Unmarried Young People and Unintended Pregnancy

INTRODUCTION

Providing contraceptive information and services to unmarried young people is important. Unintended pregnancy can have extreme consequences. Pregnant young women may have to leave school, causing emotional harm and limiting their education. Pregnancy at a young age can also have major physical risks and affect a young woman’s status in the family and community.

Although most societies discourage sex before marriage, many young people are sexually active before they are married. Often, young people take risks and have a sense that “it can’t happen to me.” As a result, unmarried girls in their teen years do get pregnant. Many young people do not know about fertility and how to avoid pregnancy and STIs, including HIV.

To avoid unintended pregnancies, young people need appropriate and accurate information about sexuality, fertility, contraception, and STIs/HIV prevention. They also need opportunities to discuss this information and to build important decision-making skills with the help of trained and trusted people. Parents, teachers, community and religious leaders, and trained peer (Continued on page 82)
KEY FACTS TO SHARE:
UNMARRIED YOUNG PEOPLE AND UNINTENDED PREGNANCY

1 For an unmarried young woman, unintended pregnancy can have extreme consequences. Pregnant young women may have to leave school, causing emotional harm and limiting their education and work opportunities. They may also face serious physical risks.

2 Most young people can use any contraceptive method safely. They need to know the full range of contraceptives available and may need help choosing the method that will suit them best.

3 Complete sexual abstinence is the most effective way to avoid both pregnancy and STIs/HIV. However, abstinence may be hard to practice consistently. Should young people become sexually active, they need to know about contraceptive methods, including condoms and emergency contraception.

4 Young men need to share responsibility for protecting young women from unintended pregnancy and STIs/HIV. They can do so by respecting women’s right to say no to sex and not using pressure or violence when they say no. They should use condoms consistently and correctly to prevent STIs/HIV even when their partners are using another contraceptive method to prevent pregnancy.

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educators all can be good and trusted sources of information and guidance. These allies of youth need good information themselves.

Sharing information with young people about sexuality, contraception, and other aspects of reproductive health does not increase their sexual activity. In fact, sharing such information and helping young people think about their future helps to delay the start of sexual activity, increases contraceptive use by those already sexually active, lowers the number of sexual partners, and decreases the frequency of sex.

Providers of contraception also have an important role to play — making sexual and reproductive health services easier for young people to obtain. These services need to be welcoming and friendly toward young, single women and men. Being judgmental will not help the young person and can do them harm by scaring them away from getting information and services they need. Providers need to present accurate information and help young people consider their sexual behavior and contraceptive choices. As with all other clients, counseling sessions must be private, and even the fact that the young person has come for services must be kept confidential.
5 Young women should be able to identify the days in their menstrual cycle when pregnancy would be most likely. Understanding their fertility helps young women avoid unintended pregnancy and protect their own health. Young men should know that they may cause pregnancy every time they have sex.

6 Young people are at higher risk for STIs/HIV due to their risk-taking behavior. Young women are vulnerable for biological reasons, too. Young people can reduce the risk of STIs/HIV by practicing abstinence, reducing the number of sexual partners, choosing circumcision (for men, to reduce HIV risk), and using condoms correctly and consistently every time they have sex.
CHAPTER 9: UNMARRIED YOUNG PEOPLE AND UNINTENDED PREGNANCY

SUPPORTING INFORMATION

FACT 1.
For an unmarried young woman, unintended pregnancy can have extreme consequences. Pregnant young women may have to leave school, causing emotional harm and limiting their education and work opportunities. They may also face serious physical risks.

In most cultures young unmarried mothers face stigma that can have harmful psychological and social impact. Pregnancy usually means the end of formal education. Becoming a mother at a young age changes a young woman’s life course and often robs her of basic life choices such as jobs, earning capacity, opportunities, and future marriage. Raising a child is a major economic burden. Those who are already poor are more likely to remain in poverty. The consequences of early pregnancy are much more severe for young women than for young men. But some young men also may bear some social and psychological consequences, especially if they leave school to support a child.

Unintended pregnancies among young women often end in unsafe abortion, especially where safe services are not available or affordable. Some young unmarried women risk unsafe abortion rather than face health clinic staff who may judge them. Unsafe abortion often leads to complications that may affect young woman’s ability to have children in the future and cause other life-long health problems or even death.

Unintended pregnancy has serious health risks for young women. Those ages 15 through 18 are twice as likely to die during childbirth compared to women ages 20 to 24, and girls under age 15 are 5 times more likely to die.
during childbirth. Young women are more likely to have high blood pressure when they are pregnant, which may lead to life-threatening seizures. They may experience a long or blocked labor that often leads to serious bleeding, infection, and other complications, such as fistula.

