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ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND TEENAGE PREGNANCY IN SOUTH AFRICA

Introduction

Teenage pregnancy and attention deficit hyperactivity disorder (ADHD) are two major challenges afflicting young South Africans, resulting in serious consequences for society and those affected. This article explores the causes and consequences of teenage pregnancy and ADHD in South Africa and the efforts being made to address these challenges.

The World Health Organization's annual figures indicate that 21 million girls, aged 15-19, become pregnant in low and middle-income countries, and 12 million give birth each year. Adolescent girls younger than 15 produce 777,000 births.

Sub-Saharan Africa (the high fertility countries) shows consistently high rates of teenage pregnancy. SA has one of the highest rates globally with 30% of girls falling pregnant before the age of 18, thus posing serious health consequences for both mother and child. One study found increases of 48% in SA teenage pregnancy in younger adolescents (aged 10-14 years) and an increase of 17% for those aged 15-19 years.

ADHD is a global neurodevelopmental disorder where a continuous pattern of inattentiveness and/hyperactivity-impulsiveness occurs, and interferes with the development, or daily functioning of the person. ADHD has three

categories or types: mainly hyperactive and impulsive, mainly inattentive, and a combined type. ADHD is also linked to poor social, academic, occupational and health related functioning. The global figure for the prevalence of ADHD in children and adolescents is estimated at 5.3%. In SA the prevalence of ADHD among children across all ethnic groups in the Limpopo province is 5%.

The Adolescent phase and ADHD

Adolescence is a challenging phase. Adolescents with ADHD face extra challenges, as puberty worsens their ADHD symptoms. This combination hinders adolescents' executive functions - therefore, risky impulsivity could be activated. Furthermore, adolescents face: transitional milestones like exploring and engaging in sexual activity, forming peer relations, experimenting with cigarettes, substances, drugs, and learning to drive a car. Therefore, many families, experience the adolescent phase, as a challenging period.

The Centre for Disease Control (CDC) in 2022 found that approximately half of those with ADHD had a behaviour or conduct disorder, predisposing them to risk taking. Approximately 3 in 10 children aged 3-17 with ADHD also suffered with anxiety. Disturbingly, many cases go undiagnosed and untreated. Thus, if ADHD is not properly

diagnosed and treated, it can have long-term negative effects on the individual's mental health and well-being.

Consequently, SA teenage pregnancy and ADHD are two major, interlinked, health concerns. As previously mentioned, SA has one of the highest rates of teenage pregnancy globally, i.e., 73 per 1,000 women aged 15-19. The prevalence of pregnancy increased with age, with rates for 19-year-old pregnant women at nearly 7%.

Link between ADHD, risk behaviour and teenage pregnancy

ADHD is associated with sexual risk-taking behaviour. Childhood ADHD is linked to earlier sexual activity, more sexual partners, more sexual encounters outside of a stable, monogamous relationship, higher levels of sexually transmitted diseases, more pregnancies or partner pregnancies, and teenage parenthood.

Globally, adolescents with ADHD have increased risk of early pregnancy compared to non-ADHD adolescents. The long-term use of ADHD medication was linked to a lower risk of early pregnancy.

For individuals with ADHD, both genders engage in risky, sexual behaviours, with substantially more risk for females. ADHD sufferers are more disorganised in daily activities, hence more prone to inconsistent contraception and condom use.

However, the link between ADHD and risk-taking behaviour is not only limited to sexual risk behaviour but, also linked to: higher levels of engagement in other risk-taking behaviours, like, drug and substance use, reckless driving, gambling, tendency for violence.

Adolescent females with ADHD are also more likely to engage in risk factors harmful to their pregnancy like smoking during the third trimester, morbid obesity and alcohol or drug abuse.

Female ADHD sufferers are therefore an important, underreported group, who have various obstetric risks, comorbid mental and health problems, of which substance use disorder, was the most common. Therefore, females presenting with clinical ADHD symptoms require more support.

