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## **ADOLESCENT PREGNANCY WORLDWIDE: A NARRATIVE REVIEW**

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### **ABSTRACT**

Adolescent pregnancy has become a growing concern nowadays and hence it has become imperative to look into the various causes of teenage pregnancy in order to deal with this issue carefully. Adolescent pregnancies are widely discouraged because of the health risks raised for the young mothers and babies. Adolescent pregnancies create a host of other problems like incomplete education, unemployment, poverty, social embarrassment and numerous other emotional traumas. Further, early motherhood also affects the psychological development of the child adversely. Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities.

Besides, bodies of teenage girls are not as developed as those of adult women in terms of childbearing, therefore, they are likely to face certain complications as well. Early childbearing increases the risks for both mothers and their newborns. Moreover, the chances of maternal death can not be ruled out.

Therefore, analyzing the various causes of adolescent pregnancy can help a great deal in addressing this issue effectively and eventually reducing the cases of adolescent pregnancies.

**Keyword:** adolescent pregnancy, teenage, abortion, child marriage

### **INTRODUCTION**

In the early years of the twenty-first century, the number of adolescent girls worldwide passed a population milestone of 500 million. Among these adolescent girls, about 16 million a year start their family as a teen mom, accounting for 11 % of births globally. The children born to adolescent girls, however, are not distributed equally from country to country [1].

Every year, 7.3 million girls become pregnant before they turn 18. Teenage pregnancy increases when girls are denied the right to make decisions about their sexual health and well-being. Key statistics shows global problem with some dangerous consequences. 3 million girls become pregnant before 18 each year and 2.5 million girls aged 15 or younger give birth each year. Pregnancy and childbirth complications are the second highest cause of death for girls aged 15 to 19. Half of pregnancies among girls aged 15–19 living in developing regions are unintended. Every year, 3 million girls undergo unsafe abortions [2].

Women in many Asian countries are waiting later and later to marry and have children. Yet in parts of South and Southeast Asia, many women still marry and have their first child while still in their teens. This is a serious health concern. Studies all over the world have shown that health and mortality risks are significantly higher when women this young give birth [3].

Adolescent pregnancy is a public health concern both in developed and developing world. Globally 15 million women under the age of 20 give birth, representing up to one-fifth of all births and 529,000 women die due to pregnancy and child birth related complication every year. The risk of death due to pregnancy-related causes is double among women aged 15-19

compared to women in their twenties. Young women are also at risk of unwanted pregnancies, sexually transmitted infections (STIs) and unsatisfactory or coerced early sexual relationships [4].

## **CAUSES OF ADOLESCENT PREGNANCY**

### **Child Marriage**

A study in Sudan shows that the highest prevalence of child marriage (marriage prior to 18 years) was reported among those of rural residence, having less than secondary education and their families having more than 5 members of sisters and daughters. Child marriage was also more common among women whose parents and husbands have less than secondary education [5].

In addition, Adolescent Fertility Rate (births per 1000 women ages 15 to 19) is 42 for Indonesia which poses in the third highest rank after Timor Leste (51) and Philippines (46) among 11 South East Asia countries. In 2011 the HIV/AIDS prevalence among adolescent aged 15 to 24 is 0.2 percent for men and women. This fact is commonly found in rural areas, where female adolescents are married young and conditioned to start having children immediately [6]. Child marriage is a key factor – approximately 90% of births to teenage mothers in developing countries occur within marriage [2].

### **Education and Knowledge about Sexuality and Reproductive Health**

There are several reasons why health risks are greater when women give birth before age 20. A study shows in Indonesia and Nepal, that apart from biological factors, early marriage and childbirth generally mean the early termination of a woman's formal education. Virtually no women attend school after marriage. In addition, women who marry at very young ages have limited access to mass media and other sources of information. As a result, these women have limited knowledge of reproductive health. They are also less likely to use maternal and child-health services than women who wait until a later age to marry and give birth [7]. The absence of knowledge of sexuality and reproductive health leads adolescent to commit sexual intercourse without protection. Lack of contraception use may effect to adolescent pregnancy [8].

### **Marriage Pattern**

Some countries in Asia apply kinship systems in marriage which involve arrangement of marriage and consideration of age of marriage. Malay-Muslim societies of Southeast Asia operated this principles in particular the desire to protect family honour by marrying off girls at a young age. Traditional arranged marriage placed considerably power in the hands of parents and in particular the father [9].

### **Sexuality**

A study explores the issue of premarital sex among the Muslim-dominant societies of Malaysia and Indonesia. Although premarital sex is condemned in both countries, its rate is on the rise. Three hundred and eighty-nine adolescents took part in a survey on their sexual experiences, religiosity, and a few youth cultural elements. The results suggest that there is an erosion of traditional and religious values, and that peers and youth culture play a significant role in influencing adolescents who engage in premarital sex [10].