FACT 2.
Most young people can use any contraceptive method safely. They need to know the full range of contraceptives available and may need help choosing the method that will suit them best.

There are no medical reasons to deny any contraceptive method based on young age alone. Almost all young people can use any method safely. Sterilization is the only method that, while medically safe, is generally not appropriate for young people because it permanently ends fertility. Because young people are at the beginning of their reproductive years, they are likely to want to have children later in life.

Providers should tell young people about all available contraceptive options, without pressure or judgment, and help them make a voluntary decision that is in their own best interest. Together, with young people, providers and counselors need to consider the following factors regarding contraceptive use:

- Unmarried youth may be more likely to engage in risk-taking behavior than older people or even married young people. This behavior includes having multiple sexual partners or changing partners more often. Because of this, most sexually active young people need to think about the risk of STIs/HIV and consider methods that offer protection from both pregnancy and STIs/HIV — that is, approaches that provide “dual protection.”
• One of the most important factors for young people choosing a contraceptive method is how difficult it is to use the method consistently and correctly to ensure effectiveness.

• To be effective, some methods, such as oral contraceptive pills, rely on a woman’s ability to use them correctly. Some young women find consistent daily pill-taking difficult. If so, they can choose a method that does not require daily action.

• Implants and IUDs are among the easiest methods to use correctly. Once inserted, they provide highly effective protection for several years. Young women, with or without children, can use these methods safely. Implants are becoming more available in many countries and more popular among young women. IUDs are also a convenient option. An IUD should not be inserted if a young woman has a current infection with gonorrhea or chlamydia or is at very high risk of getting such an infection.

• Injectables can also be an easy method to use, but a young person must remember to get re-injections regularly.

• Some young women may find fertility awareness methods difficult to use if their menstrual cycles are still irregular. Irregular cycles make it hard to accurately identify fertile days. Still, it is valuable for young women to know when they are most likely to be fertile (see Fact 5).

• Condoms are often popular among youth. They provide protection from both pregnancy and STIs/HIV and are easy to obtain. Also, many young people have sex only occasionally, and condoms can be used just when needed. Still, condoms require correct and consistent use, which involves partner cooperation. As a result, condoms are less effective at preventing pregnancy than some other methods. Young women may want to consider using another contraceptive method in addition to condoms to increase protection from pregnancy.
In addition, all young people should be informed about availability of emergency contraception and where to get it. Because sex among youth is often unplanned, they may not be using a regular contraceptive method. Emergency contraception can help to prevent pregnancy after unprotected sex.

**FACT 3.**
Complete sexual abstinence is the most effective way to avoid both pregnancy and STIs/HIV. However, abstinence may be hard to practice consistently. Should young people become sexually active, they need to know about contraceptive methods, including condoms and emergency contraception.

Complete sexual abstinence provides complete protection from both pregnancy and STIs/HIV. Messages promoting abstinence appear to work best when addressed to young people who are not yet sexually active, especially girls. Some programs that include abstinence messages have delayed the start of sexual activity by about a year.
The term “abstinence” can mean different things to different people. Some view abstinence as a commitment to refrain from sex until marriage. Others view abstinence as delaying sex until some future time — for example, when entering into a committed relationship, possibly before marriage. Or the term can refer to those who have been sexually active at one time but now have decided to abstain from sex for various reasons. Also, some may consider themselves to be practicing abstinence if they avoid vaginal intercourse, even if they engage in other kinds of sexual intimacy. This may avoid pregnancy but not necessarily all STIs/HIV.

In practice, abstaining from sex tends to be less effective in preventing pregnancy than some contraceptive methods because complete abstinence requires strong motivation, self-control, communication, and commitment. A person may have sex in a “weak” moment. Young people need to develop skills to practice abstinence successfully and to say no to unwanted sexual activity.

Because of the challenges of abstinence, young people need to know about other contraceptive options and ways to reduce the risk of STIs/HIV. In many countries comprehensive sexual health programs that encourage abstinence while providing accurate information about contraception and condom use have reduced sexual activity among young people. Such programs also have increased the use of condoms and other contraceptives among sexually active youth.

Young people who practice abstinence require strong social support to be successful. Parents, teachers, trusted community members, and health care providers all have roles to play in motivating youth and helping them to develop communication and negotiation skills. They also need to make sure that young people get accurate information not only about abstinence but also about contraceptive options and about behavior that may risk getting STIs/HIV.
FACT 4.
Young men need to share responsibility for protecting young women from unintended pregnancy and STIs/HIV. They can do so by respecting women’s right to say no to sex and not using pressure or violence when they say no. They should use condoms consistently and correctly to prevent STIs/HIV even when their partners are using another contraceptive method to prevent pregnancy.

