

POLICY BRIEF

Prevention of teenage pregnancy and its consequences

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WHERE ARE WE NOW?

- On average, the birth rate (expressed as a percentage of total births) for Romanian girls aged 10-14 is 8.5 times higher than the EU average, and the birth rate at 15-19 years is 3.4 times higher than the EU average.
- The birth rate for girls aged 10-14 years old doubled between 1990 and 2020, from 0.18% (percentage of births to girls aged 10-14 in total births in Romania) to 0.37% in 2020.

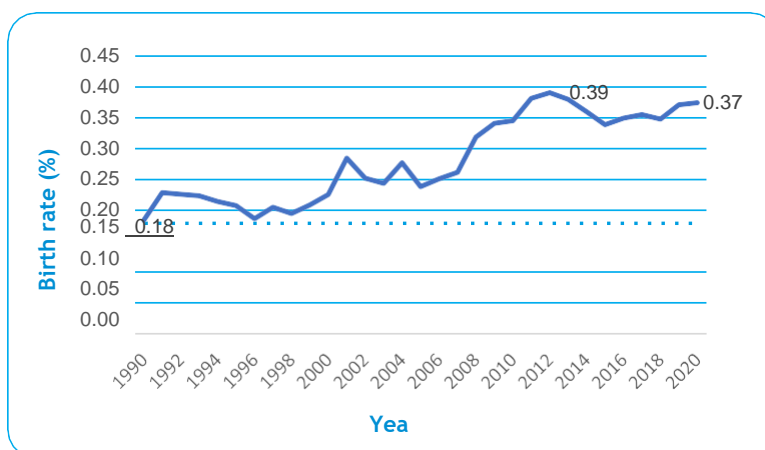


Chart: Birth rate in mothers aged 10-14 years old in 1990-2020

- Between 2011-2019, the average birth rate in teenagers aged 10-14 years old was 0.31%; 23 counties reported a higher rate than the national average for this period (54.8%).
- 1 in 10 children in Romania is born to a teenage mother.
- 1 in 6 teenagers who had a child before the age of 15 will have a second child before the age of 18.

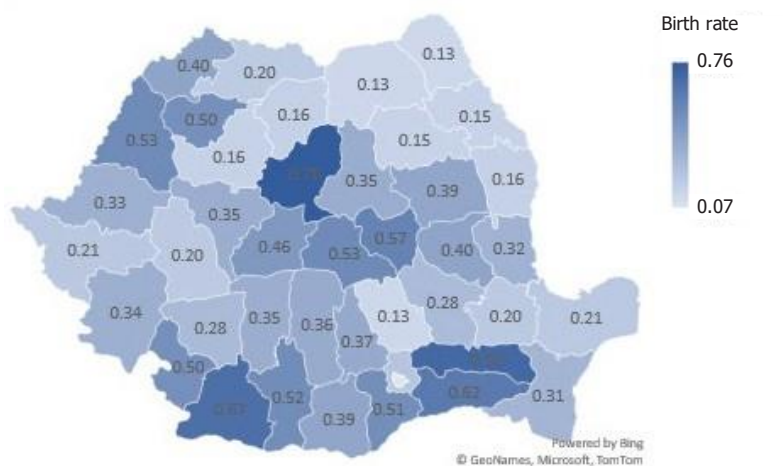


Figure: Average birth rate in mothers aged 10-14 years old, 2011-2019

HOW DOES THE INSTITUTIONAL FRAMEWORK COPE WITH THIS COMPLEX CHALLENGE?

- Children are not systematically educated about their rights in school.
 - *Children's rights should prevail in the decision-making process.*
 - *Early information of children in schools and in any entry point (healthcare, social system) about their rights may prevent acts of abuse, often recognised as conducive to teenage pregnancy.*
 - *Personnel working in the field of children's rights should benefit from specific training.*
- There is a legal framework on children's right to reproductive health education in place both for the education and social welfare systems, but its enforcement is inconsistent and non-unitary.
 - *The legal framework must ensure that children have non-discriminatory access to health education, prevention, health promotion and reproductive health.*
- The healthcare system does not have an up-to-date strategy to prevent teenage pregnancy.
 - *Teenagers in Romania need improved access to critical health services: counselling and family planning, provision of contraceptives.*
- The social system lacks human resources, which limits the intervention capacity.
 - *The development of community preventive social services should be prioritised and the necessary human resources should be ensured.*
- Educational services do not reach the disadvantaged layers of the population, and that leads to poor school achievement and school dropout.
 - *It is necessary to improve access to early education because the factors leading to increased school dropout, especially in rural areas and in the Roma community, are factors that largely overlap with the risk of teenage pregnancy.*
- The healthcare, education and social protection systems do not have an integrated, synergic approach.
 - *At national, county and local levels, it is necessary to coordinate the institutional resources involved in the management of teenage reproductive health issues and in pregnancy prevention.*

