

**PREVALENCE AND FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN
MBALEREGIONAL REFERRAL HOSPITAL: A CROSS SECTIONAL STUDY**

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Declaration

I the undersigned declare that this research dissertation is my original work. I declare that this work has never been submitted to this University or to any other institution for any academic award.

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Approval

This research dissertation submitted to Faculty of Health Sciences in the partial fulfillment for the award of Masters Degree of Public Health, Busitema University, with my/our approval as the academic supervisors

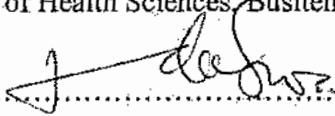
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List of Acronyms and Abbreviations

ANC	Antenatal clinic
AOR	Adjusted Odds Ratios
ASRH	Adolescent sexual reproductive health
BUFHS	Busitema University Faculty of Health Sciences
COR	Crudes odds ratio
DFID	Department for international development
FGD	Focused group discussions
g FNP	Group family nurse partnership
HIV	Human immunodeficiency Virus
HMIS	Health Management and Information System
IRB	Institutional Review board
IRC	Institutional Review Committee
LBW	Low birth weight
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of health
MRRH	Mbale Regional Referral Hospital
OBL	Obstructed labour
OR	Odds ratio
PIH	Pregnancy induced hypertension
PMR	Perinatal mortality rate
RVF	Recto-vaginal fistulae
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UNICEF	United Nations Immunization Children Expanded Program
UPE	Universal Primary Education
USE	Universal Secondary Education
VVF	Vesico-vaginal fistulae
WHO	World Health Organization
YCC	Young child clinic

Operation Definition

Teenage pregnancy is defined as a teenage girl of within the ages 13-19 becoming pregnant (WHO, UNICEF, 2009).

Adolescent is a scientific term referring to the period of development before becoming an adult (Urban was defined by within 5kms of distance while Rural defined by some staying after 5kms)

Abstract

Background: Teenage pregnancy and teen-motherhood has become a major health and social concern globally and Uganda in particular because of its association with high morbidity and mortality for both the mother and the child. Teenage pregnancy is a great source of concern for policy makers, social workers and other service providers due its negative impacts on the girl-child.

Objective. The overall objective of the study was to determine the prevalence and factors associated with teenage pregnancy in Mbale Regional Referral Hospital

Method. The study was a cross sectional quantitative design that used a consecutive sampling technique and a total of 427 respondents were recruited for the study. Data was collected using a structured questionnaire that was administered by the trained research assistants.

Results. The prevalence of teenage pregnancy was found to be at 20.6% in this study. The median age of first sexual intercourse was 17 years. The factors found statistically significantly associated with teenage pregnancy include; single mothers with (AOR=13.88, 95%CI=5.61, 34.33), rural residence (AOR=2.12, 95%CI=1.03, 4.35), students (AOR=5.19, 95%CI=1.33, 20.2). Non-contraceptive use (AOR=6.02,95%CI=3.33,10.9), farming (AOR=3.42,95%CI=1.64,7.13), those with already married teen sibling (AOR=0.38,95% CI=0.22,0.67), and parental influence(AOR=1.57, 95% CI=0.47,2.99). Those whose parents were not able to talk to them about sex (AOR=0.58, 95%CI=0.33, 1.01) and those who didn't inform their whereabouts (AOR=1.67, 95%CI=1.02, 2.75) had increased risk of teenage pregnancy.

Conclusion and Recommendations: The factors such as single mothers, rural place of residence, students, non-contraceptive use, and farming for income, parental influence, marital status / pregnancy of teen siblings, parent's ability to pay tuition / scholastic materials and parental education on sex contributed to teenage pregnancy. The MOH and Education need to work together to fight against teenage pregnancy right from the rural settings, intensify awareness of contraceptive use and sex education in the community. The parents and guardians should be encouraged to educate their children about reproductive health and sex education as its gap shown by this study and the government needs to strengthen policy to empower teenage girls on contraceptive usage.

CHAPTER ONE

1.1 Background

Teenage pregnancy is defined as any pregnancy occurring among girls between the ages of 13-19 years (WHO, 2014). It's estimated that 21 million girls aged 15 to 19 years and 2 million girls less than 15 years become pregnant every year. Among those, about 16 million girls aged between 15-19 years give birth each year of which more than 90% occurs in low income countries (Assefa et al., 2015; WHO, 2014).

In Uganda twenty five percent of girls become pregnant before the age of 19 and it has been mentioned as one of the countries with highest rates of teenage pregnancy in Sub-Saharan Africa which poses a high maternal risk among the teenage girls (Rutaremwā, 2013).