Contributing factors

Various other factors contributing to the high rates of SA teenage pregnancy include lack of access to contraception and proper sex education, resulting in adolescents lacking knowledge of the risks of teenage pregnancy. Poverty contributes significantly to SA teenage pregnancy with many teens unable to purchase contraception or access the necessary health services to obtain contraception. Poverty also has psychological effects like increased stress and feelings of hopelessness. Furthermore, cultural, and social norms may contribute to early sexual activity and a lack of contraceptive use.

The impact of teenage pregnancy and ADHD on society

The consequences of teenage pregnancy are harsh. Teenage pregnancies are linked to numerous long, as well as short-term, adverse outcomes for young parents and their offspring. Young mothers are more inclined to be school dropouts, resulting in limited job opportunities, perpetuating poverty, causing financial difficulties, and poor socioeconomic status. Teen parents risk relying on government social grants and having low levels of education and high unemployment. Risks for children of teen mothers, include perinatal morbidity and mortality, low socioeconomic status, and low

quality of life. Children with ADHD often struggle in school and social situations, experiencing relationship problems and low self-esteem. This leads to a higher risk of health and developmental problems, and experiencing poverty and social exclusion.

Moreover, the second leading cause of death for girls aged 15–19 globally is from complications during pregnancy and childbirth. Girls younger than 16 years are at a higher risk for maternal mortality and severe morbidity compared with females older than 20 years. The WHO (2022) estimated the risk of death following pregnancy is twice as high for girls aged 15-19 than for women over 20 years. Girls aged 10-14 have a maternal mortality rate five times higher than women aged 20 years and older. Adolescent mothers are more likely to have poor birth outcomes like increased rates of low birth weight and preterm births. Illegal abortion poses further risks for adolescent girls, particularly in Sub-Saharan Africa. Therefore, teenage pregnancy further contributes to the global cycle of poverty and ill-health.

Measures to reduce Teenage Pregnancy in ADHD adolescents in South Africa

Numerous policies and programs exist aimed at reducing teenage pregnancy and ADHD globally and in SA. The WHO (2017) has realised that investment in adolescent girls results in triple rewards. These are: the immediate outcomes gained during the adolescent phase, during the adult phase and, through their future children's, wellbeing.

Preventing maternal deaths is a target of the sustainable development goals (SDGs 3.1) - to reduce maternal death rates to under 70 deaths for every 100,000 live births by the year 2030. Furthermore, preventing teenage pregnancy can assist in achieving this goal, as it is interlinked to maternal and child health outcomes, and an increased risk of death during teenage pregnancy and childbirth.

The SA Department of Basic Education (DBE) developed a policy on the prevention and management of learner pregnancy in schools. Central to the policy's goal is the protection

and promotion of the various rights applied to minors, concerning the Constitution and other legislations.

Recommendations

Implementing policy, evaluation, and intensive engagement with stakeholders in the sphere of adolescents' sexual and reproductive health are key to ensure the realisation of the Sustainable Development Goal 3 (SDG 3) by 2030.

Regarding, ADHD, Schoeman and Liebenberg (2017) found that many SA patients are not provided with access to healthcare and treatment regardless of the known efficacy of treatment, as well as the significant costs of untreated ADHD. Furthermore, at the primary health care level, common mental disorders are inadequately identified and treated, and patients have limited access to specialist resources.

The implementation of harm-reduction models, early assessment, and intervention of ADHD, to reduce the risks linked to impulse control and psychosexuality, is advised.

Furthermore, sexual education programmes, which are specifically focused on contraceptive use, should be customised to suit teens with ADHD, as these teens may not relate to traditional educational programmes.

Conclusion

Adolescents with ADHD encounter various challenges, including the increased risk of engaging in risky behaviours which may lead to teenage pregnancy. The effects of teenage pregnancy can be severe and long-lasting, affecting both the child as well as the young mother. It is, therefore, vital that healthcare professionals and policymakers in South Africa prioritise the development of effective interventions to prevent teenage pregnancy in adolescents with ADHD. By providing comprehensive and targeted support to young people with ADHD, we can empower them to make informed decisions about their sexual and reproductive health and ultimately reduce the incidence of teenage pregnancy in South Africa.

References available on request. 