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Editorial

REDUCTION OF ADOLESCENT PREGNANCY IN NIGERIA: THE CHALLENGES AND MIDWIVES ROLES

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Abstract

Adolescence represents a key stage in development and critical opportunity for ensuring successful transition to adulthood. Adolescent pregnancy is a global health problem with high prevalence in developing countries. It is a primary cause for concern as a result of its contribution to higher maternal and perinatal mortality rate. Globally, about 16 million women 15-19years old give birth each year and account for about 11% of birth worldwide. Early child bearing is high in Nigeria with 11% of female adolescents aged 15-19 giving birth each year. Adolescent pregnancy and birth are considered risky and adolescent birth is deemed an indicator of reproductive health politics. The high rate of adolescent pregnancy in developing countries has been attributed to several factors among which are inefficient stakeholders, absence of laws and policies, lack of reproductive health services and sexual violence are rampant. Pregnant adolescent are physically and mentally immature for the task of motherhood experience health, economic and social consequences which have a negative impact on future attainment. Regardless of the cause and negative consequences midwives role in reduction of adolescent pregnancy is paramount. This paper therefore proposed midwives roles in reducing challenges faced with adolescent pregnancy in Nigeria.

Keywords*: Adolescent, Adolescent pregnancy, Midwives roles*

Introduction

Adolescent pregnancy is a worldwide phenomenon affecting both developed and developing countries[1]. It is an important public health problem and a socioeconomic challenge to the society. Adolescent pregnancy is a major issue irrespective of the teenager's marital status[1]. Adolescence is the period between 10 and 19 years. The term "adolescent" is often used synonymously with "teenager"[2]. Adolescence is a period of life with specific health and developmental needs and rights[2]. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles[2]. Teenage pregnancies and births during adolescence are considered risky and the teenage birth rate is deemed an indicator of reproductive health policies[3]. However, the birth of an infant to a teenager represents a sudden role transition which has consequences not only for the teenager and her infant but the entire family system[4]. Globally, approximately 16 million adolescents aged 15 to 19 become pregnant each year constituting 11% of all births worldwide[5]. Adolescent pregnancy is most prevalent in Sub-Saharan African. More than 50% of adolescent girls give birth by age 20[2]. The rates of adolescent pregnancy have been on the increase, particularly in the poorest countries[3]. However, in Nigeria, the incidence of teenage pregnancy reported ranges from 1.7% to 11.8%[6].According to the latest statistics, Nigeria has the highest

teenage birth rate in Africa and the Niger Delta region seem to be the highest in the country[7].The risk of teenage pregnancy is similar in all geo-political zones though slightly higher in North-West, North-East, North Central and South-South. Urban residents had lower risk of experiencing teenage pregnancy compared to those in rural areas[3]. In sub-Saharan Africa 70-80% of births to teenagers occur within marriage[1]. Teenagers who have never been married are significantly less likely to have entered motherhood[1]. Also, the latest international estimates indicate that worldwide more than 60 million women aged 20–24 years were married before the age of 18 years.

Adolescent maternal mortality and morbidity represent a substantial public health problem at the global level. The risk of death associated with pregnancy is about a third higher among 15- to 19-year olds than among 20- to 24-year olds[5].Girls between 10 and 14 are five times more likely than women ages 20 to 24 to die in pregnancy and childbirth[8]. Girls ages 15 to 19 are twice as likely as older women to die from childbirth and pregnancy, making pregnancy the leading cause of death in poor countries for this age group[8].

Pregnancy during adolescence is usually an unwanted pregnancy. Unwanted pregnancy occurs in women of all ages but adolescents have been mostly affected[9]. In the United States, it is estimated that 82% of pregnancies to teens are unintended[10]. A substantial proportion of teen births are intended in developing countries where many women still marry early[10]. In Sub-Saharan Africa as a whole, only about 35% of pregnancies to 15- to 19-year olds in 2007 were unintended[10]. Nigeria has been one of the countries where the prevalence of teenage pregnancy is high. Studies have documented results on this from various part of the country. Despite rates of adolescent fertility declining globally in recent decades, teen pregnancies, births, and their associated negative outcomes remain serious problems in many countries[5].These and other negative outcomes of early childbearing in the well-being of young mothers and their children have resulted in heightened international efforts to identify sources of risk and protective factors, and to reduce adolescent pregnancy[5].Complications during pregnancy and childbirth are consistently the second cause of death for girls aged 15 to 19 years old[5].This is why the role of midwives in reduction of adolescent pregnancy is an effective intervention that contributes to Sustainable Development Goals (SDGs)

