



IT'S A MATTER OF RIGHTS,
HEALTH AND GENDER EQUALITY!

FACT SHEET TEENAGE PREGNANCY

THE NETHERLANDS

CONTEXT AND COUNTRY STATISTICS

The Netherlands has been showing a consistent trend in reducing teen pregnancies to rates that are among the lowest in the world. When a girl decides to keep her pregnancy, there are institutions that make sure that she can remain in school or at work; that offer her financial and social support; and that provide her with other means of assistance, such as decent housing (www.siriz.nl). Despite these positive statistics, challenges do persist. Groups have been found to be more vulnerable to unplanned and teen pregnancies, i.e., adolescents with migrant backgrounds, challenging family situations, and with relatively lower educational attainment.

- The Netherlands' adolescent birth rate is decreasing, and stands at 4.5 per 1,000 births. In 2015, 1,574 adolescent girls gave birth: almost 80% of all teen mothers were 18 years old, and 8% were below the age of 16 (CBS, 2016).
- Almost half of all teen pregnancies occur among girls with a migrant background; with a relatively high representation of Antilleans (16 per 1,000 births) and Surinamese (9 per 1,000 births) (National Abortion Registration, 2014).
- Abortion rate among teenagers is low and decreasing (3,181 in 2014).
- Adolescent use of at least one modern contraceptive method during first-time sex stands at 92% for boys, and 94% for girls (Rutgers and Soa Aids Nederland, 2017).

GLOBAL STATISTICS

"About half of all adolescent pregnancies (15-19 yrs.) in developing regions are unintended, and more than half end in abortion, often under unsafe conditions" (Daroch, et al., 2016).

"Meeting the unmet need for modern contraception of adolescent girls would reduce unintended pregnancies by 6 million annually, averting 2.1 million unplanned births, 3.2 million abortions, and 5,600 maternal deaths" (ibid).

"Expanding modern contraception services to all women in developing regions would cost US\$11 billion annually, or US\$1.90 per person per year" (Guttmacher Institute, 2017).



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DELIVER**

She Decides.



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RIGHT NOW**

Rutgers

For sexual and
reproductive health
and rights



COUNTRY POLICY ON TEENAGE PREGNANCY

Several policies under the Ministry of Health, and Ministry of Education contribute to the low number of teen pregnancies in the country. Currently, the Ministry of Health is developing a new National Plan on STIs and sexual health. This Plan aims at primary prevention, such as access to contraception; secondary prevention, including counselling services to support girls and women in the decision to continue or discontinue an unplanned pregnancy; and support mechanisms for young parents. The Plan also aims to address the challenges of reaching vulnerable groups of women and girls who are more prone to teen pregnancy. All schools in the Netherlands have the legal obligation to provide and include sexuality education in their curriculum. Schools enjoy the freedom to decide on the methods of teaching sexuality education, and approaches differ from school to school.

Local health authorities have been successful in rolling out targeted interventions to reach vulnerable (young) women, and provide them with contraception and information. Identified through the Dutch health care system, selected women and girls are visited by a specialist in their own homes, and are counselled on the best-fit contraceptive method, and its use. These experiments have shown a target population follow-up rate of 80-90%, and will be scaled up for nationwide implementation.

POLICY CHALLENGES

The rate of teen pregnancies among girls with an Antillean background is not decreasing as fast as other groups (e.g., Surinamese). Girls in challenging family situations, with lower educational attainment, and asylum seekers are over-represented in teen pregnancy rates. Access to the best-fit contraceptive method for these groups remains a challenge to be addressed.

Based on the Netherlands Inspectorate on Education's report in 2016, although most schools meet the legal criteria to deliver sexuality education, fully embedding this in school policy could be improved. Research by Rutgers and SoaAids (2017) found that most students grade information received in schools as moderate.

RIGHTS HEALTH GENDER EQUALITY

"When a girl becomes pregnant, her life can change radically. Her education may end, and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers" (UNFPA, 2017).

"Complications during pregnancy are the second cause of death for 15 to 19 year-old girls globally" (WHO, 2014).

LINKS TO SUSTAINABLE DEVELOPMENT GOALS

The Netherlands' policies that aim to reduce the incidences of teen pregnancies contribute directly to the broader realisation of the SDGs in the country. While addressing young people's health and well-being (SDG3), these policies also improve educational attainment of young people (SDG4), and contribute to gender equality (SDG5). Combined, all these are likely to expand women's economic independence, and reduce sexual violence. As the new National Plan on STIs and sexual health aims to reduce the vulnerabilities of groups of women and girls, efforts in the country also contribute to reducing inequalities (SDG 10).



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POLICY WINS

The Rutgers and SoaAids (2017) research on adolescent sexual health shows consistent improvements in the context of the Netherlands. Teen pregnancy and abortion rates in the Netherlands are amongst the lowest in the world, and have continued its downward spiral over the past years. Also, the overall number of teen mothers is decreasing. Policies are aimed at maintaining these successes.

This fact sheet was developed by Rutgers and the Government of The Netherlands for the High-Level Political Forum 2017 Roundtable Discussion on Preventing Teenage Pregnancies.