



GLOBAL PERSPECTIVES ON UNPLANNED PREGNANCIES

A Framework for Action from the World Contraception Day (WCD) Coalition

World Contraception Day (WCD) takes place annually on September 26 and centers on the vision of a world where every pregnancy is wanted. Its mission is to improve awareness of all contraceptive methods so young people – regardless of whether they are male or female, married or unmarried and sexually active or not – can make informed choices about their sexual and reproductive health. The WCD Coalition shares a joint voice on the importance of contraceptive awareness among young people worldwide.

The WCD Coalition's Commitment

The WCD Coalition, in line with the WCD motto 'It's Your Life, It's Your Future', shares a commitment to encourage young people to build contraception into their plans for the future and to prevent unplanned pregnancies and sexual transmitted infections (STIs).

The Scale of the Problem

Despite continued efforts around the world to reduce unplanned pregnancies, the incidence of unplanned pregnancies remains high. The impact is significant:

The incidence of unplanned pregnancies

- Worldwide, more than 41% of the 208 million pregnancies that occur each year are unplanned. Nearly half of these unplanned pregnancies end in abortion.ⁱ
- An estimated 33 million unintended pregnancies are a result of contraceptive failure or incorrect useⁱⁱ, so it is important that young people are well informed about the different methods available.
- Every year, up to 16 million adolescent females aged 15 to 19 give birth. In this age group, pregnancy-related deaths are the leading cause of mortality for young women.ⁱⁱⁱ
- Each year, contraception prevents 188 million unplanned pregnancies which results in 112 million fewer abortions, 1.1 million fewer newborn deaths, and 150,000 fewer maternal deaths.^{iv}
- More than half of all women of reproductive age in developing countries, approximately 867 million, want to avoid pregnancy. In these countries, a total of 222 million women have an unmet need for modern contraception.^{iv} If this unmet need for contraception was fully satisfied, 53 million additional unplanned pregnancies could be prevented every year.^v

The impact of unplanned pregnancies

- Unplanned pregnancies constitute a global problem associated with substantial costs to health and social services as well as significant emotional distress to women, and their families.^{vi} In addition, children born to teenage mothers are much more likely to experience a range of negative outcomes later in life, such as developmental disabilities, behavioral issues and poor academic performance.^{vii}
- The 1990s witnessed significant gains in access to reproductive health and family planning, but in many developing countries, particularly in Africa, the progress has come to a stand-still since about 2000.^{viii}
- Investing in family planning as well as maternal and newborn health services can save lives. Research suggests that, for developing countries, an investment strategy that includes fully meeting needs for both family planning and maternal and newborn health services would save more lives and cost \$1.5 billion less than investing in maternal and newborn health services alone.^{ix}

Young people in most of the countries where the WCD Coalition works want to know more about the range of modern and effective contraceptives available to them, how to access them, or how to choose the one that is right for them.

The WCD Coalition's views on the key issues around unplanned pregnancies and STIs

Although the biggest issues around unplanned pregnancies and STIs differ from region to region, the WCD Coalition agrees there are four key areas of development needed globally:

1. Increasing age-appropriate comprehensive sexuality education and information for young people:

Many young people are unaware of the contraceptive methods available to them and may be misinformed owing to myths and misconceptions (e.g. that contraceptives cause infertility and that only promiscuous people use condoms). Younger adolescents and those not in education may find it particularly challenging to access education about contraception. Health providers may not be sufficiently qualified to meet the unique needs of young people seeking contraceptive information and services. In some communities, role models and influencers such as parents, teachers, coaches, counsellors and community leaders (including religious leaders), may not have the information and resources required to communicate accurate, unbiased information about contraception to young people. This is particularly true in rural and underserved areas. Among young married women, rates of contraceptive use are far lower in West and Central Africa than in any other region of the world.^x One reason for this may be mistrust of the safety of contraception.^{xi}

