ADOLESCENT PREGNANCY AND MENTAL ILLNESS

Introduction
Mental disorders during and after pregnancy represent a growing disease burden in developing countries. In some parts of South Africa, rates of depression are three times higher than that found in developed countries. On average one in five women suffers from depression or anxiety during and after pregnancy.

Factors which make women more vulnerable to mental distress during and after pregnancy, include poverty, HIV/AIDS, lack of support and domestic violence. One other major factor is teenage pregnancy: younger mothers are more likely to experience depression during this time.

Prevalence
Approximately 30% of teenagers in South Africa report ‘ever having been pregnant’, the majority, unintended. Furthermore, 49% of adolescent mothers are pregnant again within the subsequent 24 months. The likelihood of a subsequent teenage pregnancy nearly doubles when adolescent mothers suffer from depression.

Impact on mental health
Women are more vulnerable to depression during and after pregnancy than at any other time in their life. Research shows postnatal depression is twice as common in adolescents compared to adults. Also, mental disorders which appear during adolescence are more likely to persist throughout adulthood. The chronic negative consequences for the adolescent and her offspring are well documented, and include school drop-out, poverty, and vulnerability to violence, abuse and HIV infection.
Pregnant teenagers: a vulnerable group

Adolescents who become pregnant are more likely to have relationships that are coercive and abusive. They are more likely to have had a forced first sexual experience, or physical or sexual abuse, and tend to experience a loss of support from family, friends or school. They are also more likely to engage in high risk sexual behaviour or be using substances and alcohol. Adolescent and young pregnant women are at increased risk of mother-to-child transmission of HIV.

The challenges of pregnancy and parenthood are overwhelming for most teens. They do not necessarily have the maturity or emotional support to manage these life transitions. Many young women will express their fear, anxiety and lack of understanding by acting out or being aggressive on the one hand, or otherwise being avoidant, passive or disengaged. Yet, this group is one which needs particular consideration, support and care.

Integrating mental health care in to maternity care for adolescents

By integrating mental health services into maternity care, providers may optimise the wellbeing of vulnerable young women and their children. We advocate the following for adolescent mothers:

- The creation of a teen-friendly, safe and therapeutic environment
- Low threshold for referral for therapeutic counselling
- Counselling to focus on
  - emotional support, including the building of self-esteem and interpersonal skills
  - the mobilisation of potential emotional and practical resources with a focus on completion of schooling and labour companionship
  - the promotion of healthy attachment with the foetus, infant and parenting support
  - sexual and reproductive health education with an emphasis on sexual health, birth preparation, HIV prevention and contraception.

“I feel so lonely – no one talks to me at school anymore.”
Clara, age 16

“He’s lucky – his life goes on. Mine doesn’t. My life as a teenager is over.”
Phumza, age 16

PMHP clients

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