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Factors Associated with Teenage Pregnancy and its Effects in Kibuku Town Council, Kibuku District, Eastern Uganda: A Cross Sectional Study

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Abstract

The prevalence of teenage pregnancy in Kibuku District was reported to be 35.8% in 2016, higher than the average rate for rural areas in Uganda estimated at 27%. This study aimed at determining the factors associated with teenage pregnancy and its effects in Kibuku Town Council, Kibuku District. The research used a cross sectional study that employed both quantitative and qualitative methods. Researcher administered questionnaires were given to 180 teenagers in three randomly selected secondary schools in Kibuku Town Council while oral interviews were conducted to 40 pregnant teenagers and teenage mothers attending antenatal clinic at Kibuku Health Centre IV. Microsoft excel and SPSS were used to analyze the data and it was represented in form of frequency tables and figures. There was a big knowledge gap about reproductive health as 75% of school going teenagers believed the minimum age of conception was above 14 years. Bad peer groups, enticement with gifts and poverty were the most common causes of teenage pregnancy while school dropout at 48%, broken marriages and miscarriages at 9% were recorded as its major effects. In conclusion, teenage pregnancy remains a major problem in Kibuku Town Council, Kibuku District and needs urgent interventions which include encouraging parents and schools to adopt a culture of discussing sexual and reproductive health, advocating for abstinence and where necessary, contraception be made open and accepted without stigma.

Keywords: Teenage pregnancy; Adolescents; Sexual and reproductive health; School dropout; Kibuku district

Introduction

Although it has declined substantially over the past two decades, the pregnancy rate among girls and women 15 to 19 years of age remains a stubborn public health problem. Each year, more than 600,000 teens become pregnant and 3 in 10 teens will become pregnant before they reach 20 years of age [1]. According to community studies, 10%-40% of young girls have had unintended pregnancy and 14 million children worldwide are born every year to young married and unmarried women aged 15-19 years [2]. Similarly, teenage pregnancy accounts for about 70,000 deaths annually. These studies show that teenage pregnancy is still at a high prevalence and particularly most of these cases come from the developing countries.

The major cause of teenage pregnancy is the lack of guidance due to guardians and parents who are reluctant or do not understand the need to educate teenagers about the vice and sexual reproductive behaviour which leave the teenagers not properly guided during their adolescent stage of development yet this is the critical stage in which their cognitive, emotional, psychological and social skills mature [3]. There is also a significant contribution of early marriages in increasing the rate of teenage pregnancy as it was found out that 15% of the young women aged between 20-29 years old were married at the age of 15, while 49% were married by the age of 18 [4]. Teenage pregnancy can have detrimental socioeconomic and psychological outcomes for the teen mother, her child and young siblings; for it is associated with medical complications, sexually transmitted infections and family planning challenges [2]. Teenage pregnancy also accounts for about 14% of about the 20 million unsafe abortions every year. Teenage mothers are also unable to support themselves and are most likely not able to support their children in terms of providing for their needs like education, health care, housing and other small needs. This burden later on leads to a continuous chain of poverty cycles [5].

Teenage pregnancy rate is highest in Africa than its surrounding continents; as it is a fact that of the 20 countries in the world having the highest teenage pregnancy rates, 18 countries are from Africa [6]. Uganda has one of the highest levels of teenage pregnancy ranked 14th out of 54 countries in Africa [7] with 24% of adolescents (13-19 years) in 2011; who were already mothers or pregnant with their first child [4]. Currently, the average prevalence of teenage pregnancy in Uganda is as high as 25%, with 27% in rural areas and 19% in urban areas [8].

In Uganda, there's a high prevalence of teenage pregnancy in Wakiso District because of young people becoming sexually active before marriage and because of lack of adequate knowledge on sexual and reproductive health; but yet consider themselves grown up and mature enough to have sex. Teenage pregnancy thus still remains a burden, to both the community and the government of Uganda especially in terms of expenditure in attempt to curb down the detrimental effects of teenage pregnancy on the lives of teenagers [9]. The Eastern and East Central regions showed the highest rates of teenage pregnancy in Uganda with 30.1% and 31.6% respectively which is higher than its surrounding regions like Karamoja and West Nile [10]. A total of 11,025 mothers attended ANC first visits in the 16 health facilities in Kibuku District, of which 2,275 (25%) were teenagers (10-19 years), 3,935 (36%) were in the age group of 20-24 years while 4,315 (39%) were 25 years [11]. Similarly, a total of 6,487 (61.0% of the expected deliveries) was institutional delivery and among those who delivered at

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the health facilities, 1643 (25%) were teenagers, 2330 (36%) were 20-24 years while 2514 (39%) were 25 years and above [11]. This partly justifies why Kibuku Town Council, Kibuku District located in Eastern Uganda was chosen as the area of study during the Community Diagnosis and Communication course, as it had been found to have increased incidence of early child marriages, teenage pregnancy, illiteracy and ignorance on current situations and gender-based violence among the adolescents. This study therefore aimed at assessing the factors associated with teenage pregnancy and its effects; and also explores the knowledge, attitude and perception of teenagers towards teenage pregnancy, Sex and Reproductive Health.