2. Improving access to youth-friendly sexual and reproductive health services as well as access to contraception:

Young people who lack access to free or low-cost high-quality and confidential health services and modern contraception face a number of challenges. Access may be particularly limited for those who are not married, although young married people may face different types of barriers to those who are unmarried. Young people must be empowered with the confidence and skills required to seek out sexual and reproductive healthcare and to know what questions to ask health providers, including how to use con-

traception. Healthcare providers, teachers, parents, community leaders and other influencers need to be willing to counsel young people on sexual health without discrimination or judgement, as well as provide accurate information about family planning options. Governments need to ensure there are policies in place and national-level guidelines for providing young people with equitable access to services and contraception.

3. Addressing cultural taboos surrounding youth and sexuality:

Cultural and social norms expecting young people – especially unmarried young people – not to have sex or even to talk about sex may prevent discussion of the topic in the home, community or healthcare clinic. In addition, some parents may lack the knowledge to talk to their children about sexual health. In some regions of the world where cultural taboos are ever-present, health providers may be morally opposed to providing contraception to young people if they believe they should not be having sex. As a result, young people may be afraid to be seen seeking contraception due to judgmental and disrespectful attitudes of health providers or fears about confidentiality. Others may be afraid to use condoms for fear of being thought of as promiscuous.

4. Addressing gender inequality:

Social and cultural expectations around gender roles have an influence on sexual relations between young people. Gender inequality, including sexual and gender-based violence and coercion is a growing issue across the world. Disconnects in communication, unequal access and use of resources and the prevalence of gender inequality can put women at risk of unplanned pregnancies and STIs. To address this it is important to empower girls and young women with the tools and knowledge they need to take control of their sexual and reproductive health. In addition, it is necessary not to overlook the role of boys and men in family planning and gender equality in sexual and reproductive health and to involve them in discussions around these issues.

Case Study

TAKING CONTROL OF MY LIFE



16-year-old Mi Aye lives in a squatters' quarter in Bago, Myanmar. Married at 13, she had her first child at 14. She tells us how a visit from a Marie Stopes International health worker allowed her to take control of her future.

Name: Mi Aye
Country: Myanmar
NGO: Marie Stopes International

“My family is very poor. My mother is a vendor and my father does odd jobs – he works when there’s work and stays at home when there’s none. Growing up in a large family, there was never enough in our home and our family couldn’t find a way to solve this problem.

I became a grown up at a very early age because I got married at just 13. To be honest, I’d never thought about the consequences that follow a marriage. Nobody told me about how you have children or how I could avoid getting

pregnant, so of course, I got pregnant. I was ‘a child giving birth to a child’ because I was only 14. And afterwards I was really frightened about getting pregnant again but didn’t know what to do to stop it.

I must say I’m lucky because health workers from Marie Stopes International visited us. I asked them what I could do to stop getting pregnant, and they told me about all these different things I could use. I wanted the contraception that goes in into the uterus to prevent pregnancy for up to 10 years.

When I said I couldn’t pay, they assured me that I could get it for free. It was like being thirsty and falling into a well. I don’t have to worry now. I can raise my child properly and work to get money.

I think you have to plan properly to have a child. Thanks to Marie Stopes International, we’ve been able to decide that we’ll only have another when we’re ready.”

Case Study

DISCOVERING KNOWLEDGE IS POWER



Photo by: Rita Villanueva

Ingrid Idalia Montes Alvarado is a 44-year-old mother of seven from a poor neighborhood in Guatemala City. She shares her experiences of her unplanned pregnancies and finding out about long-acting reversible contraception methods (LARC).

Name: Ingrid Idalia Montes Alvarado
Country: Guatemala
NGO: Population Services International (PSI)

Ingrid Idalia Montes Alvarado had tried just about every family planning method she knew about and could get hold of. She and her husband used condoms, and Ingrid tried different forms of hormonal short acting contraceptives but experienced side effects each time. And each time she got pregnant.