- The data collected on teenage pregnancy were made available by several institutions. Such data are not integrated, often, they are not systematically collected and, in particular, are not used for the development of local projects/interventions/alert systems.
 - *Systematic, constant collection of relevant data is key both to substantiate subsequent public policy decisions and to refine the actual interventions.*

- There is no standardisation of services, either preventive or services provided to teenage mothers and their partners, as a prerequisite to ensure the quality of services at sectoral and intersectoral levels.
 - *There should be specific intervention plans developed by child protection and education institutions. Such plans should be harmonised between institutions so that interventions are standardised, integrated.*
 - *Grassroots professionals, parents and children need to be aware of the legal provisions and intervention mechanisms in order to be able to act proactively at every level and for the results to be noticeable.*

- The distribution of human resources in all sectors is scarce and inadequate, depending on the availability of local and county authorities, and not on the need/community marginalisation.
 - *Fair distribution of human resources should be ensured in the healthcare, social assistance and education systems, according to community needs.*
 - *The number of jobs assigned to these communities should increase accordingly.*
 - *Standard work protocols and human resources training programmes should be provided to support the provision of quality services.*

- Research in the field of teenage pregnancy prevention is insufficient and does not inform public policies in the field.
 - *Operational research on implementation progress is essential to substantiate the steps to adjust the cross-sectoral policies needed to contain teenage pregnancy.*

- Information, education and communication campaigns do not use social marketing and target audience research instruments.
 - *The behavioural change communication campaign should be accompanied by key policy interventions, to increase confidence of target audiences that they are moving in the right direction.*

- The healthcare, education, social protection and judicial systems do not have a preventive, proactive approach to teenage prevention, they have insufficient and insufficiently trained human resources.

→ *Access to basic health education in general education needs to be strengthened by proper delivery of healthy relationships and contraception as subjects included in the core curriculum.*

- School counselling may play an important role in the early identification of risk factors for poor school performance or school dropout risk, but school counselling is an underrepresented resource at the national level.

- Medical advice for contraception is not provided in the health system.

→ *Counselling must be available at all levels: school, healthcare, social system and family.*

- Intervention methods for pregnancy prevention by specific methods, at the level of the health system, are difficult to access and non-functional. Contraceptives are not freely available to minors who started sexual activity.

→ *Easy access to contraceptives for teenagers who started sexual activity is essential to prevent pregnancy.*

→ *The institutions that manage teenagers at risk of pregnancy or with identified pregnancy should be aware of the mobile team mechanism, available 24/7 within GDSACP.*

→ *There should be cross-sectoral procedures that provide for the role of each institution in the management of at-risk minors. There is a lack of cross-sectoral procedures to ensure prompt and harmonised interventions.*

- There are practices to avoid penalties in case of teenage pregnancy resulted from non-consensual sexual intercourse, with an adult father.

→ *The act of justice should pursue the best interests of the child and lay down stronger measures to control the phenomenon.*

WHAT CAN BE DONE BETTER IN THE FUTURE?

Development of a policy framework to prevent teenage pregnancy and its consequences

OVERALL OBJECTIVE: To decrease the rate of teenage mothers in Romania by 50% until 2027	
Expected Results	Outputs
1. Enhanced sectoral and intersectoral institutional capacity	<ul style="list-style-type: none"> → Sustainable intersectoral cooperation and operation mechanisms in place → Integrated information system defined in line with intersectoral systems → Guidelines and protocols are defined, implemented, monitored and promoted → Human resources capacity ensured → Research is used to guide and inform decision-making
2. The main target audiences adopt desired behaviours	<ul style="list-style-type: none"> → Evidence-based communication and behaviour change/anti-stigma campaign implemented annually
3. Minor population and especially minors in marginalised communities have access to adequate and quality prevention services, including from a cultural viewpoint	<ul style="list-style-type: none"> → Pre-school and school after school educational services → Education for health taught in all schools in areas of socio-economic risk → Quality integrated prevention services are delivered to all children → FM/contraceptive services provided free of charge to teenagers who started sexual activity → Civic engagement opportunities are provided → Economic development opportunities are provided
4. Teenage pregnant girls/mothers and their partners have access to quality integrated services	<ul style="list-style-type: none"> → Intervention protocols/guidelines for specialist/complex services → General integrated services are provided to teenage pregnant girls/mothers and to children's fathers → Complex integrated services are delivered to teenage mothers in abuse situations

Expected Result 1 (ER1): Enhanced sectoral and intersectoral institutional capacity

This ER1 requires:

