

## ADOLESCENT CHILDBEARING IN ERITREA: AN ANALYSIS OF TRENDS, DETERMINANTS AND ITS HEALTH CONSEQUENCES

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Although early initiation of childbearing by adolescent girls is one of the major reproductive health concerns in Eritrea, very little is known about the magnitude, recent trends and its consequences. The central question in this study is to assess the recent trend and identify the women who are at a particular high risk of becoming pregnant or mothers while still in their teens. The study also examines the health consequences of early motherhood on the mother and child. The data for this study are the 1995 and 2002 Eritrea Demographic and Health Surveys (EDHS). These two surveys provide complete childbearing histories for nationally representative samples of 5054 and 8754 reproductive age women in 1995 and 2002, respectively.

The results show that marriage is the most important factor causing women to initiate early childbearing in Eritrea, where more than 95% of adolescent births occur within marriage. The proportion of adolescent childbearing (women who are mothers or who are pregnant with their first child) is still high in Eritrea, with high levels of childbearing in the older teenage years (18-19). The proportion of all young women who begin childbearing as adolescents is higher in rural areas (19%) than in urban areas (8%). A trend analysis reveals that early childbearing in Eritrea has declined for all ages between mid-1990s and the early part of the new century. The decline is mainly due to the decline in early childbearing among rural women. Almost no change in early motherhood is found among urban women. In 1995, 34% rural adolescents started childbearing, compared with 19% in 2002, a decline of more than 40% during the period. A multivariate analysis also confirms that adolescent childbearing is lower (by about 42%) in urban than in rural areas. The educational differentials are even larger than urban-rural differences. Teenagers with secondary education have a childbearing risk less than one-third of that of their less educated counterparts.

The findings suggest that adolescent mothers are more likely than are older mothers to be at risk of having complications during delivery. For example, teenage mothers are more likely to experience a higher risk of convulsions (by 34%), prolonged labor (by 16%) and excessive bleeding (by 14%) during delivery than older women (20-29 years). Compared to older women the incidence of abortion is higher among teenage mothers. Early childbearing is also found to be associated with increased mortality to the child. Infant mortality, particularly neonatal mortality is found to be much higher among children born to 15-19 years women than among those born to 20-29 years.

Although early childbearing has started declining in Eritrea it is still high. Thus, some program interventions that might be effective to delay early childbearing and reduce its health consequences should take into account problems associated with the distinctive features of adolescents' lives such as, pressure to marry and begin

childbearing early, limited knowledge about their sexuality and reproductive health, inadequate school experience, etc. Since education can play a major role in this aspect, we suggest that reproductive health programs should be included in the middle and secondary school curriculum.