

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

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### **Background**

Adolescent pregnancy is a global concern disproportionately felt in the developing countries. With 16 million girls in the 15-19 years age groups delivering annually, 90% of these deliveries occur in developing countries (Alma VC and Chandra-Mouli, 2010; WHO, 2008). This consequently carries a greater risk of obstructed labour, obstetric fistulae, perinatal newborn complications with increased under-five mortality rate among teenage mothers than their older counterparts. A comparative study based on demographic health surveys (DHS) in 21 countries in sub-Saharan Africa including Kenya, also revealed lesser use of maternal health services among teenagers (Magadi MA. et al, 2007). In Kenya, by age 19 years, about half of the adolescents have had a delivery with the risk of maternal death from this being four times greater in the 15-19 year women than in their 24-29years counterparts (Kenya National Bureau of Statistics (KNBS) and ICF Macro., 2010).

### **Adolescent Pregnancy in Kenya as a priority**

1. Implementation of Adolescent and Reproductive Health and Development (ARH&D) Policy.

This has been prioritized by the Division of Reproductive Health, an enclave within the ministry of health having recognized that early unwanted pregnancies, sexually transmitted infections including HIV/AIDS as being consequences of early and unsafe sex. One of the aims of the programme is provision of adolescent health education meant to delay early sexual activity and empowering adolescents to make informed choices.

2. National guidelines on youth-friendly services

These guidelines are leveraged on the fact that adolescent pregnancy and unsafe abortions are a public health concern among adolescents. Youth-friendly services were therefore formulated by the ministry of health to increase the reproductive health knowledge base among adolescents in among other things, reducing teenage pregnancies through appropriate and acceptable services in health facilities, contraceptive use and post-abortion care (Ministry of Health, 2005).

3. *Tuko Pamoja* Programme

As part of the Kenya Adolescent Reproductive Health Project, *Tuko Pamoja* (we are together) curriculum was developed for public health technicians working with the Ministry of Public Health and Sanitation. This programme recognizes the facts that by age 19years half of the adolescents have started child bearing, maternal mortality is higher in the ages 15-19 years than 24-29years, as well as 10000 girls dropping out of school in Kenya due to pregnancy. By building the capacity of public health technicians

and anyone else interested in adolescent health, this programme aims to minimize the incidence of adolescent pregnancy. Areas touched include sexuality education among adolescents, contraceptive use and abortion care (Martin S, 2006).

## Assignment Story

In this story, told is the predicament of a teenage girl in school in Guyana- a developing country- who has had a delivery at sixteen years of age. Three main contributing factors to her situation are:

1. Lack of access to adolescent reproductive education  
It is clear that Lisa might not have had the opportunity to access this kind of education. The school might not have availed this kind of information to her. As recommends Dr Vicki Camacho, sexuality education is important to enable teenage girls to make informed decisions about sex and consequences of having a baby as well as dual protection. Overlook of such would only beget Lisa's case and many more.
2. Lack of efforts for dual protection provision to adolescents  
Adolescent pregnancy is the other flipside of unprotected sex among adolescents apart from HIV/AIDS and other sexually transmitted infections. Lack of addressing one may beget the other.
3. Poverty  
Lisa is from Guyana, a middle lower income country according to the World Bank classification. Chances are that poverty would have contributed to her situation through coercion to have sex for example and other issues surrounding poverty because 90% of the teenage pregnancies worldwide occur in developing countries (Alma VC and Chandra-Mouli, 2010).

## Interventions in preventing teenage pregnancy

A Cochrane review on reducing adolescent pregnancy suggested that a combination of education and contraceptive methods reduced teenage pregnancies (Oringanje, C. et al, 2009). The following could therefore be applied in preventing Lisa's case happening to other girls:

### Communities and Families

1. Sexuality education and life skills  
Adolescents should have access to sexuality education and consequences of unprotected sex such HIV/AIDS and unwanted pregnancies. This could be initiated by parents, religious organizations and schools.
2. Promotion of dual protection  
It should be emphasized that if adolescents have to have safe, it should be safe to prevent sexually transmitted infections as well as unwanted pregnancy. Therefore, knowledge about condom use should be a priority.
3. Girl education  
Education is one way of empowering girls. It may be the only way that teenagers have access to reproductive education in situations where discussion of this is a taboo.

It goes a long way in poverty eradication. Therefore, families and communities should promote equal opportunities to education.

4. Elimination of some cultural practices including domestic violence  
Practices such as marrying off teenage girls should be addressed by community leaders. Beliefs that having sex with a virgin cures HIV/AIDS should be demystified. Domestic violence such as wife-beating would also prevent other violence against girls such as rape if it is made clear that such atrocities welcome punitive measures.
5. Male stakeholder involvement  
Men in the community should be involved in shouldering the burden of teenage pregnancy. Therefore, acts of coercion by older men should be condemned as well as promotion of gender equality.
6. Wider community awareness  
The risks of adolescent pregnancy should be made known to the community so as to solicit wider support. This includes risks of obstructed labor, perinatal mortality, school dropout. Target individuals would be men, mothers-in-law, community leaders, health workers.

### Role of ministry of Health

1. Development of reproductive health curriculum  
This should be made compulsory within the education system. Capacity building through training of teachers in delivering this should also be done.
2. Provision of adolescent-friendly services  
The health system should offer confidentiality, accessibility and acceptability to adolescents. This way, they will not shy away from seeking services such as contraception. As cited by WHO (2010), a study found increased use of maternal and other services by adolescents in adolescent-friendly health centers (Mbonye, 2003).
3. Subsidizing maternity care for adolescents  
Adolescents are dependents and may not afford the costs of antenatal, delivery and postnatal care. The ministry should therefore subsidize this, which will likely increase maternal health care seeking by adolescents (WHO, 2007).
4. Essential adolescent health package  
This should include promotion and provision of dual protection and post-abortion care. Focus should also be put on the special health needs and risks facing adolescents, in which falls teenage pregnancy.

### References

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