Materials and Methods

Study area

The research was carried out in Kibuku Town Council, Kibuku District in Eastern Uganda during the Month of April 2017. The district headquarters at Kibuku are located approximately 53 kilometres, by road, west of Mbale, the largest city in the sub region.

Target population

The research targeted teenagers (aged 13-19 Years) in secondary schools in Kibuku Town Council to generate the factor associated with teenage pregnancy, as well as teenage mothers attending antenatal Clinic at Kibuku HC IV to obtain data on effects of teenage pregnancy.

Study design

The research followed a cross sectional study design and questionnaires were constructed to collect data from individuals, as well as interviews. The study employed both qualitative and quantitative methods. The questionnaire and interview tools were pretested at a secondary school in Mbale Municipality.

Sampling strategy

A random sampling technique was used at all levels. Two sub populations were utilized in the study. To obtain the factors associated with teenage pregnancy, 180 school going teenagers were selected from three randomly chosen secondary schools in Kibuku Town Council. The study assessed both their knowledge and attitude on teenage pregnancy using researcher-administered questionnaires which were issued to the student teenagers. To assess the effects of teenage pregnancy, 40 randomly selected teenage mothers and pregnant teenagers from those attending antenatal care (ANC) at immunization clinic at Kibuku H/C IV were chosen. The effects of teenage pregnancy on majorly the pregnant teenagers, teenage mother and their infants were got from oral interviews with this group of teenagers. In the interview, these mothers were each asked to narrate some of the effects of teenage pregnancy that they or their peers had experienced. Their responses were noted down and results compiled for analysis. Overall, 220 teenagers participated in the entire study.

Research clearance, approval and ethical considerations

The study and all the protocols were approved and cleared by the Busitema University Faculty of Health Sciences Higher Degrees and Research Committee as part of the Community Based Education and Research Services (COBERs) Program for the 2016/2017 Academic year under the Course of Community Diagnosis and Communication Projects. Further approval was obtained from the Kibuku District Local Government. Written informed consent/assent from individual participants was obtained before they participated in the study. Participants were informed that their privacy and confidentiality would be respected and that there was no potential harm associated with participating in the study. It was made clear to the participants that participation in the study was voluntary and that they were free to opt out of the study at any time without any negative consequences.

Data management

Completed questionnaires were checked for completeness and consistency prior to further data management. Data were double entered into a password-protected Microsoft excel database. To protect the integrity of the participants' responses from interviews and survey questionnaires, all the data related to the person were coded only known to the research team. Hard copies of the data, including survey questionnaires were kept in locked boxes and/or file cabinets. Only members of the study team had access to project data. All data were reported as anonymous without referring to specific individuals.

Data analysis

The data were analysed with SPSS (Statistical Package for Social Sciences) software programme version 16. Simple proportions were used to describe categorical and numerical data respectively.

Results

53.3% (96 respondents) of the 180 school going teenagers were females while 46.7% (84 respondents) were males. 100% (all the 40 respondents) attending the antenatal clinic were females. As far as age distribution is concerned, of the school going teenagers, 33.3 % (60 teenagers) were aged 13-15 years, 51.1% (92 teenagers) were aged 16-18 years, while 15.6% (28 teenagers) were aged 19 years. Age distribution of the teenagers attending antenatal clinic was 27.5% (11 teenagers) aged 13-15 years, while 72.5% (29 teenagers) were aged 16-18 years. Overall, 55% (121 of 220 participants) of teenagers who participated in the study were aged between 16-18 years of age.

72% (130 respondents) of the 180 school going respondents had ever heard about teenage pregnancy as compared to the 24% (44 respondents) who had never heard about it, whereas 2% were not sure as they could not remember. The remaining 2 % never responded to this question. These results show that teenage pregnancy is not a rare scenario in the district.

