

Teenage Pregnancy and Its Health Implications

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INTRODUCTION

The World Health Organisation (WHO, 2006) defines teenage pregnancy as a 'teenaged or under-aged girl (usually within the ages of 13–19) becoming pregnant.' The term usually refers to women who become pregnant, who have not reached legal adulthood; legal adulthood varies in different countries. The term teenage pregnancy is widely used however, to mean unmarried adolescent girls who become pregnant.

WHO statistics show that annually there are 14-15 million births worldwide to teenage girls, accounting for more than 10% births. Pregnant teenagers face many additional obstetric, medical & social issues compared to women who give birth in their 20s and 30s. Most at risk are mothers under fifteen and those living in developing countries. Complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 in developing countries; they are twice as likely to die in childbirth as women in their twenties, with adolescents accounting for 13% maternal deaths worldwide.

There is evidence to show (UNICEF Malaysia, 2008) that teenage pregnancy is associated with lower educational levels, higher rates of poverty and that the situation is often repeated with children of teenage parents. In addition, teenage pregnancy is often outside of marriage and therefore carries a social stigma in many cultures and community.

Adolescence

Feldman (2006) notes that adolescence, the development stage between childhood and adulthood, is a time when teenagers start to experiment with adult behaviours. Some of these behaviours are welcomed by parents and society, such as part time work or driving. Other adult behaviours such as smoking, drinking alcohol and sexual relationships are not as acceptable. Adolescence is a time of profound change and can be a time of extreme turmoil. There are many biological changes happening including reaching physical and sexual maturity. This is a time of great passion for everything, there are no half measures for teenagers, and it is like riding a rollercoaster. A teenage son or daughter who comes home to tell the parent they are having a baby, needs on-going parental love and support.

Health Inequalities

In 2008, UNICEF Malaysia carried out research that indicated that teen pregnancy and motherhood

can have detrimental socio economic and psychological outcomes for the teen mother, her child, and her young siblings. They showed that many teenage mothers live in poverty, receive no education and end up in either unemployed or in low paid jobs. They often live on welfare in very poor housing conditions, circumstances which may well lead to depression. The child born to a teen mother is more likely to live in poverty, grow up without a father and become a victim of neglect or abuse. They often do less well at school, becoming involved in crime. In many cases, they go on to become a teenage parent themselves and the cycle begins again. The younger sibling of a teen mother can also be affected. Siblings look up to their older sister as a role model and consequently they will often accept sexual initiation and marriage at a younger age, placing less importance on education and employment.

Pregnant teens are less likely to receive antenatal care, often seeking it only in the third trimester, if at all. As a result of insufficient antenatal care, the global incidence of premature births and low birth weight is higher amongst teenage mothers. In fact teenage mothers are 25% more likely to have a low birth weight baby, which may lead to lower intelligence and reduced attainment at school. In addition their infant's mortality rate is 60% higher than that of older mothers (Social Exclusion Unit 1999).

There is a wealth of research indicating the many health inequalities surrounding teenage pregnancy. Dahlgren & Whitehead (1991) showed that a healthy society is built upon healthy individuals, noting that there are many influences on the ability to maintain health including living & working conditions, education and health care. To make real and meaningful improvements to teenage mothers, it is important to provide them with easily accessible health and education services that are welcoming to young parents.

Abandoned Babies

Malaysia is currently experiencing a very concerning phenomenon of mothers abandoning their babies at birth. This is a very worrying development with many social, political and health concerns. A report by Pak (2010) quoted an average of 100 babies being abandoned each year, of which most are deceased by the time they are found. Pak notes that many young people are lack of education to make safe decisions about sexual health. However, it is important that these issues are addressed and that Malaysia finds a way to move towards a society whereby young mothers

have other options available to them other than abandoning their baby at birth.

The issue of teenage pregnancy needs to be addressed on two levels. Firstly the issue of prevention, equipping girls with the education, knowledge and skills to prevent pregnancy occurring. Secondly the issue of support, by providing services to support both female and male teenagers who find themselves struggles to cope with an unexpected pregnancy. UK has been working for many years to reduce teenage pregnancy rates and to increase healthy outcomes for teenage mothers and their babies. Whilst the two societies are culturally very different, it is possible that strategies that have been used successfully in the United Kingdom could be implemented in Malaysia to help reduce teenage pregnancies and help to make real and meaningful improvement to teenagers who do find themselves unexpectedly pregnant.

