Issue Brief

Teenage Pregnancy in Sri Lanka: Trends and Determinants

UNFPA in partnership with the Department of Community Medicine, Faculty of Medicine and Centre of Excellence in University of Colombo

Executive Summary

Definition and Scale of the Issue

Teenage pregnancy is defined as pregnancy occurring in girls aged 10 to 19 years and is a significant global health concern, particularly in low- and middle-income countries (LMICs). Annually, an estimated 21 million pregnancies occur among adolescents aged 15 to 19, with around 50% being unintended. In Sri Lanka, teenage pregnancies have declined from 6.5% in 2009 to 3.8% in 2023. However, regional disparities remain, emphasizing the need for targeted interventions to address specific local challenges. Furthermore, anecdotal evidence suggests an increase in cohabiting young and adolescent couples and teenage pregnancies that are not fully captured by existing data, indicating a need for further investigation into the contributing factors.

Consequences and Policy Relevance

Teenage pregnancies carry significant health risks for both the mother and child, including maternal anaemia, hypertensive disorders, poor fetal growth and low birth weight. Socioeconomic factors like school dropout, economic hardships, limited access to healthcare and limited job opportunities increase the vulnerability to early pregnancies. Conversely, teenage pregnancy exacerbates these challenges, creating a cyclical pattern that perpetuates poverty. Preventing adolescent pregnancies in Sri Lanka is crucial for lowering maternal mortality, promoting gender equality, and enhancing adolescent well-being, and policymakers must focus on preventing and addressing the socio-economic impacts associated with teenage pregnancies.

Analysis of Trends and Determinants

Despite progress in reducing teenage pregnancy rates in Sri Lanka, certain districts continue to experience high rates due to broader socio-economic, educational, and cultural factors. Key contributors include low education levels, early school dropout, gaps in Comprehensive Sexuality Education (CSE), limited access to contraception, early romantic relationships, health inequalities, maternal migration and poor parental supervision. These factors underscore the need for comprehensive interventions targeting both individual behaviours and structural issues to reduce teenage pregnancies effectively.

Key Areas for Discussion

Legal Reforms Recommended

Establish a unified legal marriage age of 18 years and legalize termination of pregnancy for incest and statutory rape.

Policy Recommendation

Support adolescent health policies with sufficient legislation, financing, and protection for vulnerable children. Strengthen nationwide standardization and implementation of CSE and enforce policies against gender-based and child sexual violence.

Programmatic Interventions

Improve parental communication on sexuality, provide adolescent and youth friendly health service (AYFHS), and establish support systems like safe homes for pregnant adolescents and those in abusive situations. Address socioeconomic factors that contribute to teenage pregnancies. Expand CSE through teacher training, especially for students with disabilities, and promote collaboration between healthcare providers, schools, and social services. Implement targeted interventions for high-risk families and use disaggregated data for informed policy and program development.

By implementing these recommendations, Sri Lanka can continue to reduce teenage pregnancies, improve adolescent health outcomes, and create a healthier, more equitable future for its youth.

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Background and Context of Issue

Teenage pregnancy, defined as pregnancy occurring in girls aged between 10 to 19 years, is a global health concern. This definition remains applicable regardless of the legal status of the marriage or the individual's legal status as an adult. Teenage pregnancies account for about 11% of all births worldwide among adolescents aged 15 to 19 years.[1] This continues to be a significant global issue with an estimated 21 million pregnancies each year reported of adolescents aged 15 to 19 years in low- and middle-income countries (LMICs) since 2019, with approximately 50% of these pregnancies in LMICs being unintended, leading to around 12 million births each year.[2] The adverse obstetric, fetal and social consequences of teenage pregnancies are well-documented worldwide, making the prevention of such pregnancies critical to achieving global development goals related to maternal and child health. South Asia has reported the second highest rate of teenage pregnancies following Sub-Saharan Africa,[3] and this burden of adolescent pregnancies in South Asia could be attributed to a myriad of factors mostly related to socioeconomic status.[4]

Consequences and Policy Relevance

In Sri Lanka, teenage pregnancies remain a major public health concern that necessitates specialized care during pregnancy and childbirth. Given the wide range of negative medical and social outcomes associated with teenage pregnancies, it is crucial to implement targeted interventions to prevent them. Teenage pregnancies are linked to several maternal and fetal complications, including maternal low body mass, calcium deficiencies, maternal anemia, hypertensive disorders including preeclampsia, poor fetal growth and low birth weight.[5] A comprehensive understanding of the trends and determinants of teenage pregnancy will inform the development of interventions aimed at reducing these rates and mitigating their associated risks.

