

LETTER TO THE EDITOR

Dear Sir,

Howard E. Kulin [1], in a recent article, rightly called our attention to adolescent pregnancy in (sub-Saharan) Africa. Although exact figures are lacking—the figures provided in his Table 1 cannot be taken seriously—the impressions we have are convincing enough to say that adolescent pregnancies in Africa constitute enormous problems. But why do they?

The answer is certainly not because they are numerous. As a matter of fact 'adolescent pregnancies' were much more common 50 years ago, when in most African societies early sexual activity for women was embedded in the local culture as girls went to live with their sexual partner soon after—and sometimes before—their first menstruation.

Adolescent pregnancy in present-day Africa constitutes a problem, because its context had changed completely. If in the olden days an early start in reproduction were advantageous for a woman's status and career, now it is the opposite. Today an early pregnancy places a woman's future in jeopardy, mainly for two reasons. First, it is likely to put a stop to her school education (the new key to 'success in life') and second, it is likely to reduce her chances of finding an attractive partner (another important—though ambiguous—entrance to social esteem).

In response to these problems young women everywhere in Africa have found a 'solution' that has turned out to be an even greater problem, induced abortion. It is here that Kulin's contribution fails to give us a realistic picture of the problem called 'adolescent pregnancy in Africa'. Abortion among young, often penniless women is a self-help affair. The fact that not only the birth of an unwanted child but also the publicity around the pregnancy should be prevented forms an extra reason for women to solve the problem without the interference of others. The result is a very high, but unknown, number of deaths and innumerable cases of sterility and other forms of permanent physical damage.

Here is an area about which statisticians know almost nothing and which has been greatly neglected by research workers, ironically also by those who study family planning and birth control. Defective abortion practices are probably the main killer among women between 16 and 20 in sub-Saharan Africa [2]. Unfortunately this aspect of adolescent pregnancy is missing in Kulin's sketch of the problem as well as in his proposal for 'programmatically' solutions. The root problem of adolescent pregnancy does not lie in its medical complications but in its social and ideological context; the 'solutions' should be sought there as well.

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Yours sincerely,
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REFERENCES

1. Kulin H. E. Adolescent pregnancy in Africa: a programmatic focus. *Soc. Sci. Med.* **26**, 727–735, 1988.
2. See for example: Bleek W. and Asante-Darko N. K. Illegal abortion in Southern Ghana: methods, motives and consequences. *Hum. Org.* **45**, 333–344, 1986.