

**FACTORS ASSOCIATED WITH REPEAT CHILDBIRTH AMONG
ADOLESCENT MOTHERS IN SOROTI DISTRICT, TESO SUB-
REGION, UGANDA: A MIXED METHODS STUDY**

BY

POSIANO MULALU

BU/GS17/MPH/19

SUPERVISORS

DR. BENON WANUME

DR. DAVID JONAH SOITA (PhD)

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Declaration

I POSIANO MULALU, declare that this dissertation is my original work. It has been done in partial fulfillment for the award of Master of Public health degree of Busitema University. This work has not been published before or submitted for any other academic qualification in other institutions. I have referenced other work cited in here appropriately.

Sign

Date

Approval

This dissertation is submitted as partial fulfillment for the award of Master of Public Health degree of Busitema University with my approval as supervisor;

1. Dr. Benon Wanume MB Ch B; M Med Community Practice

Lecturer

Faculty of health sciences

Busitema University

Sign: _____

Date: _____

2. Dr. David Jonah Soita (PhD)

Lecturer

Department of Community and Public Health

Faculty of Health Sciences

Busitema University

Sign: _____

Date: _____

Dedication

To all partners involved in the fight to end adolescent pregnancy and its outcomes among adolescent girls in various settings.

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List of Abbreviations and Acronyms

| | | |
|----------|---|---|
| ACR | - | Adolescent childbearing rate |
| AGYW | - | Adolescent Girls and Young Women |
| ARCR | - | Adolescent repeat childbearing rate |
| BSc | - | Bachelor of Science |
| COVID 19 | - | Corona Virus Disease 2019 |
| DHO | - | District Health Officer |
| FGDs | - | Focus Group Discussions |
| HC | - | Health Center |
| HIV/AIDS | - | Human Immune Virus/ Acquired Immune Deficiency Syndrome |
| IRB | - | Institutional Review Board |
| KI | - | Key Informant interviews |
| MBChB | - | Bachelor of Medicine and Surgery |
| MMED | - | Master of Medicine |
| MOH | - | Ministry of Health |
| MPH | - | Master of Public Health |
| MRRH | - | Mbale Regional Referral Hospital |
| OBGY | - | Obstetrics and Gynecology |
| PEPFAR | - | The U.S. President's Emergency Plan for AIDS Relief |
| REC | - | Research Ethics Committee |
| RRH | - | Regional Referral Hospital |
| STATv12 | - | Software for Statistics and Data Science |
| UBOS | - | Uganda Bureau of Statistics |
| UDHS | - | Uganda Demographic Health Survey |
| USAID | - | United States Agency for International Development |
| WHO | - | World Health Organization |

List of operational definitions

| | |
|------------------------------------|--|
| Adolescent repeat childbirth (ARC) | A second or a higher live childbirth following a first childbirth among women aged 15 to 19 years. |
| Adolescent mother | a female person aged ten to nineteen years who has started childbearing |
| Child bearing | giving birth |
| Teso region | one of the sub-regions of Eastern Uganda made up of Amuria District, Bukedea District, Kaberamaido District, Kapelebyong District, Katakwi District, Kumi District, Ngora District and Serere District and Soroti District |
| First childbirth | is the first child born to an adolescent mother |
| First-time-Adolescent mother | a female person aged ten (10) to nineteen (19) years who has a single childbirth |
| Men | Sexual partners of adolescent mothers |
| Sexual Partner | a husband, boyfriend or spouse with whom an adolescent girl had the pregnancy that resulted into the first childbirth or a repeat childbirth |
| Factors | Are predictors |

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Abstract

The percentage of adolescent mothers aged 15 to 19 years with a repeat childbirth in Uganda (26.1%) is higher than the global estimate (18.5%). Soroti district tops Teso (region with highest adolescent childbearing rate nationally) in adolescent childbearing. Adolescent repeat childbearing (ARC) is associated with poor health outcomes; increased risk of stillbirth, maternal and child mortality, thus a public health problem. The factors associated with, and the burden, of ARC remains unknown in Soroti district. Consequently, interventions which combat ARC in Soroti district have not been informed by empirical data. This study determined the current proportion of adolescent mothers with, and factors associated with, repeat childbirth among adolescent mothers aged 15 to 19 years in Soroti district, to inform policy makers and preventive programs of ARC and guide planning and budgeting.

We conducted a cross-sectional study involving mixed methods of data collection. Interviewer-administered structured interviews were conducted amongst 422 adolescent mothers aged 15 to 19 years. Demographic and socio-economic data of respondents, data regarding respondents' family and peer related factors was collected. Chi-square was the test statistics used. Multivariate analysis was by logistic regression. Qualitatively, theoretical saturation was achieved with 3 focus group discussions; each comprised of 8 respondents. Transcripts were organized and analyzed by QSR Nvivo following deductive approach.

