A human rights-based approach to teenage pregnancy prevention in China

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Socio–Cultural Influences on Teenage Pregnancy and Contemporary Prevention Measures

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Chapter 6

A Human Rights–Based Approach to Teenage Pregnancy Prevention in China

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ABSTRACT

This chapter examines the causes and consequences of teenage pregnancy in China and how to prevent teenage pregnancy using a human rights-based approach. It shows that teenage pregnancy is caused by social and cultural factors, including adolescents' more open attitude towards sex, the lack of formal and comprehensive sex education at schools, parents failing to be prominent socializing agents of sexuality for their children, and the problem of "left-behind" children in rural areas. Teenage pregnancy adversely affects adolescents, their babies, and their family in different ways. In order to solve the problem of teenage pregnancy, this study suggests the adoption of a human rights-based approach to teenage pregnancy prevention by recognizing adolescents' right to sexual and reproductive information and education, their right to sexual and reproductive health services, and their right to participate.

INTRODUCTION

Teenage pregnancy is a serious problem worldwide. In 2000, leaders of 189 United Nations Member States agreed to achieve the eight Millennium Development Goals (MDGs) by the year 2015 to "tackle the most basic forms of injustice and inequality in our world: poverty, illiteracy and ill-health" (World Health Organization, 2005, p.3). One of the MDGs was to improve maternal health by reducing the maternal mortality ratio by three quarters and achieving universal access to reproductive health (World Health Organization, 2015). China is facing the problem of rising unwanted teenage pregnancy (Ministry of Foreign Affairs and United Nations System in China, 2015, p.55). According to the Report on China's Implementation of the Millennium Development Goals (2000-2015), the healthcare demand of adolescent girls undergoing puberty had not been fully met because the government mainly focused on providing reproductive health services for women of childbearing age (Ministry of Foreign Affairs

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and United Nations System in China, 2015, p.52). This is one of the reasons why teenage unintended pregnancy and abortion rates are very high in the nation. A review of previous literature shows that while there are some studies examining unintended pregnancy and associated factors among a specific group of people in a specific city (He and Blum, 2013) or a specific risk factor for adolescent pregnancy in the nation (Wei and Yu, 2013), there is lack of study that gives a detailed account of teenage pregnancy in China and the solutions to this problem. In order to fill this research gap, this study examines the causes and consequences of teenage pregnancy in China and how to prevent teenage pregnancy using a human rights-based approach.

BACKGROUND

Teenage pregnancy, which refers to pregnancy in female adolescents between the ages of 13 and 19 (UNICEF Malaysia Communications, 2008, p.1), is a serious problem that continues to deserve local and worldwide attention. It is not simply a public health issue that is concerned about adolescent girls being exposed to the risk of human immunodeficiency virus (HIV) and sexually-transmitted infections (STIs) (Loaiza and Liang, 2013, p.4). It is also an economic issue associated with the economic wellbeing of teenage mothers, their children and the state (Centers for Disease Control and Prevention, 2017), and a human rights issue associated with adolescent girls' rights to health, education, and non-discrimination (Loaiza and Liang, 2013; Niemasik, 2015). According to World Health Organization (WHO), about 16 million adolescent girls aged between 15 and 19 years and about 1 million girls aged below 15 give birth every year (World Health Organization, 2014). The vast majority of these girls are in low- and middle-income countries (World Health Organization, 2014). Since most of the teenage pregnancies are unintended or unplanned, pregnant teens may resort to unsafe induced abortion (Dahlbäck, Maimbolwa, Kasonka, Bergström, & Ransjö-Arvidson, 2008), become mothers with inadequate parenting skills (Woods, Obeidallah-Davis, Sherry, Ettinger, Simms, Dixon, Missal, & Cox, 2003), abuse or abandon their children (Akanji and Ojo, 2012).

In China, the prevalence of teenage pregnancy and abortion has become a growing concern. The statistics of the National Health and Family Planning Commission showed that there were 13 million abortions conducted at licensed hospitals and clinics every year and of those almost 50 percent were conducted on women aged below 25 (Jiang, 2013 September 30). Supported by the United Nations Population Fund (UNFPA), the nationwide survey on 22,288 unmarried youth between the ages of 15 and 24 in 30 provinces in 2009 showed that the situation regarding their sexual and reproductive health was worrying (Zheng, Chen, Han, Chen, Lin, Qiu, Yang, Hu, Qiao, Wang, Zhang, Mu, Song, Pang, Wu, Lin, Liu, Pei, Li, & Wei, 2010, p.14). Among females who had been sexually active, about 21 percent of them experienced pregnancy and about 5 percent of them experienced repeat pregnancies (Zheng et al., 2010, p.12). Among female youth who experienced pregnancy, about 91 percent of them resorted to abortion and 19 percent of them had repeated abortions (Zheng et al., 2010, p.13). The proportion of unmarried youth between the ages of 15 and 19 having multiple sexual partners was higher than unmarried youth between the ages of 20 and 24 (Zheng et al., 2010, p.12). Besides, the rate of repeat pregnancy among unmarried youth between the ages of 15 and 19 was higher than unmarried youth between the ages of 20 and 24 (Zheng et al., 2010, p.12). The startling statistics on teenage pregnancy and abortion reveal that there is a lack of knowledge on reproductive health among adolescents in China. Indeed, teenage pregnancy in the nation is a serious problem that deserves an in-depth investigation.

MAIN FOCUS OF THE CHAPTER

The Causes of Teenage Pregnancy in China

Teenage pregnancy in China is caused by social and cultural factors. After more than two decades of economic reform and opening-up, China has been modernized and affected by Western culture. Chinese adolescents are attracted to Western pop culture and lifestyle (McLaughlin, 2012 February 13). They have become more individualistic. In addition, they experience a passage of autonomy development similar to that of their Western counterparts because their parents who are affected by one-child policy adopt a less controlling parenting style and allow their children to enjoy the power of decision-making (Xia, Xie, Zhou, DeFrain, Meredith, & Combs, 2005, pp.302-5). Adolescents' attitudes towards sex, love and marriage are quite different from the older generations. While the older generations hold rather conservative attitude towards virginity and value sexual abstinence before marriage, adolescents adopt a more open attitude towards sex and have become more accepting of premarital sex. According to the UNFPA-supported nationwide survey in 2009, two thirds of unmarried youth reported that they accepted premarital sex or did not have a strong feeling about it (Zheng et al., 2010, p.11). The survey found that "male youth were more inclined to accept premarital sex than female youth" (Zheng et al., 2010, p.11) and about 22 percent of respondents had sexual behaviour (Zheng et al., 2010, p.11). It also found that the minimum age of sexual debut was 12 years old while the median age of sexual debut was 20 years old (Zheng et al., 2010, p.12).

