸ Adolescent Sexual Reproductive Health." *World Health Organization*, World Health Organization, www.who.int/southeastasia/activities/adolescent-sexual-reproductive-health.

psychological impact of sexual violence can exacerbate the challenges of navigating an unwanted pregnancy, as survivors may struggle with feelings of shame, guilt, and fear. Limited options, barriers to support services, and the risk of revictimization further compound the difficulties faced by teenagers who experience sexual violence and become pregnant as a result.⁹

Avoidance of use of contraceptives

Access to contraception is nearly non-existent in many countries across the world. In LEDCs, the lack of drug stores or health facilities where teenagers can access protection contributes to higher pregnancy rates compared to other regions. Additionally, even in cases where contraceptives are available, financial constraints often prevent young people from purchasing them, leaving them unprotected.¹⁰

In MEDCs, adolescent girls may choose not to utilize contraceptives due to fear of judgment. The social stigma surrounding the use of contraceptives and sexual activity at a young age leads many teenage girls to avoid seeking contraception, fearing scrutiny from society. Furthermore, side effects such as acne, bloating, and spotting can deter girls from continuing to use contraceptive pills after initially trying them.

The use of contraceptives by adolescents is further hindered by restrictive regulations and policies in many countries regarding the distribution of contraceptives based on age. In some countries, drugstores refuse to sell contraceptives to customers under a certain age, typically 18 or 21, reflecting a lack of awareness of adolescents' sexual health needs.

Religious and Cultural teachings

Religious and cultural ethics play a significant role in shaping attitudes towards marriage, childbirth, and contraception, particularly in LEDCs. In many societies, families traditionally anticipate the marriage and childbirth of their adolescent daughters as a means of securing financial benefits and ensuring social status. Arranged marriages at a young age are common, and once married, girls often have limited autonomy in deciding whether to bear children or delay motherhood through the use of contraceptives. The societal expectation that marriage inevitably leads to childbearing can restrict the reproductive choices of young women and perpetuate cycles of early motherhood.

⁹ Sexual Violence, *UNICEF DATA*, 3 July 2023, data.unicef.org/topic/child-protection/violence/sexual-violence/#_ftn1

¹⁰ Adolescent Pregnancy, World Health Organization, World Health Organization, www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy.

Furthermore, in multiple LEDCs, young married girls often face limited educational and employment opportunities as a result of early childbirth. The societal emphasis on childbearing as a measure of value can prioritize the role of motherhood over personal development and economic independence for teenage girls. As a result, many young women find themselves confined to traditional gender roles and lack the agency to make informed decisions about their reproductive health.

Additionally, certain religious beliefs in LEDCs deem contraception as "unholy" or morally objectionable. Contraceptives are viewed as interfering with the natural process of procreation and are discouraged or prohibited by religious authorities. This religious condemnation of contraception further restricts access to family planning resources and perpetuates the cycle of early and unintended pregnancies among young women.

Impact of teenage pregnancies on mothers

Emotional impact

Postpartum depression, characterized by feelings of sadness, anxiety, and despair, is a common emotional challenge faced by young mothers after giving birth. Adolescents experiencing negative emotions should be encouraged to seek support from mental health professionals or confide in someone they trust. Untreated postpartum depression can have detrimental effects on the mother's ability to provide proper care and nurturing to her newborn. Therefore, early recognition and treatment of postpartum depression are crucial for the well-being of both the mother and the child.

Moreover, being a teenage mother comes with significant challenges in raising a child. Many adolescent mothers may struggle to cope with the stress and responsibilities of parenthood, leading them to seek temporary relief through unhealthy coping mechanisms such as excessive alcohol consumption or drug use. Unfortunately, turning to substance abuse can set a harmful example for their children and perpetuate a cycle of unhealthy behaviors. It is essential for adolescent mothers to seek healthier coping strategies and positive support systems to serve as positive role models for their children and promote their overall well-being.

