ADOLESCENT PREGNANCY: PROBLEMS OF THE ADOLESCENT HEALTH IN THE NEXT DECADE

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Abstract

In recent decades adolescent pregnancy has become an important health issue in a great number of countries. The incidence of adolescent pregnancy and adolescent birth is increasingly year by year. Adolescent pregnancy is not only affect individual health but also public health and society as a whole. There are many consequences following their pregnancy such as unsafe abortion, lack of antenatal care, STDs and HIV in pregnancy and anemia. To provide health service and sexual counseling for adolescents as well as family planning should be the measures to prevent adolescent pregnancy.

Keywords: adolescent pregnancy, adolescent health

Introduction

In recent decades adolescent pregnancy has become an important health issue in a great number of countries including Thailand, both developed and developing[1-5]. The young girls married soon after menarche, fertility was high, and consequently many children were born from adolescent mothers. This was considered to be a big problem in developing countries[2]. A growing independence from parents and families has led in recent decades to more premarital sexual relations and increasing numbers of adolescent pregnancies[1,2].

This article aims to examine the possible health problems specific to pregnant adolescents and to discuss their clinical management. In addition, the prevention of unwanted pregnancies in adolescents, the use of contraception and induced abortion are also discussed.

Adolescent pregnancy[1-4]

The “adolescent pregnancy” means pregnancy in a woman aged 15–19 years. In most statistics the age of the woman is defined as her age at the time the baby is born. Birth rates and pregnancy rates are counted per 1000 of a specific population. Statistics comparing the incidence between countries often give rates per 1000 adolescents aged 15–19 years. Sometimes statistical data on pregnancies and births among younger adolescents are also available. The pregnancy rate includes pregnancies ending in births and also pregnancies ending in abortion; the abortion rate is the number of (induced) abortions per 1000 women of a specific age. In many countries large numbers of adolescent pregnancies and births are reported. If, as is usual in health statistics, it is births which are counted (as opposed to pregnancies) then this figure will depend to a large extent on the number of spontaneous and induced abortions. Although the number of spontaneous abortions probably does not differ substantially (even in various populations) the rates of induced abortions are widely divergent in different countries and among different social or ethnic groups. In some countries the registration of legally induced abortions is

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reliable, but in other countries (and in relation to illegal and unsafe abortion) figures are often based on rough estimates or even speculation such as Thailand.

The incidence of adolescent pregnancy and adolescent birth is widely divergent. For most countries, comparable figures are available on birth rates among adolescents aged 15–19 years. In Thailand, the adolescent pregnancy rate about 40.7 per 1000 of women aged 15-19 years. This rate was quite high when it compared to developed countries. Somewhat lower figures are obtained in Canada, Australia and the United Kingdom. Other countries in Western and Northern Europe, such as the Scandinavian countries and the Netherlands, have low pregnancy and birth rates. The lowest adolescent birth rates are found in the Scandinavian countries, Switzerland, the Netherlands, Japan, Korea and China. In the Scandinavian countries and the Netherlands pregnancy rates and abortion rates are known. In spite of the fact that in these countries abortion is free, pregnancy rates and abortion rates are remarkably low, due to the fact that contraception is also easily available for adolescents.

Considering the age at marriage, this is an important factor determining the age at which the first pregnancy occurs. Marriage generally occurs earlier in developing than in developed regions. The age at which 50% of girls are married ranges from about 16 in developing counties. However, there is no reliable data available in Thailand.

Although marriage at an early age provides social recognition and approval of a sexual relation and of a pregnancy, it is clear that marriages and pregnancies among very young girls involve great disadvantages for their education and psychological development, and are harmful to their health. There were some studies reports that 15–50% of young women aged 15–19 births are unwanted.

Sexual behavior, contraceptive use and unplanned pregnancy[1-4]

Substantial proportions of young people in all regions are sexually active; in most countries it is not the age at marriage, but the age at first intercourse outside marriage which is an important factor determining the occurrence of adolescent pregnancies. In relationships between adolescents, gender imbalances often increase the risks faced by young females. Young males are widely perceived to need premarital sexual experience and a variety of partners; females are not so perceived. The need to conform to these double standards may cause young females to fear disclosing their sexual activity, and may result in reluctance among them to report sexual experience. This fear may also inhibit sexually active female adolescents from seeking contraceptive services. The fear of losing her partner or incurring his anger appear to be important factors inhibiting young females from exercising choice in the timing of sexual activity or negotiating the use of condoms or other contraceptives.