However, the lack of sex education in China leads to adolescents' poor awareness of contraception and safe sexual practice. As a result, teenage unintended pregnancy, induced abortion and HIV infection have become a social problem that has provoked considerable alarm among government officials, medical professionals, educators and parents. Confucianism, which is considered the bedrock of Chinese cultural civilization, still exerts an immense influence on family life and society nowadays (Fan, 2011; Hong and Howes, 2014). Sex remains a taboo and a very sensitive topic in China (Chow, 2017 August 14) that is deemed inappropriate for open discussion (Wang, 2016, p.231). In Western countries such as the United States, "parents are perceived to be important conveyors of sexuality education" (Liu, Van Campen, Edwards, & Russell, 2011, p.234). In China, however, parents tend to be shy or are reluctant to talk about sex to children (Zarafonetis, 2017) because they think that discussing sex and sexuality with their children would encourage their children to have sex (People's Daily, 2016 September 2). A survey on 694 Chinese parents of adolescents in Beijing, Shanghai and Xi'an about their attitudes regarding sexuality education for their children within the family context revealed that the majority of parents were supportive of sexuality education for children, yet few parents had actually provided it (Liu et al., 2011, p.229-230). According to the survey, almost 80 percent of respondents agreed that parents should be the first teachers about sexuality education for their children (Liu et al., 2011, p.229) and almost 88 percent of respondents believed that "sexuality education would help teach children to be more responsible about sexual behaviour" (Liu et al., 2011, p.229-230). However, almost 84 percent of respondents reported that they had not educated their children about sexuality (Liu et al., 2011, p.230) and almost 57 percent of respondents thought that they should not tell their children about intercourse and contraception until their children were ready for marriage (Liu et al., 2011, p.230). According to another study that interviewed 27 parents of adolescents aged 15 to 18 years in a Northern-Eastern city of China, there were several reasons affecting parent-adolescent communication about sexuality. Firstly, such communication was

affected by adolescents' romantic and sexual status (Liu, Fuller, Hutton, & Grant, 2017, p.184). Most of the parents stated that such communication was a 'not-right-now' issue if their children did not have romantic interests (Liu et al., 2017, p.184). They "believed that the absence of romantic experience equated with sexual abstinence for young people" (Liu et al., 2017, p.190). Secondly, such communication was affected by parents' perceived ability to control their children (Liu et al., 2017, p.184). Some parents said that they delayed communication until a time when they would "not be physically able to monitor their offspring, such as when they were at university" (Liu et al., 2017, p.184). Thirdly, parents' decisions about whether, and how, to talk about sexuality was affected by their sexual knowledge and their communication skills (Liu et al., 2017, p.185). Parents said that "sexuality was a 'difficult' and embarrassing subject that they hesitated to broach directly and comfortably" (Liu et al., 2017, p.185). In fact, a recent study on parent-adolescent communication about sexuality in Chinese families found that even parent-adolescent communication about sexuality occurred, such communication could not be conducted by parents in a straight forward manner. "Chinese parents attempted to transmit values and expectations about dating and sexual activities indirectly, implicitly, and/or nonverbally" (Wang, 2016, p.229). Meanwhile, adolescents being interviewed found that communicating with parents about sexuality was "embarrassing and unnecessary" (Wang, 2016, p.241) and "expressed tendencies to avoid sex-related communication with parents" (Wang, 2016, p.244). The result indicated that "parent-adolescent communication about sex was fairly infrequent in China" (Wang, 2016, p.232) and parents failed to be prominent socializing agents of sexuality for their children.

At secondary schools, students are unable to acquire adequate sexual knowledge even though adolescent sex education had been a part of the curriculum for almost three decades. In August 1988, the national document 'Notification on the Development of Adolescent Education in the Secondary Schools' was jointly issued by the State Education Commission and the State Family Planning Commission, which "officially incorporated adolescent sex education into the middle school curricula nationwide" (Aresu, 2009, p. 537) and fixed the content of secondary school sex education to include sexual physiology, sexual psychology, sexual morality, and socialist moral education (Aresu, 2009, p. 537). In reality, however, adolescent sex education had been developed and implemented in a slow and unsystematic manner due to little coordination at the national level, the lack of financial resources and the lack of secondary school teachers' training courses (Aresu, 2009, p. 537). There was no implementation of a national unified formal curriculum and no national distribution of sex education textbooks and teaching reference materials (Aresu, 2009, p. 537). Besides, most of the teachers failed to receive formal and comprehensive training because the first university training program on sex education for secondary school teachers was not inaugurated until the second half of the 1990s (Aresu, 2009, p. 537). Under these circumstances, many secondary schools ended up only teaching sexual hygiene and the reproductive system (Aresu, 2009, p. 537). Teachers who failed to receive formal training could only teach sex education based on their own understanding (People's Daily, 2016 September 2). But more often than not, they felt too embarrassed to teach sex education and students were usually asked to study the related text books on their own (People's Daily, 2016 September 2). Another problem was that the term 'sex education' was seldom used in government documents (Chen, 2015, p.72) because 'sex' is still a sensitive word and is viewed as a dirty and bad thing in the nation (People's Daily, 2016 September 2). Instead, the terms such as 'hygiene education', 'health education', 'population and birth planning education' and 'HIV preventive education' was used by the Chinese government to replace the term 'sex education' (Chen, 2015, p.72). Based on parent request, schools or experts organizing sex education seminars also ended up using the terms such as 'health education', 'life education' or 'puberty education' when delivering

sexual knowledge to students (People's Daily, 2016 September 2). The problem of using these terms was that they reflected a part of the content of sex education (Chen, 2015, p.72) and the adoption of different terms lead to fragmented development of sex education in secondary schools. At present, there is a lack of class hours dedicated to sex education (Wang and Griffiths, 2017 March 8). Sex education was delivered in a sporadic manner depending very much on the school's willingness and school leaders' perception about the importance of sexuality education.