Factors contributing to adolescent pregnancy

Factors contributing to adolescent pregnancy include bias against acknowledging adolescent sexuality by major stakeholders such as families; policymakers, healthcare providers; the absence of laws and policies; reproductive health services that are targeted at meeting adolescents' sexual and reproductive healthcare needs; sexual violence[11].

Stakeholders' role: **Family**: Childhood Environments Research has shown that women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experience[12]. This is because a family

dysfunction has enduring and unfavourable health consequences for women during the adolescent years, the child bearing and beyond[7]. Also, studies have found that boys raised in homes with a battered mother or who experienced physical violence directly, are significantly more likely to impregnate a girl[12]. The absence of positive role models in families or within community makes it difficult for adolescent and young people to identify and adopt safe/ positive behavior[13].

Foster Care youths are more likely, than their peers, to become pregnant as teenagers. Studies found that the birth rate of girls in foster care was more than double the rate of their peers outside the foster care system[12]. Lack of communication and supervision as well as low positive parenting contribute to early sexual activity. The relationship between parents and children plays a central role in social behavior[13]. However, poor family relationship and family factors have been linked to increased risk of teenage pregnancy[4]. Families do not invest in their daughters' futures because they expect them to ultimately marry and leave. Poverty has destroyed the good structure of many Nigerian families and exposes them to myriad of problems[12]. Studies have shown that girls abandoned by fathers early in lives had the highest rate of early sexual activity and pregnancy while girls abandoned in a later age had a lower rate of sexual activity[7]. Neglect may force the female children into the hands of the social predators. Poverty forces adolescent girls to engage in transactional sexual activities in exchange for basic necessities, such as food, clothing, and school fees. These girls satisfy their basic needs in exchange for abusive sexual intercourses and acquire sexually transmitted infection leading to Acquired Immuno-Deficiency Syndrome and infertility. Many of these abusive sexual intercourses had led to teenage pregnancies which had ruined the lives of many teenage girls and consequently affected the society[12].

Policy makers: Policymakers have neglected their responsibility to develop or implement relevant policies or faced resistance. The African Charter on the Rights of the Child, which Nigeria has ratified by the United Nations Covenant on the Rights of the Child, which was developed for children, including adolescents, mandates states to guarantee their right to the highest attainable standard of health and provide access to family planning and education services, ensure their survival and development, and undertake appropriate measures, including legislative and administrative, to ensure they have the protection and care that is required for their well-being[11].

In Nigeria, federal states had the authority to modify or refuse to implement the Act to the extent that it contravened local traditions and religions. Many chose not to implement the Act primarily because it prohibited child marriage. This show how widely-held traditional and religious values and practices in Nigeria play a substantial and multifaceted role in constructing and exacerbating the socio-cultural, legislative, political, and economic policy. The federal government of Nigeria established a national curriculum for sexuality education in schools in 2003. Prior to that, there was much resistance to the process, again stemming from misconceptions about the implications of providing sexuality education to adolescents.

Healthcare providers: Those who seek reproductive health information and services, including contraceptive services, from healthcare facilities are frequently subjected to the personal bias of healthcare providers who deny them access based on their age or marital status, or require them to obtain consent from their spouses or parents without any legal basis. The unfriendly and uncaring dispositions of nurses and those in the medical institutions and facilities who are supposed to provide care create additional challenges to the teenage mothers.If South African adolescents go to family-planning services they are often unwelcome;the providers of contraceptives in the national nurse-based programs are notoriously unsupportive of adolescents, scold them and refuse to provide them with contraceptives[14].Health workers have been accused of turning away adolescents from family planning clinics, and accusing them of being too young for sex or the young teenagers are offered little choice of contraceptive method and given poor explanations of the side effects and mechanism of action, which contributes to a low uptake of contraception, despite it being free[6]. Youth-friendly" services often do not reach young girls, because girls are excluded once married or because they fear being stigmatized for being sexually active, both by other community members and service providers themselves.

