WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

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Adolescence pregnancy Part II

This is the last article of series of two articles

Health consequences of teenage pregnancies

Major consequences that can happen to mothers

- Pregnancy and childbirth complications are the main cause of death among girls between 15-19 years of age globally.
- Higher rate of eclampsia
- Puerperal endometritis and systemic infections
- Unsafe abortions increase maternal morbidity and mortality.
- Mental illness due to intolerable stress of parenthood – depression, anxiety, and fear
- High risk of anaemia
- Low weight gain during pregnancy
- The risk of HIV and sexually transmitting infections is higher

Consequences to babies

- Low birth weight
- Preterm labour
- Severe neonatal conditions
- As they are not well-planned pregnancies, no folic acids are taken, and no proper pre-pregnancy counselling was given. Therefore, the risk to have foetal deformities is higher.
- Risk of abuse and neglect
- Lower performing level academically

Social and economic consequences

- Stigma
- Rejection by parents or the partner
- Violence by the family
- Drop out of school- Globally only 41% of teenagers who have children before age 18 graduate from high school compared to 61% of teens from similar social and economic backgrounds who delayed childbirth until age 20 or 21. And also, they have no qualifications to enter job opportunities. So, life-long dependency and poverty will keep them in a poor socioeconomic status.
- They may need family/public assistance to meet the basic needs of their children. 75% of the world's unmarried teenage mothers go for welfare within five years of birth. And also, these

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mothers could deliver their 2nd child in a shorter gap. Therefore, more burdens will fall ahead of them.

- The children of teenage mothers will not grow up in a comfortable and healthy background. They may suffer from malnutrition, low immunity, stress, and lack of care and affection. They will not have a good education and protection. They are more vulnerable to domestic abuse, violence, child occupation, drug addiction, and criminal activities. Sometimes they end up in prison.

Prevention of teenage pregnancy

- **Health equity –** maintaining health equity is important to reduce teenage pregnancies using health education, contraception availability, and psychological counselling. Giving these facilities to all teenage despite of their age, sex, race, and socioeconomic status is crucial to avoid teenage pregnancies.

- **Improve life opportunities for young people –** most of the time, opportunities for education, sports, aesthetic activities, and social forums are limited to developed areas of countries. Governments should take necessary action in collaboration with the private sector and NGOs to make them available in all regions of countries. Then teenagers can occupy those chances and improve their life skills and have a higher level of education. Hence, they will have more opportunities to enter employment and achieve other goals relevant to their age rather than being a young mother.

- **Education about sexual health –** community-based or school-based awareness programs should be arranged by the health sector personnel to give them sexual education and knowledge about contraception. And also, to convey to them to delay sex in case of early marriage

- **Have the life skills**- the personality of teenagers should be enhanced and the courage should be built to say NO to sex and face challenges.

- **Involvement in supporting community-based adolescent and youth health programs.**

Compiled by:
Dr V.U. Jayasinghe, MBBS
MO Epidemiology Unit
PG Diploma in Tuberculosis and chest medicine