“Each child is beautiful. They are all so beautiful,” says Ingrid. “But when one gets sick, sometimes you don’t have what you need to take care of them. Sometimes there’s not even enough bread or water to give them.”

After their sixth child was born, Ingrid and her husband decided they couldn’t afford to have any more children; she didn’t work and her husband was a day laborer. But they were confronted with a lack of access to information and

effective contraception. That’s when Ingrid got pregnant with her seventh child.

Ingrid and her husband aren’t alone. In Guatemala, 20.8% of married women who want to use contraception are unable to access it.^{xii} One day Ingrid saw a flyer for a health clinic day about family planning methods organized by the Pan-American Social Marketing Organization (PASMO), PSI’s affiliate in Central America. She went along to learn about her options, especially long acting reversible contraception (LARC). She had heard about the intrauterine device (IUD), but had many misconceptions about it – one in particular claimed that babies would be born with the IUD in their forehead. PASMO counselors informed Ingrid about all of her options, including short acting methods and LARC, and addressed the myths.

Ingrid chose to get an IUD inserted. Since then, she hasn’t got pregnant and hasn’t had any side effects. Now, three of her children are married. Ingrid educates all of them about using contraception and is proud that one of her daughters now uses the IUD and her daughter-in-law uses a contraceptive implant.

“I told my daughter to have two children,” says Ingrid. “Have two until they’re 10 or a certain age, and then you can decide if you’re going to have more.”

Case Study

GENEXT UGANDA: MY LIFE, MY FUTURE!



In September 2013, DSW, in partnership with Bayer HealthCare, launched GeNext Uganda “My Life, My Future!” Active in Uganda’s Wakiso and Busia districts, the program aims to empower young people to make informed choices about their sexual and reproductive health by engaging them through youth-led DSW Youth Empowerment Centres (YECs) and the youth-focused partner Reach a Hand Uganda (RaHU).

Name: Renate Baehr, DSW Executive Director
Country: Uganda
NGO: Deutsche Stiftung Weltbevölkerung (DSW)

Working together, DSW and RaHU have trained 60 young people to become youth champions for sexual and reproductive health rights and family planning. The youth champions were trained on peer-to-peer education, adolescent reproductive health, sex, contraception, pregnancy, life skills and community mobilization. They cascade their knowledge and spread their messages to their local communities through schools and youth clubs, encouraging others to become youth champions in their own communities. They have now reached over 4,400 young people.

To support the GeNext youth champions, DSW has trained eight health workers on the provision of local youth-friendly sexual and reproductive health centers. Since November 2013, more than 1,200 young people have been referred by youth champions to these health centers.

Through outreach activities on and around World Contraception Day 2013, including youth truck roadshows, health camps, distribution of information on contraception, as well as voluntary HIV testing and counseling services, the GeNext project reached local leaders, community members and young people and the partnership is ongoing.

“What we have learned, in our many years of working with young people in Eastern Africa, is that the best communicators for young people are young people themselves... I’m happy to report that since its inception, GeNext has reached more than 10,000 young people in Uganda through a range of outreach activities, and plans to reach 18,000 young people and 1,000 community members with sexual and reproductive health rights (SRHR) information before the end of the project period. The youth champions share the same message: that with accurate information and access to youth friendly services, young people have the potential within themselves to take control of their health and their own futures.” – Renate Baehr, Executive Director, DSW

Framework for Action

In spite of progress in recent years, contraceptives remain out of reach for many young people worldwide, resulting in millions of unplanned pregnancies and abortions each year. The WCD Coalition believes that women, men and adolescents are more likely to thrive and live full and healthy lives if they have access to accurate, unbiased education about sexual and reproductive health. The WCD Coalition calls on governments, community leaders, healthcare providers and educators to help young people build contraception into their plans. It calls on global and national family planning and reproductive health communities to focus on the following four priorities:

1. Knowledge is power. Addressing the lack of knowledge of contraceptive methods available – from short acting methods to LARC – by improving age-appropriate comprehensive sexuality education and information for young people and making the information more widely available.

