Putting Data and Evidence into Action: An Intersectional Profile of Adolescent Pregnancy and Motherhood in Fiji

Background

Adolescent pregnancy and motherhood among girls and young women aged 10-19 years[1] can impact not only their health but also their ability to obtain higher education, and to pursue aspirations to enter the workforce. The Sustainable Development Goal (SDG) indicator 3.7.2 aims for reduction in adolescent fertility in order to improve the social and economic well-being of adolescents,[2] and is closely linked to SDG indicator 3.7.1 which aims for all women to have their need for family planning satisfied with modern methods of contraception.[3]

Better understanding of adolescent pregnancy, and the intersectional identities of adolescent mothers, can help inform how policies and programmes in Fiji could best support adolescents to have increased autonomy in decision-making about the timing of motherhood, as well as how to best support young mothers, particularly those who have had limited decision-making power.

1 Adolescence defined as per the World Health Organisation https://www.who.int/health-topics/adolescent-health#tab=tab_1

2 https://www.globalgoals.org/goals/3-good-health-and-well-being/

3 https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4988

Key findings

- Approximately 1,000 babies were born each year to adolescent mothers during 2016-2019, with the youngest mother recorded to be only 13 years of age.
- During 2016-2019 the annual adolescent fertility rate (15-19 years) increased steadily and significantly from 30 to 38 births per 1,000 among mothers of iTaukei children, and from 19 to 24 births per 1,000 among mothers of non-iTaukei children.
- Most adolescent mothers of iTaukei children were single or unmarried.
- Adolescent fertility progressively increased as wealth quintile decreased, with the adolescent fertility rate ten-fold higher in the poorest wealth quintile compared to the richest.
- Adolescent fertility was 35% higher in rural compared to urban areas.
- Unmarried sexually active adolescent girls had the greatest unmet need for contraception, with only 19% being able to access a form of modern contraception when they wanted to.

Get every one in the picture

Key recommendations[4]

Increase access to adolescent friendly sexual and reproductive health services

Healthcare worker training on the importance of providing non-judgemental and confidential sexual and reproductive health services and commodities to adolescents needs to be strengthened. Including gender sensitisation and training on gender-based violence.

- Curriculum and training to be developed and delivered to health care workers in reproductive and sexual health service settings.
- Expanded access to adolescent health services as part of integrated service delivery.

Proposed timeframe:	Implementation by December 2024, ongoing.
Lead organisation(s):	Ministry of Health and Medical Services.

Increase access to high quality sexual and reproductive health education for adolescents

The content and quality of sexual and reproductive health curriculum for high school students should be strengthened and the delivery of this curriculum ensured. The established Adolescent Peer Education Program run by the Ministry of Health and Medical Services could be used/updated to provide sexual and reproductive health information and education in communities.

- Review of content and implementation of sexual and reproductive health curriculum in high schools to be undertaken.
- Sexual and reproductive health programs and initiatives to be integrated into the Adolescent Peer Education Program.

Proposed timeframe:	Implementation by December 2024, ongoing.
Lead organisation(s):	Ministry of Health and Medical Services.

Increase availability of adolescent fertility and family planning data

The routine collection, analysis, and publication of data on adolescent pregnancy and motherhood should be increased, particularly by population disaggregations (i.e. demographic and socio-economic characteristics).

- Fertility and family planning data collected by the 2021 Fiji MICS has yet to be published by ethnic-specific disaggregations (iTaukei and non-iTaukei). A profile of adolescent fertility and family planning (including maternal wealth quintile, education, geographic location, and family planning awareness and use) based on 2021 MICS data disaggregated by ethnicity should be published.

Proposed timeframe:	By December 2024, publication of 2021 MICS data on adolescent fertility and family planning by ethnicity to be published and made publicly available.
Lead organisation(s):	Fiji Bureau of Statistics

4 Formulated in consultation with relevant national stakeholders and programmatic experts based on quantitative analysis of available data. Further qualitative analysis and consultation may be needed to further develop these recommendations and tailor their implementation, as appropriate.

Methods

Unit record birth registration data for 2016-2019 (by year of birth) obtained from the Civil Registry within the Ministry of Justice was used to establish annual estimates, disaggregated by ethnicity of the child (iTaukei and non-iTaukei),[5] for: (1) the number of births to adolescent mothers (10-19 years); (2) adolescent fertility rates (15-19 years); and (3) marital status of adolescent mothers. Data from the published 2021 Fiji Multiple Indicator Cluster Survey (MICS) regarding access to modern methods of contraception and adolescent motherhood by urban and rural area and by wealth quintile were synthesized with the birth registration data in order to strengthen understanding of the intersectional profile of adolescent pregnancy in Fiji. MICS data could not be disaggregated by ethnicity.

5 Ethnicity of the child had a valid entry for all unit records; mother's ethnicity was incomplete; fathers' ethnicity was not recorded.

