I. My view about adolescent pregnancy in Rwanda whether it should be considered as a public health priority

For a health problem or a condition to be considered a public health issue, four criteria must be met:

1. The health condition must place a large burden on society, a burden that is getting larger despite existing control efforts.
2. The burden must be distributed unfairly (i.e., certain segments of the population are unequally affected).
3. There must be evidence that upstream preventive strategies could substantially reduce the burden of the condition.
4. Such preventive strategies are not yet in place.

Adolescent pregnancy meets these criteria to be considered a public health issue and should be considered as a public health priority in Rwanda for a broad and coordinated approach to address this issue.

II. Facts supporting adolescent pregnancy as public health priority in Rwanda

The examination of the potential impacts of adolescent childbearing has focused on three dimensions: health of mothers and their newborns; individual social and economic effects; and societal level impacts\(^1\). The outcome of adolescent pregnancy are common for most of the countries including Rwanda and bellow are three facts among others which justify utmost need to intervene and invest in adolescent pregnancy as a public health priority.

1. Adolescent pregnancy is dangerous for the mother/obstacle to meet the Millennium Development Goal 5

In Rwanda with recent health indicators maternal mortality is 750/100,000 (DHS, 2005) and assisted deliveries represent 52% (IDHS2007/2008).

Multivariate analysis showed that teenagers in sub-Saharan Africa experience poorer maternal health care than older women with similar characteristics\(^2\) and these findings have been found in many other studies.
The WHO has published a fact sheet with details on how giving special attention to adolescent is important to achieve the MDG 5. The document describes health and social problems associated with adolescent pregnancy cited below:

- Although adolescents aged 10-19 years account for 11% of all births worldwide, they account for 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth.
- Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women.
- In Latin America, the risk of maternal death is four times higher among adolescents younger than 16 years than among women in their twenties.
- Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anaemia, malaria, HIV and other sexually transmitted infections, postpartum haemorrhage and mental disorders, such as depression.
- Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.

Many countries including Rwanda have fixed objectives to meet MDGs, the above health and social problems associated with adolescent pregnancy are barriers to achieve the MDGs 5 unless adolescent pregnancy is considered a public health priority with efficient interventions.

2. Adolescent pregnancy is dangerous for the child

Children from adolescent mother are more likely to die or develop health related adverse consequences in the future compared to those from older mothers. The WHO sheet of facts has sited some of the adverse consequences associated with babies from adolescent mothers.

- Stillbirths and death in the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old.
- Deaths during the first month of life are 50–100% more frequent if the mother is an adolescent versus older, and the younger the mother, the higher the risk.
- The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby.
- Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth.

In Rwanda health indicators show an infant mortality: 62/1000 (Interim DHS 2007/2008) and under 5 mortality: 103/1000 (Interim DHS 2007/2008). By addressing the issue of adolescent pregnancy, Rwanda can reduce the rate of infants and under five mortality considerably.

3. Social and economic effects of adolescent pregnancy is another fact to make adolescent pregnancy a priority in Rwanda

Adolescent pregnancy is one of the measure factors that prohibit girls to continue school. Once an adolescent get pregnant, various health problems affect her physical activities including the
smooth continuation of school, income-generating activities and so on. The social and economic consequences of adolescent pregnancy and childbearing depend on adolescent’s particular cultural, family and community settings. The public health problem of adolescent childbearing is a reflection of what is considered to be socially, culturally and economically acceptable. In Rwanda cultural and social norms are also not very favorable to adolescent pregnancy as this is considered a shame to the family and community. Adolescent pregnancy results in social and economic effects that in long-term affect the economic situation of the future generation. As the country of Rwanda is one of countries with a clear vision to reduce poverty among its citizens, interventions to reduce unintended pregnancies among adolescents and ensuring that those who do get pregnant can access to health service with support of the family and community is a key step to reduce the poverty.

II. Teenage pregnancies cause many health and social problems (assignment story)

1. The three main factors that contribute to this

Three main factors that contribute to the above health and social problems:

1. They are biological factors: The body is not ready, is a growing body.
2. Social economically aspects are extremely important.
3. The lack of access to services.

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

Adolescent mothers compared to old mothers lack education, experience and income. They are in a difficult situation once they get pregnant and this situation can deteriorate if family and community do not provide support to them.

- Families and community have to ensure support, acceptance and avoid discrimination for pregnant adolescent girls during pregnancy and delivery. This increase the timely use of services and skilled birth attendants.
- Adolescent mothers should be provided with enough education about the danger of pregnancy, information to prevent further pregnancy and information about their sexual rights to address sexual violence.
- Help adolescent mothers access to education and do not discriminate pregnant adolescent for school enrolment.
- Help girls to become economically independent by providing the capacity to get their own income.

3. 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?

Needs of girls include:
• Need to be informed about different options and especially dual protection which is very important as it cover both protection against pregnancy and STIs and HIVs.
• Need of space for development.
• Need to be empowered to make the right decision at the right time, if they decide to have sex; they have to think about what it means and what the implication of having sex is.

The Ministry of Health has to reorient health care system to meet the above need by:
• Providing the right information.
• Making sure that girls are informed about where to get services.
• Making sure girls know what it means having a baby and what are the consequences and the implications.

III. References