The limited role played by parents and teachers in sex education lead to adolescents obtaining sexual knowledge on their own through informal and unregulated channels (Zheng et al., 2010, p.13) such as peers or the mass media. For example, a cross-sectional survey on awareness and usage of emergency contraception (EC) among 600 pregnant teenagers between the ages of 10 and 19 seeking abortion in Shanghai revealed that their sources of knowledge on EC mainly came from peers and boyfriend (59.9 per cent), magazines and newspapers (21.3 percent), television and radio (6.7 percent), and Internet (6.4 percent) (Xu and Cheng, 2008, p.144). Only few of them obtained knowledge on EC from health professionals (2.1 percent) or parents (1.1 percent) (Xu and Cheng, 2008, p.144). Similarly, a survey on 2,612 secondary school students in Beijing revealed that their primary sources of sexuality-related knowledge came from friends and school class (Li, King, & Winter, 2009, p.474). For male students, friends (32.2 percent), school class (21.8 percent) and Internet (16.7 percent) were three most popular current sources of sexuality-related knowledge (Li et al., 2009, p.474). For female students, friends (40.4 percent), school class (23.8 percent) and magazines/newspaper (9.6 percent) were three most popular current sources of sexuality-related knowledge (Li et al., 2009, p.474). Only a small number of male students reported family (5.9 percent) or doctor (2.3 percent) as the current primary source of sex-related knowledge (Li et al., 2009, p.474). Similarly, only a small number of female students reported family (8 percent) or doctor (1.8 percent) as the current primary source of sex-related knowledge (Li et al., 2009, p.474). The disadvantage of acquiring sexual knowledge through these informal channels is that such knowledge is usually piecemeal, distorted and incomplete. For example, a survey on 1,337 Shanghai young people who obtained reproductive health knowledge on the Internet found that the contents were not constructive (44 percent), pornographic (44 percent), inappropriate for adolescents (38 percent) and unscientific (24 percent) (Lou et al., 2006, p.723). About one-third of respondents who visited pornographic websites said that such websites induced youth to have sex (51 percent), provided unscientific information (37 percent), or induced youth to commit sex crimes (26 percent) (Lou, Zhao, Gao, & Shah, 2006, p.723). The survey indicated that browsing websites was not a proper channel for adolescents to obtain sexual knowledge because the information may not be useful and accurate. Besides, "adolescents often lack the risk attenuation needed to discern and manage online dangers and content in safe and healthy ways" (Owens, Behun, Manning, & Reid, 2012, p.100) that online sexually explicit material may influence adolescents' sexual behaviors such as having sexual intercourse at an earlier age (Owens et al., 2012, pp.107-8) and lead to adolescents developing a distorted view of sexuality (Owens et al., 2012, p.112). Since adolescents in China do not have formal and proper channels to acquire sexual knowledge, they lack sufficient knowledge on sexual and reproductive health (SRH), HIV and contraception. According to the UNFPA-supported nationwide survey in 2009, an overwhelming majority of unmarried youth surveyed were not equipped with adequate knowledge on SRH, with only 4.4 percent of the respondents being able to answer all three questions related to SRH correctly (Zheng et al., 2010, p.11). Although the survey showed that more than 95 percent of respondents had heard of HIV, only about 14 percent of respondents were able to answer all five questions related to HIV prevention and its modes of transmis-

sion correctly (Zheng et al., 2010, p.11). While respondents were most aware of contraceptive methods such as condoms, contraceptive pills and emergency contraception, less than 50 percent of respondents knew how to prevent pregnancy after unprotected sex (Zheng et al., 2010, p.11). The survey found that respondents who had lower level of knowledge on SRH, HIV and contraception were those aged between 15 and 19 years, having an education level of high school or less, and residing in central or western part of China (Zheng et al., 2010, p.11). Lack of sufficient knowledge on SRH and contraception could be one of the main reasons attributed to teenage pregnancy and repeat pregnancy.

In rural China, there is the problem of teenage pregnancy among ‘left-behind’ children. ‘Left behind children’ refers to “rural children that are left unattended by their parents who are migrant workers working in cities throughout the year” (Luk and Preston, 2016, p.139). Their parents cannot move them to the cities because of “the institutional segregation between rural and urban areas, their own economic constraints and the absence or curtailment of their ‘citizenship’ rights” (Ye, 2011, p.614). According to the Ministry of Civil Affairs, there are about 9 million ‘left-behind children’ in China (Xinhua News, 2016 November 10). Most of them live in central and western part of China (Zhao, 2017 August 22). About 89 percent of them are under the guardianship of their grandparents (Xinhua News, 2016 November 10) “who are already too old and lack the energy or resources to emotionally engage with such children” (Luk and Preston, 2016, p.139). About 3.3 percent of them are looked after by their relatives while 4 percent of them have no guardians at all (Xinhua News, 2016 November 10). Many ‘left-behind children’ are vulnerable to sexual abuse because their parents are physically far away from them and ‘left-behind children’ do not get adequate sex education at home or at school to protect themselves against potential abusers (Wu, 2013 August 12). These children are usually sexually abused by people they know, such as their school teachers (Wu, 2013 August 12) or neighbours in the village (Dalian Evening News, 2013 February 22). It is because they are asked by parents to study hard and listen to what the teachers say (Wu, 2013). Meanwhile, they try to get emotional support from known adults when there is the lack of parental affection and care and hence they become less wary of known adults who may not have good intentions (Wu, 2013). For example, mass media reported that a 62-year-old teacher was detained by police in the city of Ruichang, Jiangxi province, for sexually abusing seven female ‘left-behind children’ aged 8 to 9 years at school (Wu, 2013 August 12). Another example was that of a 11-year-old ‘left-behind children’ was eight months pregnant after being raped by a man living in the same village (Dalian Evening News, 2013 February 22). In 2010, a 16-year old left-behind girl who had been sexually abused by a man living in the same village for six years was found pregnant by her employer (Wang, 2010 December 4). The man was arrested by the police and the court ordered a two-year reprieve on his death sentence (Wang, 2010 December 4). From 2008 to 2011, Guangdong province alone dealt with over 2,500 child sexual abuse cases (Wang, 2012 April 25). Almost half of the victims were girls under the age of 14 and about 66 percent of victims were sexually abused by people they knew (Wang, 2012 April 25). According to Guangdong Provincial Procuratorate, about 94 percent of victims of child sexual abuse in county-level cities of Haizhou and Gaozhou were ‘left-behind children’ (Deng, X., 2012 April 26). However, these reported cases are believed to be the tip of an iceberg (Wu, 2013 August 12). In fact, many cases of sexual abuse go unreported because many ‘left-behind children’ are too young to realize that a sex crime has been committed against them (Wu, 2013 August 12), are threatened by perpetrators not to report the case or feel shameful to reveal the abuse (Wang, 2012 April 25). ‘Left-behind children’ being victim of sexual abuse may contribute to a greater risk of teenage pregnancy. Another situation is that some ‘left-behind children’ have romance experience and sexual intercourse at an earlier age due to the lack of parental supervision. This may also lead to teenage pregnancy. For example, a 15-year-old left-