- o To develop sustainable intersectoral cooperation and operation (to establish a national task force (NTF) and county task forces (CTF) in pilot counties, to define interinstitutional communication methodologies/protocols, to review institutional capacity at national/county/local levels for the main sectors involved, and for the specialist non-governmental organisations (which already deliver intersectoral evidence-based interventions as part of such actions), to develop a good practice handbook, to define 2-5 county action plans in the pilot counties, to define local action plans in the localities with the highest number of teenage mothers in the pilot counties, to budget the action plans and to ensure their multiannual financing, to supplement and/or to amend the legal framework to enable intersectoral work, to ensure multiannual institutional and financial sustainability of actions, to supplement and/or to amend the legal framework to enable the provision of free contraception in underprivileged communities/communities at risk of teenage pregnancy/to identify successful methods to ensure free access to contraception;
- o To define an integrated information system, in line with the intersectoral systems already developed (MATE/CHC/AURORA etc.): to identify and review already existing information systems within the sectoral systems (AURORA, CHC, MATE etc.), to define common intersectoral indicators, to develop a database for teenagers at risk of becoming pregnant, pregnant teenagers, a data collection template, with intersectoral alert sharing mechanism, to enable private providers to report services provided to pregnant teenagers/teenage mothers (childbirths, abortions etc.) in this database.
- o To define intersectoral guidelines and protocols; to develop educational materials to support the delivery of school subjects such as “Personal Development” and “Biology”, to teach healthy relationships (grades 0-8) and contraception (starting with grade 5).
- o To ensure human resources: to deploy human resources for risk areas, to train human resources on using the new guidelines/protocols/school curricula, to adjust the job descriptions of frontline professionals, to purchase non-governmental organisations outreach services, to define an outreach policy with mobile teams in case specialist personnel is lacking in those communities identified as critical by the CTF.
- o To use research to guide and inform decisions, methodological steps, new service development, beneficiary assessment before and after interventions, etc.; to develop, budget and implement a multiannual research plan on teenage pregnancy.

Expected Result 2 (ER2):

Teenage population and especially teenagers in marginalised communities have access to quality, culturally adequate, inclusive, integrated PREVENTION services.

This ER2 requires:

- o Provision of pre-school educational services and school after school services for all children (ensure necessary space, financial access, subsidised travel etc.).
- o “Education for Health” taught in all schools in areas of socio-economic risk.
- o To provide quality integrated prevention services for all children: to review the subjects included in the core curriculum - “Personal Development” and “Biology” - and develop practical guidelines for teachers, interactive educational materials which focus on healthy relationships skills for grades 0-8 and understanding contraception and sexually transmitted diseases starting with grade 5; to identify teenage pregnancy risk factors, intersectoral alert and counselling of minors at risk.
- o To provide free counselling, family medicine and contraception services for teenagers who started sexual activity, especially those from underprivileged communities.
- o Civic engagement opportunities in place, especially in underprivileged communities.
- o Growth/economic initiatives/social economy opportunities in place in marginalised communities.

Expected Result 3 (ER3):

Teenage pregnant girls/mothers and their partners have access to quality integrated services.

This ER3 requires:

- o To develop intervention protocols/guidelines for specialist and integrated services targeting teenage mothers/fathers/young fathers (to develop intervention guidelines on the active intersectoral alert of local professionals in case of teenage mothers in abuse situations, to develop intervention guidelines for fathers, to define a funding/guarantees mechanism to ensure pregnant teenager’s access to appropriate laboratory tests.
- o To provide general integrated services - implemented for pregnant teenagers, teenage mothers and children’s fathers (to define an intersectoral alert mechanism for pregnant teenagers, to define an intersectoral alert mechanism for teenager new mothers, and to set

up a teenage mother guided discharge management service; to ensure the necessary information and motivational counselling to facilitate access to second chance education, counselling services to enhance self-esteem/to assess postpartum depression signs, to provide vocational counselling.

- o To provide complex integrated services for teenage mothers living in abusive relationships with their partner/family (intersectoral alert to GDSACP for active appointment of a case manager, to ensure access of pregnant teenagers or teenage mothers in abusive relationships to Centres for Teenage Mothers or to foster care/foster families).

Expected Result 4 (ER4):

The main target audiences adopt anti-stigma, healthy relationships, responsible partners, contraceptive adoption behaviours.

This ER4 requires:

- o To develop, implement, monitor and provide intersectoral assessment of a multiannual evidence-based communication and behaviour change/anti-stigma campaign. The campaign will be preceded by a qualitative research analysis of the narratives behind stigma situations, of the barriers in target groups behaviours, of the preferred communication channels and of the types of “catchy” messages for each target group.
- o This will be a user-friendly social marketing campaign, with communication messages and channels adapted according to the target group needs (e.g.: mobile apps for children); the campaign will use the same messages and insignia/colours at national, county, local and community levels.