Financial difficulties

Adolescent females often find themselves in situations where their families refuse to provide financial support. This may stem from disagreement with their decision to keep the child or from financial constraints that prevent the family from supporting another member. Without the necessary family support, young mothers face significant challenges in meeting the financial demands of caring for themselves and their newborn. This lack of support can

exacerbate the already difficult task of parenting and may lead to increased stress and hardship for the adolescent mother.¹¹

Furthermore, many teenage girls who become pregnant at an early age are forced to quit school in order to care for their unborn child and, later, their newborn. As a result, they miss out on the opportunity to complete their education and pursue higher education or career opportunities. Without a proper education, these young mothers often have limited employment prospects and are relegated to lower-paying jobs with fewer opportunities for advancement. Additionally, their lack of education may disqualify them from certain types of compensation or benefits, further perpetuating the cycle of poverty and limited opportunities for themselves and their children.

Medical risks

Teen pregnancies are associated with a higher mortality rate for the mother compared to pregnancies in older women. In many cases, young girls giving birth in LEDCs face significant challenges, including lack of access to proper medical care and skilled birth attendants. However, studies have shown that the risk of maternal death for girls aged 15-19 is only 28% higher than for women aged 20-24. Despite this, the mortality rate for mothers in their 30s is considerably lower compared to teenage mothers, highlighting the increased risks associated with adolescent pregnancies.

Premature birth, defined as birth before the 37th week of pregnancy, is a common risk for teenage mothers.¹² Babies born prematurely, before completing a full term of 40 weeks, are at higher risk of experiencing serious health complications. Premature birth can occur as early as the 30th to 36th week of pregnancy, and the earlier the baby is born, the greater the likelihood of facing health difficulties. Premature babies may require specialized medical care in neonatal intensive care units (NICUs) to address their unique needs and complications.

High blood pressure, or hypertension, is more common in teenage pregnancies compared to pregnancies in women aged 20-30. Elevated blood pressure during pregnancy, known as gestational hypertension or preeclampsia, can pose serious risks to both the mother and the baby.¹³ If left untreated, high blood pressure can lead to complications such as preterm birth, low birth

¹¹ National Research Council (US) Panel on Adolescent Pregnancy and Childbearing. "Social and Economic Consequences of Teenage Childbearing." *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing, Volume II: Working Papers and Statistical Appendices.*, U.S. National Library of Medicine, 1 Jan. 1987, www.ncbi.nlm.nih.gov/books/NBK219229/.<https://www.ncbi.nlm.nih.gov/books/NBK219229/>

¹² "Premature Birth." Mayo Clinic, Mayo Foundation for Medical Education and Research, 25 Feb. 2023, www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730.

¹³ "Teenage Pregnancy: Medical Risks and Realities." *WebMD*, WebMD, www.webmd.com/baby/teen-pregnancy-medical-risks-and-realities.<https://www.webmd.com/baby/teen-pregnancy-medical-risks-and-realities>

weight, and even maternal seizures or organ damage. Managing high blood pressure during pregnancy often involves medication and close monitoring to control symptoms and prevent further complications.

Impact of teenage pregnancies on babies

Medical issues

Adolescent mothers' babies are more likely to have a low birth weight compared to babies born to older women. This is often attributed to the fact that teenage pregnancies have a shorter gestational period, resulting in less time for the fetus to grow and develop in the womb. The ideal gestational period for a healthy pregnancy is between 28 and 40 weeks. Babies born weighing less than 3.3 pounds may require assistance with breathing and may need to be placed on a ventilator in a hospital's neonatal care unit.

STDs generally pose a significant risk to both pregnant women and their babies. Adolescent women are disproportionately affected by STDs due to various factors, including lack of access to comprehensive sexual education and barriers to healthcare services. STDs can be transmitted from mother to baby during pregnancy or childbirth, leading to serious health complications for the infant. Some STDs, such as syphilis, HIV, chlamydia, and genital herpes, can cross the placenta and infect the baby in the womb, while others, like chlamydia, can be passed to the baby as it passes through the birth canal during delivery.