behind girl living in rural area of Henan Province had sex with her classmate and she had already been six months pregnant by the time she managed to inform her mother (Jin, 2016 July 22). Her mother took her to the hospital and this resulted in her having an induced abortion (Jin, 2016 July 22).

The Consequences of Teenage Pregnancy in China

Any choice a pregnant teen makes come with a physical, emotional and social price (Akin, 2016, p. XI). Most teenage pregnancies are unplanned or unwanted because many pregnant teenagers are unmarried, not mature enough to raise a child, unable to afford a baby and worry that their important personal goals would be derailed by having a baby (Child Trends, 2016). As a result, most of the pregnant teenagers' resort to abortion. For example, in 2013, 458th Hospital of PLA in Guangzhou reported that induced abortions had been performed on more than 20 female adolescents aged below 16 years over the past two years and every year there were about 200 adolescents aged between 16 to 18 years seeking medical help due to unintended pregnancy (Guangzhou Daily, 2013 July 25). Chinese physicians report that the most common complications following induced abortions include cervical laceration or infection, intrauterine adhesions (CCTV, 2015 January 27), cervical damage or menstrual disorders (Zhang, 2013 July 12) while repeated abortion would lead to ectopic pregnancy or even infertility (Zhang, 2013 July 12). While some of the pregnant teenagers go to registered hospitals to get an abortion (Zhang, 2013 July 12), some choose to go to unregistered clinics or 'black clinics' to get an abortion. 'Black clinics' are "unlicensed clinics that have poor hygiene and are run by untrained and unlicensed medical practitioners" (Luk, 2017, p.75). "According to Chinese law, there is a need for parental or guardian approval before an abortion can be performed on a girl under 19" (Chelala, 2008 January 9). Many pregnant teenagers who fear their parents' reaction (Chelala, 2008 January 9) choose to get an abortion at 'black clinics', which can seriously jeopardize their health. Illegal and unsafe abortion performed by 'black clinics' on pregnant teenagers can lead to "poor wound healing, infertility, consequences of internal organ injury (urinary and stool incontinence from vesicovaginal or rectovaginal fistulas), and bowel resections" (Haddad and Nour, 2009, p.123).

Teenage pregnancy would adversely affect the mental health of pregnant teens. Given that most teenage pregnancies are unplanned, teenagers would feel shock, panick, shame or guilt when they find themselves pregnant. They struggle to determine whether to tell their parents or friends about their pregnancy and are scared about their parent's or friends' reaction. For example, an adolescent reproductive health services centre in Hangzhou, Zhejiang Province usually received phone calls from pregnant adolescents who were scared about telling their parents about their pregnancy and tried to seek help from the centre (Chai, 2017 September 8). The disclosure of pregnancy could lead to negative judgment from parents, tense parent-child relationship, family rejection, the loss of friends and discrimination from society. Hence, they "experience significantly higher rates of depression, both prenatally and postpartum, than adult mothers and their nonpregnant peers" (Hodgkinson et al., 2014, p.115). "Induced abortion is stigmatised in many parts of the world, regardless of the laws governing the procedure" (Shellenberg, Moore, Bankole, Juarez, Omideyi, Palomino, Sathar, Singh, & Tsui, 2011, p. S111). For those who choose to get an abortion typically would "feel grief, guilt, remorse, loss, and depression" (Major, Appelbaum, Beckman, Dutton, Russo, & West, 2009, p. 866) because abortion is a traumatic experience (Major et al., 2009, p. 866) involving "the intentional destruction of one's unborn child and the witnessing of a violent death, as well as a violation of parental instinct and responsibility" (Major et al., 2009, p. 866). A

number of studies found that those having an abortion had “a higher risk for loss of self-esteem, anxiety disorders, depression, suicide ideation, and substance abuse disorder or substance abuse rate” (Bellieni and Buonocore, 2013, pp.302-6) than those having unplanned pregnancy but giving birth in the end. A study which conducted interviews on 597 unmarried pregnant adolescents in a hospital in Guangdong found that they were nervous (46 percent), anxious (29 percent) and scared (20 percent) before getting an abortion (Ye and Ye, 2008, p.1469). After an abortion, over half of the respondents still felt nervous (40 percent) or anxious (22 percent) (Ye and Ye, 2008, p.1469). In other words pregnancy and abortion could negatively affect the mental health of adolescents.

In China, the social ramifications of teenage pregnancy could affect the entire family in different ways. “Until 1997, sex outside marriage was illegal and classed as ‘hooliganism’” (Branigan, 2014 January 20). “Having children outside wedlock was regarded as heinous” (Branigan, 2014 January 20). Even now society has prejudice against unmarried or teenage pregnancy (Branigan, 2014 January 20). Under this social context, parents of pregnant adolescents usually feel angry, guilty or even think that their pregnant child could bring disgrace to the entire family. For example, a 12-year-old ‘left-behind’ girl in Yunnan-Guizhou Plateau was slapped in the face by her father because he was angry by the news that his daughter was seven months pregnant (Guangzhou Daily, 2013 July 25). Parents of this pregnant girl felt guilty at the same time because they blamed themselves for going to Guangzhou for work and leaving their daughter under the care of her grandparents (Guangzhou Daily, 2013 July 25). They finally took their daughter to the hospital to have an induced abortion (Guangzhou Daily, 2013 July 25). However, they did not want to call the police or go back to Yunnan-Guizhou Plateau to find about the father of the baby and instead tried to hide the fact from friends and neighbors in fear that their daughter may be stigmatized and may not be able to get married in future (Guangzhou Daily, 2013 July 25).