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th– 11th Nov 2022 (45th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hepa-		Human		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	56	11558	0	7	0	4	0	1	0	7	4	210	0	1	0	5	0	2	0	49	0	11	0	4	**17**	**99**
Gampaha	44	7825	0	6	0	1	0	1	0	13	2	246	0	1	0	12	0	4	4	65	0	36	0	33	**5**	**87**
Kalutara	27	3377	4	33	0	1	0	2	0	6	19	434	0	4	0	9	0	4	8	105	0	27	0	2	**30**	**100**
Kandy	84	4926	1	23	0	1	0	4	0	13	8	179	0	35	0	8	0	0	2	83	1	14	3	44	**13**	**99**
Matale	22	1153	0	10	0	0	0	0	0	0	6	106	0	6	1	7	0	1	0	47	0	1	0	306	**21**	**100**
NuwaraEliya	2	212	0	27	1	4	0	4	2	7	2	89	0	22	0	7	0	0	0	44	1	7	0	1	**29**	**92**
Galle	27	3287	1	13	0	1	0	1	0	1	12	490	2	37	0	6	0	0	1	80	0	25	0	0	**15**	**100**
Hambantota	11	1476	0	33	0	0	0	0	0	2	10	241	1	55	1	7	0	0	3	50	0	17	25	501	**19**	**100**
Matara	30	1602	0	14	0	2	0	1	0	8	16	287	1	18	0	3	0	0	2	55	0	8	5	235	**34**	**100**
Jaffna	65	3069	10	125	0	3	1	72	0	72	1	26	11	520	0	8	0	4	3	109	0	15	0	1	**68**	**93**
Kilinochchi	0	118	0	8	0	0	0	3	0	24	0	11	0	12	0	0	0	0	0	4	0	5	0	2	**23**	**100**
Mannar	11	214	0	6	0	0	0	1	0	0	2	29	1	7	0	2	0	0	0	7	0	18	0	0	**18**	**80**
Vavuniya	1	85	0	4	0	1	0	2	0	2	1	19	0	1	0	0	0	0	0	31	0	0	0	4	**2**	**100**
Mullaitivu	0	62	0	5	0	0	0	2	0	6	1	28	0	6	0	0	0	0	0	10	0	2	0	2	**22**	**93**
Batticaloa	19	1146	2	86	1	11	0	0	0	22	3	46	0	0	0	1	0	1	0	39	0	32	0	2	**41**	**97**
Ampara	0	161	0	13	0	2	0	0	1	22	0	98	0	1	0	2	0	0	0	52	0	41	0	13	**10**	**99**
Trincomalee	0	1098	0	26	0	0	0	1	0	2	0	34	0	3	0	4	0	0	4	47	0	10	1	8	**14**	**99**
Kurunegala	11	2463	0	25	0	2	0	0	0	4	30	197	0	34	0	4	0	3	2	109	0	44	3	448	**11**	**99**
Puttalam	40	2146	0	6	0	1	0	1	0	0	3	48	0	9	0	1	0	0	0	23	0	31	0	6	**17**	**91**
Anuradhapur	4	432	0	13	0	3	0	1	0	7	4	177	1	29	0	4	0	2	2	69	0	48	5	372	**10**	**96**
Polonnaruwa	0	141	0	6	0	1	0	0	0	2	1	109	0	1	0	5	0	0	1	22	0	5	3	456	**17**	**96**
Badulla	45	1108	0	26	0	3	0	1	0	14	1	247	2	63	4	150	0	0	0	63	1	21	0	28	**22**	**100**
Monaragala	3	478	0	10	0	2	0	4	0	22	5	280	1	35	1	62	0	0	2	68	1	65	1	148	**13**	**99**
Ratnapura	12	2698	3	49	0	6	0	3	0	34	14	955	0	22	0	26	0	1	2	75	4	68	0	189	**15**	**95**
Kegalle	26	2763	0	15	0	8	0	2	0	8	20	559	1	23	0	10	0	0	0	108	0	48	0	23	**10**	**99**
Kalmune	27	1150	0	31	0	1	0	3	0	6	0	29	0	1	0	1	0	0	1	75	1	36	0	0	**31**	**100**
SRILANKA	**56**	**54748**	**21**	**620**	**2**	**58**	**1**	**110**	**3**	**304**	**16**	**5174**	**21**	**946**	**7**	**344**	**0**	**22**	**37**	**1489**	**9**	**635**	**46**	**2828**	**19**	**96**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 11th Nov , 2022 Total number of reporting units 357 Number of reporting units data provided for the current week285 **C****-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

05th– 11th Nov 2022 (45th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	01	01	02	70	56	25 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	02	00	00	00	00	02	00	79	63	25.3 %
Measles	01	01	00	00	00	01	00	00	00	03	00	23	11	109.0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	05	03	66.6 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	04	- 75 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Tuberculosis	00	204	87	10	03	00	00	14	14	332	91	5950	4398	35.2 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Covid-19 Prevention & Control

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

Dr. Samitha Ginige
Actg. CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10