



for a child, forced marriage, low educational level and need for dowries. Furthermore, among consequences of pregnancy on the teenagers are: school drop-out, health risk during and after childbirth, divorce, rejection by parents, stigmatism, and sometimes, if the baby is unwanted, abortion<sup>6</sup>. In rural settings, additional major difficulties around pregnancy regard barriers to utilization of health services. These barriers include long distances, referral issue, poor roads, traditional beliefs about birth practices, insecurity, and influence of the husband<sup>7</sup>.

## TEENAGE PREGNANCY IN YIROI

Since 2007, Doctors with Africa CUAMM is active in Yiroi, a small town in Yiroi County, Eastern Lakes State, in central South Sudan, with a population of 11,650 people. The main ethnic group in the area is Dinka, a semi-nomadic population relying on pastoralism as main economic activity. CUAMM works in Yiroi Hospital, the only facility able to provide obstetric and surgical emergency in the Greater Yiroi area (consisting of three counties: Yiroi West, Yiroi East and Awerial). In particular, the Organization focuses on prevent maternal and neonatal mortality thanks to the construction of a maternity waiting home for women with high-risk pregnancies and a preterm care unit. Furthermore, efforts has been put in strengthening the referral system in the entire Greater Yiroi, in order to reduce barriers to access.

Data from Yiroi Hospital (April-December 2016) show that teenage pregnancy is an occurring phenomenon that deserves special attention, indeed:

- **Adolescents** (15-19) represent **20%** of pregnant women accessing Yiroi Hospital;
- There is a strong ANC-assisted delivery drop out in adolescents as only 30% of adolescents (15-19) accessing at least once the ANC service is then delivering at the Hospital;
- 20% live births were among adolescents (152/769);
- 36% resuscitated births were among adolescents (8/22);
- 22% still births were among adolescents (4/18);
- 25% low weight births were among adolescents (24/97);
- 87% neonatal death were among adolescents (20/23);
- Only 33% of adolescents coming to deliver at the hospital started postnatal care at the hospital (68/204).

## THE WAY FORWARD

Teenage pregnancy is a complex phenomenon requiring multifaceted interventions. Strategies to tackle teenage pregnancy in South Sudan 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;

### Keywords:

rural context; semi-nomadic population; barriers to access; traditional deliveries

## 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 SOUTH SUDAN

In South Sudan, teenage pregnancy is a major challenge affecting girls' and young women's health and their social, economic and political empowerment. Indeed, South Sudan is among the 10 countries with the highest prevalence of child marriage (52%)<sup>3</sup>, a condition often leading to early pregnancy. According to the latest national Household and Health Survey, one-third of the 15-19 year old girls in the country has started childbearing and 96 percent of women of reproductive ages was not using any contraceptive method<sup>4</sup>. Health consequences of pregnancy in adolescence are numerous; among them, fistula is a major issue in the country, as about 5,000 girls and women suffer from it each year<sup>5</sup>. A recent study on teenage pregnancy in Juba revealed that factors contributing to teenage pregnancy include: lack of school fees, lack of parental care, communication and supervision, poverty, peer pressure, non-use of contraceptives, desire

- Design and implement community and family-based approaches to address adolescents SRH needs and issues;
- Design and implement specific strategies to reach and assist adolescents living in the hardest-to-reach areas in seminomadic groups;
- Identify and train adolescent peer-educators and counsellors for adolescent counselling on sexual and reproductive health issues at health facilities and in the communities;
- 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.

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<sup>1</sup> UNFPA, 2016. *Adolescent Pregnancy*. [Online] Available at <http://www.unfpa.org/adolescent-pregnancy> [Accessed 19 January 2017].

<sup>2</sup> 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].

<sup>3</sup> UNICEF, 2013. *Child Marriages: 39,000 Every Day*. [Online] Available at [https://www.unicef.org/media/media\\_68114.html](https://www.unicef.org/media/media_68114.html) [Accessed 1 February 2017].

<sup>4</sup> The Republic of South Sudan, 2011. *The Sudan Household Health Survey 2010*. [Pdf] Available at <http://www.southsudanembassydc.org/PDFs/others/SHHS%2011%20Report%20Final.pdf> [Accessed 1 February 2017].

<sup>5</sup> Human Rights Watch, 2013. *"This Old Man Can Feed Us, You Will Marry Him": Child and Forced Marriage in South Sudan*. [Pdf] Available at [https://www.hrw.org/sites/default/files/reports/southSudan0313\\_forinsertWebVersion\\_0.pdf](https://www.hrw.org/sites/default/files/reports/southSudan0313_forinsertWebVersion_0.pdf) [Accessed 1 February 2017].

<sup>6</sup> Gwido Vincent and Fekadu Mazengia Alemu, 2016. *Factors contributing to, and effects of, teenage pregnancy in Juba*. [Pdf] Available at [http://www.southsudanmedicaljournal.com/assets/files/Journals/vol\\_9\\_iss\\_2\\_may\\_16/SSMJ\\_9\\_2\\_Teenage\\_pregnancy\\_in\\_Juba.pdf](http://www.southsudanmedicaljournal.com/assets/files/Journals/vol_9_iss_2_may_16/SSMJ_9_2_Teenage_pregnancy_in_Juba.pdf) [Accessed 1 February 2017].

<sup>7</sup> Calistus Wilunda C., Scanagatta C., Putoto G., Takahashi R., Montalbetti F., Segafredo G., Betran A., 2016. *Barriers to Institutional Childbirth in Rumbek North County, South Sudan: A Qualitative Study*. [Pdf] Available at <http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0168083&type=printable> [Accessed 7 February 2017].