Finally, infant mortality is a significant concern for babies born to teenage mothers. Babies born to teenage mothers are at higher risk of mortality, often dying at birth or within the first year of life. Several factors contribute to the increased risk of infant mortality among babies born to teenage mothers, including limited access to prenatal care, reluctance to seek medical attention, and health complications of the mother. Additionally, inadequate support from healthcare providers and delayed prenatal care due to fear or lack of disclosure may further exacerbate the risk of infant mortality. Addressing these barriers and providing comprehensive healthcare services to pregnant teenagers are essential for reducing the incidence of infant mortality and improving the outcomes for both mothers and babies.

Issues with their upbringing

Children raised by teenage mothers or teen parents often lack the stability and guidance provided by a traditional family structure. Teen parents, who themselves may be grappling with the challenges of adolescence, may struggle to provide consistent parenting and positive role modeling for their children. As a result, these children may exhibit behavioral problems later in life, stemming from the difficulties their parents faced while raising them. Without the guidance and support of stable parental figures, children raised by teen

parents may experience challenges in navigating social interactions and managing their emotions, leading to behavioral issues in society.

The decision to have a child during adolescence often reflects an unstable and less mature relationship compared to that of older couples. Following the announcement of a pregnancy, the relationship dynamics between the teenage parents may become strained. The father may choose to absolve himself of parental responsibilities, leaving the mother to shoulder the burden of raising the child alone. Coping with the absence of a supportive partner while navigating the challenges of parenthood during one's teenage years can be incredibly challenging. However, there are instances where fathers choose to remain involved and provide various forms of assistance to the mother in raising their child. These supportive relationships can significantly impact the well-being of both the mother and the child, providing stability and emotional support during a critical period of development.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Niger

Niger, located in West Africa, has one of the highest rates of teenage pregnancies in the world, with 203.6 out of 1,000 teenage girls becoming pregnant.¹⁴ As one of the LEDCs, Niger faces significant challenges such as high levels of poverty, inadequate education, and limited access to information about sexual and reproductive health and rights. These factors contribute to the prevalence of early marriages in Niger, with more than half of the females marrying during their adolescent years. Unfortunately, the maternal mortality rate in Niger is also alarmingly high, exceeding 30%.

United States of America (USA)

In the USA, teenage pregnancy rates vary based on the mothers' ethnic origins. While the rate of adolescent girls getting pregnant has been declining overall, the USA still has a higher birth rate compared to other western industrialized nations. Additionally, racial, ethnic, and geographic disparities in birth rates persist.

The decline in teen pregnancies can be attributed to several factors, including increased utilization of birth control methods and a growing number of teenagers abstaining from sexual activities during their adolescent years. These trends reflect a shift towards more comprehensive sexual education and access to reproductive healthcare services for teenagers across the country.

¹⁴ Teenage Pregnancy Rates by Country 2024, worldpopulationreview.com/country-rankings/teenage-pregnancy-rates-by-country. pregnancy-rates-by-com<https://worldpopulationreview.com/country-rankings/teenage-prunty>