Of the 422 respondents, 31.28% (132) were married. Proportion of respondents with repeat childbirth was at 30.81% (95%CI: 26.57%-35.39%). Risk factors of ARC were; (a) being married, AOR 5.70 (95%CI: 3.05-10.63), (b) incorrect knowledge of rhythm method, AOR 2.23 (95%CI: 1.25-3.97), (c) Age at first at birth, AOR 0.49 (95%CI: 0.37-0.64), (d) Alcohol consumption, AOR 2.41(95%CI: 1.27-4.58), (e) being raped, AOR 5.64(95%CI: 1.87-17.07), having first childbirth from home, AOR 2.68 (95%CI: 1.29-5.57) and father of first baby without multiple sexual partners, AOR 0.40(95%CI: 0.22-0.72). Perceived risk factors for ARC included; view of Adolescent marriage as a privilege and family planning methods as non-functional. Participants' view of man's demand for sex as unchallengeable and non-supportive families including mistreatment of the participants by their families, were yet other perceived risk factors for ARC.

In conclusion, the high-risk factors for repeat adolescent childbirth included having a first childbirth from home, starting childbearing at a young age, adolescent mothers who drink alcohol, adolescent marriage, and incorrect knowledge about rhythm family planning method. Qualitative findings further showed that adolescent mothers perceived adolescent marriages as a

privilege following their first childbirth, and childbearing in adolescent marriages was to be determined by their sexual partners, and had varying myths ranging from failure of family planning methods to confirmation of sexual functionality following their first childbirth.

This therefore suggest the following;

1. develop an intervention to prevent repeat adolescent childbearing in Soroti district by the district stakeholders.
2. involvement of males in preventive programs of reproductive health of
3. Involve adolescents and parents in family planning. Adolescent marriages, strengthen sexual/reproductive education including family planning programs to address the identified myths about the family planning methods (that family planning methods are non-functional) and (such as family planning) of adolescent repeat childbearing since sexual partner characteristics were associated with repeat childbirth among the participants. our study findings suggest the need to awaken and strengthen the implementation of the anti-teen marriage programs and policies including measures to delay age at first childbirth, measures towards mindset change regarding transformation of social norms and practices around
4. reinforce programs that ban alcohol consumption among adolescents in Soroti district by the different interventions aimed at preventing ARC and stakeholders including Soroti district health office and ministry of health. The study results further suggest the need to instate measures to delay age at first delivery among adolescent mothers so as prevent adolescent repeat childbearing by the various interventions aimed at preventing ARC in Soroti district.
5. We also recommend further research to be done in Uganda, especially in other districts of Teso region to validate the association of alcohol consumption and rape with ARC.

CHAPTER ONE

1.1 Introduction

Adolescent childbearing (AC) remains a global public health challenge, resulting into poor health, social and economic outcomes[1–4]. World Health Organization (WHO) defines an adolescent as a person aged 10 to 19 years of age[5]. Adolescent repeat childbearing (ARC) is defined by WHO as a second (or more) pregnancy ending in a live birth before age of 20 years [6, 7].

In 2018, it was estimated that, 44 live childbirths occurred among every 1000 girls aged 15 to 19 years globally [8]. The percentage of adolescent mothers aged 15 to 19 years of age with a repeat childbirth globally was estimated at 18.5% in 2017[9]. Worldwide, high rates of adolescent childbearing have been cited in developing countries. Approximately sixteen million girls aged 15 to 19 years give birth annually in developing countries [1, 10]. Since sub-Saharan Africa has the lowest contraceptive use globally, its adolescent childbearing rate (ACR) may rise, unless addressed [11].

There exist variations in the percentage of adolescent mothers aged 15 to 19 years of age with a repeat childbirth within the African countries, ranging from 3.7% in Rwanda to 26.1% in Uganda[9].

Nationally, 25% of Uganda's adolescent girls have begun child bearing[12]. High ACR exist in rural areas of Uganda, estimated at 27% compared to the 19% in urban areas[12]. Uneducated Ugandan adolescent girls have a higher ACR estimated at 35%, compared to their counterparts who have attained Post-Primary Education, whose estimate is at 11%[12]. Adolescent childbearing is more common among adolescents from low wealth quintile, estimated at 33.5%, than adolescents from highest wealth quintile, whose childbearing rate is estimated at 15.1% [12]. In Uganda, Teso region has the highest ACR, estimated at 31.4% [12]. ACR for other regions in Uganda are as follows; South Central 19.6%, North Central 30.3%, Kampala 16.8%, Busoga 20.7%, Bukedi 29.5%, Bugisu 28.2%, Karamoja 23.6%, Lango 27.9%, Acholi 23.8%, West Nile 22.4%, Bunyoro 29.0%, Tooro 30.3%, Kigezi 15.5%, and Ankole 18.9%.

In Uganda, fluctuations exist in the estimation of adolescent repeat childbearing rate (ARCR). Some studies have reported 55.6% while others 26.1%[9, 13] .This could be attributed to the difference in the study population used in these two studies. Whereas Amongin et. al, analyzed Uganda Demographic and Health Survey data of women age 20–24 years collected on 6 surveys

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