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## Adolescence pregnancy Part I

This is the first article of series of two articles.

Adolescence pregnancy is defined as "the occurrence of pregnancy among girls aged between 10 and 19". This can be seen in every part of the world although the adolescent fertility rates could vary across the regions


## Statistics of adolescent pregnancies

Approximately 12 million girls between $15-19$ years and 777000 girls between 10-15 years deliver babies each year in developing regions. At least 10 million pregnancies in the 10-15 years age group are unintended. The estimated number of abortions among the same age group is 5.6 million and 3.5 million abortions among them are unsafe leading to increased maternal morbidity and mortality. Complications during pregnancy and childbirth are the leading cause of death among the 15-19 age group globally.

The adolescent fertility rate has declined over time. But disparities are there in regions. For example, the adolescent fertility rate in east-Asia is 7.1 while it is 129.5 in Central Africa. Even
within the same region, there could be disparities in fertility rates. For instance, it is 33 in South East Asia. But ranged from 0.3 in the Democratic People's Republic of Korea to 83 in Bangladesh.
Further, the real reason to reduce the global adolescent fertility rate is not due to the reduced number of adolescent pregnancies, but due to the increased number of populations in girls at age of 10-15.

## Adolescent pregnancy data in Sri Lanka

The adolescent fertility rate in Sri Lanka varied between 14 and 21 per 1000 adolescents in 10 years from 2009 to 2019. It was 20.45 in 2019 and 15.56 in 2015. So, it has gone up. In 2019, the adolescent pregnancy rate among all pregnancies was $4.4 \%$. The percentage of adolescent pregnancies was highest in Trincomalee district (9\%) followed by Batticaloa district at 8.4\% in 2019.

Can anyone below legally marry in Sri Lanka?

No, the age of marriage in Sri Lanka is 18. But girls in some ethnic groups marry after the age of 12 according to their traditional law

| Contents | Page |  |
| :--- | :--- | :--- |
| 1. | Adolescence pregnancy Part I | 1 |
| 2. | Summary of selected notifiable diseases reported $\left(29^{\text {th }}-04^{\text {th }}\right.$ November 2022 $)$ | 3 |
| 3. | Surveillance of vaccine preventable diseases \& AFP $\left(29^{\text {th }}-04^{\text {th }}\right.$ November 2022 $)$ | 4 |



## Context

Adolescent pregnancies are a global health challenge that should be controlled by the public health sector of states. They are more prominent among marginalized communities, commonly driven by poverty, poor education, and lack of employment opportunities.

## Factors contributing to adolescent pregnancies and births

- Early marriage - in some countries, especially in underdeveloped one's girls have fewer opportunities to study and work. Therefore marriage, childbearing, and family responsibilities are the only choice they have. According to World Bank data, at least 39\% of girls marry before they are 18 years of age and $12 \%$ before the age of 15 in such countries. And also, motherhood is more valued in that society than other roles.
- Knowledge gap and misconceptions - even though some girls need to avoid pregnancies they lack the knowledge about contraception methods and their availability. Further, restrictive laws and policies regarding the provision of them based on age and marital status have limited their tendency to use them. Some have not enough knowledge of sexual health including fertility, contraception, menstrual cycle, and STDs. Therefore, unexpectedly they get pregnant. According to the research done on "the hidden burden of adolescent pregnancies in rural Sri Lanka; findings of the Rajarata Pregnancy Cohort", the education level of adolescent pregnant mothers was significantly low compared to mothers in other age groups.
- Sexual violence - in some countries one in a third of adolescents faced sexual violence.
- Health inequality
- Poor income and social status
- Other barriers- healthcare bias/lack of willingness to educate adolescents regarding sexual health, other issues in transportation, and financial aspects


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Table 1: Selected notifiable diseases reported bv Medical Officers of Health 29th- 04th Nov 2022 (44th Week)















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Table 2: Vaccine-Preventable Diseases \& AFP

| 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 | 01 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 02 | 00 | 69 | 54 | 21.7 \% |
| Diphtheria | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 0 \% |
| Mumps | 00 | 00 | 01 | 00 | 00 | 00 | 01 | 00 | 00 | 02 | 00 | 77 | 63 | 22.2 \% |
| Measles | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 20 | 11 | 81.8 \% |
| 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 | 01 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 02 | 00 | 09 | 04 | 125 \% |
| Whooping Cough | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 0 \% |
| Tuberculosis | 00 | 06 | 05 | 05 | 13 | 44 | 00 | 09 | 25 | 107 | 118 | 5618 | 4307 | 30.4 \% |

## 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, offen 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@sItnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

