

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

In Ethiopia since the median age at first marriage and first intercourse are around 16 years of age the chance of teenage pregnancy and motherhood are very high. As per the data from DHS 2005 shown in table-1 below, almost 16.6% of women with in the age group 15-19 years already began to have childbearing.

Table-1, Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, Ethiopia 2005

Age	Percentage who:			Number of Women
	Have had a live birth	Are pregnant with first child	Have begun childbearing	
15	1.5	0.4	1.9	729
16	4.9	3.2	8.1	667
17	10.9	3.1	14.0	556
18	20.4	4.3	24.7	862
19	36.1	4.7	40.8	451
Total	13.6	3.1	16.6	3,266

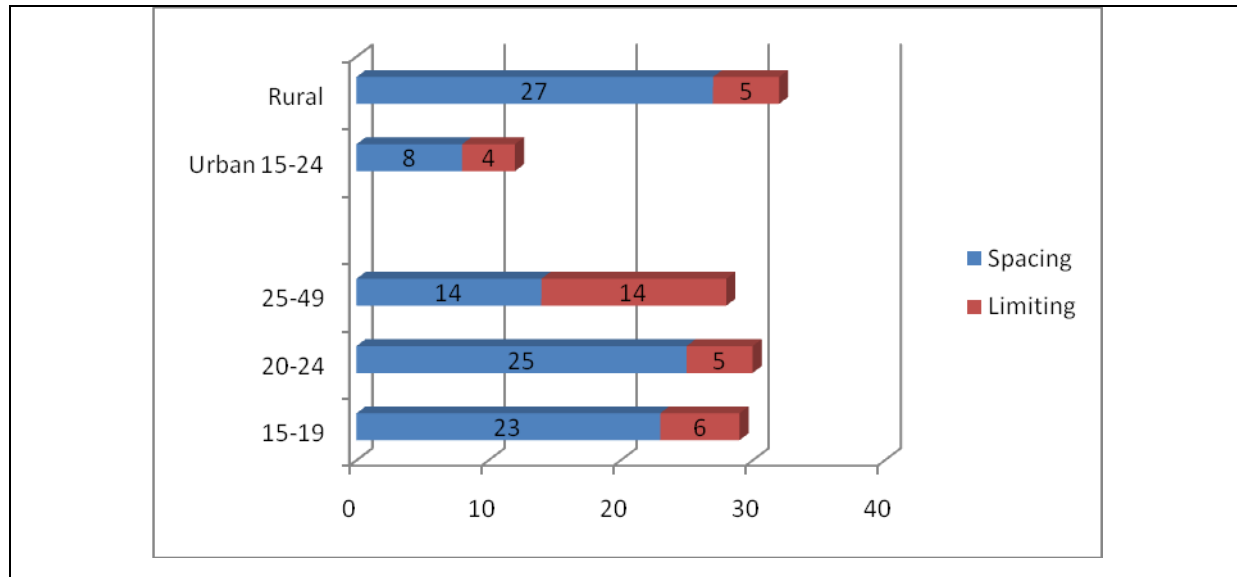
In addition to the early marriage and exposure to sexual intercourse the lower level of contraceptive use with existing high unmet need predispose adolescents to the increased chances of teenage pregnancy and motherhood. As shown in table-2 the ever use and current use of contraceptives were the lowest for women in the age group 15-19 compared to the other age categories. Beyond the problem of easy access to quality Family Planning services, the increased expectation of families and the community to have children right after marriage influences the lower use of contraceptives.

Table-2, Percentage of sexually experienced women who have ever used and are currently using a method of contraception by specific age group, Ethiopia 2005

Age in years	Ever use of contraceptives		Current use of contraceptives	
	Any Method	Modern Methods	Any Method	Modern Method
15-19	16.3	15.4	8.9	8.6
20-24	26.0	24.4	15.7	14.3
25-49	24.1	23.1	13.5	12.7

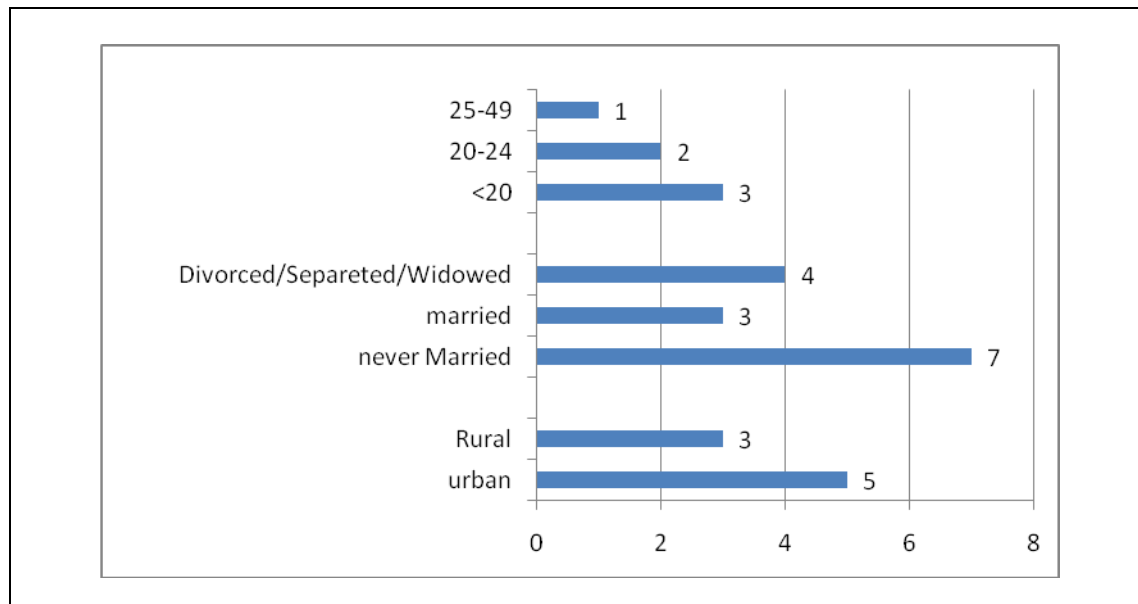
The unmet need for Family Planning specifically for spacing was the highest at the younger age in the DHS-2005 data. The situation is worse as shown in Figure-1 for those 15-24 leaving in the rural areas.