Results: unit record birth registration data for babies born during 2016-2019

Age of adolescent mothers at time of giving birth

Birth registration data shows each year during 2016-2019 approximately 1,000 babies were born to adolescent mothers in Fiji, with the number steadily increasing each year (**Table 1**). The youngest mother recorded in the birth registration data for 2016-2019 was 13 years of age. There were more iTaukei babies than non-iTaukei babies born to adolescent mothers, however, the iTaukei population is a much larger proportion of the Fiji population.

Adolescent fertility rates

The adolescent fertility rate is the number of births to women aged 15-19 years per 1,000 women in that age group.[6] It is a more informative

6 Defined as per the World Health Organisation https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3

Table 1. Age of adolescent mothers at time of giving birth, by year of birth and ethnicity of the child, 2016-2019

	iTaukei children					Non-iTaukei children					Total
Age	2016	2017	2018	2019	Total	2016	2017	2018	2019	Total	
≤14	3	5	2	5	**15**	2	3	0	1	**6**	**21**
15	10	12	20	9	**51**	2	4	3	3	**12**	**63**
16	30	40	51	52	**173**	16	13	10	15	**54**	**227**
17	115	103	117	115	**450**	21	20	17	29	**87**	**537**
18	228	237	227	249	**941**	51	40	66	72	**229**	**1,170**
19	353	401	438	528	**1,720**	133	150	145	136	**564**	**2,284**
TOTAL	**739**	**798**	**855**	**958**	**3,350**	**225**	**230**	**241**	**256**	**952**	**4,302**

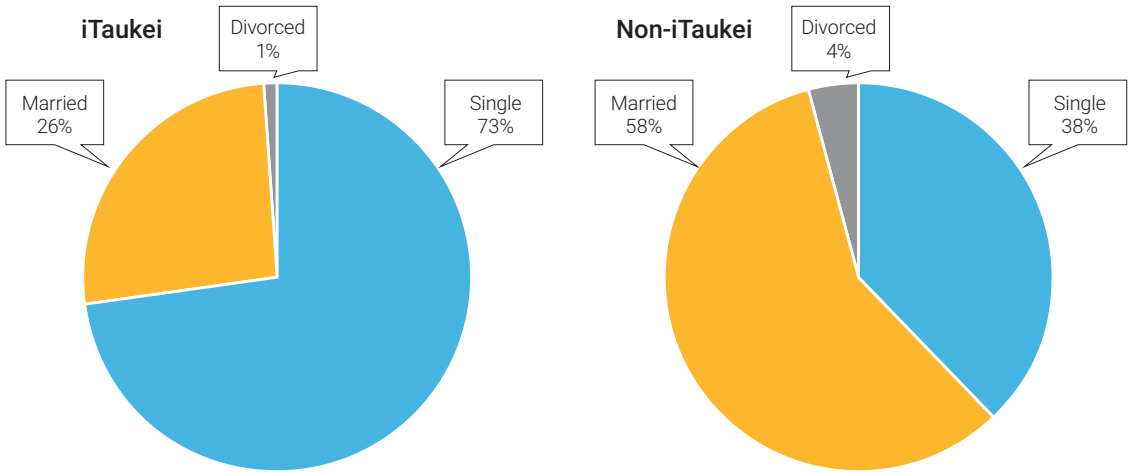
Source: Unit record birth registration data for babies born during 2016-2019.

Table 2. Adolescent fertility rates, 15-19 years (with 95% confidence intervals), 2016-2019

Year	All		iTaukei		Non-iTaukei	
	Rate	95%CI	Rate	95%CI	Rate	95%CI
2016	26.0	24.4-27.6	30.2	28.1-32.4	18.6	16.2-2-1.1
2017	27.2	25.5-28.8	32.3	30.1-34.5	19.8	17.2-22.3
2018	29.1	27.4-30.9	34.4	32.1-36.7	21.9	19.2-24.7
2019	33.8	31.9-35.7	38.1	35.7-40.5	24.3	21.3-27.2

Source: Unit record birth registration data for babies born during 2016-2019. Rate = age-specific fertility rate per 1,000 female population aged 15-19 years.
95%CI = 95% statistical confidence interval.

Figure 1. Marital status of adolescent mothers, by ethnicity of the child, 2016-2019



Source: Unit record birth registration data for babies born during 2016-2019.

measure of fertility than count data as it takes the population structure into account. During 2016-2019, the overall annual adolescent fertility rate showed a steady and statistically significant increase from 26 births per 1,000 in 2016 to 34 births per 1,000 in 2019. The adolescent fertility rate was higher among mothers of iTaukei children compared to non-iTaukei children. However, both groups saw a steady and statistically significant increase in adolescent fertility during 2016-2019, from 30 to 38 births per 1,000 in iTaukei and from 19 to 24 births per 1,000 in non-iTaukei (**Table 2**). Adolescent fertility rates for mothers aged 10-14 years have not been calculated as the number of births in this age group were too small to establish reliable estimates.

