

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 your country?

According to the National Health Strategy for Sudan (2006-2010) it is not apparent that Adolescents pregnancy is considered as a public health priority, however many evidences suggested that adolescent's pregnancy in Sudan is significant and the following are some evidence about the magnitude of this issue:

1. Table 1 shows the Age Specific Fertility Rates (ASFRs) derived from three Sudanese represented Surveys, namely the Sudan Fertility Survey 1979 (SFS), the Demographic and Health Survey (SDHS) which was conducted in 1989/1990 and the Safe Motherhood Survey (SMS1999). According to the table the ASFRs per 1000 females (15–19) were 114, 69 and 72 live births respectively during the three surveys. Although there is 36.8% of decline in Adolescents births between SFS-1979 and SMS-1999, the number of births is still high.

Table (1) : ASFRs estimated for five –years period preceding SFS-79, SDHS-90 and SMS-1999 in Northern Sudan

<i>Age groups</i>	<i>SFS 1979</i>	<i>SDHS 1990</i>	<i>SMS 1999</i>	<i>% Change 1979- 1990</i>	<i>% Change 1990- 1999</i>	<i>% Change 1979- 1999</i>
15-19	114	69	72	-39.5	4.3	-36.8
20-24	264	183	187	-30.7	2.2	-29.2
25-29	283	240	233	-15.2	-2.9	-17.7
30-34	251	236	227	-6.0	-3.8	-9.6
35-39	149	157	158	5.4	-0.6	6.0
40-44	108	82	77	-24.1	-7.2	-28.7
45-49	35	25	31	-28.6	24	-11.4

Source: 1979 SFS Principal Report I ,1990 SDHS and 1999 SMS Report.

2. Percentage of women who are pregnant could be another useful indicator of current fertility. According to table 2 24.5 percent of the (15-19) women during the SDHS-90 are currently pregnant, while for the same age group the currently pregnant women during

the SMS-1999 were 15.2 percent. Both percentages indicate high fertility for this age group.

Table 2. Percentage of currently married women who reported current pregnancy by age SDHS 1990 and SMS 1999, North Sudan

<i>Age groups</i>	<i>SDHS 1990</i>	<i>SMS 1999</i>
15-19	24.5	15.2
20-24	22.4	19.2
25-29	20.3	17.6
30-34	14.9	15.2
35-39	13.0	10.3
40-44	7.0	3.9
45-49	3.1	1.8

Source: 1990 SDHS Report and 1999 SMS Report.

3. According to the Sudan Household Health Survey (SHHS), which was conducted recently in 2006 the Adolescents, young women and older women are less likely to have access to contraception than other women. The contraceptive use rate was lowest (4.2 percent) among those in the age group (15-19) years as compared to 9.9 percent among those in the age group 30-34 years and 40-49 years.

Assignment Story

([WHO | Teenage pregnancies cause many health, social problems](#))

What are the three main factors that contributed to this?

- Lack of sex education and health advice.
- Lack of family support and parenting skills.
- Lack of awareness of long-term impact of parenthood.

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

- Comprehensive sexuality education in the schools.
- Access to teen-friendly reproductive health care.
- Approaches that promote positive development and positive life options for youth.
- Increase levels of self-esteem, confidence and empowerment.

- Develop a sex education outreach programme to include mobile outreach support. □ To ensure parents have confidence and tools to communicate with their children about sex and relationships, including within community settings.
- To increase the availability of emergency contraception.
- To continue involving young people in planning, delivery and review of services.

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?

- Providing appropriate RH information, counseling and services for adolescents and youth to enable them to develop broad range decision leading to adoption of healthy life style.
- Increasing the coverage and quality of school health services and university-based services and training the service providers in these institutions on the provision of adequate RH information and services.
- Developing coordination and collaboration plan with all stakeholders, at various levels, on improvement and advancement of RH care for youth.
- Involving youth groups and students on the development and implementation of information and services programs to adolescents and youth.
- Providing pre-marital counseling and care within the health care system.
- Training of RH service providers on counseling and management of adolescents and youth RH problem.
- Conducting the needed researches on Youth and Adolescent health problems.

References

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