1 Togoobaatar Ganchimeg and others, Pregnancy and Childbirth Outcomes Among Adolescent Mothers: a World Health Organization Multicountry Study, vol. 121, BJOG An International Journal of Obstetrics & Gynaecology (2014).

2 World Health Organization, "Adolescent pregnancy", 10 April 2024. Available at, https://www.who.int/news-room/fact-sheets/detail/adolescent pregnancy#:~:text=As%20of%202019%2C%20adolescents%20aged,births%20(1%2C2)

3 Samikshya Poudel and others, Adolescent Pregnancy in South Asia: A Pooled Analysis of Demographic and Health Surveys, vol. 20, International Journal of Environmental Research and Public Health (2023)

4 ibid

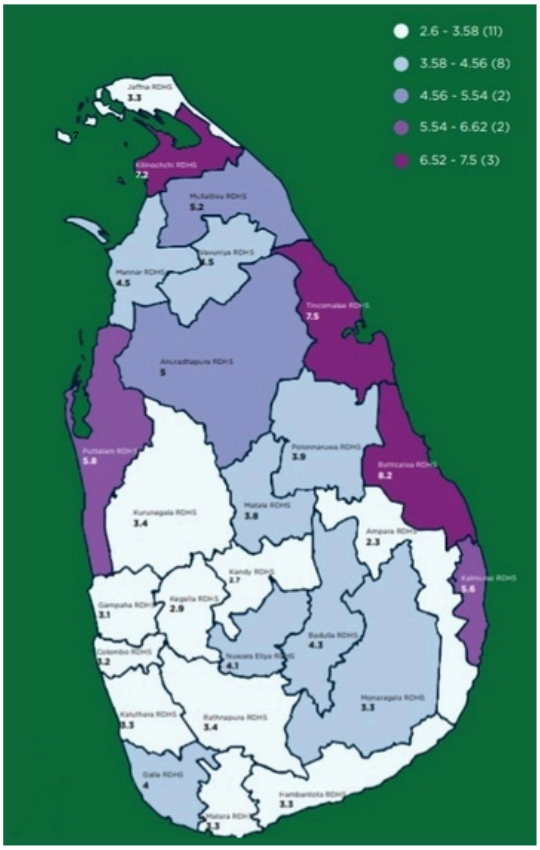
5 George C Patton and others, Our future: a Lancet commission on adolescent health and wellbeing, vol 387, Lancet (2016)

Despite strides taken to improve maternal and child health in Sri Lanka, the incidence of teenage pregnancies is a persistent issue, reflecting broader socio-economic, educational, and cultural dynamics. This issue brief explores the prevailing trends and key determinants of teenage pregnancy in Sri Lanka, highlighting the urgent need for targeted interventions to address this multifaceted problem.

Trends and Determinants of Teenage Pregnancy in Sri Lanka

Trends of Teenage Pregnancy in Sri Lanka

Teenage pregnancy in Sri Lanka has shown a gradual decline, with national data indicating that in 2009, 6.5% of all registered pregnancies occurred among teenagers,[6] with this figure dropping to 4.4% in 2018,[7] and to 3.8 in 2023.[8] Despite this overall decline, certain regions continue to experience high rates of teen pregnancies, highlighting disparities across the country. For instance, in 2019, approximately 20% of teen pregnancies were recorded among girls under 17,[9] with districts such as Trincomalee (9%) and Batticaloa (8.4%) displaying the highest rates,[10] while Mannar had the lowest at 2.6%.[11] In 2020, data indicate that Batticaloa (8.2%) and Trincomalee (7.5%) still accounted for the highest rates of teenage pregnancies, while Ampara (2.3%) and Kandy (2.7%) had the lowest rates.[12] These statistics reveal an emerging pattern of subnational disparities, as teen pregnancy rates in some areas have been slower to decline or remain persistently high.



Percentage of teenage pregnancies by districts in 2020
source FHB Annual Health Report 2021

6 Extent, Trends and Determinants of Teenage Pregnancies in Three Districts of Sri Lanka (UNFPA, 2012)

7 Sri Lanka, Ministry of Healthcare and Nutrition, Family Health Bureau, Annual Report 2018 (FHB, 2018)

8 Family Health Bureau Ministry of Health Sri Lanka, "Statistics", Indicators. Available at, https://fhb.health.gov.lk/statistics/

9 ibid

10 Sri Lanka, Ministry of Healthcare and Nutrition,Epidemiological Unit, Weekly Epidemiological Report, vol. 49 (2022)

11 M. S. Suranga M.S, *Youth Sexual and Reproductive Health Research in Sri Lanka, Sexual and reproductive health research in Sri Lanka-current status, challenges and directions. Colombo: Family Planning Association of Sri Lanka* (2019)

12 Sri Lanka, Ministry of Healthcare and Nutrition,Epidemiological Unit, Weekly Epidemiological Report, vol. 49 (2022)

Furthermore, anecdotal evidence suggests an increase in teenage pregnancies and cohabiting young and adolescent couples, but this trend is not fully reflected in the available data. This discrepancy indicates the need for deeper analysis to understand this issue's underlying factors better.