Some pregnant teenagers choose to give birth simply because they were worried that abortion would damage their physical health or their relationships with their boyfriends (Nanchang Evening News, 2014 August 19). But these girls were at risk having premature babies or lower birthweight babies (NHS Choices, 2010). This could be associated with biological immaturity, inadequate prenatal care or deleterious social environment (Chen, Wen, Fleming, Demissie, Rhoads, & Walker, 2007, p.368). Premature babies were more susceptible to poor health outcomes, including “cerebral palsy, problems with vision and hearing, poor motor skills, asthma, and learning disabilities” (Galson, 2008, p.548). For example, a 13-year-old teenager in the city of Nanchang, Jiangxi Province gave birth to a boy during the seventh month of pregnancy and her baby faced numerous health problems (Nanchang Evening News, 2014 August 19). Although some of the pregnant teenagers do give birth to healthy babies, they encounter lots of difficulties in becoming mothers due to several reasons. Firstly, most of the teenagers “are not psychologically prepared to become parents, a fact that can greatly affect their babies’ developmental outcomes” (Shaffer and Kipp, 2010, p.234). They do not know how to cope with new responsibilities. For example, a 16-year-old girl in Mengla county, Yunnan Province, relied on her boyfriend’s mother to be the main caretaker of her baby boy and even breastfeed the baby to comfort him (Hunter, 2016 April 14). Secondly, they may have “poorer mental health outcomes, such as mood disorders” (Pinzon, Jones, Committee on Adolescence, & Committee on Early Childhood, 2012, e1745) due to the lack of family support or being a single mother. Thirdly, they suffer an economic hardship. It is because many of them have dropped out of school after becoming pregnant (Chongqing Daily, 2013 January 31). For example, from 2008 to 2012, about 51 percent of 7,713 unmarried women who gave birth in Qijiang District, Chongqing were underage girls having only junior secondary education (Chongqing Daily, 2013 January 31). “The lack of educational achievement makes it more difficult for them to obtain adequate employ-

ment” (Akanji and Ojo, 2012, p.71) and have lower earnings potential. Teen mothers and their children thus suffer the consequent disadvantages of low income such as poor housing, poorer quality nutrition, and fewer goods and services of all kinds (Combs-Orme, 1993, p.347). In rural China, teen mothers and their teenage boyfriends or husbands rely on their parents for financial support. For example, a 13-year-old pregnant girl and her 18-year-old boyfriend living in Yunnan Province relied on her boyfriend’s parents who worked in Anhui province to send money to them every month (Hunter, 2016 April 14). All she could do was stay at home and help with the farm, cook meals and do embroidery (Hunter, 2016 April 14). When teen mothers have no one to rely on for financial support, some of them may choose to sell their babies to others. For example, teen couple who found their 18-day-old baby daughter a financial burden chose to sell the baby online for Renminbi (RMB) 23,000 to buy an iPhone and a motorbike (Horton, 2016 March 8). Since the sale of baby was illegal, the teen father was given three years in jail while the teen mother was given a two-and-a-half year suspended sentence (Horton, 2016 March 8). Fourthly, most of the teen mothers cannot apply for a household registration for their babies, which places their children at a disadvantage. In China, married couples can apply for a household registration (*hukuo*) for their babies as long as they can present a marriage license among other documents (Zhang, 2015 July 8). Having household registration will allow babies to “go to school, receive medical treatment, open a bank account, or buy a plane or train ticket” (Wong, 2016 February 24). Babies born out of wedlock are regarded as illegitimate and can only get a household registration if their parents pay a hefty fine that is usually “linked to the average disposable income of the city’s residents that year” (Zhang, 2015 July 8). Since many teen mothers give birth before getting married and most of them have not reached the legal marriage age of 20, the babies they give birth to is regarded as illegitimate (Wong, 2016 February 24). Since most of the teen mothers cannot afford to pay the fine, their children will not be able to get a household registration that allows them to enjoy medical, educational and other benefits in future.

A HUMAN RIGHTS BASED APPROACH TO TEENAGE PREGNANCY PREVENTION IN CHINA

A human right-based perspective “is derived from treaties, pacts and other international commitments that recognize and reinforce human rights, including the sexual rights of young people” (Berglas, Constantine, & Ozer, 2014, p.64). During the 1990s, the human right-based perspective was further shaped by major United Nations conferences that focused on gender equality, sexual and reproductive health and STIs as well as by more recent documents and meetings that voiced support for adolescents’ right to comprehensive sexuality education (Berglas et al., 2014, p.64). A human rights-based approach encourages rights holders to claim their rights as well as developing the capacity of duty-bearers to meet their obligations (United Nations Population Fund, 2014). It recognizes adolescents’ right to self-determination, which means that adolescents have the right to voluntarily express their sexuality and decide whether and when to have sex (Berglas et al., 2014, p.65). At the same time, adolescents recognize that they have the corresponding responsibility to respect the right of others” (Berglas et al., 2014, p.65; Senanayake and Faulkner, 2003, p.120). The human rights-based approach also recognizes that duty bearers which is usually the government has the obligation to respect, protect and guarantee these rights (United Nations Population Fund, 2014a). It is essential to inform, educate and empower the rights holders (United Nations Population Fund, 2014a). According to Senanayake and Faulkner (2003), addressing unplanned teen-

age pregnancy from a human-rights-based perspective would recognize adolescents' right to sexual and reproductive information and education, their right to sexual and reproductive health services, and their right to participate (pp. 121-7). This study will examine how these three rights can be achieved in China.