Laws and policies: There is absence of laws, policies and services that are targeted at meeting adolescents' sexual and reproductive healthcare needs. In Nigeria since the Child Rights Act law was passed in 2003, 12 states have yet to domesticate it[15]. Also, twelve northern states introduced Shari'a law into their jurisdictions in contravention of section 10 of the 1999 Constitution, which prohibits states in Nigeria from adopting state religion[15]. While, section 4(7) of the 1999 Constitution makes it legal for states to make laws for peace and good government in their territories. Northern states may have acted within the Constitution by implementing Shari'a, which they consider will promote peace and good government. Shari'a law sets a child to be a person under 18 and there is no age that marks childhood. A child's maturity is established by signs of puberty and this contributes to the practice of child marriage in the northern part of Nigeria. The rationale for the practice of child marriage in Northern Nigeria is to ensure the preservation of virginity of women and, also, that women do not become pregnant out of wedlock. The Islamic practice of child marriage inhibits children from making independent decisions about marriage, which may lead to their emotional, physical and psychological harm.

Reproductive health services: In many societies, girls are often under intense pressure to marry and bear children because they have limited educational and employment prospects[7].Adolescent rarely use contraception when having sex for the first time and face a greater risk of acquiring sexually transmitted infections including HIV[16]. In Africa, adolescents are not educated about contraceptive use because most cultures believe girls must wait until they are married to have sexual intercourse while some society view pregnancy at early age as expected and desirable[7]. Also, victims of adolescent pregnancy lacked information and education on safe sex either by their parents, schools or development agencies that could have enabled them deal with

friends who lure them into premature sex[17]. There is the issue of lack of sex and sexuality education in several countries especially in Nigeria. However, most parents in Nigeria due to cultural and traditional norms find it difficult to engage or involve their children who are of adolescent age in sex and sexuality education. These cultural and traditional norms are so strong that the children may not be able to know the proper names of their sex or reproductive organs. This lack of proper knowledge is due to cultural inhibitions whereby the parents use the word "pepe" to refer to male and female sex organs[7]. Often times, the knowledge of the children about the utility of their sex organs is limited to urination. In certain situations, adolescent girls may not be able to resist or refuse sex[7]. The use of contraceptives among adolescent is low but with large regional and country differences.

A study of contraceptive use in married and unmarried adolescents in Latin American, European and Asian countries showed rates ranging between 42% and 68%. African countries have the lowest rates, ranging from 3% to 49%[18].Poor sexual and reproductive health outcomes can often be traced to adolescence, when most people become sexually active. Adolescents face unique barriers to health services. Many countries have laws that prohibit people less than 18 years of age from accessing sexual and reproductive health services without parental or spousal consent, effectively denying many sexually-active adolescents access to those services. Evidence suggests that training health workers, making small changes in facilities to make them more responsive to adolescents, and sensitizing the community are needed to reduce barriers and increase use of services by adolescents. Social norm also influence contraceptives use. Adolescents may lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek such information.

Sexual violence: Adolescents are more likely than older women to be assaulted by an acquaintance or relative. The most common circumstances of adolescent assault involved a social encounter with the assailant[14].In a study of Xhosa women in South Africa, violence and coercive sexual intercourse were reported to be features of adolescent sexual relations[14]. This is due to the traditional black ideas that sex is a normal, healthy and essential features of life for all age[19]. Multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries[12]. In Nigeria, involvement of fathers and advanced adults in the inducement of adolescent girls in sex was illustrated in Imo, Enugu and Anambra where baby factory was discovered where unwanted pregnancy babies are sold[7]. Also, about seventy percent of women who gave birth in their teens were molested as young girls. Use of drugs and alcohol may possibly encourage unintended sexual activity. Often when adolescents are intoxicated, they forget to use protection.