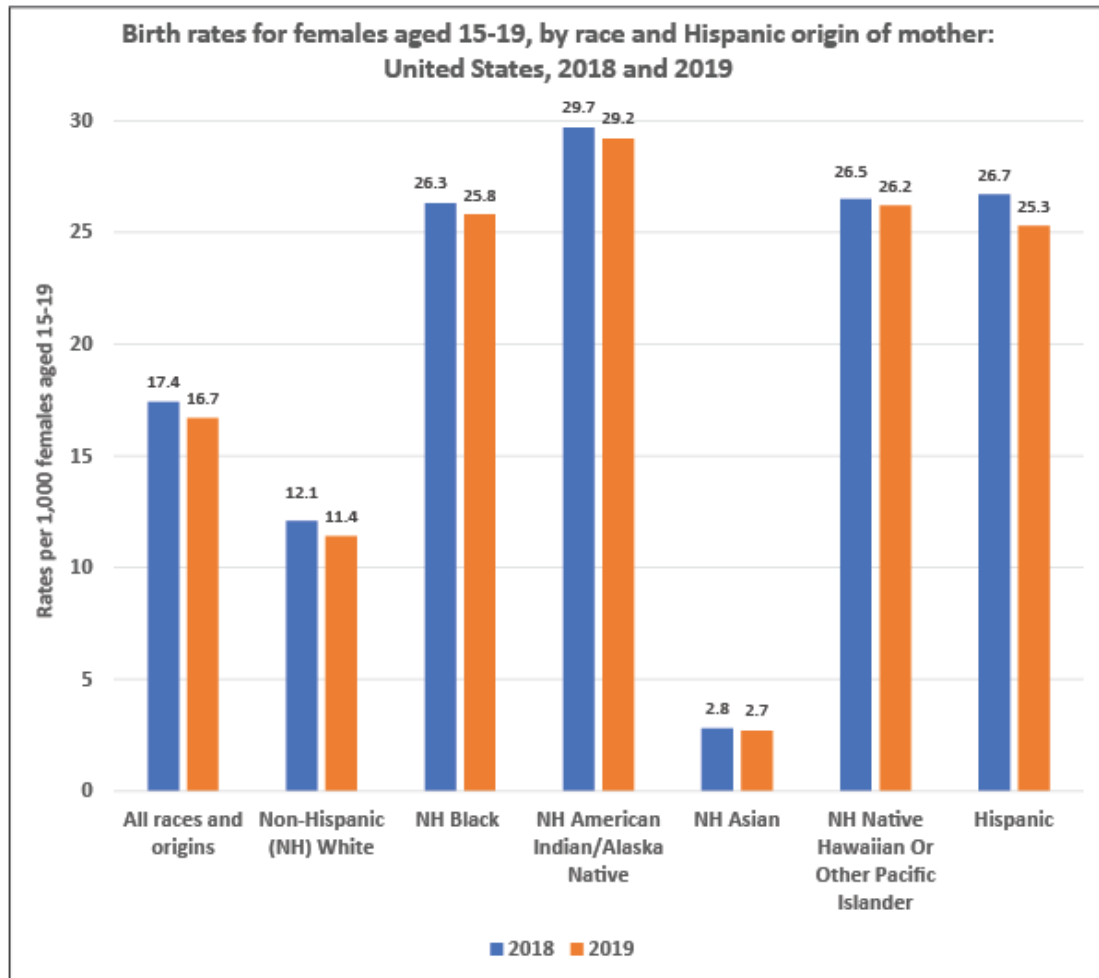


Figure 1 Birth rates for teenage mothers in the US by race and Hispanic origin of mother (2018-2019)¹⁵

Switzerland

Switzerland also boasts very low teenage pregnancy rates. The country's renowned educational system is a significant factor contributing to these low rates. In Switzerland, teenage girls are heavily focused on their education during their adolescent years, which naturally reduces the likelihood of early pregnancies. Additionally, comprehensive sex education is provided in schools, and adolescents often have open discussions with their parents about sexual health and reproductive choices. This combination of factors fosters a culture of informed decision-making and responsible behavior among teenagers, further contributing to the low incidence of teenage pregnancies in Switzerland.