Adolescents' Right to Sexual and Reproductive Information and Education

All adolescents have the right to access sexual and reproductive information and receive comprehensive, life-skills based sexuality education (UNESCO, 2017a, p.16) so that they can equip themselves with the knowledge and skills that are necessary to “make conscious, healthy and respectful choices about relationships and sexuality, including family planning and preventing pregnancy” (UNESCO, 2017a, p.16). There is strong evidence to show that comprehensive sexuality education can delay the age of first sex and increase consistent use of effective contraception once an adolescent becomes sexually active thereby reducing the likelihood of unplanned pregnancy (UNESCO, 2017a, p. 26). International studies find that schools play an important role in providing sexuality education because they can “reach large numbers of young people in a setting already equipped to promote learning” (UNESCO, 2017a, p.23). In addition, they provide an existing infrastructure to address teenage pregnancy (UNESCO, 2017a, p.17) because they have “teachers who are likely to be a trusted source of information, and long-term programming opportunities to address the issue through formal curricula” (UNESCO, 2017a, p.17). Curriculum-based sexuality education should be delivered to students prior to puberty so that they “can understand the changes in their bodies and have the information and skills needed, prior to becoming sexually active” (UNESCO, 2017a, p.23) to prevent early and unintended pregnancy (UNESCO, 2017a, p.23). An international study showed that the number of teen birth rate could be reduced if there was “the use of evidence-based educational materials, [and] access to and knowledge about contraceptives” (Blad, 2014). Hence, it is important to ensure that sexuality education is delivered in both primary and secondary schools (UNESCO, 2017a, p.23).

In China, there is an urgent need for the government to provide a formal and comprehensive sexual education at early ages. In recent years, the Chinese government has reformed its sex education system by introducing a surprisingly progressive curriculum in primary schools and new sexual education textbooks aimed at students between the ages of 6 and 13 (Tan, 2017 March 6; Wang and Griffiths, 2017 March 8). The new textbook which was published by Beijing Normal University “are currently in use in 18 elementary schools in the Chinese capital, and are being sold in bookshops” (Wang and Griffiths, 2017 March 8). “[T]he contents of the books differ per grade” (Koetse, 2017). For students in lower grades, the books talk about “the external and internal structure of the male and female reproductive organs” (Koetse, 2017), how life is conceived and gender equality by using texts and graphics (Tan, 2017 March 6). For students in higher grades, the books talk about menstruation, intercourse, homosexuality, STIs, sexual abuse and marriage by using texts and graphics (Koetse, 2017; Tan, 2017 March 6). While the government has made progress in reforming sex education curriculum to make it more comprehensive, it has yet to provide enough trained teachers to deliver sexual education (Wang and Griffiths, 2017 March 8). In China, teachers face significant challenges in teaching sexuality education because most of them did not receive formal sexuality education when they were young. Besides, the conservative social context makes them feel uncomfortable discussing sex with students in a classroom setting. Also, “concern about student, parent, or administrator response” (Barr et al., 2014, p.397) and the need to accommodate differences in comfort, maturity and knowledge among students (UNESCO, 2017a, p.33) can affect “teachers’ ability and willingness to cover the different topics and the pedagogy

used” (UNESCO, 2017a, p.33). Teachers in western countries have reported excluding topics perceived as being more sensitive, such as contraceptive methods, pregnancy options or STIs, although these topics were originally included within the curriculum (Barr, Goldfarb, Russell, Seabert, Wallen, & Wilson, 2014, p.397; UNESCO, 2017a, p.33). International experience shows that teacher training can affect teachers’ “comfort level, intentions for teaching in the discipline, and actions for implementing sexuality education” (Barr et al., 2014, p.397). Teachers who had received training on comprehensive sexuality education felt less embarrassed and less judgmental when delivering sex education and were more capable of encouraging classroom discussion than those who had received no training (UNESCO, 2017a, p.33). The Chinese government should consider providing teachers with pre-service or in-service training on comprehensive sexuality education so that they are confident enough to deliver accurate and non-judgmental sexual and reproductive health knowledge in class and are knowledgeable about contraceptive and counselling services that are available within or outside school so that they can assist students who need a helping hand (UNESCO, 2017a, pp.32-3). Training programmes can be provided by relevant government agencies and universities or by inviting international sexuality education experts to organize and deliver such training. Besides, the experience in the United States shows that the development of the *National Teacher-Preparation Standards for Sexuality Education* enabled “prospective health education teachers to become competent in teaching methodology, theory, practice of pedagogy, content, and skills, specific to sexuality education” (Barr et al., 2014, p.399). In order to realize the goals of providing students with “high quality, comprehensive sexuality education that is developmentally-, culturally and age-appropriate” (Barr et al., 2014, p.399), the Advisory Committee developed seven standards and associated indicators that addressed “professional disposition, diversity and equity, content knowledge, legal and professional ethics, planning, implementation, and assessment” (Barr et al., 2014, p.399). The Chinese government can consider developing similar standards to facilitate the delivery of sexuality education.

While schools act as an important channel to deliver sexuality education, the Internet and smart-phones can also serve as important channels to deliver sexuality education. Nowadays, the advent of information and communications technologies (ICTs) has made knowledge sharing activities with a wider audience possible. While ICTs provide an alternative channel for students to acquire knowledge on sexual and reproductive health, they are the major channels for out-of-school adolescents to obtain sexual and reproductive health knowledge. Failure to provide out-of-school adolescents with comprehensive sexuality education “will deepen the social exclusion that many experience, limit their potential, and put their health, futures and lives at greater risk” (UNESCO, 2017a, p.27). Hence, it is important for the government to utilize the Internet and mobile technologies to their full potential in delivering sexual and reproductive health education to a wider audience. The government can consider using the Internet to promote adolescents’ sex and reproductive health education. A study which examined the impact of a 10-month Internet-based program on 624 high school students in the intervention group in Shanghai showed that it could effectively increase students’ knowledge on reproductive health, make them become more conservative toward sex and more favorable to the provision of contraceptive service to unmarried youth (Lou, Zhao, Gao, & Shah, 2006, pp.723-5). It showed that an Internet-based education program which offered sexual and reproductive health knowledge, service information, counselling and discussion to the intervention group through webpages with pictures and animations, online videos, Bulletin Board System (BBS) and expert mailbox resulted in students in the intervention group achieving higher scores of knowledge on reproductive health such as reproduction, contraception, condom, STIs and HIV/AIDS

than 713 students in the control group at postintervention (Lou et al., 2006, p.723). The advantages of the Internet-based education program are that it allows users to access the website anytime, anywhere as well as acquire sexual and reproductive health knowledge at their own pace and in a comfortable, nonthreatening manner (Lou et al., 2006, p.726). The Internet can be a useful channel to promote adolescents' sex and reproductive health education as long as it is an adolescent-centric website providing accurate, reliable, relevant, up-to-date information from an authoritative source.

