

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 Nigeria?

About 15 million adolescents under age 20 give birth each year, roughly 11 percent of all births worldwide. The vast majority of these births—almost 95 percent—occur in developing countries. However, global averages mask important regional differences. Births to adolescents as a percent of all births ranges from about 3 percent in Eastern Asia to 18 percent in Latin America and the Caribbean. Half of all births to adolescents occur in just seven countries: India, **Nigeria**, Democratic Republic of Congo, Brazil, Bangladesh, China, and Ethiopia. Of the roughly 26 million pregnancies to adolescents each year, about 6 million end in induced abortion, and 4 million end in miscarriages or stillbirths.¹

During 1990 - 2008, rates of yearly decline in the MMR varied between countries, from 8.8% (8.7—14.1) in the Maldives to an increase of 5.5% (5.2—5.6) in Zimbabwe. More than 50% of all maternal deaths were in only six countries in 2008 (India, **Nigeria**, Pakistan, Afghanistan, Ethiopia, and the Democratic Republic of the Congo). In the absence of HIV, there would have been 281 500 (243 900—327 900) maternal deaths worldwide in 2008.²

The last Nigeria's National Council on Health Meeting held in Grand Hotel, Asaba, Delta State, 11th – 16th March 2010 had reemphasized the slow progress towards reduction of maternal, newborn and child mortality as well as Nigeria's high maternal mortality ratio of about 545 deaths per 100,000 live births which threatened the attainment of Millennium Development Goal 5 of reducing by 75% of maternal mortality by 2015 in the country.³

The NDHS 2008 revealed that overall contraceptive prevalence among all women in Nigeria is 15 %. It was an average figure; some states in the country have about 2 %, while some few are below 2%. States with low contraceptive prevalence rate tend to have high maternal mortality rates. The use of any family planning method increases with age from 7 percent among women age 15-19 to 20 percent among women age 35-39, and then declines to 10 percent for women age 45-49.⁴ This also signifies that with 7% usage of any family planning method among teenagers of 15 – 19 years, the rate of unwanted and unplanned pregnancies among that age group will be high.

Unplanned pregnancies among Nigerian teenagers and young women have risen despite improvements in educational levels, a report found. In 2003, 16% of pregnancies among girls and women aged 15-24 had been unintended, compared with 10% in 1990. The study from the New York-based Guttmacher Institute said low use of contraceptives was partially to blame. The institute said Nigerian authorities had failed to promote sexual health information for young Nigerians.⁵

One of the complications of teenage pregnancy is having complications during delivery due to smaller pelvis associated with prolonged/obstructed labour, which could result to Obstetric

fistula. An assessment report by EngenderHealth and UNFPA concerning obstetric and traumatic fistula in twelve countries across sub-Saharan Africa and South Asia including Nigeria had shown that governments and health ministries are burdened by poor health systems, shortage of human resources and political instability. In the community, problems were identified as poverty, illiteracy, and poor infrastructure, ignorance of danger signs in pregnancy and labour and lack of birth plans. Cultural and gender norms, and health misconceptions, disempowered women, especially in financial and reproductive health decision-making. Health referral systems are inefficient, transportation is unreliable and costly. Health facilities may have poor quality, and are perceived as places where ‘people go to die’; they have inadequate infrastructure, utilities, equipment, supplies and medication.”⁶ All these were factors identified related to Obstetric fistula and by proxy related to teenage pregnancies.

Other social problems of teenage pregnancies are:

- Teenage mothers that suffer Obstetric fistula, some of them are send away from their matrimonial homes by their husbands and resort to living with their parents or begging in the street.
- Risk of HIV infection. The Nigeria’s Sero Sentinel HIV Surveillance of 2008 has shown that young people have the highest infection rates. As mentioned above, with 7% of the people within the age group of 15- 19 years using any family planning method, the risk of getting pregnant and HIV infections including other STIs are correlated.
- Teenager that becomes pregnant will be drop out of school and some of them will be dismiss. This will lead to their parents to marry them up hurriedly, there by losing the opportunity to get proper education, while some may end of becoming commercial sex workers.

WHO story | Teenage pregnancies cause many health, social problems

What Are The Three Main Factors That Contributed To This?

1. Inadequate information and services on sexual/reproductive health to the adolescents that will empower and equip them on how to access and utilize services as well as protect them from getting pregnant and sexually transmitted infections including HIV/AIDS. And having negotiating skills when dealing with the opposite sex and older age groups.
2. A society that is not too open to discuss issues related to sexuality and also unwilling to adequately respond to sexuality problems such as adolescents pregnancy.
3. Not too friendly policy environment to ensure the development of policies and programmes and ensure their implementation with respect to rights to education, continuity and insurance when adolescents become pregnant while schooling.

What can be done by Families and Communities to prevent this Happening to Other Girls?

1. Families and communities should support adolescents by funding their education.

2. Families and communities should be providing sexuality information to adolescents especially related to pregnancy, understanding their body and how to prevent pregnancy, STIs including HIV/AIDS.
3. Communities through community based organizations should establish youth friendly centers where information and services on sexual/reproductive health will be available to adolescents.
4. Families and communities should be vigilant on sexual violence especially domestic violence that could lead to unwanted and unplanned pregnancies through establishing committees that will institute discipline to culprits and supporting the victims of such violence.
5. Families and communities through community-based organizations should establish linkages with health centers and social welfare groups to ensure adequate support to those adolescents with unplanned and unwanted pregnancies.
6. Families and Communities should do away with culture of silence on sexuality matters and encourage adolescents to open up and ask questions and when in any perceived problems or danger of sexual harassments.

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?

1. A paradigm shift in health services that will see the realization of quality, equitable, appropriate, accessible and available sexual and reproductive health information and services strategically focused on young people.
2. A highly motivated and trained health care providers on interpersonal communication and counseling skills that can provide services to young people.
3. Health facilities that are friendly to the needs of young people devoid of any stigma and discrimination especially when young people come to access services such as modern contraceptives.
4. A system that is working closely with other ministries such as education to institute sexuality education as a curriculum.

References

¹ WHO Document; Position Paper on Mainstreaming Adolescent Pregnancy in effort to make Pregnancy Safer, Pg 3

² *Margaret C Hogan et al; Maternal mortality for 181 countries, 1980—2008: a systematic analysis of progress towards Millennium Development Goal 5*; The Lancet, Vol 375, Issue 9726, 1609 - 1623, 8 May 2010.

³ Communiqué of 53rd National Council on Health Meeting; Daily Trust Newspaper, Thursday, June 10, 2010

⁴ National Demographic Health Survey Report; Family Planning, Chapter 5, pg 69

⁵ <http://news.bbc.co.uk/2/hi/africa/8102970.stm> (accessed date - 28th September 2010)

⁶ IPPF Medical Bulletin; Vol 41; No 4 - Dec 2007; Pg 3