For a young girl, on the other hand, pregnancy may be a disaster. If it occurs outside the context of marriage, it will mean disgrace and may well lead to expulsion from family and school. However, girls are often pressured by boys to have sex as “proof of love”. Not surprisingly, under the conflicting pressures both to remain chaste and to obey their partner girls often have little say in the decision either to have sex or to use contraceptives. If a man is not actually opposed to the use of contraceptives, he is likely to regard it as “her problem”. The most important reasons for non-use contraception were lack of knowledge, fears of adverse health effects, lack of access and a partner who objected. However, the

majority of adolescent girls want to avoid pregnancy but any male partners are not willing to practice contraception.

Infection by HIV and other sexually transmitted diseases (STDs)[1-5]

The above patterns of sexual relations make young girls extremely susceptible to STDs, in particular infections with HIV in regions with a high prevalence of the virus. In particular, the fact that older and experienced men seek sexual relations with young girls without using barrier contraceptives leads to the dissemination of these diseases. Some men even purposely have sex with young girls in an attempt to avoid becoming infected with HIV.

Unsafe abortion[1-3]

In a number of countries where abortion is legalized or permitted, medically safe abortions can be performed. If the unrestricted availability of abortion is combined with good contraceptive services, the number of abortions remains limited as is shown in the Scandinavian countries and the Netherlands. However, in Thailand induced abortions are illegal and sometimes the necessary medical facilities are not available. This results in large numbers of unsafe abortions performed by lay abortionists, using unsterilized equipment. An estimated more than 100,000 illegal abortions are performed in Thailand. Among the women who are exposed to these dangerous interventions, pregnant adolescents are an important group. In Chulalongkorn hospital records of women treated for the complications of abortion suggest that their age are under 20 years old. There are four major areas of difference between adolescents and adults: a longer delay in seeking abortion; resorting to less-skilled providers, the use of more dangerous methods; and a longer delay in seeking help for complications. Because of all these factors pregnant adolescents, particularly the unmarried, are more likely to suffer serious complications than other women.

All governments and relevant organizations are urged to strengthen their commitment to women's health, to deal with the impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancy must always be given the highest priority. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. Post-abortion counseling, education and family planning services should be offered promptly.

Risk behavior[2]

Adolescent pregnancy itself may be considered a result of "risk behavior". It is not surprising that pregnant adolescents are prone to engaging in other risk or problem behavior too. In some studies investigated the relation between several kinds of risk behavior and pregnancy in a large group of adolescents. A significant correlation with pregnancy was found for drug abuse. A history of previous sexually transmitted disease and increasing numbers of partners added to the risk of pregnancy. Alcohol, substance use and smoking during pregnancy that are the risk behavior among adolescents cause unfavorable outcomes of pregnancy such as fetal growth retardation and perinatal mortality.

Complications of adolescent pregnancy[2-5]

Some complications of pregnancy may occur more frequently in adolescents than in older women such as:

1. Hypertensive disorders

According to the International Society for the Study of Hypertension in Pregnancy (ISSHP) the

definition of hypertension in pregnancy is a diastolic pressure $\geq$ 90 mm Hg in the second half of pregnancy; and the definition of pre-eclampsia is hypertension combined with proteinuria. Many studies have now been carried out into the differences between adolescents and adult pregnant women. There were more pre-eclampsia in adolescents.

2. Anaemia

The increase in plasma volume and the subsequent decrease in haemoglobin concentration and haematocrit in normal pregnancy complicate the assessment of anaemia. WHO defines the minimum haemoglobin concentration in normal pregnant women as 11.0 g/dl. A number of studies have reported on the prevalence of anaemia among pregnant adolescents, compared to older pregnant women. In developing countries, the rate of anaemia varies greatly, is often severe, and in many countries is a great problem. An increased prevalence of anaemia in young pregnant women was found in many studies. Anaemia in pregnancy is often caused by nutritional deficiencies, especially of iron and folic acid. Thalassaemia disease is also the cause of anaemia in adolescent pregnancy in Thailand. As pregnant adolescents often receive inadequate antenatal care, their anaemia during labour and the postpartum period may be worse than in older women. Malaria is also one of the most important causes of anaemia during pregnancy.