Malaysia and the UK

The UK has one of the highest teenage pregnancy rates in Europe; 24 births per 1000 women. Malaysia's teenage pregnancy rate is 13 births per 1000 women (WHO 2008). The number of pregnancies in both countries has fallen in recent years, however the figures for the early part of 2011 indicate there will be a rise in the number of teenage pregnancies in Malaysia this year.

In 2000 The Independent Advisory Group on Teenage Pregnancy was established as part of the action plan to reduce teenage pregnancy rates. Key recommendations included:

- Improving personal, social & health education in schools (PSHE).
- Implementing young people friendly contraceptive services.
- Improving services for young parents to continue education and employment.
- Building aspirations & self esteem.

The focus of PSHE in key stage 1 is for pupils to learn about themselves as developing individuals and as members of their communities, building on their own experiences and on the early learning goals for personal, social and emotional development. They learn the basic rules and skills for keeping themselves healthy and safe and for behaving well. During Key Stage 2, as they begin to develop into young adults, PSHE helps them to face the challenges and changes of puberty.

In 2008, the Department of Health (UK) issued the document 'Teenage Pregnancy Strategy: Beyond 2010', which clearly illustrated that the strategy was working, with a noted decrease in teenage pregnancy rates and teenage births. In addition there had also been an increase in teenage mothers in education, employment and training.

Whilst there are many societal differences between the UK & Malaysia, it is possible that some of the strategies that have been adopted in the UK may also work in Malaysia. There would however be many challenges.

Challenges

In the UK there is a broad consensus that good quality sex and relationship education should be provided in schools, that parents should talk to their children about PSHE and that confidential contraceptive services should be available.

Education focuses upon equipping girls with the ability to manage the pressures and influences that are part of adolescent life, building self esteem and assertiveness. At the same time, boys receive education that encourages respect for girls and teaches them how to cope with their own emotions in a positive way.

UNICEF Malaysia, (2008) notes that Malaysian society disapproves of pre-marital sex and that there is a belief that sex education should not be discussed. As a result, young people have limited or no access to education and information on reproductive sexual health care. Policies often restrict adolescent's access to information and services, by for example limiting family planning to married couples.

In order for young people to access services they need to be certain of privacy and confidentiality. Services should be easily accessible, with convenient hours and in convenient locations, and costs need to be low. Perhaps most important of all, the service young people receive should be non-judgmental.

How is Malaysia dealing with the issues?

There have been strategies implemented in parts of Malaysia to try to prevent further abandonment of babies. In 2010, in Kuala Lumpur, a non-governmental organisation opened the country's first 'baby hatch' a place where mothers can safely and anonymously leave their unwanted child.

In the same year, the state of Malacca opened a school for teenage mothers, 'Sekolah Harapan, Rumah Harapan' (school of hope, house of hope). The girls are taught the standard secondary school curriculum.

UNICEF Malaysia believes that it is essential to address the issue of why many teenagers are becoming pregnant and help them to manage the pressures and influences that they find themselves under. It recommends implementation of life skills based health education to empower them to make the right choices. They propose comprehensive support services for adolescents, including access to non-judgmental counseling on what options are available to them and also how to engage with family members in disclosing their condition. If their recommendations were

implemented, teenagers might be empowered to make the right choices in difficult and challenging circumstances.

CONCLUSIONS

There are many challenges facing teenage mothers, their partners, families and babies in both the UK and Malaysia. There are also many challenges facing those who seek to provide services for teenage mothers and those who seek to reduce the number of teenage pregnancies. Open discussion and the willingness to implement evidence based strategies that have been shown to work, may bring on change that is beneficial to all concerned.

Research in both the UK & Malaysia supports the implementation of health & life education in schools as a way of informing adolescents and helping them to make informed choices regarding their bodies. It has been shown that offering confidential, accessible & non-judgmental services for adolescents is a valuable part of health care. These allow teenagers a safe place to discuss their fears and concerns and an avenue to turn to during difficult times.

It is important for the individual and the economic welfare of the country, to provide on-going education and support for teenagers who find themselves pregnant. Education leads to employment and employment helps to stop the cycle of poverty that many teenagers who become pregnant find themselves in.

On-going parental support is paramount in offering a safe environment where teenagers of both sexes can turn to in times of difficulty and find support that can empower them to make responsible choices. UNICEF Malaysia notes that “when teenagers have a strengthened sense of

personal security, they can be protected from having to resort to abandoning their babies. When they are offered full support, innocent infants can be protected from being abandoned and denied the best start in life”.

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