2. Practising safe sex saves lives. Ensuring that young people have access to high-quality, confidential sexual and reproductive health services so they are equipped with the knowledge and resources they need to make smart, educated decisions about their sexual health care.

3. Sex is not just about reproduction. Addressing myths and misconceptions about sex and contraception to empower young people to talk to their healthcare providers and partners about sex and to use contraception without fear of prejudice or disrespect.

4. Equality and empowerment are key. Tackling gender inequality and empowering and educating young women and men about their sex and family planning rights and responsibilities.

The WCD Coalition believes it is important to understand more about young people's experiences and preferences, who they trust for information and advice and what communication channels they are exposed to in their daily lives. By taking these factors into account and involving young people in all stages of the design, implementation and evaluation of sexual health services and campaigns we can help to ensure that:

- Services meet young people's needs
- Educational messages resonate with young people
- The most effective channels are used to deliver educational messages and information

Concluding Remarks

International efforts have helped make important strides forward in satisfying the demand for knowledge and access to contraception; however, millions of young people worldwide still experience unplanned pregnancies and contract STIs each year.

The WCD Coalition, in collaboration with other civil society organizations, NGOs, advocacy groups, and governments, will continue to work to improve the sexual and reproductive health of young people who struggle to access high-quality services and information, with the goal of ensuring that every pregnancy is wanted.

It will strive to give communities and young people access to the tools, skills and knowledge to empower them to take control of their lives and empower them to build better futures for themselves.

“Know your body! Know your rights!”

Lindsay Menard-Freeman, Women Deliver

“If young men and women respect themselves and one another, they are more likely to make informed, empowered choices about their sexual and reproductive health.”

Ian Askew, Population Council

“Sex should be an enjoyable part of becoming an adult.”

Rena Greifinger, PSI

“It is your life and your choice if and when to have sex. If you know the facts about contraception you can have a baby when you choose, allowing you to focus on your goals.”

Kylie Harrison, MSI

“Young people should learn more about themselves, their bodies, wants and desires.”

Diana Galimberti, CELSAM

“Love and respect yourself. You have the right to be loved and respected.”

José Enriqu  Pons, FIGUJ

About World Contraception Day (WCD)

WCD takes place on September 26 every year. The worldwide campaign centers on the vision of a world where every pregnancy is wanted.

WCD's mission is to improve awareness of all contraceptive methods to enable young people to make informed choices on their sexual and reproductive health.

The WCD website, www.your-life.com, contains accurate and unbiased information on contraception to help young people, in discussion with their healthcare provider, choose which option is right for them.



Figure 1: Comparison of the typical effectiveness of contraceptive methods^{xv}

Summary of contraceptive methods available

Figure 1 shows the range of contraceptive methods available, from short acting to long-acting reversible contraceptives (LARC)^{xiii}, and the typical effectiveness of these. Young people need access to accurate, unbiased information about sexual and reproductive health and contraception. They should be able to talk about contraception with their healthcare provider and jointly decide on the method that best suits their individual and personal needs.

About the WCD Coalition

The WCD Coalition is made up of 12 international NGOs, a governmental organization, as well as scientific and medical societies with an interest in sexual and reproductive health. It is sponsored by Bayer HealthCare.

The organizations involved in WCD are:

- Asian Pacific Council on Contraception (APCOC)
- Centro Latinoamericano Salud y Mujer (CELSAM)
- DSW (Deutsche Stiftung Weltbevölkerung)
- EngenderHealth (EH)
- European Society of Contraception and Reproductive Health (ESC)
- International Federation of Pediatric and Adolescent Gynecology (FIGIJ)
- International Planned Parenthood Federation (IPPF)
- Marie Stopes International (MSI)
- Population Services International (PSI)
- The Population Council
- The United States Agency for International Development (USAID)
- Women Deliver (WD)

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For advice about contraception you can trust, visit **YOUR-LIFE.COM** or ask your healthcare provider.

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