3. HIV infection and other sexually transmitted diseases (STDs)

The worldwide pandemic of HIV casts its shadow on childbirth, especially in developing countries. The main concern with respect to childbirth is the vertical transmission of HIV from mother to infant during pregnancy, labour and postnatally through breastfeeding. In developed countries, transmission rates in untreated non-breastfeeding populations have ranged from 14–25% compared with 13 – 42% among breastfeeding populations in resource-poor settings. With the advent of antiretroviral (ARV) therapy during pregnancy much lower transmission rates are now described.

However, continued vigilance for any adverse effects of ARV prophylaxis on HIV-positive pregnant women and their offspring is important. Sexually active adolescents are at increased risk of contracting HIV infection and other STDs. The presence of other STDs (such as syphilis, gonorrhoea, and chlamydia) with local inflammation may increase viral shedding, thereby increasing the risk of transmission during labour. Maternal antiretroviral therapy during pregnancy can reduce transmission, mainly through the reduction of viral load. However, combination therapy throughout pregnancy is expensive and not generally available in developing countries where it is most needed. Recently data has become available on the use of short-course ARV regimens, which are used in Thailand.

4. Iodine deficiency

Iodine deficiency is a major risk factor for impaired physical and mental development. Iodine deficiency during pregnancy can cause brain damage to the fetus; with associated mental retardation and neurological disorders. The severest form is cretinism, a combination of these disorders with severe growth retardation. In areas with environmental iodine deficiency, adolescent girls and women in their reproductive years are especially at risk

Mode of delivery[2,4]

There are strong indications that in very young girls (<16 years) the pelvic bones of the birth canal

may still be in the process of growing, and are therefore immature. There are also indications that in these young girls there are the ensuing complications of cephalopelvic disproportion and obstructed labour. The rate of operative obstetrics and cesarean section (CS) are high among adolescents. However, the rates of CS and several other interventions both could easily be influenced by the attitude of obstetricians towards labour and delivery in young girls.

Postpartum problems[2]

One of the main problems confronting the young adolescent girl in the postpartum period is sex and the possible prevention of future pregnancies. In many countries unmarried adolescents meet considerable resistance to obtaining reliable contraception, because the availability of contraception is wrongly believed to induce adolescents to have sex. Lack of motivation combined with difficulties in obtaining contraceptives often results in unprotected intercourse and repeat pregnancies. Thus, obtaining contraception is one of the most serious problems confronting a new adolescent mother and caregivers should address themselves to it.

Prevention[2-4]

The measures to prevent adolescent pregnancy should be composed of:

1. Increasing the age at marriage
2. Reduction of social deprivation
3. Sexuality education for adolescents
4. Contraceptive service delivery for adolescents

Conclusion

Adolescent pregnancy is one of the major public health problems in Thailand. There are many consequences of adolescent health after their pregnancies. Unsafe sex, illegal abortion, lack of antenatal care, and no contraception are the problems of adolescents. To provide health service and sexual counseling for adolescents as well as family planning should be the measures to prevent adolescent pregnancy.

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การตั้งครรภ์วัยรุ่น: ปัญหาของอนามัยวัยรุ่นในทศวรรษหน้า

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บทคัดย่อ

การตั้งครรภ์วัยรุ่นนับว่าเป็นปัญหาทางสาธารณสุขที่สำคัญในปัจจุบันในหลายประเทศ อุบัติการณ์การตั้งครรภ์และการคลอดในวัยรุ่นเพิ่มมากขึ้นในระยะเวลาที่ผ่านมา การตั้งครรภ์ในวัยรุ่นไม่เพียงแต่มีผลกระทบต่อสุขภาพของตัววัยรุ่นเอง แต่ยังมีผลกระทบต่อสังคมโดยรวม ผลกระทบของการตั้งครรภ์ในวัยรุ่น ประกอบด้วย การทำแท้งที่ไม่ปลอดภัย การขาดการดูแลครรภ์ที่เหมาะสม การติดเชื้อเอดส์และโรคติดต่อทางเพศสัมพันธ์ และภาวะโลหิตจาง เป็นต้น การให้บริการสุขภาพที่ครอบคลุมตลอดจนการให้คำปรึกษาทางเพศศึกษา และการวางแผนครอบครัวจะเป็นมาตรการที่สำคัญในการป้องกันการตั้งครรภ์ในวัยรุ่น

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