In addition, a study of 624 secondary and preparatory school never married female adolescents in northern Eutophia shows that about 29.3% reported to have started sexual intercourse. Mean age at first sexual intercourse was 16.6 years (SD 1.81). In multivariable analysis, older age, living with parents, parental residence, elder sister or friends who had started premarital sexual activity, and peer influence, were independently associated with sexual initiation. Interestingly, 62% of sexually experienced respondents didn't use condom during their last sex. There is a significant role of communication about sexual matters with parents on female adolescents' sexual behavior. The study of this finding clearly demonstrated that rural adolescents initiate sexual activity early with limited protection from infections and unintended pregnancies [11].

### **Age discrepancy in a relationship**

Teenage girls in relationships with older boys, and in particular with adult men, are more likely to become pregnant than adolescent girls in relationships with boys their own age. They are also more likely to carry the baby to term rather than have an abortion [12].

## **COMPLICATION OF ADOLESCENT PREGNANCY**

### **Poor antenatal care**

Pregnancy among who are less than 19 years are less likely to seek antenatal care. Usually, this pregnancy is unintended and unwanted which preclude preconception cares and delays antenatal care [8].

### **Anemia**

A study conducted in Ontario of 207 adolescents ( $\leq 19$  years old) and 415 adults ( $\geq 20$  years old) whose prenatal care was provided by a single obstetrician and who had a live singleton birth at  $\geq 24$  weeks' gestation between 1996 and 2004 found that adolescents had significantly more low birth weight infants ( $< 2500$  g) than adults. After controlling for smoking status, adolescents were 2.5 times more likely than adults to be anemic at 26 to 35 weeks' gestation and pre-delivery [13].

### **Abortions**

A study using qualitative and quantitative data explore perspectives on and experiences of sexuality, contraceptive use, unintended pregnancy and unsafe abortion among 1082 Year 11 students from 16 senior high schools in Papua and West Papua, Indonesia. Findings suggest that around 38.3% of students reported having had sexual intercourse and 36.5% of these having had their first sexual encounter before they were 15 years old. Furthermore, contraceptive use among sexually active students was very low. Around 32% of female students who reported having had sexual intercourse also reported having an unintended pregnancy and the majority of them had had unsafe abortions. The paper points to the implications of students' high-risk sexual behaviours for HIV prevention [14].

### **Maternal Mortality**

Complications from pregnancy and childbirth are the leading cause of death in young women aged 15 to 19 in developing countries. An estimated 70 000 adolescent mothers die each year because for having children before physically ready for parenthood. Girls in this age group were twice as likely as older women to die from causes related to pregnancy and childbirth. Their babies were 50% more likely to die than children born to women in their 20s. The

youngest mothers—those aged 14 and under—faced the greatest risks. Research from Bangladesh showed that the risk of maternal mortality may be five times higher for mothers aged 10 to 14 than for mothers aged 20 to 24 [15].

### **Impact on a child and on mother**

Adolescent pregnancy remains a great challenge in the region, especially in countries with an early age of marriage, which increases the risks of adverse maternal and newborn conditions. Early adolescent pregnancy has been associated with higher risks including poor maternal weight gain, anaemia, obstetric complications (i.e. pregnancy-induced hypertension and prolonged labour), as well as low birthweight babies and prematurity. For both physiological and social reasons, girls aged 15–19 are twice as likely to die in childbirth as those in their 20s and may have increased risks of poor pregnancy outcomes, such as newborn morbidity and mortality [16].

### **Prevention**

Antenatal care provides an opportunity for educating mothers about proper care during pregnancy and birth, as well as about emergency preparedness and postpartum care. In addition to checking mother and fetal health, provision of necessary interventions, identification of problems and treatment of these problems are key components of antenatal care. Thus, antenatal care is an important point of contact between mothers and health providers to ensure the welfare of mothers and fetus.[16]

Some adolescent pregnancy prevention programs from countries outside Asia can be adopted. The Dutch approach to preventing adolescent pregnancy has often been seen as a model by other countries. The curriculum focuses on values, attitudes, communication and negotiation skills, as well as biological aspects of reproduction. The media has encouraged open dialogue and the health-care system guarantees confidentiality and a non-judgmental approach [17].

Finally, service-delivery programs could place greater emphasis on the needs of young married women. In some Asian countries, where family planning services have traditionally emphasized sterilization, programs that offer temporary contraceptive methods could help young women delay and space births. For women who still go on to give birth in their teens, targeted maternal and child health programs could help address the special risks to mothers and their children.

### **CONCLUSIONS**

Adolescent pregnancies create a host of other problems like incomplete education, unemployment, poverty, social embarrassment and numerous other emotional traumas. Further, early motherhood also affects the psychological development of the child adversely as well as negative social and economic which effects on girls, their families and communities.

Good antenatal and intranatal services, good neonatal services, contraceptive services and abortion services, all together can minimize the various risks associated with adolescent pregnancies to a large extent. With all these measures, we can hope for a world-wide decline in the trend of adolescent pregnancy rates and complications in the years to come.

By raising girls' awareness of sexual health, protecting them from abuse and connecting them with education and health services, might support the key decisions to make about their futures and bodies so adolescent girls can avoid teenage pregnancy.



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