Figure-1, Unmet need for Family Planning among sexually experienced women by age and residence, Ethiopia 2005.



Besides the high unmet need for family planning the increased occurrence of miscarriage or abortion is associated with adolescent pregnancy. Specifically the rate is higher among the unmarried, under 20's and the urban youth as shown in Figure-2.

Figure-2, Percentage of pregnancy Termination (Miscarriage or Abortion) among women age 15-24 by residence, marital status and age, Ethiopia 2005



Adolescent pregnancy in Ethiopia is also associated with high rates of neonatal, infant and under five mortalities compared to the other age group which is clearly demonstrated in Table-3.

Table-3, Neonatal, Infant and under-five mortality rates for the 10 year period preceding the DHS 2005 survey by mothers age at birth, Ethiopia 2005

Mother's Age at Birth	Neonatal Mortality	Infant Mortality	Under-five Mortality
<20	57	106	161
20-29	38	75	124
30-39	34	72	124
40-49	50	96	153

As evidenced from the above findings Adolescent pregnancy is a priority public health issue in Ethiopia primarily associated with:

- The early age at marriage, early sexual debut and early childbearing, all associated with the lack of readiness from the side of the adolescent to overcome the health and socio-economic effects associated with teenage pregnancy.
- Lack of access to vital services such as quality family planning specifically the absence of adolescent friendly health services contributed a lot to the occurrence of unwanted pregnancy and associated morbidity and mortality.
- The associated effects beyond the pregnant adolescent will contribute to the very high infant and child morbidity and mortalities making difficult in having the right progress in the achievement of the Millennium Development Goals related to decreasing child and maternal mortality.

Story of Lisa

The story of Lisa from Guyana is a very similar situation in most developing countries including Ethiopia where adolescent pregnancy and its unwanted health and socio-economic consequences are very common.

Contributing Factors for Lisa's Condition

1. Lack of knowledge, skills and capacity to make the right choice in avoiding unintended pregnancy by adolescents.
2. The absence of gender inequality reflected by the existence of sexual abuse and coercive sex on adolescent girls.
3. Lack of adolescent friendly health services and products to prevent unintended pregnancies and lack of safety net such as emergency contraception and safe abortion services to give a second chance for adolescents.

Role of Families and Communities

In preventing such incidents not to happen on other girls, the following interventions can be done by families and the community at large:

1. Families should provide the necessary information, knowledge and skills to their adolescent girls on sexuality and create the environment for a free discussion which will

prepare them the right decision on sexual relationship and the right choice in avoiding unintended pregnancy.

2. Families and communities should advocate for delaying marriage and child bearing in their household and community until the girls are ready physically, psychologically and socioeconomically. Communities should work together with policy makers and program implementers in avoiding harmful traditional practices such as early marriage and scaling up promising practices.
3. Families and communities should provide girls with livelihood opportunities to make them stay in school and discourage unsafe sexual practices for the sake of economical support.
4. Avoid coerced sex and abuse by involving boys through educational activities and community dialogue and bring perpetrators of sexual violence to justice.
5. Once pregnancy occurs, families and community should support the pregnant adolescent to get the proper health care, social support and avoid discrimination and the occurrence of psychological trauma.

Role of MOH

MOH has a major role to meet the needs of adolescent girls from the provision of information, to availing the necessary preventive services and providing safety net through second chances which will contribute a lot in decreasing the high levels of morbidity, disability and mortality as a consequence of adolescent pregnancy. The following interventions should be done by MOH to reorient the health care system to meet the needs of girls such as Lisa:

1. Ensure the availability and accessibility of quality adolescent friendly sexual and reproductive health services and related commodities and products. This should include avoiding unintended pregnancies and proper care for intended pregnancies.
2. Train providers on the provision of adolescent friendly health services.
3. Depending on the legal situation of the specific country avail second chances such as access to safe abortion services for those unwanted adolescent pregnancies.
4. Create a proper referral system and linkage with community level activities and schools.

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.](#)