



Mapping of Teenage Birth Delivery in Selected UNFPA Areas



Executive Summary

Early childbearing creates health risks for both mothers and newborns. The University of the Philippines Population Institute 2014 study on Teenage Pregnancy in the Philippines states that teenage mothers compare poorly with mothers from older age groups in a number of reproductive health indicators. For one, they tend to have the shortest birth intervals of all age groups. Taking into account the fact that their bodies are not yet ready for the physical demands of childbearing, having closely spaced births exposes young mothers to further health risks. With these risks it is viewed that that teenage mothers and their babies can be protected during delivery with skilled birth attendance in a health facility. The NDHS 2013 however, show that only 64% of births among the mothers aged 15-19 are delivered in a health facility.

In February to May of 2016, the Center for Health Solutions and Innovations Philippines, Inc. (CHSI) provided technical assistance to UNFPA to map teenage birth locations in their program sites. The results of this study will be used by UNFPA to inform its programming for effective promotion of teen births in facilities.

The main objective of the preliminary study is to map birthing facilities and locations for teenage girls with ages 19 years old or younger, who gave birth from January to December 2015, as recorded in the Local Civil Registrar in selected areas in UNFPA sites of Quezon City, Sarangani, North Cotabato, and Sultan Kudarat.

A total of 3,200 teen birth records were documented for the period of January-December 2015. The records review took place between February to May 2017. Of the 3,200 cases in this mapping study, 1,018 were acquired from Local Civil Registrars in Sarangani, North Cotabato and Sultan Kudarat. The Quezon City Local Civil Registrar did not allow access to the records, so Postpartum Consultation Records were used instead to acquire the 2,182 birthing records in District II.

The mapping showed that teen mothers mostly delivered in different types of hospitals (42%). However, 36% delivered in birthing clinics (both private and public) and 13% gave birth at home. For first time teen mothers, most gave birth in a public hospital followed by birthing clinics. As teens have more children they give birth in birthing clinics, less in the hospital and more in the home. Generally, teens were attended by physicians in hospitals, midwives in birthing centers, and hilots in their homes.

Further studies need to look into influencing factors on location of deliveries that include order of child to be delivered (or number of children of the teen mother); and age of teen mothers as younger teens, who are more at risk, were less likely to give birth in hospitals.



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Introduction

According to the Philippine National Demographic and Health Survey (NDHS 2013) one in ten young Filipino women age 15 to 19 is already a mother or pregnant with first child.

Early childbearing creates health risks for both mothers and newborns. A UPPI study in 2-14 (Teenage Pregnancy in the Philippines: Trends, Correlates and Data Sources) states that teenage mothers compare poorly with mothers from older age groups in a number of reproductive health indicators. For one, they tend to have the shortest birth intervals of all age groups. Taking into account the fact that their bodies are not yet ready for the physical demands of childbearing, having closely spaced births exposes young mothers to further health risks.

The WHO Factsheet for 2-14 state that babies born to mothers under 20 years of age face a 50% higher risk of being stillborn or dying in the first few weeks versus those born to mothers aged 20-29. The younger the mother, the greater the risk to the baby. Newborns born to adolescent mothers are also more likely to have low birth weight.

With these risks it is viewed that that teenage mothers and their babies can be protected during delivery with skilled birth attendance in a health facility. The NDHS 2013 however show that only 64% of births among the mothers aged 15-19 are delivered in a health facility.

To trace where teenagers are giving birth, an important data source is the Local Civil Registrar (LCR) that collects vital statistics such as births, death and marriages in the population. However, it should be noted that the UPPI 2014 study estimated that in 2000, the level of completeness of birth registration in the Philippines was 78 percent, i.e., only 78 per cent of 5-year-olds at the time of the survey have been registered in the birth registry (have a birth certificate, whether or not it was physically with the household at the time of the survey). Nevertheless, the records or registry of live births at the LCR will allow a general picture of where teenagers are giving birth.

Study Rationale and Methodology

This preliminary study was commissioned by UNFPA to map teenage birth locations in their program sites. The results of this study will be used by UNFPA to inform its programming for effective promotion of teen births in facilities. Facility-based delivery is not a simple linear cause-and-effect of availability of facilities, but depends on a complex relationship of various factors such as accessibility, cultural attitudes, the skills and morale of service providers in attending to pregnant teenagers, and so on. To begin program formulation for safe delivery among teenagers, there is a need to document facility deliveries among teenage mothers.

The objective of this preliminary study is to map birthing facilities for

- teenage girls with ages 19 years old or younger
- who gave birth from January to December 2015, as recorded in the Local Civil Registrar
- in selected areas in UNFPA sites of Quezon City, Sarangani, North Cotabato, Sultan Kudarat.

