

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 Nigeria?

Adolescent pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child. Additional childbearing during the adolescent years frequently has adverse social consequences, particularly regarding educational attainment, because women who become mothers in their teens are more likely to curtail their education. Adolescent pregnancy is high in Nigeria. Twenty-three percent of young women age 15-19 have begun childbearing, that is, they have given birth or are currently pregnant with their first child.

Three facts to support

In low and middle-income countries, almost 10% of the girls become mothers by age 16 years, the proportion of women who become pregnant before age 15 years varies enormously even within regions in Sub Sahara Africa. Many teenage girls are facing serious problems, with about 16 million of them becoming mothers every year. Teenage mothers account for more than 30 births per minute. This is despite the significant drop in teenage pregnancies in most countries in the past 20 to 30 years.

Adolescent pregnancy is dangerous for the mother

Although adolescents aged 10 – 19 years account for 11% of all births worldwide, they accounts 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 adolescent have unsafe abortions every year, and adolescent are more seriously affected by complications than are older women.

Many health problems are particularly associated with negative outcomes of pregnancy during adolescents. These include anaemia, malaria, HIV and other sexually transmitted infection, postpartum haemorrhage and mental disorder, such as depression. Up to 65% of women with obstetric fistula develop this as adolescents, with dire consequences for their lives, physically and socially.

Adolescent pregnancy is dangerous for the child

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. 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.

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.

Adolescent girls between 15 and 19 years get pregnant

About 16 million women aged 15-19 years give birth each year, this account to about 11% of all births worldwide. Ninety-five per cent of these births occur in low and middle income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa. Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States.

Assignment story

What are the three main factors that contributed to this?

1. Lack of decision-making skills: Girls need space for development; they need to be empowered to make the right decisions at the right time.
2. Lack of adequate information about the what it means, consequences and the implication of having sex.
3. Inadequate adolescent friendly service centres.

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

Adolescent mothers often lack knowledge, education, experience, income and power relative to older mothers. Girls need space for development; they need to be empowered to make the right decisions at the right time. There should be a good parent-child-communication so girls can open-up to their parents on pressing issues. Men, parents, mothers-in-law and other decision makers at the household and community level should be involved to ensure their support and acceptance for pregnant adolescents. This includes ensuring home-based care practices before, during and after the pregnancy and the timely use of services and skilled birth attendants. If they really decide to have sex, they have to think about what it means and what the implications of having sex are. To achieve this, parents need to inform their girl-child on the right information, they need to know and be informed about where to get adolescent friendly services, and they need to know what it means having a baby, what are the consequences and the implications. Information about the signs of complications should be disseminated widely to pregnant adolescents and the community at large, so that everyone knows when a situation is an emergency and what to do.

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?

There is considerable consensus that well-functioning health systems are needed to achieve Millennium Development Goal 5. Within this, the quality of the services provided to adolescents need to be improved and adolescents' use of the services available increased. This requires: collecting and analysing national statistics in ways that make it easier to understand the needs of pregnant adolescents, their numbers and their use of services; developing health worker competencies to deal with the special information, clinical and psychosocial needs of adolescent mothers; and ensuring that the legal and policy environment enhances access to the care that adolescents need.

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.](#)