The district-level differences in teenage pregnancy are further emphasized when examining age-specific fertility rates (ASFR). Younger teens (aged 15-16) in the Northern, Western, and Southern provinces showed lower ASFRs, while the Eastern Province, particularly in districts with significant Muslim communities like Trincomalee, Batticaloa, and Puttalam, reported the highest rates.[13] These trends suggest that local cultural practices, such as the early marriage allowance under the Muslim Marriage and Divorce Act, may contribute to the higher prevalence of teen pregnancies in these areas.

Older teenagers (aged 18-19) were reportedly more likely to become pregnant in rural districts such as Anuradhapura, Trincomalee, Polonnaruwa, Monaragala, Puttalam, and Mullaitivu.[14] In contrast, urbanized districts like Colombo and Gampaha have reported the lowest teen pregnancy rates, likely due to better access to education and employment opportunities.[15] These urban areas provide teens with more resources, reducing the likelihood of early pregnancy compared to rural districts, where limited opportunities and economic challenges may increase the prevalence of teen pregnancies.

While Sri Lanka is making progress in reducing the overall rates of teenage pregnancies, the persistence of regional disparities highlights the need for targeted interventions that address the unique socio-economic and cultural factors influencing teen pregnancy in specific districts.

13 W. Indralal De Silva, Sri Lanka Youth: Sexual and Reproductive Health: Profile, Knowledge, Attitudes, Behaviour and Vulnerability (Child Fund Sri Lanka, 2020)
14 ibid
15 ibid

Education, Early School Dropout, and Gaps in Comprehensive Sexuality Education (CSE)

Studies reflect that teenage mothers often have low education levels (ordinary level or below), with many having dropped out of school prematurely due to educational challenges.[16] Additionally, the majority of spouses/partners had limited educational backgrounds,[17] with most having completed education up to grades 6 to 11.[18] Despite Sri Lanka's free education system, early school dropouts are closely associated with adolescent pregnancies, emphasizing the need to keep adolescents in school to prevent early pregnancies.[19]

Furthermore, though sexual and reproductive health (SRH) education is incorporated into the school curriculum,[20] a significant proportion of adolescent mothers have reported in studies that they have not received any SRH education before pregnancy.[21] This reflects a gap and a need for standardized comprehensive sexuality education (CSE) in schools and suggests a need to reevaluate the curriculum and its delivery. CSE plays a pivotal role in equipping adolescents with essential knowledge about sexual health topics, such as fertility, contraception, menstrual cycles, consent, healthy relationships and sexually transmitted infections (STIs), and the gaps in CSE are a significant contributing factor to high rates of unintended pregnancies among teenagers.[22]

Additionally, reintegration of teens into schools after pregnancy remains a significant issue in Sri Lanka, as many schools do not admit students following a pregnancy, leading to permanent dropouts. Addressing this barrier is crucial for ensuring young mothers can continue their education and improve their prospects.

16 Extent, Trends and Determinants of Teenage Pregnancies in Three Districts of Sri Lanka (UNFPA, 2012)
17 ibid
18 ibid
19 Thilini Chanchala Agampodi and others, *The hidden burden of adolescent pregnancies in rural Sri Lanka; findings of the Rajarata Pregnancy Cohort,* vol. 21, *BMC Pregnancy and Childbirth* (2021)
20 Sri Lanka, Ministry of Health and Indigenous Medicine, National Strategic Plan on Adolescent and Youth Health (2018 - 2025) (2019)
21 Thilini Chanchala Agampodi and others, The hidden burden of adolescent pregnancies in rural Sri Lanka; findings of the Rajarata Pregnancy Cohort, Vol. 21, BMC Pregnancy and Childbirth (2021)
22 Sri Lanka,Ministry of Healthcare and Nutrition, Epidemiological Unit, Weekly Epidemiological Report, Vol. 49 (2022)

Vocational Training and Employment

Studies reveal that only a lower percentage of teenage pregnant mothers have received vocational training and a small percentage were engaged in paid work.[23] Employment among the spouses or partners was more common, with many involved in crafts-related work and elementary occupations, while individuals who had vocational training were far less.[24]