In selected municipalities for each province, 10% of the teen records will be sampled for validation with the facility records. This is to provide a sense of level of consistency between LCR and facility records. Of the sampled records, two home deliveries will be validated at the address as stated in the registration papers.

The municipalities were selected with considerations for urban and rural distribution, peace and order situation and access to municipal-wide records.

Steps for Data Gathering

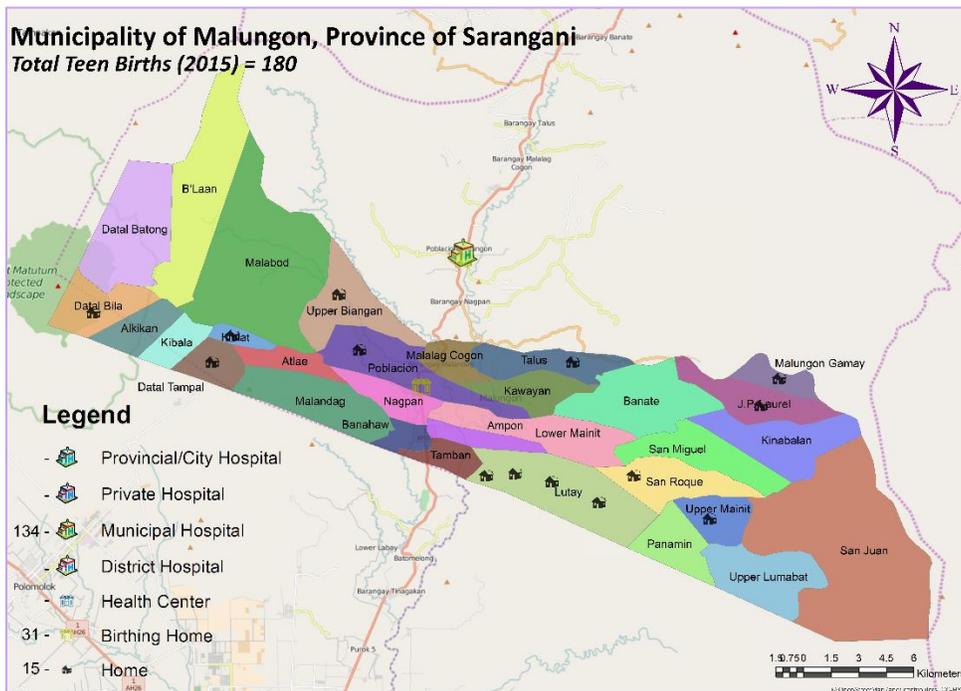
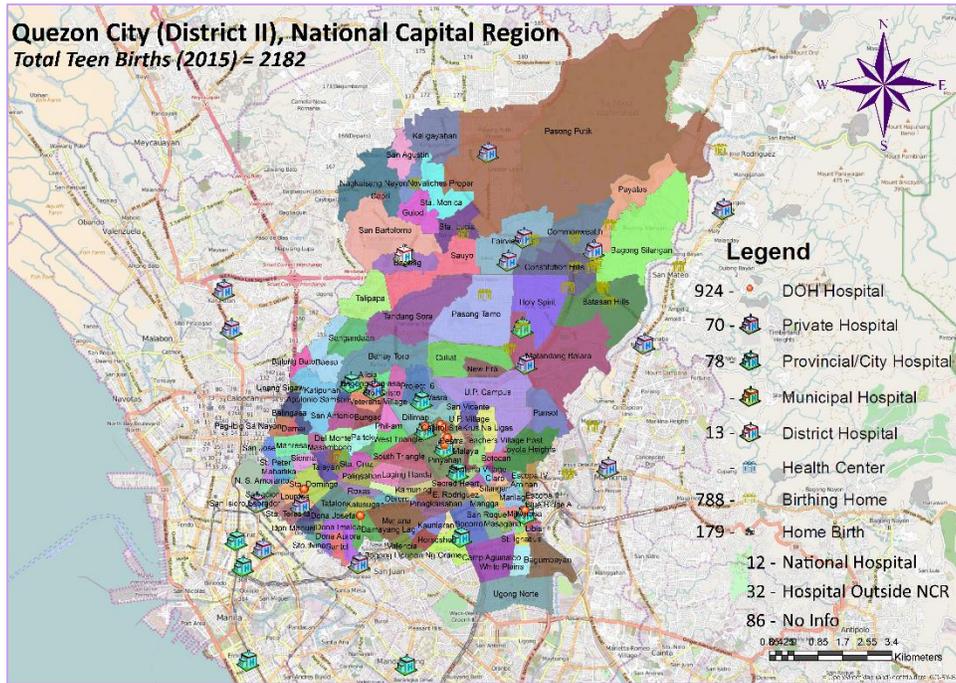
1. Record review of all teenage births and recording of place of delivery (facility)
2. Random sampling of 10% of the teen records for validation at place of delivery (in sampled municipalities)
3. Validation of all sampled records at the recorded birthing facility. For home deliveries in the sample, at least two sample records at address of delivery are validated.
4. Mapping and profile of teenage birth deliveries

