

## 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 Ethiopia**

Ethiopia is a country dominated by youthful population; 63% of its population is below age 25. About 17% of Ethiopian women age 15-19 have already become mothers or are currently pregnant with their first child as reported in the DHS, Ethiopia 2005. Adolescent pregnancy is common among those living in rural areas and those with low education. Marriage in Ethiopia marks the point in a woman's life when childbearing becomes acceptable. Marriage occurs early in Ethiopia and thus childbearing begins early. The proportion of women married at age 15 among women of age 20-49 is 31.4% and the median age at first marriage is about 16%. As early marriage is common particularly in the rural parts of Ethiopia, young women get pregnant and face the complications of teenage pregnancies. Knowledge of contraceptives among women 15-24 is 84%, however contraceptive use is low. About 94% of deliveries in Ethiopia occur at home and there is limited access to emergency obstetric care. As a result, most adolescent pregnant women don't get the critical services that could improve their health and survival. Stillbirths, neonatal deaths and fistula are common in parts of the country where early pregnancy is common. Given the low level of contraceptive prevalence rate in the country (14%), unwanted pregnancy and unsafe abortion are common public health problems affecting the lives of Ethiopian young women. About 42% of pregnancies in Ethiopia are reported to be unintended and half of these end up in abortions, most of them in unsafe abortions, which claim the lives of young Ethiopians.

Adolescent pregnancy has been considered as one of the major public health problems in Ethiopia and efforts have been made to address this critical issue. The family law has been revised and now marriage is not permitted before the age of 18. The abortion law has also been revised and the conditions under which abortion is permitted have now been broadened.

### **Story: Teenage pregnancy**

What are the main factors that contributed to this?

- Lack of access to the right information and services: teenage pregnancy could be prevented if adolescents are reached with the appropriate information and services and empowered to make the right decisions.
- Economically, adolescents are not empowered.
- The social factor: families and communities do not fully understand the needs of adolescents and lack the capacity and readiness to support adolescents and adolescent focused interventions.

- Social institutions including the education and health sector lack a coordinated and well functioning system that could address the needs of adolescents in terms of availing adolescent friendly services.

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

- Open discussions both at family and community level on issues related to sexuality and reproductive health of adolescents should be encouraged; for this to happen they need to be mobilized and educated.
- Families and communities should be supportive of and participate in adolescent sexual and reproductive health focused interventions both at school and community levels.

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?

- Linkage and coordination with the education sector and the schools for school based ARH interventions.
- Community based ARH interventions with outreach service provision.
- Health facilities need to have adolescent friendly reproductive health services.
- Develop and implement adolescent focused sexual and reproductive health policies, strategies, programs.

## 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.](#)