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TEEN PREGNANCY: TELLING IT LIKE IT IS

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An article in the most recent issue of the *Medical Journal of Australia* (2003; 179(3): 158-161) reports that Australia has the sixth highest teenage pregnancy rate and one of the highest teenage abortion rates among OECD (Organization for Economic Cooperation and Development) countries.

The authors reviewed relevant Australian studies, which showed that teenagers are the most frequent users of emergency contraception at Family Planning clinics, and 45 per cent of sexually active high-school students do not use condoms consistently.

According to the authors, Dr Rachel Skinner and Associate Professor Martha Hickey of the University of Western Australia, legally induced abortions were the second most common reason for young women aged 12 to 24 being admitted to Australian hospitals in 1997/1998.

'As adolescents commonly delay seeking prescription contraception [until] after initiating sexual activity, it is perhaps not surprising that half of adolescent pregnancies occur in the first 6 months of sexual activity,' said Dr Skinner.

The article highlighted some of the adverse features of teenage pregnancy:

- teenage mothers are more likely to be single, to be smokers, and to be socioeconomically disadvantaged;
- pregnant teenagers are more likely to experience high levels of distress, substance use and domestic violence;
- births to young teenagers carry a higher risk of medical complications, including prematurity, low birthweight, the need for neonatal intensive care, and neonatal death; and
- babies born to Aboriginal teenagers have an even greater risk of these medical complications.

Sexually active teenagers also run the risk of acquiring sexually transmitted infections such as *Chlamydia trachomatis* (CT) infection and gonorrhoea, wrote the authors. Survey results show CT infection rates of up to 28 per cent among certain groups of Australian adolescents.

CT genital infection is the main cause of pelvic inflammatory disease, which can

lead to infertility related to disease of the fallopian tubes, chronic pelvic pain and ectopic pregnancy (pregnancy that develops outside the womb, and is not viable).

The authors considered inadequate promotion of sexual health as one of the major reasons for the high rates of unplanned pregnancy and sexually transmitted infection in Australia, the United States and the United Kingdom.

They suggest that the most successful sexual health education programmes for teenagers:

- include activities to resist social pressures;
- use a variety of teaching methods;
- are of sufficient duration;
- provide training for teachers or peer teachers; and
- involve the local community.

The article emphasises the need for young adolescents to have access to effective prevention strategies before they become sexually active. In Australia there are very few specialised clinical services that adequately cater for the needs of adolescents, and teenagers are reluctant to attend GPs for advice on sexual matters, particularly if they believe that confidentiality is not guaranteed, wrote the authors.

'As many adolescents face psychological and practical barriers to accessing the existing health services, school-based or school-linked health centres, as implemented in some areas of the United States, hold promise,' Dr Skinner said.

*myDr*, 2003

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