

## ADOLESCENT PREGNANCY AND MENTAL ILLNESS

### Introduction

Mental disorders during and after pregnancy represent a growing disease burden in developing countries. In South Africa, rates of depression are three times higher than that found in developed countries. In this country, **one in three women experiences a mental disorder around her pregnancy.**

Factors which contribute to this 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 show signs of distress during this time.

### Prevalence

There is a very high prevalence of adolescent pregnancies in South Africa: 39% of 15- to 19-year old girls have been pregnant at least once. 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 and after pregnancy than at any other time in their life. Research reports postnatal depression as being **twice as common** in adolescents compared to adults. Moreover, mental disorders which appear during adolescence are more likely to persist throughout adulthood. Recent maternal mortality data from South Africa show higher rates of suicide in women who are under-20 and in their first pregnancy. 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.



PMHP service data shows that there is a significantly higher prevalence of mental distress in pregnant teenagers compared to pregnant adults.

### **Pregnant teenagers: a vulnerable group**

Adolescents who become pregnant are more likely to have relationships that are coercive and abusive. They tend to have had a forced sexual initiation, experienced 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. In South Africa, **one in 5 pregnant adolescents is HIV positive.**

Many adolescents do not understand the physical and mental health complications of pregnancy, nor grasp the significance of becoming a mother and taking care of a baby. Many girls will express their fear, anxiety and misunderstanding by acting out, being violent, uncooperative, and sometimes avoidant, passive or disengaged. Yet, this group is one which needs particular consideration, support and care.

### **The PMHP intervention: a critical role**

By integrating maternal mental health services into maternity care, the PMHP provides a unique approach in identifying pregnant adolescents who are distressed. Consequently, mental illness may be prevented and treated, and the chances of subsequent adolescent pregnancies minimised. The PMHP provides the following for adolescent mothers:

- A safe and therapeutic environment
- 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
- The promotion of healthy attachment with the infant
- Sexual and reproductive health education with an emphasis on HIV prevention and contraception.

*“I can’t believe I’m in this situation. I’m so angry with myself - with everybody.”*

Amiena, age 17

*“I feel so lonely – no one talks to me at school anymore.”*

Clara, age 16

*“My parents don’t say much, but I’m sure they’re ashamed of me.”*

Nothembi, age 15

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

Phumza, age 16

PMHP clients