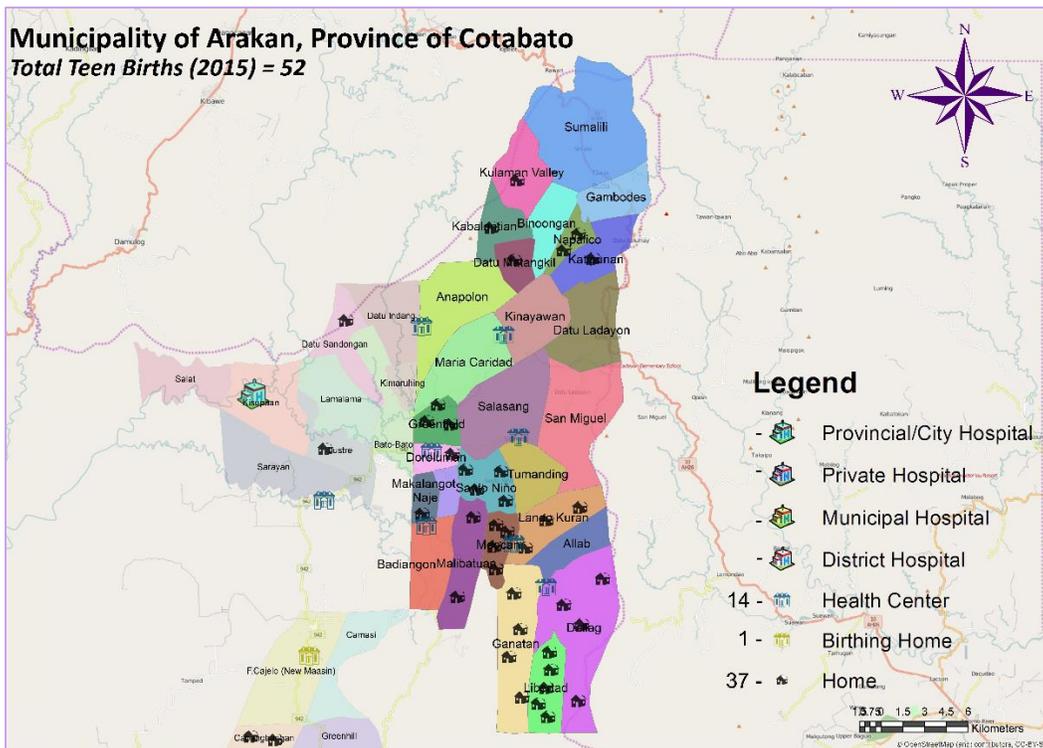
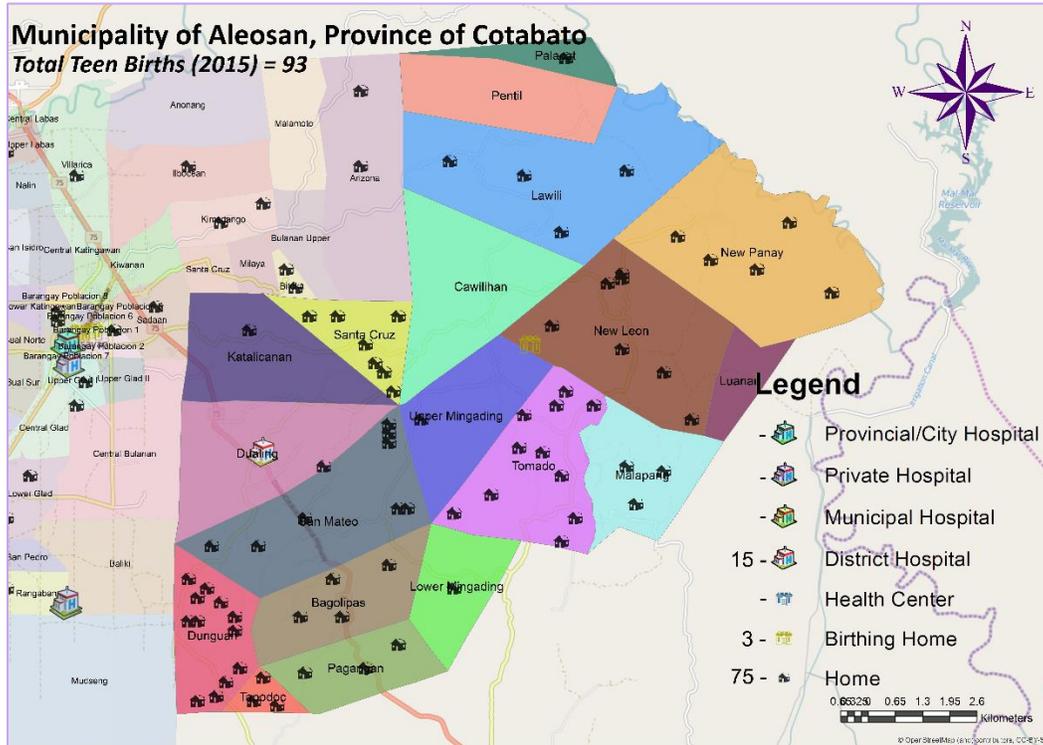
Limitations of the Study

