



## Effects of Adolescent Pregnancy on Child Mortality

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### DESCRIPTION

Every year, up to 12 million young women and girls between the ages of 15-19 and close to 1 million children under the age of 15 give birth. The majority of these births occur in nations with low and intermediate levels of income [1,2]. The Sub-Saharan Africa (SSA) region had the highest adolescent fertility rate (birth rate per 1,000 girls and young women aged 15-19 years) between 2015 and 2020, with 102.8 births per 1,000 person-years, significantly higher than the global average (44 per 1,000) followed by South Asia with 26 births per 1,000 girls aged 15-19 years [3].

Pregnancy during this life period can have an effect on both a young woman and her children because adolescence is a unique stage of human development and a crucial time for laying the groundwork for good health. Adolescent females may not yet be physically and biologically prepared for pregnancy or childbirth, which can have disastrous health effects on the mother. Pregnancy and delivery problems are now the biggest cause of death for females between the ages of 15 - 19 worldwide [4]. In some situations, pregnant adolescent are more likely to receive insufficient prenatal care [5]. A major fraction of pregnant adolescent in SSA do not use or have access to maternal services, which is due to a number of systemic, institutional, interpersonal, and institutional level variables. In some situations, an adolescent girl's early pregnancy and motherhood can also have negative societal repercussions like stigma and dropping out of school. Due to the double strain of household care and child rearing, they might not have the chance to return to school, which puts their chances for economic and occupational success in jeopardy and leads to continued poverty and increasing vulnerability.

Many organizations have long sought to reduce adolescent pregnancies, which is of current policy relevance. There is still a important need to ensure access to sexual and reproductive healthcare services, especially for adolescent girls and young women, and to abolish child, early, and forced marriage given their strong associations with adolescent pregnancy and its outcomes. In fact, there are only eight years left to implement

the 2030 Agenda for Sustainable Development, which more than 190 countries have endorsed. The incidence of adolescent pregnancies continues to be high and a significant public health concern, particularly in low middle income countries despite these efforts and the recent decrease in total adolescent mortality and the global adolescent fertility rate.

We examined child mortality endpoints from stillbirths to under 5 mortality in our study, the most comprehensive of its kind to date, and quantified the risk gradient as a function of age from adolescence through young adulthood in order to better understand the potential effects of adolescent pregnancy. We anticipated that as adolescent women endure more physical, mental, and social problems, the influence on their offspring's survival may be seen throughout early infancy, in contrast to prior research that mostly focused on survival endpoints around delivery.

Moreover, to determine if confounding factors that have an impact on both maternal age and child survival may be the source of the relationships between the two that have been identified. Additionally, we looked into whether maternal health seeking would be a mediating factor in the relationship between mother's age and child mortality outcomes. The thoroughness and multi-regional scope of our analysis provide context to the contradictory results of other research on the connection between maternal age and child health outcomes. Younger adolescents are at higher risk, and giving health care to these girls may have positive effects, as shown by the disaggregation of the teenage age group.

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