

Child motherhood: the incapability remains

The period of adolescence, defined by the World Health Organization as the period between 10 and 19 years of age, is the transition from childhood to adulthood through a number of biological, psychological, and social changes. It has been reported that one in five individuals is an adolescent, and 85% of adolescents live in developing countries.^[1] Pregnancies that occur in this period, when the individual has yet to complete the maturation process in both biological and psychological senses, are risky for both the mother and child.

In Turkey, 21.6% of the young population are adolescents,^[2] and 5%-12% of pregnancies occur during the adolescent period.^[3,4]

We performed a study to investigate postnatal care and nutritional status of infants born to adolescent mothers and contraception methods used by adolescent mothers during postnatal period in our country. The data were collected from 241 adolescent mothers. Health care and nutritional status of the babies and contraception methods used by adolescent mothers were obtained at 24 and 36 months of the postnatal period with interviews conducted by face-to-face interview method. Informed consent was obtained from all individual participants included in the study.

There were a total of 3427 deliveries at our hospital in 2011, of which 7.9% ($n=271$) were adolescent deliveries. After the consent obtained, 241 adolescent mothers and their infants were included in the study.

Interviews indicated that 38.2% of the mothers ($n=92$) were unable to care for their babies by themselves (incapable maternity), and 15.4% ($n=37$) missed vaccination and growth and development control visits for their babies. The rate of formula-feeding was 37.8% ($n=91$), the rate of exclusively breastfeeding for the first 6 months was 13.7% ($n=33$).

World Health Organization recommends exclusive breastfeeding in the first 6 months. But this rate was low among the babies of adolescent mothers (13.7%). In other countries, this rate of exclusive breast feeding was found between 19%-31%, in the absence of any data from our country.^[5,6] Spear^[7] reported a low rate of breastfeeding in the first 6 months (22.6%), and they concluded that the families did not receive adequate information or training.

Similarly, the rate of postnatal follow-up (84.6%) due to was found to be inadequate in our study. This can be ignorance, poor socioeconomic status, lack of accessibility of transport, and social pressure. In Turkey, ensuring feeding with breast milk for a sufficient period, the correct timing of starting supplementary food and vaccination follow-ups at appropriate times

require an increase in home visits and local motherhood training.

None of the adolescent mothers used any contraception in the pre-pregnancy period, and 43.2% ($n=104$) also did not use any contraception in the postnatal period. On the other hand, 12.8% of them were pregnant again ($n=31$).

The sociocultural characteristics still dominating Turkish society, low educational levels, crowded family environment, and related social pressures can prevent mothers from making decisions regarding her own body and baby. Therefore, it must be kept in mind when evaluating pregnant adolescents that these individuals are children in both the biological and psychological senses, and support must be given accordingly.

In conclusion, this study showed that adolescent pregnancies are a chronic social problem in our country. Furthermore, the health of infants and children, public health, and the economy of the country can be adversely affected by insufficient infant care and nutrition information.

Evrin Kiray Bas, Ali Bulbul, Sinan Uslu, Vedat Bas, Umut Zubarioglu

Sisli Etfal Children's Hospital, Kazım Orbay Street, number:1 Sisli, Istanbul, Turkey (Bas EK, Bulbul A, Uslu S, Zubarioglu U); Istanbul Arel University (Bas V)
Email: kiray_evrin@hotmail.com

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