



have already begun childbearing compared to 22% of those with secondary or higher education. Teenagers in the lowest wealth quintile are more likely to have started childbearing compared with those in the highest wealth quintile (36% and 14% respectively). At district level, the Western Urban area has the lowest percentage of adolescents who have started childbearing (16%), while Pujehun has the highest percentage (48%)<sup>3</sup>. The Ebola crisis (May 2014 - January 2016) has exacerbated the situation, with increased child labour, exploitation, violence and exposure to teenage pregnancy. Most girls who became pregnant have not been able to return to school. Estimates indicate that more than 14,300 girls in Sierra Leone became pregnant during Ebola<sup>4</sup>.

## MATERNAL COMPLICATIONS IN ADOLESCENTS - PUJEHUN GOVERNMENT MATERNITY AND CHILD COMPLEX (PGMCC)

Doctors with Africa CUAMM has been active in Sierra Leone since 2012, increasing availability, quality and utilization of health services. In particular, CUAMM works in Pujehun District, located in the country's southernmost province. The district has a population of about 375,000 people and most of its inhabitants live in villages with fewer than 2,000 people. There is only one district hospital in the area, which includes a main hospital and a maternity complex. There are also 77 peripheral health units, five of which provide basic emergency obstetrics care (BEmOC). CUAMM is supporting the PGMCC with the presence of 24/7 paediatricians and gynaecologists. The maternity complex is indeed the only health centre in Pujehun capable of providing comprehensive emergency obstetric care (CEmOC) services such as caesarean sections and blood transfusions. Furthermore, in January 2015, CUAMM improved the referral system in the district by providing three ambulances in the field for transportation from the primary health care units to the second level of care.

Data from PGMCC show that:

- In 2016, **pregnant girls** admitted to the hospital were 343 out of 1,399 total admissions, meaning **24.5%** of the total admissions;
- 9% of pregnant adolescents were aged 13-15 years; 91% were aged 16-19 years (fig. 1);
- 80% of the girls were experiencing their first pregnancy and among them, the majority were aged 19, 18 and 16 years old;
- In 2016, 39% of deliveries among adolescents occurred with caesarean section (C/S) and 22% with assisted deliveries;
- In 2016, 180 (of 343) teenagers presented at least one **Major Direct Obstetric Complication (52%)** (fig. 2);
- **51%** of the girls was **married** (fig. 3);
- Only 40% of the girls was attending schools (fig.4).

### Keywords:

rural context; MEDOC; early marriage; barriers to access

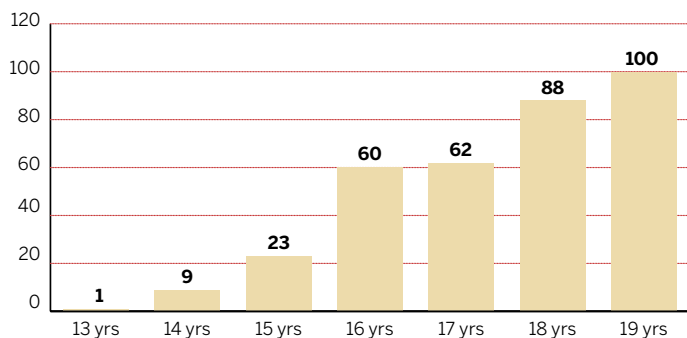
## TEENAGE PREGNANCY

Every day in developing countries, 20,000 girls under age 18 give birth. This amounts to 7.3 million births a year. When a girl becomes pregnant, her life changes dramatically. She will likely drop out of school, which means her future employment prospects also diminish, making her more vulnerable to poverty, exclusion and illness<sup>1</sup>. In fact, pregnancy is the second leading cause of death after self-arm globally, among girls aged 15-19. It is associated with higher risks for the mother and the new-born, including mortality, anaemia, stillbirths and prematurity. The situation is worse for girls living in low resources settings, characterized by poverty, restricted access to care, weak health systems, lack of education and employment and weak social safety nets<sup>2</sup>.

## TEENAGE PREGNANCY IN SIERRA LEONE

In Sierra Leone, teenage pregnancy is a problem affecting girls' and young women's health and their social, economic and political empowerment. Overall, 28% of adolescents age 15-19 have begun childbearing; 22% have had a live birth and 6% are pregnant with their first child as of the date of the survey. A larger proportion of teenagers in rural areas than in urban areas have begun childbearing (34% versus 19%). At regional level, the proportion of teenagers who have started childbearing is highest in the Southern region (33%) and lowest in the Western region (18%). The percentage of teenagers who have started childbearing decreases as education levels increase; 46% of teenagers with no education

