EDITORIAL

Teenage Pregnancy – A thorny sexual and reproductive health issue of public health concern

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Sexual and reproductive health continue to be a challenge despite increased attention to them. Maternal and prenatal health are health concerns, especially among pregnant and parenting teens. Although it remains a controversial debate, some studies have shown significantly higher incidence of premature birth, low birthweight, eclampsia, puerperal infection, still birth, and early neonatal death among adolescent mothers [1-3].

The United Nations Population Fund (UNFPA) states that pregnancies among girls aged <18 years can have irreparable harms, violating the rights of girls with life-threatening consequences in terms of sexual and reproductive health such as complications of birth, malnutrition, general ill health, and in some cases death, especially in low-income countries [4,5]. Before the 21st century, teenage pregnancies were normal in developed and developing countries [6]. There has been a general worldwide decrease in teenage (15–19 years) pregnancy from close to 90 births per 1,000 in 1960 to <45 per 1,000 in 2015 [7], however, teenage pregnancy continues to be a disproportionate threat to sexual and reproductive health among adolescents [8]. The United Nations Population Division reports a steady but not uniform decrease among different socioeconomic populations between 1960 and 2015 among teenagers aged 15-19 years: 46 to 13 per 1,000 in high income countries, 96 to 40 per 1,000 in middle income countries, and 137 to 96 in low income countries. Globally, the rates of teenage pregnancy range from as high as 143 per 1,000 in some sub-Saharan countries to 2.9 per 1,000 in South Korea. The World Health

Organisation (WHO) and the UNFPA report in 2013 indicated that about 16 million girls aged 15-19 years, most from low and medium income countries, give birth each year [4]. Sub-Saharan Africa records the highest rate of teenage pregnancy in the world [5, 9], with an overall rate of 100 per 1,000 births among girls aged 15-19 years in 2015 [7].

Table 1. Teenagers who had begun childbearing in the Zambia Demographic Health Surveys 2001/02 – 2013/14 (percentage by age)

	Survey year		
Age (years)	**2001/02**	**2007**	**2013/14**
15	4.5	5.8	4.9
16	15.0	16.2	11.9
17	33.8	28.7	25.7
18	44.2	41.0	41.7
19	56.9	54.3	58.9
Overall	31.6	27.9	29.0

The United States in 2011 recorded the highest teenage pregnancy rates, 57 per 1,000 adolescents among the developed countries worldwide followed by New Zealand at 51 per 1,000 and England and Wales with 47 per 1,000 compared to the lowest in Switzerland 8 per 1,000, followed by the Netherlands, Singapore and Slovenia with 14 per 1,000 each [10]. Europe since 1970 has seen an overall decreasing trend in total fertility rate with an increase in the median age of mothers giving birth for the first time. Most western European countries continue to record very low teenage birth rates [11]. Asia overall continues to record high rates of teenage pregnancy, however, in the highly-industrialised countries of the region including Korea and Singapore, teenage birth rates are among the lowest in the world [12]. In Zambia, teenage birth rates remain high. According to the Zambia Demographic Health Survey (ZDHS) reports, 31.6% of girls aged 15-19 years had already had a birth or were pregnant with their first child 2001/02 compared with 27.9% in 2007 and 29.0% in 2013/14 (Table 1). In all the above surveys we see close to and above 5% of 15-year-olds have begun childbearing (4.5%, 5.8%, and 4.9 % in 2001/02, 2007, and 2013/14, respectively). The rates are even higher among the 19-year-olds at 56.8%, 54.3%, and 58.9% [13-15] as shown in table 1.

The persistent birth rates greater than 4% have been attributed to various factors including early marriage, poverty, and low education levels. The UNFPA states that girls from poverty stricken or rural areas and uneducated girls everywhere are at greater risk of becoming pregnant than those who are wealthier, from towns or cities, or well-educated. This is evident on a global level with 95% of the world's births to adolescents aged 15 to 19 years taking place in

developing countries [16]. In a study by L'Engle et al., [17], adolescents exposed to sexuality in the media are more likely to engage in sexual activities. Sexual abuse has also been listed as a factor leading to teenage births. In studies conducted in South Africa, 11% to 20% of pregnancies among teenagers are a direct consequence of rape and approximately 60% of teenage mothers had unwanted sexual experiences preceding their pregnancy [18].

Source:http://resource.nlm.nih.gov/101455954

In Zambia, sexual health, sexuality and HIV are still regarded as inappropriate in many areas of the country, especially in rural communities and this could be a contributing factor to the continued high teenage pregnancy rates [19].

Various interventions are employed globally to mitigate the problem of teenage pregnancy, such as sex education, access to birth control [20], and advocacy against child marriages. In the 2011 estimates documented by Sedgh et. al. indicated higher rates in the United States at 57 per 1,000 births among adolescents, however by 2013, they had recorded a historic low with 26.6 births per 1,000 women aged 15–19 [10] attributed to abstinence and effective contraceptive use [21]. The decreased rates of teenage pregnancies in the United States have been attributed to free access to long acting forms of reversible birth control measures along with education [22]. The low birth rates in Western Europe have been linked to effective sex education and high levels of contraceptive use in the Netherlands and Scandinavia, while in Spain and Italy, it is attributed to traditional values and social stigmatisation; both factors are believed to play a part in Switzerland [11]. Developing countries are making efforts to mitigate the problem of teenage pregnancies, however, the programs of reproductive health in place are small scale and not centrally located, hence the slow decline. However, some developing countries have made great strides, such as Sri Lanka, which has a systematic policy framework for teaching about sex in schools [12]. International non-governmental organisations including the International Planned Parenthood Federation and Marie Stopes continue to provide support for contraceptive advice for all including young women around the world [23,24]. Laws

against childhood marriages and improved literacy among females have been seen to help mitigate the problem of teenage pregnancies in countries such as Iran and Indonesia [25].

