

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

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Adolescent pregnancy in Sudan

1. Early marriage and adolescent pregnancy are major public health concern in Sudan. Percentage of ever married adolescents in Sudan (15- 19 years) has been estimated at 20.6% in 1993 (UN 2004). Recent Sudan House Hold Survey reported the percentage of women aged 15 – 19 years married or in union to be 24.7%, this percentage could be as high as 88% in Unity county in South Sudan (SHHS 2006). In fact, a teenage girl in southern Sudan is far more likely to be a wife than a student (UNICEF 2005).
2. Percentage of Sudanese female adolescents (15 – 19 years) currently married or in union who are using any contraceptive methods is 4.2 (The national figure is 7.2%) (SHHS 2006). Sudanese pregnant Adolescents are at higher risk of having low prenatal care, higher prevalence of anemia and prone to deliver low birth weight babies (Adam, Elhassan et al. 2009).
3. The Sudanese parliament called for the promotion of early marriages and polygamy - as a response to Aids widespread - to be introduced into Sudan's public order legislation on 1st of August 2010, a call that has been criticized by many Sudanese activists (SudanTribune 2010).

WHO | Teenage pregnancies cause many health, social problems

This story is about 16 years old girl who had experienced unexpected pregnancy, and subsequently, her life changed and she was dropped out from the school to take care of her new infant.

What are the three main factors that contributed to this?

1. Since about 90% of births to adolescents in developing countries occur within marriage, early marriage contributes greatly to adolescent pregnancy. On top of that, there is huge desire in developing countries to bring many children and start very early to formulate the family.
2. Low rate of contraceptive use, inaccessible and unacceptable sexual and reproductive health services.
3. Lack of information including comprehensive sex education.

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

1. Advocate and encourage delay marriage to appropriate age, and fight against early marriage.

2. Facilitate girls' education; promote livelihood opportunities by encouraging girls to stay in school.
3. Empower the capability of girls to make the right decision.

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?

Ministry of health should train and sensitize the health care provider to deal with adolescents. Provision of adolescents' friendly sexual and reproductive health services are needed in order to meet the needs of the adolescent pregnancy. Health policies supposed to be adolescents oriented and address the issues related to access and equity to adequate and acceptable health services.

References

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