Consequences of adolescent pregnancy

Adolescent pregnancies can have a negative impact to mothers and their children as well as the health, economic and social status which are explained below:

Health consequences: Adolescent pregnancy is associated with negative

consequences for the adolescents, period of gestation till term and their children. Several studies have reported an increase in pregnancy complications associated with adolescent pregnancy, such as: anemia, hypertension, eclampsia, prolonged or premature labour, dysfunctional labour, pregnancy-related infections, postpartum hemorrhage, premature rupture of membrane and higher rates of premature and/or low birth weight babies[6]. In addition, teen mothers are at risk psychologically because they experience higher levels of stress, despair, depression, feelings of helplessness, low self-esteem, a sense of personal failure, and suicide attempts. Adolescent are more likely to have long and obstructed labours due to their smaller size and immature pelvic structure. Moreover, they are at risk of developing fistula. However, up to 65% of women with obstetric fistula developed this during adolescence, with dire consequences for their lives, physically and socially[18]. Teenagers not using contraception are not only at risk of conceiving but are also exposed to a range of sexually transmitted infections. This contributed to miscarriage or pre-term delivery. In a single act of unprotected sex, teenage women have a 1% chance of acquiring HIV, a 50% risk of contracting genital herpes and a 50% chance of contracting gonorrhea[20]. It has been suggested that early sexual intercourse can be a risk factor for cervical cancer in young women[21]. Adolescence concealed their pregnancies due to parental fear leading to late antenatal care and folic acid supplement in prevention of congenital abnormality.

Unsafe abortion kills many pregnant adolescents, it is estimated that one-third of teen pregnancies in the world end in abortion[18]. In many developing countries, hospital records of women treated for the complications of abortion suggest that between 38% and 68% are under 20 years of age[14]. Adolescent saw abortion as an immediate solution to an unplanned pregnancy which has limited negative impact on future fertility[6]. Teenagers not using contraception are not only at risk of conceiving but are also exposed to a range of sexually transmitted infections. In a single act of unprotected sex, teenage women have a 1% chance of acquiring HIV, a 50% risk of contracting genital herpes and a 50% chance of contracting gonorrhea[20]. Sexually transmitted infections pose risks to late miscarriage or preterm delivery[20].

Babies born to adolescent mothers are also at greater risk. A recent systematic review found that adolescent pregnancy was associated with premature delivery, still birth, fetal distress, birth asphyxia, low birth weight and miscarriage. Babies born to teen mothers are also far more likely to die than those born to older woman. Stillbirth and death in the 1st week of life are 50% higher among babies born to mothers younger than 20years than among babies born to mothers 20- 29 years old[18]. There is little or no psychosocial support for pregnant teenagers during the pregnancy or after the birth of their child.

Economic and social challenges: The untimely pregnancy of young girls is ranked as the third most common reason for school dropout[1]. Teen pregnancy has been identified as a determinant for school drop-out girls. This interferes with expectation regarding education, self – realization and economic prosperity among affected adolescent[17]. Moreover, the high rate of teenage pregnancy, both in primary and secondary school has had a

discouraging effect on many families when it comes to education. Adolescent parents are thrust into the role of raising the adolescent and child. Parents are stressed emotionally and economically at the time when they expect their children to be self-reliant and self-dependent[22]. Adolescent pregnancy could lead to incomplete education, unemployment and emotional traumas[17]. The lack of educational achievement makes it more difficult for them to obtain adequate employment. The adolescent mother's level of academic achievement is closely linked to her economic outcomes, including earning potential and opportunity for employment and occupation. Studies have shown that on average, teen mothers complete fewer years of school, and are less likely to earn a high-school diploma or to go on for post-secondary education than women who delay childbearing[6]. Also, adolescent have a lower standard of living and are more likely to require public assistance. Their marriages are more likely to be unstable and they often have more children than they intended[12].

Adolescent pregnancy is a cause and consequence of social exclusion. Risk factors include poverty, low educational attainment and mental health problems[22]. In addition, teenage mother and children are economically and materially disadvantage which increased their risk of poor mental health. Pregnant adolescent are ashamed to discuss about their situation thereby loosing contact with friends, support groups and becoming socially isolated.