In Zambia, strategies to support the return of teen mothers and teen brides to school are among the strategies being employed to reduce the high numbers of adolescent pregnancies. Campaigns including pre-marital sexual abstinence or condom use, or both, are being used as strategies towards reducing issues surrounding sexual and reproductive health such as unwanted pregnancies and sexually transmitted infections in Zambia. [19].

In this issue, we publish some reports in the area of sexual and reproductive health including: Does circumcision influence risky sexual behaviour among circumcised sexually active men in Zambia? Evidence from the 2013-14 Zambia Demographic and Health Survey; Condom use at last sexual intercourse among teenagers in Zambia: results from the Zambia Demographic and Health Survey, 2013-2014; Prevalence and factors associated with voluntary medical male circumcision uptake in Ndola, Zambia, 2016: A cross-sectional study among students; and a policy brief entitled Keeping our future generation alive: reinforcing routine HIV testing and treatment among children in Zambia. Other articles published include: Negligible therapeutic effects of enalapril in a 65-year-old black man with essential hypertension; Misdiagnosis of heart failure for amlodipine adverse reaction; and Bacteriological status of shallow well water and practices of users in Chipulukusu Township, Ndola, Zambia.

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References

1.Scholl TO, Hediger ML, Belsky DH. Prenatal care and maternal health during adolescent pregnancy: A review and meta-analysis. J Adolesc Health. 1994;15 (6):444–56.

2.Mayor S. Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. BMJ. 2004;328 (7449):1152.

3.Ganchimeg T, Ota E, Morisaki N, et al. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. BJOG. 2014;121(Suppl 1):40–48

4.World Health Organization. Adolescent pregnancy. URL: http://www.who.int/mediacentre/factsheets/fs364/en/.

5.United Nations Population Fund. World population day 2013 focuses on adolescent pregnancy. URL: http://www.unfpa.org/press/world-population-day-2013-focuses-adolescent-pregnancy.

6.Hern A. Is broadband responsible for falling teenage pregnancy rates? URL: https://www.theguardian.com/technology/2015/jun/23/broadband-falling-teenage-pregnancy-rates-research-internet

7.The World Bank. Adolescent fertility rates (births per 1,000). URL: http://data.worldbank.org/indicator/SP.ADO.TFRT

8.Bearinger LH, Sieving RE, Ferguson J, Sharma V. Global perspectives on the sexual and reproductive health of

adolescents: patterns, prevention, and potential. Lancet. 2007;369(9568):1220-31.
9. Treffers PE. Teenage pregnancy, a worldwide problem". Nederlands tijdschrift voor geneeskunde. 2003;147 (47):2320–5.
10. Sedgh G, Finer LB, Bankole A, Eilers MA, Singh S. Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. Journal of Adolescent Health. 2015;56(2):223-30.
11. BBC News. URL: http://www.bbc.co.uk/newsbeat/26326035
12. Mehta, Suman; Groenen, Riet; Roque, Francisco (1998). Adolescents in changing times: Issues and perspectives for adolescent reproductive health in The ESCAP Region. URL: http://www.unescap.org/esid/psis/population/icpd/sec7.asp
13. Central Statistical Office [Zambia], Central Board of Health [Zambia], and ORC Macro. Zambia Demographic and Health Survey 2001-2002. Calverton, Maryland, USA: Central Statistical Office, Central Board of Health, and ORC Macro; 2003.
14. Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases 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.
15. Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International; 2014.reference.
16. UNFPA, 2013. URL : http://www.unfpa.org/publications/adolescent-pregnancy
17. L'Engle KL, Brown JD, Kenneavy K. The mass media are an important context for adolescents' sexual behavior". J Adolesc Health. 2006;38 (3):186–12.
18. Speizer IS, Pettifor A, Cummings S, MacPhail C, Kleinschmidt I, Rees HV. Sexual violence and reproductive health outcomes among South African female youths: A contextual analysis. Am J Public Health. 2009;99(Suppl 2):S425–31.
19. Restless Development. URL: http://restlessdevelopment.org/file/submission-to-the-parliamentary-national-assembly-of-zambia-090114-pdf. Retrieved 13 March, 2017.
20. Oringanje C, Meremikwu MM, Eko H, Esu E, Meremikwu A, Ehiri JE. Interventions for preventing unintended pregnancies among adolescents. Cochrane Database of Systematic Reviews. 2009;4(4):CD005215.
21. The Alan Guttmacher Institute. U.S. teenage pregnancy statistics overall trends, trends by race and ethnicity and state-by-state information. Updated February 19, 2004. URL: https://www.guttmacher.org/sites/default/files/pdfs/pubs/state_pregnancy_trends.pdf..
22. Secura GM, Madden T, McNicholas C, Mullersman J, Buckel CM, Zhao Q, et al. Provision of no-cost, long-acting contraception and teenage pregnancy. N Engl J Med. 2014;371(14):1316–23.
23. International Planned Parenthood Federation. Annual performance report 2015. URL: http://www.ippf.org/sites/default/files/2016-06/annualperformancereport2015.pdf.
24. Marie Stpoes International. 2015 Annual report. URL: https://www.mariestopes.org.au/wp-content/uploads/2016/12/Annual-Report-2015.pdf.
25. Rachakonda L, Rawate S, Shiradkar S. Teenage pregnancy. Int J Curr Med App Sci. 2014;4(2):59-63.