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Abortion related deaths and drivers of teenage mortality in Sub-Saharan Africa

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In recent years, abortion related death is a cause of concern in sub Saharan Africa, with about 8 million abortions each year and 75.6% of it unsafe. Abortion accounts for 9.6% of all maternal death. Mortality rates increased from early teenage years (10-14 years) exponentially and maternal related factors remains a leading factor. HIV and tuberculosis accounts for 11%, road traffic accidents 5% (females) and suicide 6% of all deaths. At the second decade of life, having escaped the diseases of early childhood, adolescents are presumed to be healthy, yet teenagers die. More recently, efforts to improve maternal health has been directed towards sexual and reproductive health on the global scale as this has shown to give better outcome and results in reducing maternal mortality rate. Though largely preventable, annual abortion rate of up to 1.25 million (in Nigeria) and 56% from unintended pregnancies, unsafe abortion and its eventual mortality and associated disabilities is of a global concern. Sepsis and bleeding is the direct leading cause of death in teenage pregnancy related mortality in sub Saharan Africa. As Nigeria and majority of sub Saharan Africa still

upholds restrictive laws against abortion and coupled with a low socio-economic index, low contraceptive reach, growing number of out of school children, children on the street, children for the street and low educational attainment. The burden of teenage maternal mortality among teenagers is with increasing indices, lack of education and poverty being the strongest risk of unintended pregnancy and with its resultant unsafe abortion. It is important to channel resources in form of intervention, research, management and policies that will propagate the desired target of reducing adolescent and pubertal mortality to the barest minimum, fulfilling the sustainable development goal.

Biography

John A completed his MBChB 7 years ago at Olabisi Onabanjo University in Nigeria, He worked as a public health physician in the civil service, mainly on the field as a program officer, monitoring and evaluation and health policy implementation. He also worked in the area of community-based research. He currently rounding off his post graduate studies at the University of Huddersfield, England

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