The government can also consider developing a mobile application for adolescents to obtain sexuality education or knowledge on reproductive health. Nowadays, the adolescents' use of smartphones to go online has become more and more popular in China. A survey conducted by eMarketer indicated that percentage of young people between the ages of 12 and 17 in China owning and using a smartphone would drastically increase from 46.5 percent in 2014 to 73.5 percent in 2018 (eMarketer, 2014). This implies that mobile applications "present a unique opportunity to connect teens to contraceptive information and sex education, behavior change interventions, and reproductive health services" (Chen and Mangone, 2016, p. e122). Social norms, stigmatization or fear of confidentiality breach are some of the major reasons preventing adolescents at risk of sexual and reproductive health problems from accessing sexual help or services (UNESCO, 2017b). The development of a mobile application can help adolescents overcome the barriers of accessing sexuality education. It can "convey more sexual health information than traditional sexual health education in a private, timely, and accurate manner" (Brayboy, Sepolen, Mezoian, Schultz, Landgren-Mills, Spencer, Wheeler, & Clark, 2017, p.27). A study which examined a smartphone application providing comprehensive sexual health education materials to girls between the ages of 12 and 17 in Rhode Island, the United States showed that the smartphone application helped improve users' knowledge on anatomy and physiology, sexuality and relationships and STI prevention (Brayboy et al., 2017, p.26) and "provided new and/or more detailed information compared with health classes" (Brayboy et al., 2017, p.27). Recently, United Nations Educational, Scientific and Cultural Organization (UNESCO), in partnership with the Non-Government Organizations (NGO) RAES and the digital agency YUX, has worked with adolescents from five countries in West and Central Africa to develop a mobile application that can equip adolescents with "knowledge, attitudes, values and skills they need to protect themselves from STIs, including HIV, make informed choices, and build healthy and respectful relationships" (UNESCO, 2017b). The participation of young people in the early stages of application development is conducive to designing a mobile application that can meet their expectations and needs (UNESCO, 2017b). The Chinese government can consider designing a mobile application for adolescent pregnancy prevention, with the scope of mobile application covering sexual and reproductive health education, description of modern contraceptives, and evidence-based best practices for teen pregnancy prevention (Chen and Mangone, 2016, p. e122). Besides, it can consider including some positive user interface features such as customizable look, gamification elements, videos and decision aid in order to attract more users (Chen and Mangone, 2016, p. e122) or other interactive features such as live chat rooms, forums, or messaging to quickly answer questions about sexual health (Brayboy et al., 2017, p. 27). And it can format all content within the mobile application to be easy to navigate and readily understood by users (Brayboy et al., 2017, p.24).

Adolescents' Right to Sexual and Reproductive Health Services

Health is a fundamental human right (UNESCO, 2017a, p.16). The right to health includes access to timely and appropriate sexual and reproductive health care services and commodities, including modern contraceptives (UNESCO, 2017a, p.16). Adolescents have the right to obtain a holistic, youth-friendly health-care package of services, which cover accurate sexual and reproductive health information, affordable and safe contraceptive methods, prevention and management of STIs, quality obstetric and antenatal care and counselling service (United Nations Population Fund, 2014b). In China, most of reproductive health resources are available in government-run family planning centres (King, 2015 July 11). But these centres mainly provide reproductive health services to married people and staff are not trained to provide services to adolescents (King, 2015 July 11). Fear of breach of confidentiality and judgemental attitudes in staff are two major barriers that prevent adolescents from obtaining reproductive health services at these centres (King, 2015 July 11). At present, there is the lack of reproductive health services centre that are primarily targeted at adolescents although adolescents are increasingly demanding sexual and reproductive health services. For example, since 2015, staff in an adolescent reproductive health services centre in Hangzhou, Zhejiang Province has received over 5,000 phone calls from adolescents whose average age was 17.8 and 75 percent of them were females (Chai, 2017 September 8). This centre operates a helpline for female adolescents facing a pregnancy crisis to seek help (Chai, 2017 September 8). Besides, it offers free medication to female adolescents who need emergency contraception after unprotected sex (Chai, 2017 September 8). It also provides young people aged between 10 and 24 with enquiry service for enquiries about sexual psychology and sexual hygiene, and other free services which include methods of contraception, emergency contraceptive pills, early pregnancy test and induced abortion due to unintended pregnancy (Chai, 2017 September 8). However, this kind of centre can only be found in few places such as Jiande city in Zhejiang Province and Shenzhen (Nanfang City News, 2004 January 1). In June 2014, the first female adolescent sexual health service centre was established in Xiangyang city in northwestern Hubei province, which provided helpline for enquiries about sexual psychology and sexual health, provided assistance to underage pregnant teenagers, organized and delivered seminars on adolescent sexual health at secondary and vocational schools (Xiangyang News Centre, 2014 June 30). One possible explanation is that there is still a lack of awareness about adolescent sexual and reproductive health among government officials and general public. Given that children are entering puberty younger due to better nutrition and many young people are sexually active before marriage, there is a greater demand for knowledge of sexuality and reproductive health among adolescents (King, 2015 July 11). There is an urgent need for the government to establish more adolescent reproductive health services centres to meet the needs of adolescents. And it can make reproductive health services adolescent friendly by treating those who obtain these service with respect and protecting their confidentiality (World Health Organization, 2012, p.5).

In fact, schools can be another channel to promote adolescents' access to sexual and reproductive health services. In Western countries such as the United States and the United Kingdom, schools "offer on-site contraception and counselling services as part of efforts to reduce early and unintended pregnancies" (UNESCO, 2017a, p.29). The advantages are that schools make contraceptive services more accessible to students (UNESCO, 2017a, p.29) as well as "reducing the embarrassment and/or stigma

that young people may feel about going to health services” (UNESCO, 2017a, p.29). International studies have found that school-based contraceptive services were able to reduce repeat pregnancy in Australia, Finland and the United States (UNESCO, 2017a, p.29). Another study conducted in the United States found that students were 33 percent less likely to become pregnant if they received school-based health services with counselling by a social worker (UNESCO, 2017a, p.29). Besides, schools can act as social support centres that effectively “link children, parents, families and communities with services in other sectors, such as health and child protection” (UNESCO, 2017a, p.17). For example, they can create and foster the referrals and linkages with health services that can provide needed support such as access to safe abortion for pregnant adolescents (UNESCO, 2017a, p.28).

