Is adolescent pregnancy a public health priority in Zambia?

Yes. Adolescent pregnancy is a public health priority in Zambia. Three facts supporting this statement:

1. Impact on education

Urbanisation and modernisation have and are still giving rise to a new trend of sexual behaviour in adolescents including pre-marital sex which very often leads to early pregnancy, induced abortion, STDs and HIV infection. According to the Zambia Demographic Health Survey (ZDHS) 2007[1], adolescent pregnancy is high in Zambia with three in ten young women age 15-19 have already given birth or are currently pregnant with their first child. More specifically, 28% of young women aged 15-19 have begun childbearing; 22% have had a child and 6% are pregnant with their first child. Figures show that teenage pregnancies are higher in rural areas with 35% of teenagers having begun childbearing compared with 20% in urban areas. In addition, the percentage of adolescent pregnancies decreases with increasing level of education.

Many adolescents curtail their education once they fall pregnant. To tackle the issue of adolescent mothers leaving school due to early pregnancies, the Ministry of Education has put into place a number of strategies to ensure that young teenage parents particularly girls continue their education. One strategy that has made the most impact is the Re-Entry Policy which gives girls, who dropped out because of pregnancy, a second chance and allows them back into the school system[2].

2. Economic burden

Once these young girls drop out of school for whatever reason, they not only limit their educational attainment but also restrict the skills they can acquire for the work force, limit the ability to support themselves financially[3].

3. Mortality and morbidity rates

In Zambia adolescent pregnancies are a major concern due to the link to higher morbidity and mortality. Studies show that pregnancy presents risks whether in an adult or adolescent [4], however the risks to adolescents is greater due to underdeveloped pelvises [5]. Despite the availability of family planning services many young people are unable to prevent pregnancies. Unsafe abortions are one of the top five causes of maternal mortality in Zambia. According to the Ministry of Health (Zambia 2007 Demographic and Health Survey, ZDHS 2007), Zambia’s maternal mortality rate is 591 for every 100,000 live births. Approximately 30% of maternal deaths are due to unsafe abortions. Induced abortions in girls younger than 18 years old amount to 25% of maternal deaths.
References

1. Central Statistics Office (CSO) [Zambia] and Ministry of Health (MoH), Tropical Disease Research Centre (TDRC), University of Zambia and Macro International Inc. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc; 2009. p. 64-65.


Assignment story

What are the three main factors that contributed to this?

1. Biological factors in terms of the under-development of the adolescent or teenage body present a health risk to the teenage mother
2. Social economic aspects
3. Lack of access to services present a risk to both the mother and newborn as children born of teenage mothers have a 50% higher risk or death when compared to older mothers.

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

- Family and communities must be able to provide information to adolescent both girls and boys. Teenagers must be made aware of the various options available that will not only prevent pregnancy but also prevent sexually transmitted infections. Adolescents must be made aware of what services are available to them and where these services are provided. This knowledge will empower them to make informed decisions.

What can the Ministry of Health do to reorient the health care system to meet the needs of girls such as the one whose story you have heard?

- Much like the help from family and communities, ministries of health can ensure that teenagers are equipped with the information they need to make informed decisions.