The way that young men and women approach relationships, including sex, often depends on their understanding of society’s gender norms — that is, the expectation of how men and women, boys and girls should behave. For girls and women, gender norms in many cultures call for male authority, economic dependence on men, virginity until marriage, and faithfulness during marriage. Norms for men, in contrast, are often built around power and control, independence, not showing emotions, risk-taking, using violence to resolve conflict, early sexual activity, and having multiple sexual partners. Certain gender norms contribute to unintended pregnancy, STIs/HIV, sexual violence and coercion, early marriage, and other harmful behaviors. There are, of course, gender norms that are protective. For instance, the cultural expectation that young women will be virgins at the time of marriage could protect them from pregnancy and getting HIV or other STIs.

Changing harmful norms is difficult but important. All young people, especially young women, have the right to refuse sex and not be coerced or forced into sex. Girls and women are especially at risk for unintended pregnancy and STIs/HIV when sex is forced.
Real men will share the responsibility for protecting young women from unintended pregnancy and STIs/HIV. They will ask if their partner is using contraception and never simply assume she is protected. Real men are equal partners in preventing pregnancy. They will also take responsibility for avoiding STIs/HIV by using condoms correctly and consistently at each sexual encounter.

Attitudes about gender roles are changing. Messages for young men will continue to encourage these positive changes. Gender norms can guide real men to treat women with respect, share responsibility for sexual and reproductive health decisions, and never be violent to women, including their sister, mother, girlfriend, and wife. Messages for young men should also include not pressuring their male peers to have sex.
FACT 5.
Young women should be able to identify the days in their menstrual cycle when pregnancy would be most likely. Understanding their fertility helps young women avoid unintended pregnancy and protect their own health. Young men should know that they may cause pregnancy every time they have sex.

All young people need to learn about women’s and men’s reproductive systems, their fertility, the menstrual cycle, and how pregnancy occurs. They need to understand when they are fertile and thus when sex can lead to pregnancy. For example, boys need to know that they start producing sperm during puberty, which occurs between the ages of 9 and 15. Once this process begins, men’s bodies continuously produce sperm. Thus, men are fertile all the time and may cause pregnancy any time they have unprotected sex.

A woman is fertile for several days each month. During these days she can become pregnant if she has unprotected sex. Most women should assume that there is a period of 12 days each month when they could get pregnant. Girls may become fertile for the first time approximately 2 weeks before the first monthly bleeding, which occurs sometime between the ages of 8 and 13 for most girls. Understanding fertility is a way to help young people understand their maturing bodies and know how to protect their own sexual and reproductive health.
FACT 6.
Young people are at higher risk for STIs/HIV due to their risk-taking behavior. Young women are vulnerable for biological reasons, too. Young people can reduce the risk of STIs/HIV by practicing abstinence, reducing the number of sexual partners, choosing circumcision (for men, to reduce HIV risk), and using condoms correctly and consistently every time they have sex.

Young people are at high risk of STIs including HIV, and about two of every five new HIV infections occur in young people ages 15 to 24. This is due mostly to risky behavior. Many young men and women are aware of the dangers of HIV, but they often believe that it cannot happen to them. Also, many lack knowledge of other STIs or do not have the communication skills or power to negotiate condom use with a sexual partner. As a result, many young people do not use condoms consistently and correctly. Other high-risk behaviors common among young people include having more than one sexual partner or changing partners often. Also, use of drugs or alcohol can lead to risky behavior.

In addition, there are biological factors that make women in general and young women in particular more likely to get STIs/HIV than men. It is estimated that sexual transmission of HIV from a man to a woman is about twice as likely as transmission from a woman to a man. This is because the female genital tract (vagina) has a much larger surface that may be exposed to HIV during sex than the male genitals (penis). Also, women may be exposed to HIV for a longer period of time than men because semen still remains in the vagina after intercourse ends. Young women may be at higher
risk of chlamydial infection than older women. This is because a young woman’s cervix (the entrance into the uterus) often contains cells that are fragile and especially vulnerable to chlamydial infection.

Young men and women need to know what behaviors increase the risk of STIs/HIV. They also need to know ways to avoid or reduce this risk. These ways include avoiding sex entirely (including oral and anal sex), reducing the number of sexual partners, limiting the number of new partners, staying in a faithful relationship with one uninfected partner, and using condoms correctly with every intercourse. Young men should also consider getting circumcised because circumcision reduces a man’s risk of getting HIV during vaginal sex with a woman. However, young men should know that even when circumcised they must continue using condoms because the possibility of HIV transmission still remains.