World Health Organization

The World Health Organization (WHO) is an organization that has been actively involved in addressing teen pregnancies worldwide. Through various aid programs tailored to adolescents, WHO aims to promote sexual and reproductive health rights

¹⁵ About Teen Pregnancy. Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 15 Nov. 2021, www.cdc.gov/teenpregnancy/about/index.htm.
<https://www.cdc.gov/teenpregnancy/about/index.htm>

among teenagers. By leveraging evidence-based approaches, advocacy efforts, and collaboration with other organizations within and outside the United Nations system, WHO effectively assists countries in addressing adolescent pregnancies. Importantly, WHO recognizes and respects the cultural norms of each country while working to implement interventions and programs that meet the specific needs of adolescents and their communities.

Quality and Access for Reproductive Health Equity for Teens (QARE)

Qare was founded in September 2020 through a collaboration between the National Association of Community Health Centers (NACHC) and Cicatelli Associates. Pronounced as "care," Qare aims to provide access to high-quality reproductive health services, including contraception and treatment for sexually transmitted infections, while also supporting the health and well-being of teenagers and promoting health equity.¹⁶

Plan International

Founded in 1937, Plan International is an organization dedicated to development, humanitarian efforts, and advocating for children's rights and gender equity, particularly focusing on the empowerment of girls.¹⁷ They also work with adolescents, aiming to achieve gender equality, end child poverty, and protect children's rights. Plan International's mission is to inspire communities and youth to drive essential societal changes, striving for a world where discrimination against girls and vulnerability are eradicated. They provide support to children from birth through adulthood, ensuring their safe and successful progression.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
17 March 1921	Marie Stopes and Humphrey Verdon Roe establish the first birth control clinic in England, aiming to educate married women on birth control methods and reproductive health.
1950-1960	Teenage pregnancies peak all over the world, resulting in a shift in the goals of sex education from condemning premarital sex to focusing on preventing pregnancy.
1970s-1980s	The rate of teenage pregnancies declines sharply.
1973	Abortion is legalized in the USA through the Supreme Court decision in Roe v Wade.

¹⁶ Quality and Access for Reproductive Health Equity for Teens." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 28 Feb. 2023, www.cdc.gov/teenpregnancy/projects-initiatives/quality-and-access-for-health-equity-teens.html.

¹⁷ The Organisation." Plan International, 9 Jan. 2024, plan-international.org/organisation/.

2019	Teens in LEDCs have approximately 21 million pregnancies a year, approximately 50% of them being unintended and resulting in 12 million births.
2019	55% of teenagers in LEDCs with an unintended pregnancy try having an abortion.
2022	The adolescent birth rate specifically for girls 10-14 years old is estimated at 1.5 per 1000 women, with Sub-Saharan Africa and Latin America and the Caribbean having the highest rates.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Policy Framework to Prevent teenage pregnancy and its consequences by UNICEF

This is a document released in January 2022, focusing on addressing teenage pregnancies in Romania. This is particularly relevant as Romania has comparatively high rates of teenage pregnancies compared to other European countries. The policy framework aims to intervene at both local and national levels to eliminate teenage pregnancies. However, despite the efforts outlined in the document, the decline in teenage pregnancies has been minimal, and the proposed solutions have not been fully implemented, resulting in limited visible progress in reducing teenage pregnancies.

Collaboration between the Federal Office of Adolescent Health and the Office of Population Affairs

The collaboration between The Federal Office of Adolescent Health and the Office of Population Affairs aims to address various aspects of adolescent health and reproductive issues in the United States. The Federal Office of Adolescent Health was established to provide guidance and support to American teenagers to improve their overall health and development during adolescence.¹⁸ Adolescent health encompasses transitions across multiple domains, including physical, social, emotional, cognitive, and intellectual aspects. On the other hand, the Office of Population Affairs (OPA) advises the Secretary and the Assistant Secretary for Health on a range of reproductive and adolescent health topics, with a focus on teen pregnancy prevention and other population-related issues.¹⁹

Over a period of five years, specifically from 2010 to 2015, the Federal Office of Adolescent Health and the Office of Population Affairs collaborated with the shared goal of reducing the rates of teenage births. This collaboration targeted American, African American, and Latino or Hispanic adolescents, aiming to implement

¹⁸ About." HHS Office of Population Affairs, opa.hhs.gov/about. <https://opa.hhs.gov/about>

¹⁹ National Adolescent Health Month™ (NAHM) 2023." HHS Office of Population Affairs, opa.hhs.gov/NAHM.

interventions and programs tailored to the needs of these populations to achieve the desired reduction in teenage birth rates.