According to UNICEF (2009), most people become sexually active before their 20th birthday. Forty-nine percent of the girls in the middle income countries marry before they are 18 years old and 10%-40% of the young unmarried girls have had an unintended pregnancy. Ninety-five percent of teenage pregnancies happen in developing countries with 36.4 million women becoming mothers before age 18 years and 5.6 million having a live birth before age 15 in 2010. Sub-Saharan Africa had the highest prevalence of teenage pregnancy in the world by 2013 (Odimegwu & Mkwanzani, 2016). Births by teenage mothers accounts for more than half of all the births in this region with an estimate of 101 births per 1000 women aged 15 to 19 (Akanbi, Afolabi, & Aremu, 2016). The majority of countries with teenage pregnancy levels above 30% occur in sub-Saharan Africa with the gravest consequences for those who are the poorest, least educated, and living in rural and isolated areas. Teenage mothers under age 15 have additional medical concerns, and mothers aged 15-19, risks are associated more with socio-economic factors than with the biological effects of age (Loaiza & Liang, 2013; Undiyaundeye, Agba, & Mandeun, 2015).

Ten percent of young women give birth by age 16 in East Africa (UBOS, 2014). Uganda reports the highest proportion (63%), of women giving birth before the age of 20 and has the highest total fertility rate of 6.2 in the region (Maly et al., 2017). Teen pregnancy have health impacts and strains the government health budgets as one of the social ills that affects the society (Gyan, 2013). Teenage pregnancy has many social consequences which include school drop-out or interrupted

REFERENCES

- Aderibigbe, K.M, & Basebang, M.M. (2011). *CONTRACEPTIVE AWARENESS AMONG ADOLESCENTS IN LAGOS, NIGERIA*.
- Ahorlu, C. K., Pfeiffer, C., & Obrist, B. (2015). Socio-cultural and economic factors influencing adolescents' resilience against the threat of teenage pregnancy: a cross-sectional survey in Accra, Ghana. *Reprod Health*, 12, 117. doi: 10.1186/s12978-015-0113-9
- Akanbi, F, Afolabi, K K, & Aremu, A B. (2016). individual-risk-factors-contributing-to-the-prevalence-of-teenagepregnancy-among-teenagers-at-naguru-teenage-centre-kampala-uganda. *Uganda. Primary Health Care*, 6(4). doi: 10.4172/21671079.1000249
- Akella, D, & Jordan, M. (2015). Impact of Social and Cultural Factors on Teen Pregnancy. *Journal of Health Disparities Research and Practice*, 8(1), 41 - 62.
- Assefa, B, Abiyoub, M, Yeneneh, G, Abiy, H, Damen, M H, Millard, D, . . . Fikre, D. (2015). ASSESSMENT OF THE MAGNITUDE OF TEENAGE PREGNANCY AND ITS ASSOCIATED FACTORS AMONG TEENAGE FEMALES VISITING ASSOSA GENERAL HOSPITAL. *Ethiop Med J*, 2.
- Ayanaw Habitu, Y., Yalew, A., & Azale Bisetegn, T. (2018). Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, 2017: A Cross-Sectional Study. *J Pregnancy*, 2018, 1714527. doi: 10.1155/2018/1714527
- Ayuba, I I, & Owoeye, G I Olugbenga. (2012). Socio-demographic determinants of teenage pregnancy in the Niger Delta of Nigeria. *Open Journal of Obstetrics and Gynecology*, 02(03), 239-243. doi: 10.4236/ojog.2012.23049
- Christofides, N. J., Jewkes, R. K., Dunkle, K. L., McCarty, F., Jama Shai, N., Nduna, M., & Sterk, C. (2014). Risk factors for unplanned and unwanted teenage pregnancies occurring over two years of follow-up among a cohort of young South African women. *Glob Health Action*, 7, 23719. doi: 10.3402/gha.v7.23719
- Dangal, G. (2006). Teenage pregnancy: complexities and challenges. *J Nep Med Assoc* 2006; (45), 262-272.
- Datta, J, Macdonald, G, Barlow, J, Barnes, J, & Elbourne, D. (2017). Challenges Faced by Young Mothers with a Care History and Views of Stakeholders About the Potential for Group