### TEENAGERS ADMITTED TO PGMCC IN 2016 BY AGE



**Figure 1:** Teenagers admitted to Pujehun Government Maternity and Child Complex in 2016 by age. PGMCC, 2016.

### Type of MDOC among adolescents - PGMCC 2016

|                                |     |
|--------------------------------|-----|
| Abortion                       | 5   |
| Antepartum Hemorrhage (APH)    | 4   |
| Ectopic pregnancy              | 1   |
| Obstructed or prolonged labour | 120 |
| Postpartum Hemorrhage (PPH)    | 12  |
| Pre-eclampsia or eclampsia     | 34  |
| Sepsis                         | 4   |

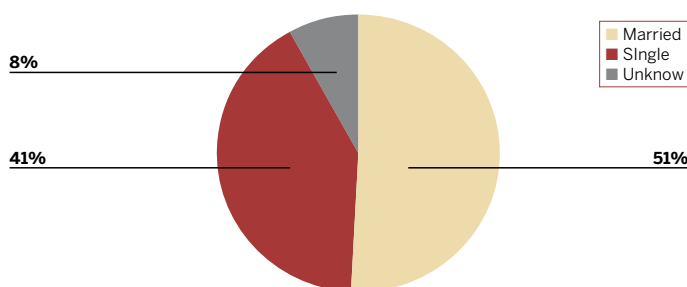
**Figure 2:** Type of Major Obstetric Complications among adolescents in 2016 at Pujehun Government Maternity and Child Complex. PGMCC, 2016.

### THE WAY FORWARD

Teenage pregnancy is a complex phenomenon requiring multifaceted interventions. Strategies to tackle teenage pregnancy in Sierra Leone should be designed and implemented putting the adolescent and her/his needs at the centre, while acknowledging the role of the health care system, the school system, the community, and of adolescent peer-groups dynamics. Among them:

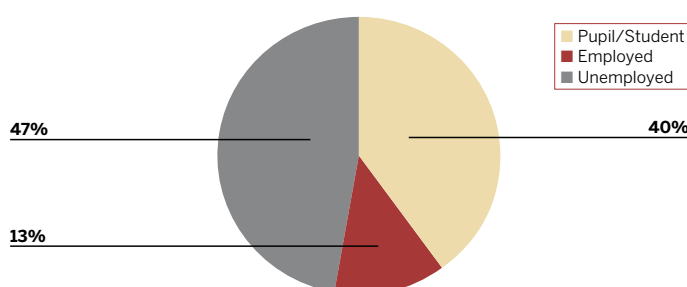
- Create teenage-friendly dedicated services at PHUs and Hospitals along the continuum of care, from pre-pregnancy to antenatal visits, to birth and post-natal visits;
- Design and implement community and family-based approaches to address adolescents SRH needs and issues;
- Identify and train adolescent peer-educators and counsellors for adolescent counselling on sexual and reproductive health issues at health facilities and in the communities;
- Create a system in partnership with schools to a) monitor pregnant teenagers, in order to make sure they receive assistance and they are assured education during and after pregnancy; b) enrich students' curricula with educational activities on life orientation, teenage pregnancy, HIV/AIDS, sexually transmitted infections and family planning;
- Strengthen operational and impact research to better understand a) social and health determinants of teenage pregnancy in low- and middle-income countries (L&MICs); b) which approach and intervention is effective to prevent and manage teenage pregnancy.

### MARITAL STATUS OF PREGNANT TEENAGERS AT PGMCC 2016



**Figure 3:** Marital status of pregnant teenagers admitted at Pujehun Government Maternity and Child Complex in 2016. PGMCC, 2016.

### CONDITION OF PREGNANT TEENAGERS AT PGMCC 2016



**Figure 4:** Condition of pregnant teenagers admitted to Pujehun Government Maternity and Child Complex in 2016. PGMCC, 2016. \*Employed category includes farmer (n.29), trader (n.8), hairdresser (n.5), and tailor (n.2).

- 1 UNFPA, 2016. *Adolescent Pregnancy*. [Online] Available at <http://www.unfpa.org/adolescent-pregnancy> [Accessed 19 January 2017].
- 2 Rehana A. Salam, Jai K. Das, Zohra S. Lassi, Zulfiqar A. Bhutta, 2016. *Adolescent Health and Well-Being: Background and Methodology for Review of Potential Interventions*. [Pdf] Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026682/pdf/main.pdf> [Accessed 22 December 2016].
- 3 Republic of Sierra Leone, 2014. *Demographic and Health Survey 2013*. [Pdf] Available at <https://dhsprogram.com/pubs/pdf/FR297/FR297.pdf> [Accessed 6 February 2017].
- 4 UNICEF, 2015. *In Sierra Leone, working with communities to curb teenage pregnancies*. [Online] Available at [https://www.unicef.org/infobycountry/sierraleone\\_85762.html](https://www.unicef.org/infobycountry/sierraleone_85762.html) [Accessed 19 January 2017].