Preventing teenage pregnancy

The global adolescent birth rate has declined from 65 births per 1000 women in 1990 to 47 births per 1000 women in 2015. Despite this overall progress, because the global population of adolescents continues to grow, projections indicate the number of adolescent pregnancies will increase globally by 2030, with the greatest proportional increases in West and Central Africa and Eastern and Southern Africa (see World map below). There are also up to three times more adolescent pregnancies in rural and indigenous populations than in urban populations.[1]

Nguyne et al studied the data from India's fourth National Family Health Survey, 2015–16. Primiparous women aged 15–49 years who gave birth between 2010 and 2016 were classified on the basis of age at first birth: 10–19 years (adolescence), 20–24 years (young adulthood), and 25 years or older (adulthood). Of the 60 096 women in the sample, 14 107 (25%) in the study first gave birth during adolescence. [2] The findings of the study showed children born to adolescent mothers are at risk of being undernourished. Adolescent pregnancy is related to child undernutrition through poor maternal nutritional status, lower education, less health service access, poor complementary feeding practices, and poor living conditions. Policies and programmes to delay pregnancy and promote women's rights could help break the intergenerational cycle of undernutrition through many routes. Bhan[3] commented on the study saying that it renews focus on understanding the inequalities faced by women and girls at home, school, and work. Identifying interventions for child marriage that draw from rigorous science on its multilevel determinants and adding robust measures of gender empowerment to adolescent health programmes can enable policies to end child and early marriage in India and can help break the cycle of vulnerability and undernutrition faced by girls in India.

Paradoxically, Asians residing in the USA had the lowest rate of teen pregnancy of 3.9 and 3.3 in 2016 and 2017 respectively, compared to all teens in the country at 20.3 and 18.8 per 1000 for the same periods. One could safely relate this to higher educational status of parents and nutritional status of children of Asians in the USA. There is sufficient evidence that proves that education is a prerequisite for reducing poverty, improving preventive healthcare (teen pregnancy and undernutrition) and creating a committed civil society. In particular, access to quality early education is crucial as it is the foundation of all learning. In low-income countries, more than 80% of children do not have access to early education.

From health point of view teen pregnancy carries a high risk of maternal and neonatal death. Low birth weight, leading to continued undernutrition in childhood, stunting and poor cognitive development are further pitfalls for child development and risks for chronic diseases in adulthood. The conceptual framework used by Nguyen and colleague (figure below) linking adolescent pregnancy and early childhood undernutrition is well supported by literature.

WHO published guidelines in 2011 with the UN Population Fund (UNFPA) on preventing early pregnancies and reducing poor reproductive outcomes.[1] Recommendations for action that countries could take, with 6 main objectives:

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[1] Adolescent Pregnancy. WHO 2018. www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

[2] Nguyen et al. Social, biological, and programmatic factors linking adolescent pregnancy and early childhood undernutrition: a path analysis of India's 2016 National Family and Health Survey. Lancet Child Adolesc Health 15 May 2019.

[3] Nandita Bhan. Preventing teenage pregnancy Lancet Child Adolesc Health. 25 May 2019.

- Reducing marriage before the age of 18 years. *Estimates suggest a 10% reduction in child marriage could contribute to a 70% reduction in a country`s maternal mortality rate*.
- Creating understanding and support to reduce pregnancy before the age of 20 years.
- Increasing the use of contraception by adolescents at risk of unintended pregnancy. *If this need was to be met, 2.1 million unplanned births, 3.2 million abortions, and 5600 maternal deaths could be averted each year.*
- Reducing coerced sex among adolescents.
- Reducing unsafe abortion among adolescents.
- Increasing use of skilled antenatal, childbirth and postnatal care among adolescents.

Primary Health Care (PHC) encompasses primary care, disease prevention, health promotion, population health and community development within a holistic framework, with the aim of providing essential community-focused health care. PHC is rooted in contemporary conceptualizations of health as a bio-psycho-social phenomenon and not simply the absence of disease (WHO, 1978). Maternal and child health being an essential component of PHC, must be delivered to all at first level of health care. Unfortunately many aspects of MCH are not available to all. Adolescent health and growth monitoring are noticeably absent or only receive lip service. One third of all under-fives are undernourished in most LMICs. Through PHC, each under-five must receive growth monitoring service and their needs identified and assistance provided to the mother. To improve adolescent health, efforts need to be made at the start of life (see conceptual illustration below).

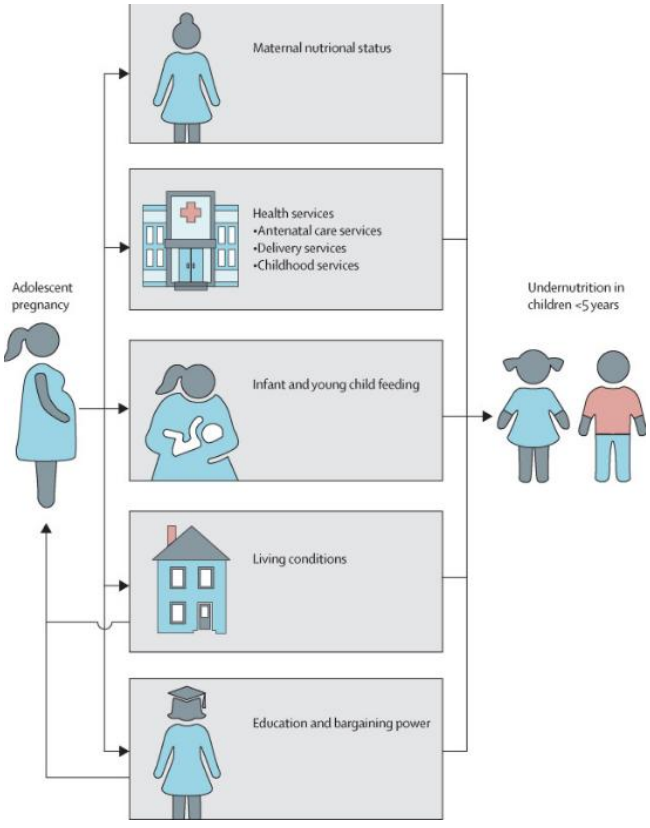

Figure: Conceptual framework for linking adolescent pregnancy and early childhood undernutrition Nguyen et al Lancet 19 May 2019.