

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

Shaimaa Ibrahim  
Ministry of Health, Baghdad, Iraq

Adolescent Pregnancy which is defined as pregnancy in a woman aged 10-19 years (age of women at the time the baby is born) represents a public health priority in Iraq as in many other developing countries where early marriage and childbearing is encouraged by community due to many socioeconomic reasons and cultural background.

### **Facts related to adolescent pregnancy in Iraq**

1. The percentage of early marriage in Iraq as shown in this table (Reference: IFHS-2006/7) is considerable and often early marriage is associated with disruption of education, early pregnancy and childbirth.

|  |       |
|--|-------|
| Marriage before age 15 (women 15-49 years) | 9.4%  |
| Marriage before age 18 (women 15-49 years) | 28.8% |

When we look at these figures, we realize that adolescent pregnancy is a public health priority in Iraq taking in consideration differences which exist in term of associated complications during pregnancy and childbirth between adolescent girls (age group 15 - 19 years old) and young adolescent (10-14 years old age group) and in the way to approach these two subgroups.

Unfortunately, adolescent birth rate as one of the reproductive health indicators, which shows the actual size of the problem in the country/Iraq, is not available.

2. Iraq is one of the countries with high maternal and neonatal mortality (Maternal Mortality Ratio =84/ 100 000 live births, neonatal mortality rate=23/1000, Ref:IFHS 2006/7). Adolescent pregnancy represents a priority due to its contribution and close association with these maternal and neonatal health problems and should be put in the agenda if we want to move forward, toward achievement of MDG4 and 5 in 2015.

3. Adolescent pregnancy in Iraq as in other countries is not merely a health problem but a socioeconomic problem linked with adverse socioeconomic condition and poverty especially in a country in a post war state and crisis. It should be put as a priority if we are intending to interrupt the vicious circle related to all the above-mentioned factors

Poverty and adverse socioeconomic conditions lead to early marriage and disruption of education, teenage pregnancy and childbirth, high maternal and neonatal mortality with morbidity and more children are born to live in these adverse conditions.

## Assignment story

Based on the story of a 16-year-old girl called Lisa, she's from Georgetown in Guyana. The life-changing situation she describes is her unexpected pregnancy and childbirth, which forced her to stop her education.

The three main factors that contributed to this problem:

1. Lack of information and sexual education for teenage girls.
2. Difficulty to access contraception services for adolescents is a major contributory factor.
3. Lack of access to safe abortion if requested by the girl and acceptable by country legislation.

The role of family and community is important to prevent similar problems:

1. The role of family and community is vital in form of sexuality education provision with adequate information to protect her from early pregnancy and other health problems associated with early sexual activity such as protection from STIs including HIV/AIDS.
2. Role of family and community in form of ensuring women empowerment and gender equity, which will prevent many similar conditions.
3. Supportive role is important to avoid dropping from schools for girls with similar problems and to allow them to be adapted to face this life-changing situation with its challenges. Helping them to take care about their newborn is another role for family and community.

The role of Ministry of health to reorient the health care system to meet the needs of such girls:

1. Health system should be able to provide adolescent friendly health services by trained health workers who can deal with this challenging and sensitive situation of such a young girl in a nonjudgmental and respectful manner.
2. Health system must be reoriented in a way to prevent teenage pregnancy among young girls by provision of information and good counseling about the use of safe and effective contraceptive methods for adolescents with an emphasis on dual protection strategy of condom use for those girls to protect them from STIs and pregnancy.
3. Trained health providers in the health system must be available to manage adolescent pregnancy and childbirth according to best scientific evidence available to deliver them safely and without any morbidity that will affect their future health (e.g. fistula in the young adolescents with immature contracted pelvis).

## 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.](#)