Midwives role

Adolescent pregnancy is an issue that affects almost every part of Nigeria. The success of Sustainable Development Goals depends to a large extent on the health workforce capacities for nurses and midwives. Midwives have a sense of responsibility in the health sector to work to reduce adolescent pregnancy. As professionals, the midwives work in partnership with other health care professionals and parents to deliver appropriate services. Midwives and other care providers need to be aware of all the trends and changes within the adolescent society. Midwives perform the following roles;

The midwife possesses skills and expertise to counsel and advice couples on sexuality[23]. This role could be extended to adolescent. Midwives are placed to contribute on issues including contraception, sexual health, relationship and responsibilities associated with pregnancy and childbirth. Also, provide information and services to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually-transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction[24]. Also, possess good communication skills and providing honest answers.

Confidentiality and trust formation is of paramount important. Pregnant adolescent are stereotyped and as a consequence this interferes in the process of confidence and trust. This affects establishing a relationship with midwives. Adolescent need to feel safe, respected and value so they can they can have confidence in health professional especially the midwives. They are expected to listen to the needs of the teenager to provide a

better service. Midwives should bear in mind that everyone has the right to confidentially especially the adolescent when seeking professional advice.

Adolescent receive information about sexual intercourse from friends which was often inaccurate. Policymakers really need to think about ways of promoting comprehensive sex [education] focuses on interested in terms of relationships and communication and love and negotiation. Midwives need to inform adolescent about health services that are available and help them develop the confidence and skills to use them. In Nigeria there are initiatives which offer adolescent information and advice;

1. Association for Reproductive and Family Health (ARFH)
2. Youth Advocate Group (YAG)
3. Nigeria's Education as a Vaccine Against AIDS (EVA)
4. International Centre for Reproductive and Sexual Rights (INCRESE)
5. Family Life and HIV Education programme in Lagos, Nigeria

Adolescent do not always have important sexual health information and they also lack the ability to understand the consequences of their actions[23]. This inability can be link to chronological age and life experiences. Midwives may be seen as ideal candidate to develop and participate in teaching of sex education because of their clinical expertise and health education focus.

Teenagers are at a crossroads emotionally, physically and socially[23]. Midwives can help by advocating improved teacher education, providing resources for educators and reviewing proposed curricular for accuracy and effectiveness[23].

Midwives working in the community should advocate for programs that target societal norms rather than individual girl's behavior. A better understanding of culture and behaviour is important in promoting positive change among adolescents. Use countries with low level of adolescent pregnancy as reference for reduction adolescent pregnancy. Also, collaborate with child protection networks in each state.

Community midwives should involve shareholders in adolescent programmes for continuous support in the reduction of adolescent pregnancy. The stakeholders should implement laws that protect the rights of the children and violators should be prosecuted. Community participation and feedback provide the bases for evaluation of the success or failure of the programme.

Partner with the media to provide clear messages emphasizing abstinence and personal responsibility. Effective campaigns are needed through communication between adults and young people about reproductive health information can increase protective behaviours and combat the problem of teenage pregnancy. Also, address adolescents, gender imbalances faced by young females through providing information on reproductive healthcare services and preventive services available in the area. Include information on future opportunities such as higher education, income and good health for reduction of adolescent pregnancy.

Conclusion

Adolescence represents a key stage in development and a critical opportunity for ensuring successful transition to adulthood[18]. Adolescent pregnancy and its attendant problems are more prevalent in

developing countries than in the developed nations. Teenage pregnancies have become a public health issue due to the observed negative impacts onprenatal outcome and maternal morbidity. All teenage pregnancy, irrespective of the outcome has adverse consequences for the girl, the parent and thecommunity. These include lower educational levels, higher rat es of poverty, sexually transmitted infectio n, criminal abortion, stigmatization and poor economic growth. The increasing rate of adolescent pregnancies is a growing concern in Nigeria and it has become important to include midwives role in reducing adolescent pregnancy

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