- Family Nurse Partnership to Support Their Needs. *Children & Society*, 31(6), 463-474. doi: 10.1111/chso.12233
- Fernando, D, Gunawardena, N, Senarath, U, Weerasinghe, C M, Senevirathne, R D A, Senanayake, H, & Silva, C De. (2013). Risk factors for teenage pregnancies in Sri Lanka: perspective of a community based study. *HEALTH SCIENCE JOURNAL*, 7(3).
- Glick, G C. (2004). On the Demographic Stratification in U.S. Teenage Pregnancy Rates.
- Gyan, C. (2013). The Effects of Teenage Pregnancy on the Educational Attainment of Girls at Chorkor, a Suburb of Accra. *Journal of Educational and Social Research*, 3(3). doi: 10.5901/jesr.2013.v4n3p53
- Hagan, John Elvis, & Buxton, Christiana. (2012). Contraceptive Knowledge, Perceptions and Use among Adolescents in Selected Senior High Schools in the Central Region of Ghana. *Journal of Sociological Research*, 3(2). doi: 10.5296/jsr.v3i2.2311
- Kaphagawani, Nanzen Caroline, & Kalipeni, Ezekiel. (2017). Sociocultural factors contributing to teenage pregnancy in Zomba district, Malawi. *Global Public Health*, 12(6), 694-710. doi: 10.1080/17441692.2016.1229354
- Kiani, A.M., Ghazanfarpour, M., & Saeidi, M. (2019). Adolescent Pregnancy: A Health Challenge. *Int J Pediatr*, 7 (7), 9749-9752. doi: 10.22038/ijp.2019.40834.3444
- Kumar, A, Singh, T, Basu, S, Pandey, S, & Bhargava, V. (2007). Outcome of teenage pregnancy. *The Indian Journal of Pediatrics*, 74(10), 927-931. doi: 10.1007/s12098-007-0171-2
- Loaiza, E, & Liang, M. (2013). ADOLESCENT PREGNANCY_UNFPA: A Review of the Evidence.
- Makundi, P E. (2010). *Factors contributing to high rates of teenage pregnancy in Mtwara Region, Tanzania.*
- Maly, C., McClendon, K. A., Baumgartner, J. N., Nakyanjo, N., Ddaaki, W. G., Serwadda, D., . . . Wagman, J. A. (2017). Perceptions of Adolescent Pregnancy Among Teenage Girls in Rakai, Uganda. *Glob Qual Nurs Res*, 4, 2333393617720555. doi: 10.1177/2333393617720555
- Nandi, JK, Burman, SK, Das, D, Saha, DP, & Pal, S. (2014). Socio-cultural Factors Influencing Teenage Pregnancy In Rural West Bengal, India. *J Pharm Biomed Sci*, 04(08), 670-673.

- Nguyen, Huong, Shiu, Chengshi, & Farber, Naomi. (2016). Prevalence and Factors Associated with Teen Pregnancy in Vietnam: Results from Two National Surveys. *Societies*, 6(2), 17. doi: 10.3390/soc6020017
- Nsimbo, J M. (2015). FACTORS CONTRIBUTING TO TEENAGE PREGNANCIES IN TUNDURU DISTRICT COUNCIL.
- Odimegwu, C, & Mkwanzani, S. (2016). Factors Associated with Teen Pregnancy in sub-Saharan Africa: A Multi-Country Cross-Sectional Study. *African Journal of Reproductive Health September 2016 (Special Edition)*; 20(3): 95, 20(3), 94-107.
- OGORI, A F, Ajeya, S F, & YUNUSA, A R. (2013). THE CAUSE AND EFFECT OF TEENAGE PREGNANCY: CASE OF KONTAGORA LOCAL GOVERNMENT AREA IN NIGER STATE, NORTHERN PART OF NIGERIA. *International Open Journal of Educational Research*, 1.(7), 01 - 15.
- Panna, M. B., Ara, S, Khanam, Z., & Papri, F. S. (2016). Adolescent Pregnancy: Risk Factors, Outcome and Prevention. *Chattagram Maa-O-Shishu Hospital Medical College Journal*, 15(1), 53-56. doi: 10.3329/cmshmcj.v15i1.28764
- Qolesa, K.S. (2017). <factors influencing teenage pregnancy.pdf>.
- Rutaremwaga, G. (2013). Factors Associated with Adolescent Pregnancy and Fertility in Uganda: Analysis of the 2011 Demographic and Health Survey Data. *American Journal of Sociological Research*, 3(2), 30-35. doi: 10.5923/j.sociology.20130302.03
- Sekiwunga, R. (2010). IMPACT OF TEENAGE PREGNANCIES AND CHILDBIRTH ON THE HEALTH STATUS OF YOUNG MOTHERS IN BUSIADISTRICT, EAST AFRICA.
- Solomon-Fears, C. (2016, January 15). Teenage Pregnancy Prevention: Statistics and Programs.
- Sridawruang, C. (2011). <involvement of Thai parents in sex education of their teenage children>.
- Thobejane, T D. (2015). Factors Contributing to Teenage Pregnancy in South Africa: The Case of Matjitjileng Village. *J Sociology Soc Anth*, , 6(2), 273-277
- UBOS. (2014). <NPHC 2014 PROVISIONAL RESULTS REPORT.pdf>.
- UDHS. (2016). Uganda demographic and Health Survey.
- Undiyaundeye, F A, Agba, A A, & Mandeu, T. (2015). THE EFFECT OF TEENAGE PREGNANCY ON THE GIRL-CHILD IN NIGERIAN SOCIETY. *International Journal of Multidisciplinary Thought*, 05(04), 283-289

Unicef (Cartographer). (2015). THE NATIONAL STRATEGY TO END CHILD MARRIAGE
AND TEENAGE PREGNANCY 2014/2015 – 2019/2020.

WHO. (2008). *mpsmotes. 1(1)*.

WHO. (2014). Adolescent pregnancy.