Upon getting information on whether they had heard about teenage pregnancy, it was necessary to find out how many of the participants knew the age range of teenage pregnancy. From the results indicated in Table 1 below, 68% of the respondents knew the defined age range for teenage pregnancy, whereas the rest didn't.

Additionally, 75% of the respondents didn't know the minimum age of pregnancy as they thought of it being at an age above 14 years as shown in Table 2 below. This greatly shows the lack of the relevant knowledge of the subject matter which may end up exposing many to the problem.

When asked whether a girl can become pregnant on her first

Response	Frequency	Percentage (%)
Pregnancy of a girl below 10 years	47	26
Pregnancy of a girl between 13-19 years	122	68
Pregnancy of a girl above 20 years	7	4
Never responded	4	2
Total	180	100

Table 1: Response on age range of teenage pregnancy.

sexual encounter, only 48% of the respondents understood that a girl could become pregnant on her first sexual intercourse as compared to the 52 % who either believed a girl can't get pregnant on her first sexual encounter or were not sure. This again illustrates clearly the lack of knowledge on some of the basic concepts of teenage pregnancy. Similarly, 57% of the respondents understood that a girl can become pregnant if she had sex slightly before her periods as compared to 31% who believed a girl can't get pregnant during that period. 10% of the participants were not sure, while 2% never responded.

To further explore the knowledge and attitudes about the causes of teenage pregnancy, respondents were asked whether playing sex while standing would result into pregnancy. Surprisingly, 46% of the respondents believed that a girl cannot become pregnant if she had sexual intercourse while standing as compared to the 33% who understood that a girl can become pregnant if she has sex while standing. 19% of the respondents were not sure while 2% never responded.

In order to search for possible interventions, respondents were asked about the impact of sex education on teenage pregnancy. Only 42% of the respondents believed in the positive impact of sex education in reducing sexual activity among teenagers, while 56% believed otherwise; that it was of a negative impact and it increases sexual activity among teenagers since they would learn protective ways of having sex in order to avoid pregnancy. 2% of the participants never responded to this particular question.

Responses	Frequency	Percentage (%)
9 years	6	3
10 years	7	4
12 years	33	18
14 years	46	26
16 years	16	9
18 years	72	40
Total	180	100

Table 2: Responses on the minimum age at which one can get pregnant.

As far as discussing sexual related ideas with their parents was concerned, 62% of the respondents had never discussed sexual related matters with their mothers, 12% did it frequently, 19% often, while 7% only did it occasionally. Similarly, 64 % of the respondents had previously attended a session of sexual and reproductive health, 22% had never attended any, whereas 14% were not sure.

Promisingly, 92% of the respondents were in support of the idea about returning to school after delivering, 5% were not in support of it with their reason being stigma and 3% were not sure of their stand.

Bad peer pressure and poverty with the percentage of 15% and 11% respectively were reported by most respondents to be the major causes of teenage pregnancy in Kibuku District as compared to polygamous families and lack of fear for God which contributes the least percentage, 0.4% and 0.2% respectively, as shown in Table 3 below. The column of "frequency of cases" on the table shows the number of times each cause of teenage pregnancy was mentioned by the respondents.

As far as effects of teenage pregnancy was concerned, 48% of the respondents who were attending ANC at Kibuku HCIV that moment reported to have dropped out of school due to teenage pregnancy. School dropout was the biggest effect compared to others as shown in Figure 1 below.

Discussion

This study explains the extent of the knowledge of the teenagers, common factors associated with pregnancy and the effects of teenage

Causes	Responses		Frequency of Cases
	N	Percentage (%)	
Bad peer groups	79	15.0	47
Poverty	60	11.0	36
Orphans	14	2.6	8
Polygamous families	2	0.4	1
Lack of parental care	49	9.0	29
Pornography	47	8.9	28
Harassment by step mothers	23	4.3	14
Lack of basic needs	43	8.1	26
Sex in exchange for gifts & money	37	7.0	22
Rape	22	4.2	13
Poor security at school gives teenagers time to engage in sexual activity	16	3.0	10
Lack of sex education by teachers and parents	50	10.0	30
Sharing houses with parents encourages them to have sex	4	0.8	2
Parents force early marriages to get dowry	18	3.4	11
Sexual relationships among students	15	2.8	9
Community influence and environment	15	2.8	9
Poor performance in school	6	1.1	7
School dropout due to some other reason	10	1.9	6
No fear for God	1	0.2	1
Admiration of others	7	1.3	4
Death of parents	4	0.8	2
Failure to use condoms	3	0.6	2
Sex harassment by teachers	4	0.8	2
Total	529	100	319

Table 3: Respondents' views about the causes of teenage pregnancy in Kibuku district.