Parental Influence and Family Dynamics

Parental influence appears to play a significant role in teenage pregnancies. Teenagers whose parents had low educational attainment, had mothers who worked abroad, and have alcoholic fathers are at a higher risk of early pregnancy.[25] The loss of a parent, particularly the father, further increases this vulnerability.[26] Poor family dynamics, including instability in residence,[27] maternal migration and working abroad,[28] low levels of parental, especially maternal supervision, and lack of open communication about sexuality, were also identified as risk factors.[29]

Early Romantic Relationships and Social Influences

The age reported of initiating romantic relationships among girls was as low as 11-12 years, with boyfriends often being older.[30] These early relationships, often influenced by a lack of parental supervision, economic hardships, and social pressures, contributed to early pregnancies,[31] with some girls reporting their first sexual experience as early as 10-14 years.[32]

23 Extent, Trends and Determinants of Teenage Pregnancies in Three Districts of Sri Lanka (UNFPA, 2012)
24 ibid
25 ibid
26 Kumari Thoradeniya, Teenage Pregnancy in Sri Lanka: Trends and Causes, vol. 12, Modern Sri Lanka Studies, A Journal of the Social Sciences (2021)
27 ibid
28 Extent, Trends and Determinants of Teenage Pregnancies in Three Districts of Sri Lanka (UNFPA, 2012)
29 Kumari Thoradeniya, Teenage Pregnancy in Sri Lanka: Trends and Causes, vol. 12, Modern Sri Lanka Studies, A Journal of the Social Sciences (2021)
30 ibid
31 ibid
32 ibid

Poverty, Socio-Economic Background and Health Inequality

Poverty is both a cause and a consequence of teenage pregnancies. There is a clear link between stressful socioeconomic environments and teenage pregnancies, as adolescents from impoverished backgrounds often have limited access to resources, including education, healthcare, contraception, and welfare systems, which increases their vulnerability to early pregnancies.[33] In turn, teenage pregnancy typically exacerbates poverty by disrupting education and future career prospects for young mothers, trapping them in a cycle of disadvantage.[34] Adolescent pregnancies are notably more common in lower socioeconomic households,[35] where early marriages, often without parental consent, are prevalent.[36] Additionally, social pressures, including the expectation to have children early, particularly among military spouses, exacerbate the risk of teenage pregnancies.[37]

Universal Health Coverage (UHC) underscores that all individuals, regardless of socioeconomic status, should have access to essential healthcare services without financial hardship. However, health inequalities continue to affect adolescents from disadvantaged backgrounds disproportionately; playing a crucial role in contributing to adolescent pregnancies. Disparities in access to healthcare, health education, and resources disproportionately[38] affect adolescents from underprivileged backgrounds, increasing their vulnerability to early pregnancies.

Gaps in Contraceptive Use and Family Planning

A notable percentage of adolescent mothers have reported that they did not use any contraceptive method, with many pregnancies being unplanned, indicating a high unmet need for family planning.[39] Although a 2015 Ministry of Health circular allows healthcare providers to offer Adolescent Sexual and Reproductive Health (SRH) services to minors under 18 without parental consent under the best interest of the child, barriers persist.[40] Adolescents often lack awareness of available contraceptive options and services, while opposition from partners further exacerbates the issue.[41]

33 ibid
34 ibid
35 Sri Lanka,Ministry of Healthcare and Nutrition,Epidemiological Unit, Weekly Epidemiological Report, vol. 49 (2022)
36 Extent, Trends and Determinants of Teenage Pregnancies in Three Districts of Sri Lanka (UNFPA, 2012)
37 ibid
38 Sri Lanka, Ministry of Healthcare and Nutrition,Epidemiological Unit, Weekly Epidemiological Report, vol. 49 (2022)
39 Thilini Chanchala Agampodi and others, The hidden burden of adolescent pregnancies in rural Sri Lanka; findings of the Rajarata Pregnancy Cohort, vol. 21, BMC Pregnancy and Childbirth (2021)
40 *Young People and the Law: Laws and Policies Impacting Young People's Sexual and Reproductive Health and Rights in the Asia-Pacific Region* (UNFPA, 2020)
41 Extent, Trends and Determinants of Teenage Pregnancies in Three Districts of Sri Lanka (UNFPA, 2012)

Even among those who used contraceptives, the reliance on traditional methods further contributes to the high incidence of unintended teenage pregnancies.[42] The under-utilization of freely available family planning services points to a need for better awareness, accessibility, and acceptability of these services.

