

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

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Is adolescent pregnancy a public health priority in Sudan?

No, adolescent pregnancy is not a public health priority due to a number of factors as indicated below.

Sudan – Southern Sudan to be specific is a region coming out of a 20 year civil war with basic services. With the signing of the comprehensive peace agreement in 2005 the interim governing body of the South Government of Southern Sudan has been trying to provide basic services to the population (UNICEF 2007). A lot of the services are starting from scratch with severe lack of health services and or facilities. The health system is also grappling with other diseases of significant public health concern such as polio, measles, neo natal tetanus and kala azar among others. Maternal mortality ratio in Sudan is estimated at 1,107 per 100,000 live births with the bulk of this being in Southern Sudan. (Government of Southern Sudan, 2006 SHHS).

The above is also compounded by the fact that Southern Sudan has among the highest ratio of child/ early marriage. The culture in many parts of Southern Sudan advocates for marriage as soon as a girl has her first menstruation. From the 2006 Sudan household health survey data indicates that in Southern Sudan 17% of the girls are married before the age of 15 and 41% before 17 years. However, there are also significant variations across the different states with some states showing percentages as high as 24%. This has encourages adolescent pregnancy and these girls have more often than not been forced to drop out of school and become mothers a very young age. It has also significantly contributed to the maternal mortality ratio and increasing poverty.

There is also lack of access to contraceptives and or safe abortion or post abortion care. The health systems are still under development and statistics show that only a dismal 10% of the deliveries were made in the presence of a skilled health personnel. (Government of Southern Sudan, 2006 SHHS). This means that even in situations where an adolescent would require skilled youth friendly services to deal with early pregnancies they would not be available. There is no clear policy on contraceptives and in many areas where NGOs providing health services have tried to introduce them uptake has been very low or rejected for cultural reasons. In the larger towns like Juba, Wau and Malakal where some illegal and unsafe abortions are practised there are no facilities to deal with post abortion cases and these have ended up in maternal deaths.

References

- Government of Southern Sudan 2006. Sudan Household health Survey.
- Government of Southern Sudan 2009, Poverty in Southern Sudan estimates from NBHS.
- UNICEF 2007, Sudan Situation Analysis.

What are the three main factors that contributed to this?

- Difficulties in accessing adolescent friendly reproductive health services and or emergency contraception. This is coupled with the education systems that are not able to accommodate pregnant adolescents so many are forced to drop out and continuation of education is difficult.
- Little education from the community and elders to the adolescents on the consequences of teenage pregnancy. Instead more focus on why adolescents should abstain and wait till they get married, which may not be practical in many settings.
- Peer pressure with no reference point for adolescents to be able to express their fears and feel as if they are listened to. This is coupled by condemnation of those who may have gotten pregnant too early by their families and community.

What can be done by families and communities to prevent this happening to other girls?

- Sensitisation of family and community members on adolescent issues while encouraging parents to acknowledge the shift in development. The average age at first sex is reducing and there is a shift in behaviours. This has to be matched with existing culture and practises.
- The shame linked with sexuality and early pregnancy needs to be addressed and communities need to start developing their own safety nets for teenagers who may get pregnant early.
- Women and girls should be empowered to be able to reject pressures from men for sex and unwanted pregnancies. For situations where teenage pregnancies have already occurred women can be empowered to develop their skills to be able to earn a living and look after their children.
- Education systems need to acknowledge that sex education is important and vital in all school curriculums. Governments should also work towards developing adolescent friendly policies that can allow young mothers to resume their studies after they have had their children. This has been tried in Southern Sudan following the war in the form of alternative education and the accelerated learning systems and statistics show that enrolment for these programmes is highest among women who are seeking a second chance.

What can the Ministry of Health do to reorient the health care system to meet the needs of girls such as the one who story you have heard?

- Working together with agencies such as UNICEF and UNFPA provide an adequate reproductive health package that can take care of adolescents while being sensitive to their needs.
- Advocate for provision of post abortion care especially in countries like Sudan where abortion is illegal but still practised. Training of health service providers to provide professional post abortion services without stigmatising the patients can go a long way in reducing maternal mortality.
- The Ministry of health in conjunction with Ministry of Gender and Ministry of education can advocate and provide a strong voice to fight against sexual violence especially for adolescents. This coupled with legislative documents such as the child act 2009 in Southern Sudan which condemns early marriage and sexual harassment and or violence can work towards reducing teenage pregnancies.

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.](#)