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WEEKLY EPIDEMIOLOGICAL REPORT

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Adolescence pregnancy Part

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 3.5million 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

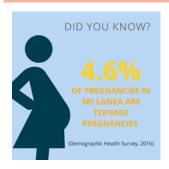
The adolescent fertility rate in Sri Lanka varied between 14 and 21 per 1000 adolescents in 10 years from 2009 to 2019. It was 20.45 in 2019 and 15.56 in 2015. So, it has gone up. In 2019, the adolescent pregnancy rate among all pregnancies was 4.4%. The percentage of adolescent pregnancies was highest 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



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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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Page 2 to be continued ...

Table 1: Selected notifiable diseases reported by Medical Officers of Health 29th- 04th Nov 2022 (44th Week)																													
	*5	66	88	100	66	100	93	100	100	100	93	100	80	100	94	86	66	66	100	92	6	96	100	100	92	66	100	97	
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		4	33	2	41	306	1	0	476	230	-	2	0	4	2	7	13	7	445	9	367	453	28	147	189	23	0	2782	
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	⋖	49	61	97	81	47	4	62	47	53	106	4	7	31	10	39	25	43	107	23	29	21	63	99	73	108	74	1452	
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0	⋖	7	4	4	0	П	0	0	0	0	4	0	0	0	0		0	0	3	0	2	0	0	0	1	0	0	22 4	
Human	A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Нера-	B	2	12	6	8	9	7	9	9	3	8	0	2	0	0	П	2	4	4	1	4	2	146	61	56	10	1	337	
Viral H	_ <	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	4	
vo.	8	П	П	4	35	9	22	35	54	17	209	12	9	П	9	0	1	3	34	6	28	П	61	34	22	22	П	925	
Typhus	⋖	0	0	0	2	0	П	1	m	7	9	0	0	0	0	0	0	0	0	0	0	0	0	П	0	က	0	19	
		506	244	415	171	100	87	478	231	271	25	11	27	18	27	43	86	34	167	45	173	108	246	275	941	539	53	6009	
Leptospirosis	m	9	m	17	7	m	0	56	m	15	1	0	0	0	0	7	2	1	18	4	4	0	2	17	19	32	1	18 5	
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Encephaliti Enteric Fever Food Po	4	1	1	7	4	0	4	1	0	1	71	Ж	1	7	2	0	0	1	0	1	1	0	1	4	3	2	3	109	
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aliti E	⋖	4	-	-	1	0	ω	1	0	7	2	0	0	-	0	10	7	0	2	1	8	П	8	7	9	8	-	26	
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	8	7	9	59	22	10	27	12	33	14	115	œ	9	4	2	84	13	56	25	9	13	9	56	10	46	15	31	299	
Dysentery	_ ∢	0	0	7	7	0	0	0	Н	0	7	0	-	0	0	2	0	0	Н	Н	0	0	-	0	П	0	0	17	
Dengue Fever	8	11502	7781	3350	4842	1131	210	3260	1465	1572	3004	118	203	84	62	1127	161	1098	2452	2106	428	141	1063	475	2686	2737	1123	54181	
Dengu	A	11	98	18	96	30	4	28	18	24	72	0	2	н	0	12	0	8	37	28	9	П	63	13	56	43	13	74	
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RDHS		Colombo	Gampaha	Kalutara	Kandy		NuwaraEliya	Galle	Hambantota	Matara	Jaffna	Kilinochchi	Mannar	Vavuniya	Mullaitivu	Batticaloa	Ampara	Trincomalee	Kurunegala	Puttalam	Anuradhapur	Polonnaruwa	Badulla	Monaragala	Ratnapura	Kegalle	Kalmune	SRILANK	

Table 2: Vaccine-Preventable Diseases & AFP

29th- 04th Nov 2022 (44th Week)

Disease		N	lo. of	Case	es by	y Pro	ovino	e	Number of cases during current	Number of cases during same	Total number of cases to date in	Total num- ber of cases to date in	Difference between the number of cases to date		
	W	С	S	N	E	NW	NC	U	Sab	week in 2022	week in 2021	2022	2021	in 2022 & 2021	
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 En- cephalitis	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, 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

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