

## **Microsurgery in the Management of Tubal Factors in female infertile at a Nairobi Hospital**

### **Abstract:**

PIP: In 1990, the annual population growth rate in Kenya was 3.8%, among the highest rates world wide. The ever growing adolescent fertility rate (111-152/1000 from 1969-1989) contributed to this rapid growth. Further repeat pregnancies among adolescents remained high in the 1980's and ranged from 20%-28.6%, depending on the survey. Even though overall prevalence of pregnancy fell 15.4% between 1978-1984, it remained the same for the 15-19 year old group. Teenage births have made up at least 35% of total deliveries. 1985 data revealed that even though adolescents represent 11-35% of the total obstetric population, problems ranked high among them: 38% of all eclampsia cases and high maternal mortality (102/100,000 vs. 57/100,000 older mothers). Studies showed that adolescents are sexually active, are ignorant about contraception, and do not use contraception. Yet contraceptive and family planning services are free in Kenya. Nevertheless the teenagers are at high risk of an unwanted pregnancy, sexually transmitted diseases (STDs), and AIDS. In the early 1980s, Kenyatta National Hospital reported 53% of 74.1% of septic abortion cases being single women were between 14-20 years old. Similar results emerged from other studies. Health professionals believed these results to be underestimated, however. In the 1980s, 33% of all adolescents between 13-15 years old in a rural area had gonorrhoea. In Kenyatta, 36% of pregnant 15-24 year olds had at least 1 STD while, only 16% of those 24 years old did. Further, teenagers are especially vulnerable to psychological problems when they 1st learn of their pregnancy. Health services should be geared to meet the specific needs of adolescents, such as contraception education and antenatal services. PMID: 12316815 [PubMed - indexed for MEDLINE]