

Adolescent pregnancy: a culturally complex issue

Adolescent pregnancy is an issue that calls for more education and support to encourage girls to delay motherhood until they are ready. Theresa Braine reports.

Ayana (name changed) was married at the age of 11. Most newly-wed couples in Ethiopia start trying to conceive right away. Three years later, thanks to the Stop Early Marriage campaign, Ayana and her husband (who is five years older than her) are still attending school and have delayed having children, according to Helen Amdemikael, an assistant representative at the United Nations Population Fund (UNFPA) in Ethiopia. The project is run under the auspices of the district's Ministry of Youth and Sports and assisted by UNFPA and the Population Council, a nongovernmental organization, with policy and technical guidance from the World Health Organization (WHO). It works with families, community leaders and adolescents in the rural Amhara region of Ethiopia where half of all adolescent girls are married before the age of 15 in violation of Ethiopian law, which allows marriage after the age of 18.

The project encourages delaying marriage and childbearing, and also supports married adolescent girls by providing literacy, life skills and information on reproductive health.

Amdemikael and other health experts are hoping for more stories like Ayana's. Whether it happens with child brides in India or the Sudan, or unmarried high-school students in industrialized countries, adolescent pregnancy is a major contributor to both infant and maternal health problems and mortality.

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Adolescents aged less than 16 years face four times the risk of maternal death than women aged in their 20s, and the death rate of their neonates is about 50% higher, according to adolescent health consultant, James

E Rosen, who has been conducting a research review for the department of Making Pregnancy Safer at WHO. Health experts agree that pregnant adolescents require special physical and psychological attention during pregnancy, childbirth and the post-natal period for preserving their own health and the health of their babies.

“The context is complicated, because cultural issues influence sexual behaviour,” says Dr Virginia Camacho from WHO's department of Child and Adolescent Health and Development.

Her department is studying ways to prevent early pregnancy – particularly among marginalized girls – in developing countries and to find out how well health systems are addressing their needs. “Health providers must be trained to provide proper care to pregnant adolescents, as well as advice to girls who don't want to become pregnant,” says Camacho.

An estimated 16 million girls aged between 15 and 19 give birth every year, with 95% of these births occurring in developing countries, according to the review done by Rosen. This makes up 11% of all births worldwide. However, global averages mask important regional differences. Births to adolescents as a percentage of all births range from about 2% in China to 18% in Latin America and the Caribbean. Worldwide, just seven countries account for half of all adolescent births: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States of America.

Dr Valentina Baltag, a WHO medical officer working on adolescent health, says that more information is needed to target this age group with suitable programmes: “We don't know the extent to which adolescents are seeking health care and we don't have data that is disaggregated [broken down] by age.”

According to Dr Monir Islam, director of Making Pregnancy Safer, maternal and newborn health programmes need to improve the way they serve the needs of young mothers. “Making pregnancy safer for adolescents should be a clear priority for countries in their efforts to meet the Millennium Development Goals,” he says.



WHOM/A Heine

This girl from a village in the Indian state of Gujarat was 16 when her son was born. She delivered at a hospital thanks to an innovative government programme that offers free childbirth and obstetric care for women living below the poverty line. In the primary health care centre in the Kheda district she now receives advice on breastfeeding, family planning and other health issues.

Although the circumstances of adolescent pregnancy vary greatly, some commonalities stand out: younger bodies are not fully developed to go through the process of pregnancy and childbirth without adverse impacts. Adolescent mothers face a higher risk of obstructed labour than women in their twenties. Without adequate emergency obstetric care, this can lead to uterine rupture and a high risk of death for both mother and infant. For those who survive, prolonged labour can cause obstetric fistula, which is a tear between the vagina and the bladder or the rectum, causing urine or faeces to leak. In Ethiopia and Nigeria, more than 25% of fistula patients had become pregnant before the age of 15 and more than 50% before the age of 18. Although the problem can be rectified with surgery, treatment is not widely available in most countries where fistula occurs and millions of women are left to suffer with a condition that leads to incontinence, bad odours and other side-effects including psychological problems and social isolation.

“If you go to the fistula hospital in Addis Ababa, the girls are very young and small, and you understand the magnitude of the problem.”

Dr Luc De Bernis

“A lot of very young pregnant women have no access to facilities to reach professionals able to solve their obstructed labour,” says Dr Luc



WHO/A Waak

This young girl from Haiti faces a higher risk of obstructed labour than a woman giving birth in her twenties.

De Bernis, a senior maternal health adviser at UNFPA, based in Ethiopia. Given that girls in many countries marry very early, even before they start menstruating, “you can imagine that when they become pregnant they are very, very young, 13 or 14 years old,” de Bernis says. “If you go to the fistula hospital in Addis Ababa, the girls are very young and small, and you understand the magnitude of the problem. It’s a disaster.”

Poverty plays a role in whether young girls are likely to get pregnant and they then enter a vicious cycle because early motherhood often compromises their educational attainment and economic potential.

Teenage pregnancy “can really get in the way of education and other life opportunities,” says Leo Bryant, advocacy manager at Marie Stopes International (MSI), a British reproductive rights group with clinics worldwide. “In the United Kingdom we’re particularly concerned ... because

we have the highest rate of teenage pregnancy in western Europe.” Today it stands at 26 adolescent births for every 1000 women, according to *World health statistics 2009*.

Other countries in Europe have fewer teenage pregnancies because of a different approach to sex education and better access to family planning, Bryant says. In the Netherlands, with one of Europe’s lowest adolescent pregnancy rates of four adolescent births per 1000 women, sex education begins in primary school. Currently in the United Kingdom, sex education in schools is not mandatory and some faith-based schools do not provide it at all, making for patchy coverage, Bryant says. This is set to change following government plans announced in late April to make sex and relationship education compulsory at both primary and secondary school levels by 2011. ■

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