Sexual Violence

The rising incidence of sexual violence against children in Sri Lanka is deeply alarming and closely linked to the issue of teen pregnancy. In 2019, a staggering 1,490 girls under the age of 16 were reported to have been raped, underscoring the vulnerability of children to sexual exploitation.[43] This trend continues to worsen, with the National Child Protection Authority (NCPA) reporting a sharp rise in cases of sexual violence in 2024. As of June, there were 157 cases of grave sexual abuse, 6 cases of incest, 23 cases of rape, and 290 cases of sexual harassment involving children.[44] In addition, 68 cases of child kidnapping, 11 cases of child trafficking and 7 cases of seduction or prostitution of girls under 16 years were also reported during the same period.[45] Sexual violence remains a significant issue, with studies indicating that in some regions, up to one-third of adolescents have experienced sexual violence.[46] To tackle this significant issue, Sri Lanka must strengthen its child protection systems, increase public awareness on preventing sexual violence, and ensure effective law enforcement to bring perpetrators to justice.

Cultural Norms and Social Pressure

Patriarchal culture, negative attitudes towards poverty, and social pressure are root causes of teenage pregnancies in Sri Lanka.[47] The misuse of technology or social media also contributes to the problem.[48]

42 Kumari Thoradeniya, Teenage Pregnancy in Sri Lanka: Trends and Causes, Vol. 12, Modern Sri Lanka Studies, A Journal of the Social Sciences (2021)
43 Sexual Violence n South Asia: Legal and Other Barriers to Justice for Survivors (Equality Now, 2021)
44 Sri Lanka, National Child Protection Authority, “Child Abuse and Other child related complaints reported to NCPA by Districts by category (Year 2024.01.01 to 2024.06.30)”
45 ibid
46 Sri Lanka,Ministry of Healthcare and Nutrition,Epidemiological Unit, Weekly Epidemiological Report, Vol. 49 (2022)
47 Kumari Thoradeniya, Teenage Pregnancy in Sri Lanka: Trends and Causes, vol. 12, Modern Sri Lanka Studies, A Journal of the Social Sciences (2021)
48 ibid

Proposed Areas for Discussion: Addressing Teenage Pregnancy in Sri Lanka

To effectively tackle teenage pregnancy in Sri Lanka, a multifaceted approach is essential. The following recommendations focus on addressing key risk factors while promoting long-term solutions to mitigate the prevalence of teenage pregnancies:

Legal Reforms Recommended

a. Establishing a unified legal age for marriage at 18 years to prevent child marriages and ensure legal consistency across all communities.
b. Legalising termination of pregnancy for incest and statutory rape, offering a critical safeguard for vulnerable adolescents.

Policy Recommendations

a. Support adolescent health and well-being policies with adequate legislation and financing to ensure effective implementation.
b. Strengthen the nationwide standardization and implementation of CSE via a comprehensive education policy on CSE, incorporating CSE into school curriculum ensuring standardization and seamless integration into the existing health science curriculum.
c. Strengthen policies and actions against gender-based violence, child sexual violence and abuse.
d. Provide policy support for vulnerable children, including those with disabilities, those without parental care, and children with parents working abroad.

Programmatic Recommendations

a. Develop and promote programs that equip parents with the skills needed to foster open communication with their children about sexuality, healthy relationships, consent and the consequences of early pregnancy.

b. Improve access to contraceptives and SRH services for adolescents through established Adolescent and Youth Friendly Health Services (AYFHS), pilot and explore service delivery options that target vulnerable and marginalized adolescent groups, and sensitize health care workers to provide AYFHS in a confidential and non judgemental manner.

c. Create service models for pregnant adolescents and young cohabiting couples, providing specialized support.

d. Establishing safe homes for pregnant adolescents, at least one per province, offering support during and after pregnancy and providing access to formal and informal education.

e. Provide hostel facilities for adolescents lacking protection at home or facing abusive environments to ensure their safety and well-being.

f. Address socioeconomic challenges targeting the root causes of teenage pregnancy such as poverty, economic instability, gender inequality, social pressure and coercion.

g. Strengthen and expand CSE programs by launching educational and awareness campaigns.

h. Provide comprehensive teacher training on delivering CSE effectively, focusing on specialized training for educators working with students with disabilities.

i. Foster collaboration between healthcare providers, schools, and social services to create a coordinated response to teenage pregnancy.

j. Focus targeted interventions on families identified as high-risk to address the specific needs of vulnerable populations, ensuring that they have access to the necessary resources and support systems.

k. Incorporate the flow of disaggregated data on adolescents and adolescent pregnancies, to inform focused recommendations for policy and program design.

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