Marital status of adolescent mothers

The reported marital status at the time of birth registration[7] shows that for children born during 2016-2019 to adolescent mothers, an estimated 73% of iTaukei babies and 38% of non-iTaukei babies were born to mothers who reported their marital status as single (**Figure 1**).[8]

7 Previous analyses of Fiji birth registration data for babies born during 2016-2019 found that marital status of mothers at the time of birth registration compared to at the time of birth did not differ significantly (<10%) when births were registered late (>365 days) as compared to when births were registered on-time (≤365 days) [Linhart C, Singh N, Nadakuca M, Saumaka V, Congdon C, Serrao S, et al. Improving the timeliness of birth registration in Fiji through a financial incentive. 2024, UNDER REVIEW].

8 The birth registration database did not record 'de facto' as a marital status; no adolescent mothers were recorded in the widowed category.

Results: 2021 Fiji Multiple Indicator Cluster Survey

Adolescent fertility by wealth quintile and rural-urban area

The 2021 Fiji MICS identified that during 2019-2021, adolescent fertility progressively increased as wealth quintile decreased. The adolescent fertility rate (15-19 years) was ten-fold higher in the poorest wealth quintile (52 per 1,000) compared to the richest wealth quintile (5 per 1,000). By area of residence, adolescent fertility was 35% higher in rural compared to urban areas (**Figure 2**).

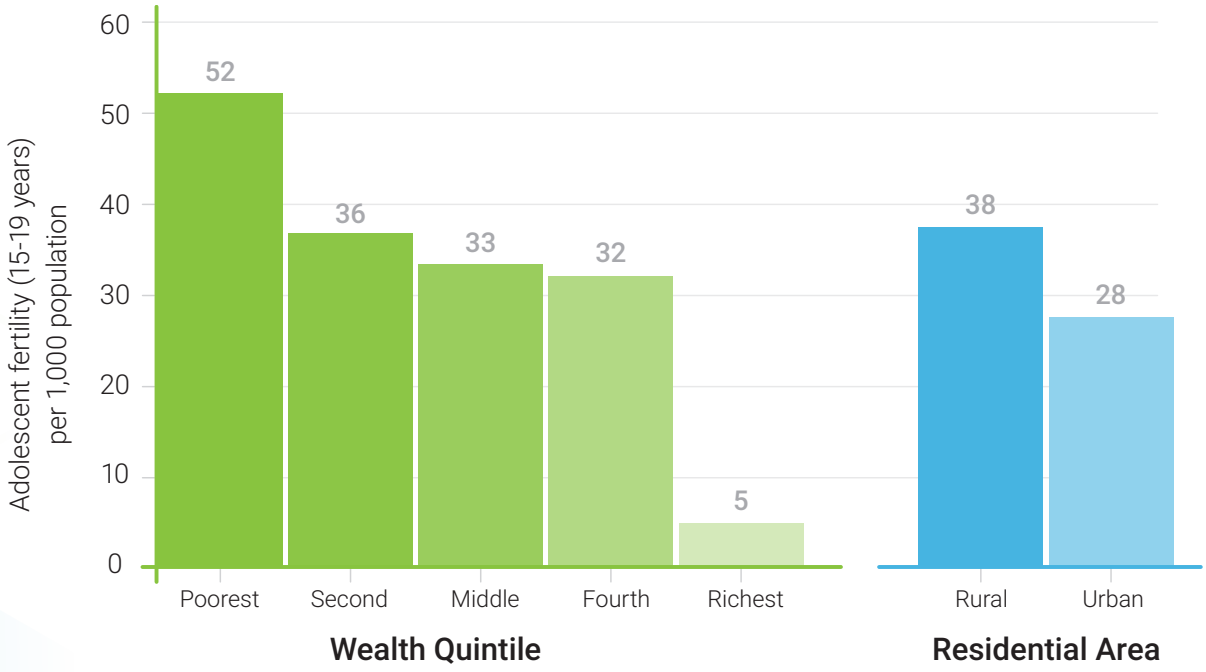
Knowledge and access to modern methods of contraception among adolescent girls

Of the 791 adolescent girls aged 15-19 years included in the 2021 MICS survey sample, 85% reported having heard of a modern method of contraception. 33 of the girls aged 15-19 years (married and unmarried) reported being sexually active[9] and having a need for family planning, of which only 13.5% were able to access a form of modern contraception when they wanted to.

Source: Fiji Multiple Indicator Cluster Survey (MICS) 2021, Table TM.3.02W; Table TM.3.4A.

9 Defined as having had sex within the last 30 days.

Figure 2. Adolescent fertility rates by urban-rural and wealth quintile, 2019-2021



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