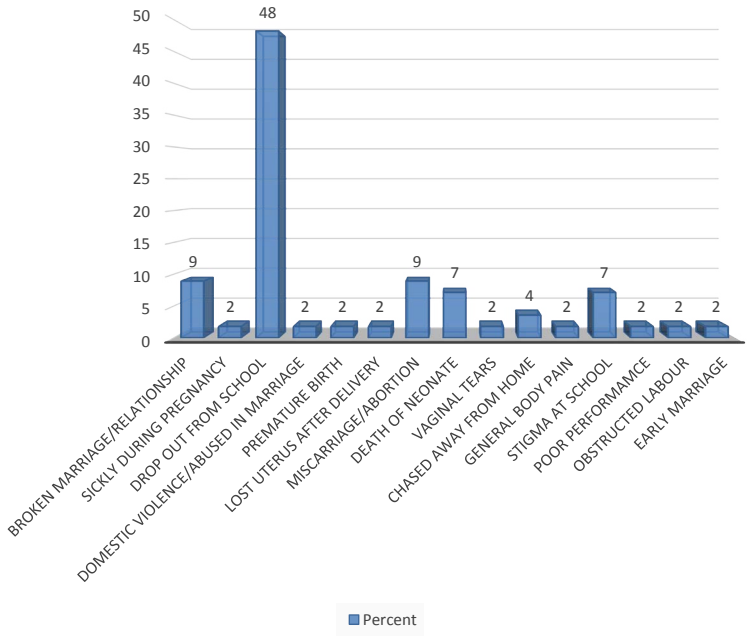

Figure 1: Effects of teenage pregnancy reported by teenagers attending ANC at Kibuku HCIV.

pregnancy in Kibuku Town Council, Kibuku District. Results of this study show that the prevalence of teenage pregnancy in Kibuku District is at 35.8%, high above the average rate in Uganda which is 25% and also above the average for rural areas in Uganda which is at 27% [8]. Findings suggest the teenagers generally lack knowledge about sexual and reproductive health; this is mainly due to inadequate sex and reproductive education and poor parent-teenager communication, most of the teenagers also found it difficult to discuss Sex and Reproductive Health matters with parents. Research by Muhwezi et al. [12] found similar results, for example only 3% of the respondents knew the minimum age at which girl could get pregnant. As teenagers grow up, their curiosity on knowing more about sex increases and also the extent to which they feel sexual pressure increases. Guidance ought to be given to enable the teenagers make informed decisions. Unguided teenagers are more likely to engage in sexual activity once exposed. There is a great knowledge gap about Sex and Reproductive Health and this ought to be bridged. Most teenagers therefore engaged in sexual activities without adequate information leading to unplanned teenage pregnancy.

Evidently, another factor associated with teenage pregnancy is poverty. Of all the respondents, 11.3% responded that poverty was factor contributing to teenage pregnancy. Perhaps most of the teenagers gave parents occupations as peasant farmers. Parents fail to provide basic needs to their children and they leave them to find options for themselves, parents give away their young girls into forced marriages to get money for survival or are encouraged to engage in sexual activity to get money for the family to live on. This shows that sexual relations among teenagers is reliant on gaining money rather than love and that family poverty is closely associated with unsafe sexual behaviours among teenagers. Similar findings were also reported in Ghana [13] and in South Africa [14].

Parents who cannot afford to build separate houses for their children therefore expose their sex life to the children. These teenagers therefore tend to imitate their parents and therefore engage in sexual activities at the very early age of their teens leading to the teenage pregnancy rates in Kibuku. The environment in which teenagers grow does have an impact on teenage pregnancy; this was evident in this study where teenagers suggested having seen these things as normal in the society as everybody else is doing. The teenagers are exposed to sexual activities even from home where some parents share rooms with their children and thus have their minds corrupted and perverted early enough filled with desire or burning with passion to do what they heard or watched their parents do at night.

Another significant cause was polygamy, in which most of the students who mentioned polygamy did say the cause of teenage pregnancy was also associated to harassment by step mothers and lack of enough attention, love and care from their biological parent due to too many wives and children. Eventually the teenagers feel neglected and are desperate and in despair for anyone that could offer love and care and thus end up getting pregnant. This suggests that teenagers growing in violent homes are closely associated with teenage pregnancy. This is in line with similar studies done in Vietnam [15] which revealed that attitude teenagers develop about teenage pregnancy is based on the socio-cultural practices and environment in which one develops as this determines the type of peers one gets to interact with. These results are also in line with Achema et al whose findings revealed that most (46.7%) students admitted that lack of parenting care was responsible for teenage pregnancy [16]. They further revealed that the majority of the students (60%) admitted that polygamous family system acted as contributory parenting factor for teenage pregnancy [16].

