

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

Jorge Lionel Linares
Maternidad Periférica Zona 13, Guatemala City, Guatemala

Is adolescent pregnancy a public health priority in Guatemala?

Yes. Adolescent pregnancy is a public health priority in Guatemala.

Guatemala is a poor country with a high fertility rate

As a general view, approximately 56.2% of the total Guatemalan population live in poor conditions (with incomes less than US\$1.60/day) and 15.7% live under extreme poverty conditions (less than US\$ 0.7/day). The proportion of poorness is bigger in rural than in urban areas (74% and 27% respectively) and in indigenous people (77%) versus non-indigenous people (41%). The indigenous people represent 40% of the total Guatemalan population (1).

Guatemala has the third highest adolescent fertility rate in Central America (114 births/1000 women ages 15-19 per year) (2). The Total Fertility Ratio is higher among poor women that have in average 2 more children than non-poor women (with an average of 4 children) (1).

Early sexual activity among young people; limited utilization of contraceptive methods

In the year 2002 the average age of the first sexual intercourse in urban areas was 18.8 years in women and 16.4 in men and in rural areas 17.7 and 16.9 respectively. Moreover, 1.8% of youths (both sexes) reported being raped in their first sexual encounter. Fifteen percent of 15 to 19 year-old girls were already mothers and only 7.2% had used any form of birth control (1).

Poor prenatal care and poor skilled delivery assistance of young pregnant women

In 2006 it was estimated that 70% of women ages 15-24 (women that recently gave birth) had at least one prenatal visit but approximately half of the least educated and indigenous women had no prenatal care. Indeed, only half of mothers ages 15-24 had skilled professional assistance during her last delivery (2).

What are the three main factors that contributed to this?

I think that the main factors that contributed to adolescent pregnancy based on the story are poor knowledge about sex education (lack of empowerment of the young girl), economic income factors and lack of access to high quality health care services.

Families and communities have to participate together with young people in practical, evidence-based and culturally appropriate and acceptable programs to empower young people (both sexes)

with skills and education to make the right decisions at the right time. Young mothers have also to receive home-based care and support before, during and after delivery. Counseling, orientation and the creation of a safety net would be important to avoid another pregnancy and to keep teenage mothers in school. Young marriages (especially girls) have also to be familiar with domestic violence topics.

The Ministry of health should provide high quality “friendly” health care services for young people (girls and boys). Professional health care personnel attending young people should be trained and sensitized in these items. Access to contraceptive methods in order to reduce unintended pregnancies and/or STD should be provided. Breastfeeding counseling should be given to teenage mothers. Alliances with other organizations or sectors have to be created or reinforced focusing on young people needs. Promotion of adolescent sexual education and of appropriate pregnancy practices should also be disseminated.

References

1. Pan American Health Organization. Health in the Americas. Washington: PAHO; 2007: 374-93. Available at: [http://www.paho.org/hia/archivosvol2/paisesing/Guatemala%20English.pdf#search="guatemala"](http://www.paho.org/hia/archivosvol2/paisesing/Guatemala%20English.pdf#search=)
2. Guttmacher Institute. Maternidad temprana en Guatemala: un desafío constante. Washington: Guttmacher Institute; 2006: 12. Available at: <http://www.guttmacher.org/pubs/2006/11/09/rib-Guatemala.pdf>