National Adolescent Health Month (NAHM)

National Adolescent Health Month (NAHM) is hosted annually in May by the Office of Population Affairs, aiming to support adolescents and their health. One of the key-focuses of NAHM is sexual and reproductive health among adolescents. In their 2023 theme, they emphasized expanding sexual and reproductive health services and equipping adults to support the health of adolescents.

Contraceptive Action Plan Project (CAP)

The Contraceptive Action Plan Project (CAP) was administered by Cicitelli Associates Inc (CAI) from 2013 to 2021. It is a project dedicated to addressing sexual and reproductive health issues. Through their team, CAP provides contraceptive services to adolescent girls and women. Additionally, CAP has developed resources aimed at enhancing the provision of contraceptive services, including an e-Learning program for staff and job aids.²⁰

POSSIBLE SOLUTIONS

Utilizing technology to ensure teenagers' sexual and reproductive health rights

In the contemporary digital era, technology plays a pivotal role in the lives of teenagers. Developing accessible apps can be instrumental in educating teenagers about their sexual and reproductive health rights in a user-friendly format. These apps can provide comprehensive sex education, allowing teenagers to ask questions and seek immediate answers regarding their rights and any uncertainties they may have. By utilizing technology, adolescents can gain essential knowledge about their rights and responsibilities in the realm of sexual and reproductive health.

Promoting sex education in schools

National programs dedicated to educating high school students about sexual activity and its consequences are essential. Employing experts in sex education, supervised by respective government bodies, ensures that accurate and age-appropriate information is delivered to teenagers. The selection process for these experts should be rigorous, focusing on their approach to engaging with teenagers effectively. These programs aim to enhance teenagers' understanding of sexual activity and the potential ramifications of teenage pregnancies, empowering them to make informed decisions about their sexual health.

Equipping Health Support Systems for Teenage pregnancies

It is imperative to provide comprehensive health support to adolescent girls who become pregnant, irrespective of their family's ability or willingness to support them.

²⁰ "Contraceptive Action Plan Project, 2013-2021." CAI, caiglobal.org/contraceptive-action-plan-project-2013-2021/.

Government health support systems should intervene to ensure that pregnant teenagers receive necessary medical care, including tests, medication, and emotional support. It is crucial to create a non-judgmental environment where teenage girls feel safe and supported during their pregnancy journey. By bolstering health support systems, we can mitigate the negative impacts of teenage pregnancies and promote the well-being of adolescent mothers.

Facilitating access to contraceptive measures

By providing teenagers with the means to control their fertility, access to contraception empowers them to make informed decisions about if and when they want to become parents, thus, avoiding the negative consequences associated with early parenthood. Additionally, many forms of contraception, such as condoms, offer protection against STDs, further safeguarding teenagers' sexual health and well-being. Access to contraception also promotes autonomy and empowerment by allowing teenagers to choose contraceptive methods that align with their individual needs, values, and aspirations. Moreover, equitable access to contraception helps address disparities in reproductive health outcomes among teenagers from marginalized communities or low-income backgrounds, ensuring that all teenagers have the opportunity to access the care they need. To effectively implement access to contraception for teenagers, barriers such as cost, transportation, and confidentiality concerns must be addressed, and comprehensive sexual health education and counseling should be provided to ensure teenagers have accurate information and support in making informed decisions about their sexual and reproductive health. By prioritizing access to contraception, we can empower teenagers to take control of their sexual health and prevent unintended pregnancies, ultimately promoting their well-being and future opportunities.

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