

Module 4: Adolescent pregnancy - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

Oluyemi Peter Atibioke
Association for Reproductive and Family Health, Ibadan, Nigeria

Adolescent pregnancy refers to pregnancies that occur below the age of 18 years. In most cases, teenage pregnancies are unwanted, unplanned and out of wedlock. In Nigeria, one of the causes of teenage pregnancies is inadequate information about reproductive health and contraception. It is also possible for teenage pregnancy to occur within the context of marriage if it happens before the age of 18 which is a common occurrence in Northern where majority of their women enter into marriage as early as 15 years with the North Western part having 34.7% of their teenagers already bearing children.

Adolescent pregnancy is a public health priority in Nigeria because of its association with higher morbidity and mortality for both mother and child. The incidence has also been found to have long lasting health social and economic consequences on the life of the adolescent particularly regarding education attainment because women who become mothers in their teen are more likely to stop their education. Overall, 23% of women age 15-19 have began childbearing, 18% have had a child and 5% are pregnant with their first child. In Nigeria, adolescent pregnancies contribute significantly to the appalling state of maternal health.

There are many factors identified to be contributing to adolescent pregnancies in Nigeria. Factors identified include:

- Declining in the age of menarche.
- Early sexual debut.
- Peer influence.
- Early marriage especially in the Northern part of Nigeria.
- Pressure to have children.
- Sexual coercion and rape.
- Socio-economic factors (financial hardship).
- Lack of access to reproductive health information and services including contraceptives.
- Lack of access to youth friendly services.
- Sexual experimentation.
- Unprotected sexual intercourse.
- Risky behaviour such as substance abuse and alcohol.
- Sexual exploitation of adolescent by older men for financial gains.

Data showed that the preferred option for addressing adolescent pregnancy in abortion which is illegal in Nigeria except when is to save the life of the woman or baby. As such, it is done by unskilled personnel. Statistics revealed that over 600,000 Nigerian women obtained abortion

annually and a third of these were adolescents. Adolescents also account for 80% of patients with abortion related complications.

The consequences of adolescent pregnancy are numerous and can be classified as:

Physical consequences

- Premature labour and delivery.
- Anaemia.
- High rate of STI and HIV infections.
- Pre-eclampsia/eclampsia.
- Greater severity of malaria especially in the primigravida.
- Poor health of the mother due to inadequate nutrition and antenatal care.
- Complications during labour and delivery such as obstructed labour, vesico-vaginal fistula/recto vaginal fistula just to mention a few.

Psychological/emotional consequences

- Regret, shame and having to put up with ridicule and gossip from peers.
- Fear and embarrassment may force the adolescent into having an unsafe abortion.
- Loss of self-esteem.
- Depression which can lead to suicidal attempt.
- Inability to look after the baby.
- Pain of being exploited.
- School dropout.
- Fear of immediate and future consequences.

Socio-economic consequences

- The teenage mother with little or no training is limited to low paying job with low socio economic status.
- Unmarried adolescent girl become financially dependent on her parents or guardian.
- Rejection might occur from parents, family and friends.

Consequences on the child

- Low birth weight resulting in respiratory infections and failure to thrive.
- Higher risk of dying in infancy.
- Stigmatization.
- Feeling of being rejected because the teenage parent does not want the baby and cannot give needed nurturing.

- Poverty and lack of stability leading to vicious cycle with the children becoming teenage parents.

All these make adolescent pregnancies a matter of public health importance in Nigeria.

Answers to questions from the story on teenage pregnancy

Factors contributing to teenage pregnancy

- Lack of access to factual and correct sexuality education that can help their decision making process.
- Lack of life skills that can help teenage girls handle the pressure that comes their ways.
- Lack of access to youth friendly services and contraceptives.

What families and communities can do to prevent teenage pregnancy in other girls?

- Provide adolescent with life skills and sexuality education.
- Empower adolescent girls to deal with domestic violence.

What ministry of health could do in the health care to help meet the needs of teenage girls?

- Ministry of health should provide skilled health workers who can provide a range of services in clinical settings or outside the clinic walls that help save the lives of pregnant mothers and their newborns.
- Prenatal care services should place special attention on diagnosing and treating anaemia in pregnant adolescent; improve their nutritional status; prevent and treat sexually transmitted infections; treat for malaria; emphasize developing the plan for birth; detect gender-based violence; prevent mother-to-child transmission of HIV; reduce smoking and drug abuse; and reach adolescents through information, education, and communication activities.
- Ministry of health develop health worker competencies in meeting the special information and psychosocial needs of adolescents mothers; adapt the timing, location, and physical environment of their pregnancy care services to ensure that they are more responsive to adolescents' needs; foster a more conducive legal and policy environment; reduce the cost of pregnancy care for adolescents; and involve adolescents in program design, implementation, and evaluation.

Assignment document

1. [Camacho AV, Chandra-Mouli V. Adolescent pregnancy: a global perspective. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 18; Geneva.](#)