Adolescents’ Right to Participate

Believing that adolescents have the right to participate is a philosophy that “emphasizes a belief in their capacities and respects their ability to make decisions” (Senanayake and Faulkner, 2003, pp.126-7). “Participatory practices allow a focus on people’s felt needs, overcoming some of the assumptions and biases of development professionals, practices and programmes” (Senanayake and Faulkner, 2003, p.127). For example, teaching sexuality education “requires moving from a didactic model to one that is participatory, interactive and youth-centered” (Berglas et al., 2014, p.66). The study on the impact of an interactive sex education program through participatory educational talks (PET) in Kinshasa high schools, Africa showed that students got higher scores of knowledge, attitudes and practices related to STI/HIV/AIDS dual prevention and unwanted pregnancies compared with the control school group (Nsakala, Coppiters, & Kayembe, 2014, pp.209-210). It showed that the use of interactive methods such as interactive interpersonal communication sessions and the consideration of the adolescents’ specific needs through a close follow-up of teenagers divided into small groups could positively affect both educational outcomes and reproductive health of adolescents (Nsakala et al., 2014, pp.204-6). Another example is that the participation of African adolescents in the early stages of mobile application to promote adolescent sexual and reproductive health could develop a sense of ownership and make the mobile application adolescent friendly (UNESCO, 2017b). The Chinese government can consider promoting the adoption of a participatory approach to teach sexuality education so that adolescents’ voice can be heard, and their needs can be identified. Students need to “connect with what they are learning” (Sidze, Stillman, Keogh, Mulupi, Egesa, Leong, Mutua, Muga, Bankole, & Izugbara, 2017, p.29). It is important to give students freedom to express their doubts and ask questions about issues that concern them all, such as body, sexuality and relationship (Sidze et al., 2017, p.29). Peer engagement, group learning and learner-centered methodologies are some useful teaching methods that involve students as active participants and aim to build their critical thinking skills (Sidze et al., 2017, p.27). Creative, participatory learning activities such as role playing, debates and storytelling can also be adopted to actively engage students in the learning process (Sidze et al., 2017, p.27). Given that “students look up to teachers as authorities, view them as knowledgeable and well-informed, and turn to them for accurate information” (Sidze et al., 2017, p.44), teachers have to receive adequate training so that they are competent enough to “effectively teach the sensitive topics related to sexuality education” (Sidze et al., 2017, p.48).

A HUMAN RIGHTS BASED APPROACH TO TEENAGE PREGNANCY PREVENTION AT A GLOBAL LEVEL

The human rights-based approach mentioned above is a three-pronged approach to teenage pregnancy prevention. It is able to provide “a normative framework based on entitlements and obligations” (UNICEF, 2012, p.16) so that the capacities of adolescents as right-holders are strengthened to make their claims while the capacities of national and local authorities, health care providers, educators, parents and the community as duty-bearers are also strengthened to meet their obligations. Since the human rights-based approach integrates international human rights standards and principles of equality and non-discrimination (UNICEF, 2012, pp.15-6), it can be applied not only in China but also in other countries worldwide. The promotion of adolescents’ rights to sexual and reproductive information, sexual and reproductive health services and participate is to recognize the fact that adolescents as a specific group also deserve to be treated equally and respectfully and the promotion of such rights can realize the values of empowerment and inclusiveness. The human rights-based approach can offer a practical framework to the formulation, implementation and monitoring of development policies and programmes so that countries worldwide can translate the standards and principles derived from international human rights treaties into achievable and progressive national results (UNICEF, 2012, pp.13-16).

FUTURE RESEARCH DIRECTIONS

At present, there is a lack of study on teenage pregnancy prevention programs in China. This may be due to the fact that sex and teenage pregnancy are sensitive topics in the nation. Besides, studies that adopt a right-based approach to examine teenage pregnancy prevention in China are also lacking. This may be due to the fact that the authoritarian political context discourages the development and adoption of a right-based approach to examine the issue. In recent years, the Chinese government has made an effort to reform the sex education system. But there is still room for improvement. Future research studies can examine the impact of sex education curriculum reforms on adolescents’ knowledge of sex and reproductive health and their attitudes toward premarital sex. Comparative studies on the causes and outcomes of teenage pregnancy and prevention measures can be conducted in urban and rural areas, coastal cities, or provinces in China.

CONCLUSION

In conclusion, teenage pregnancy is a serious problem that deserves an in-depth investigation. The call for mitigating teenage pregnancy and its consequences is strong in China. But the current policy framework in place is insufficient to help adolescents prevent pregnancy and overcome the difficulties they face during and after pregnancy. The adoption of a human rights-based approach to teenage pregnancy prevention requires strong political will and the government’s long-term commitment to reform the current sex education system and allocate more resources to provide an adolescent-friendly sexual and reproductive health services. Besides, it requires medical professionals, teachers and general public to discard their

prejudices on teenage pregnancy and actively support a comprehensive sexual education to be delivered in primary and secondary schools. Looking forward, it is anticipated that there is improvement in sex education system, an increased awareness of safe sex and available reproductive health services among adolescents, and the decline in teenage pregnancy and abortion rates.

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KEY TERMS AND DEFINITIONS

Antenatal Care: The medical care that a pregnant woman receives from an obstetrician to ensure healthy embryonic and fetal development.

Contraceptive Methods: Birth control by the deliberate use of artificial methods such as drugs, devices, or surgery.

Induced Abortion: The use of medical or surgical techniques to deliberately terminate a pregnancy.

Infertility: Inability to get pregnant despite having unprotected sex after one year or longer.

Premarital Sex: Sexual behaviors before marriage.

Sexual Abstinence: The practice of intentionally avoiding all sexual activities.

Unintended Pregnancy: A pregnancy that is unwanted during the time of conception.