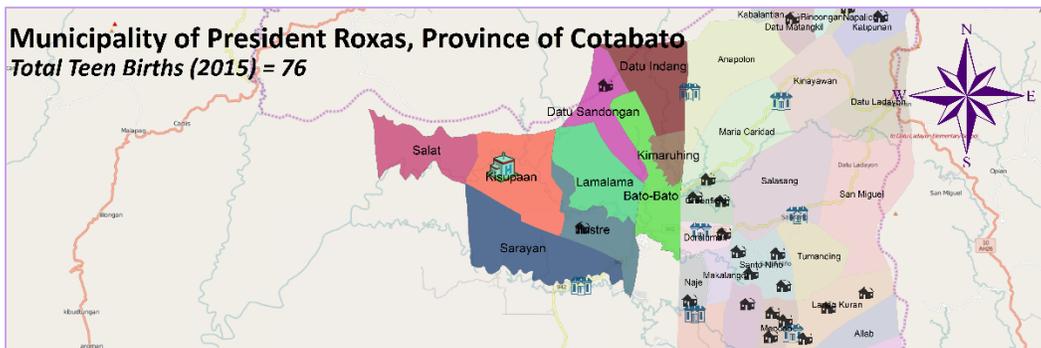
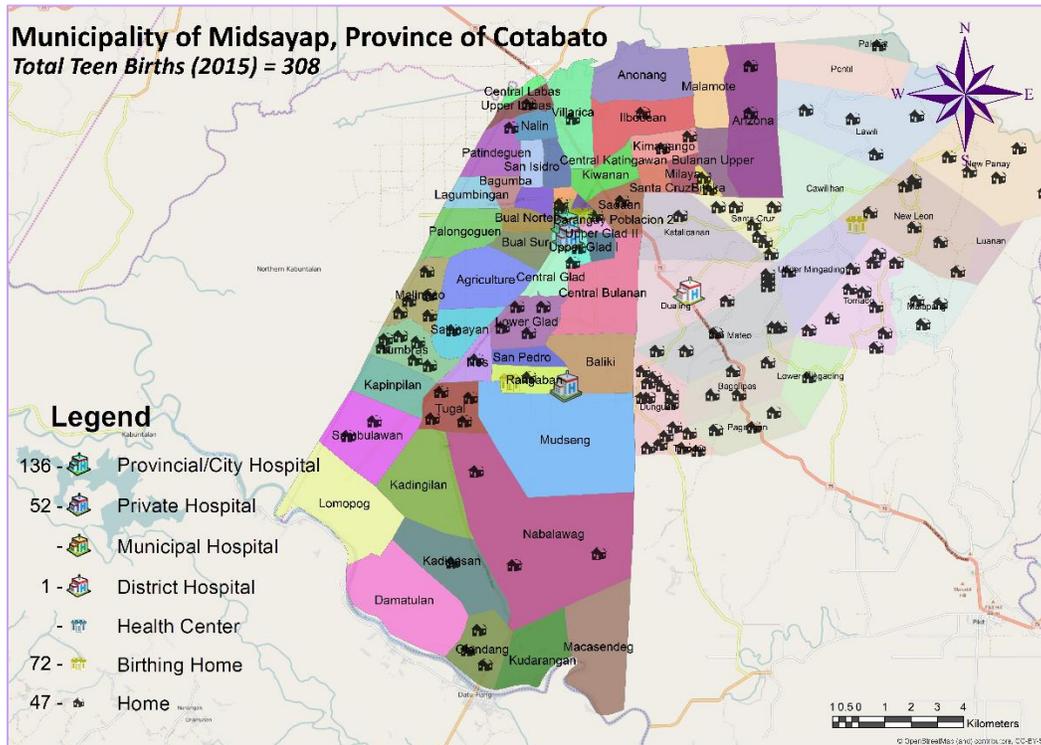
This mapping exercise relied solely on local registrar records in their available state, all handwritten entries in ledger form. The ledgers could only be reviewed within the premises and encoding per record had to be completed onsite. Entries were taken at face value, hence any errors and inconsistencies within records were taken as is. Entries were not validated for veracity, except for the place of delivery and only for the sampled records.

Results

I. Maps of Teen Births by LGU







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https://www.yunbaogao.cn/report/index/report?reportId=5_19780