The behaviours of the teenagers and cultural preservations are slowly being eroded by exposure to foreign culture through access to media and internet, for example pornographic films, movies, shows and printed media like magazines that either portray teenage pregnancy as exciting experiences or show adult content with open sexual activity. Teenagers get uncontrolled access to sexual information that exacerbates their sexual curiosity and are therefore enticed to try out as they have seen. This is mostly occurring in school environments where they share such information freely.

Results from the district DHIS 2 [11] shows that teenagers are reluctant to use contraceptives with very few utilizing the available services and those who used mostly preferred short-term contraceptives. Teenagers are shy in most cases to access these services; however, in some cases the health service deliveries centres may not be easily teenager friendly and so teenagers fear to access these despite the fact that the policy in Uganda avails such services at free costs. Teenagers may also be lacking information about these contraceptives. Similar studies in Ghana however reveal that knowledge about contraceptive use may not directly impact on the rate of teenage pregnancy but modifications of this knowledge in the implementation plans to stimulate the actual use of this contraceptive does decrease the rates of teenage pregnancy [3].

The most striking effect of teenage pregnancy in Kibuku district was school dropout where 48% of the interviewed participants reported dropping out of school due to teenage pregnancy. School dropouts are more likely not to get decent employment to support their children [17] and therefore contributing to inter-generational poverty. This agrees with another study that showed that a greater percentage (60%) among the respondents stated that teenage pregnancy could lead to school dropout [16].

Miscarriage/abortion and death of neonates are major health related effects contributing 9% and 7% respectively. Children born to teenagers are more likely to be underweight as compared to those born to mothers above 20 years. Furthermore, some teenage mothers reported having premature birth and obstructed labour. These findings correlate with what was observed in Sierra Leone [18]. Abortions are most times due to pressure from the boyfriend or husband of the pregnant teenager, fear of parent's response to the pregnancy and also because of improved and easy methods of terminating the pregnancy without much adverse effects. Studies also indicated that most of the teenagers preferred abortion in case of an accidental pregnancy. Similar results were reported in a cross sectional study in Naguru Teenage Information and Health Centre in Kampala Uganda [19].

Miscarriage/abortion and death of neonates are major health related effects contributing 9% and 7% respectively. Babies born to teenage mothers are more likely to die in the first year of life compared with babies born to mothers older than 20 years of age and this is because the teenage mother is less like to eat food correctly and properly in adequate amounts & nutrients which usually results in a low birth weight baby that is more likely to become ill and eventually die. Abortions are most times due to pressure from the boyfriend or husband of the pregnant teenager, fear of parent's response to the pregnancy and also because of improved and easy methods of terminating the pregnancy without much adverse effects. The other effects including vaginal tears and obstructed labour are because pelvic bones are not yet grown enough to allow vaginal delivery of a normal sized baby and thus there's increased incidence of Caesarean section due to obstructed labour.

Conclusion

The high prevalence of teenage pregnancy in Kibuku Town Council, Kibuku District is mainly due to lack of knowledge about Sex and Reproductive Health, this knowledge must be passed on to the teenagers both at school and at home by parents. The factors associated to teenage pregnancy are poverty, pornography and negligence of the parents and most of the teenage mothers (48%) dropped out due to teenage pregnancy in addition to suffering complications like obstructed labour, miscarriages and giving birth to underweight children. It is therefore recommended to encourage parents and schools to adopt a culture of discussing sexual and reproductive health, advocating for abstinence and where necessary, contraception be made open and accepted without stigma.

Conflict of Interest

The authors declare that no conflict of interest exists.

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Contribution of Authors

This work was carried out in collaboration between all authors. FM, JO, AA, OCW and FO conceived, designed the study, participated in data collection, analysis and manuscript writing. AB was the District Health Officer Kibuku District who also doubled as the site preceptor during the research period where He supervised the data collection and analysis. RN participated in the study conception, design, coordinated the entire program and reviewed the manuscript. YG was a research mentor and supervisor who participated in the study conception, design, preparation for approval and proof reading of the final results and manuscript. All authors read and approved the final version of the manuscript.

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