

Factors Contributing To Teenage Pregnancy Among Girls In Awere Sub County, Pader District

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Abstract:

Background: Teenage pregnancy still poses a serious global community health alarm in already established and still establishing world; high, middle- and low-income countries. Most people become sexually active before their 20th birthday hence prone to teenage pregnancy when the enabling factors are prevailing. In Uganda, teenage pregnancy has 25% prevalence with regional variations. However, teenage pregnancy prevalence in Pader district was at 29.7%.

Objective: To unearth the factors contributing to teenage pregnancy among girls in Awere Sub County, Pader District.

Methods and materials: This study was a Cross- sectional descriptive one and it utilized quantitative data obtained through random sampling technique to identify the participants. Data was gathered via administration of questionnaire. Analysis with SPSS version 20 was executed and results were displayed in terms of frequencies and percentages packaged in tables and figures for categorical and binary data as means and standard deviation for continuous data.

Results: This study revealed that 43(34.7%) of the respondents very strongly agreed on poverty to be the most contributing factor to teenage pregnancy, only few teenage girls 3(2.4%) very strongly agree that education level contributes to teenage pregnancy. and majority 69(55.6%) of the respondents very strongly agreed that peer influence is the leading contributor to teenage pregnancy.

Conclusion and Recommendation: Demographic, behavioral, family and community factors are crucial in anticipating the trajectory of teenage pregnancy in Awere Sub County. Interventions focusing on: educating teenage girls to break poverty cycle is key. This would improve the living status of teenage girls, families, community, and the country at large. Exposing the teenage girls to reproductive health concepts to widen their understanding on how to manage themselves so that they do not fall a victim of teenage pregnancy. Bringing contraceptive methods nearer to the community to improve utilization can also reduce teenage pregnancy.

Keywords: Teenage pregnancy; peer influence; educational level; poverty.

1. Introduction

Teenage pregnancy still poses a serious global community health alarm in already established and still establishing world [32], high, middle and low income countries [17]. Teenage pregnancy is rated to be a life-threatening community health worldwide [20] with 95% existing in underdeveloped countries [33]. Teenage girls aged 15–19 years are two times at risk of dying owed pregnancy and during childbirth equivalent to women who have celebrated their 20th birthday, but those below 15 years are five times more likely to die [42]. Furthermore, Girls in the age bracket of 15-19 years face 3.9 million unsecured fetal life termination and extraction annually and this precipitates maternal death, sickness and headlong health hazard [13].

Approximately, 21 million girls in age bracket 15–19 years in underdeveloped regions become pregnant and about 12 million of these girls deliver annually. 777,000 and above deliveries is recorded among adolescent girls below 15 years in fully established world [13] Most of the conceptions and deliveries are unplanned, perhaps a few are budgeted for [55]. A sum of 194,377 new-borns were born to teenagers in age bracket 15–19 years, meaning that in thousand teenagers, about 188 delivered as of 2017 strictly[34]. Teen teenage pregnancy is associated with deliberating ramifications including but not limited to preterm labor, reduced fetal development rate and underweight new borns [46]; death of new borns, obstructed labor, genital fistula and eclampsia [10]. Additionally, the reproductive wellbeing is disturbed owing to unsecured abortion, sexually transmitted infections, sexual violence and limited access to medical services [27].

The agents of teenage pregnancy are diverse these are: personal daily conducts, cultural and religious in nature. In real essence low income status [11], limited education [40], and early sexual activity [16] do boost teenage pregnancy. Furthermore, poor execution of the Penal Code Act that pins down whoever get involve sexual activities with girls less than 18 years. Also beefed up reliability of social media and nude pictures' sharing[27], and reduced monitoring by elders, have led to early involvement in sexual activity by teenagers [45]. Studies revealed remarkable retardation in delivery rate globally, with Adolescent delivery rate falling from 61.8 to 22.3% per 1000 female adolescents aged 15–19 years [54]. However, sub-Saharan Africa continues with an alarming number of adolescents delivering [56].

Unbreakable record teenage pregnancy worldwide is from sub-Saharan African countries with 143 in 1000 teenage [1] 15-19 years [51]. Teenage pregnancies before the age of 18 years were observed in sub-Saharan Africa, at 28% in Central Africa, and 25% in Eastern Africa. Uganda is one of the countries with top rates of early pregnancies in sub-Saharan Africa, about 25% [52].

Still in Uganda, teenage pregnancy levels vary. Pader district being one of the districts with the top rate in Northern Uganda [58]. The community and religions encourage abstinence from sexual activities among teenage girls until marriage yet this may not be the case in other settings, a set believe as far as boys and girls are concern is available in that girls are supposed to be modest, tender, submissive and passive, while boys are encouraged to engage in behaviors that assert their masculinity, autonomy, and ambition [39].

2. Methodology

Study Design: Cross- sectional descriptive was the study design and quantitative data used to bring out sense on the factors contributing to teenage pregnancy among girls in Awere sub-county since the study did not take too long but only 2 months.

Study Setting and Site: Pader district is located in northern Uganda. As of November, 2019, the district is bordered by Omoro district in the west, Lira district in the south, Kitgum in the north, Otuke district in the south east, Agago district in the east. Awere Sub County is one of the seven sub counties in the south constituency of Aruu County, about 40km along Gulu-Moroto road. The sub county consists of 4 parishes and 91 villages. The sub county is undeveloped and dominated by Acholi tribe. This community-based study was conducted in 124 rural households in the sub county.

Study Population: Teenage girls who were available in the community during the time of the study were my correspondents. Influencing factors could at least be cited by the above-mentioned population since it was rampant and each and every one had been affected in one way or the other.

Sampling Technique: Multi stage simple random sampling and systematic random sampling was applied and fifteen villages were selected randomly from Lagile parish and Bolo parish.

Study Procedure: Clearance and introductory letter from Lira University Research Review Committee University was submitted to the sub county leaders and the local leaders in quest for permission to conduct the study in Awere Sub County.

Inclusions- Any mother (pregnant or not) aged 13 to 19 years in Awere Sub county.

Exclusions- Mothers above 19 years who are within or outside Awere Sub County.

Data Management- it consisted of data collection, quality control, data entry and cleansing, data analysis.

Data collection was done using researcher-made questionnaire which was researcher- administered and typed in English, translation to Luo was done to the illiterate teenagers for easy understanding.

Data entry and cleaning- Data capturing and cleaning of the data collected was done by editing, writing the abbreviations in full and organized for analysis. SPSS version 20 was used for data entry and analysis.

Data analysis- the collected data was analyzed using SPSS version 20 and the results presented in frequency and percentage tables, graphs and pie charts.

Validity and reliability issues- the research supervisor helped in validation pre-testing.

Ethical approval- study was accepted to be carried out by Lira University public health department research team.

Informed consent- displaying the importance and reason for the study was done prior to consent.

Privacy- respondents were put into consideration through interviewing them in quiet and free places without recording their names.

Confidentiality- Confidentiality was observed by the researcher, no any information discussed leaked to the third party.

3. Findings

3.1. Respondents' Age

Mean age of the respondents was 16.56 years with a standard deviation of 1.225

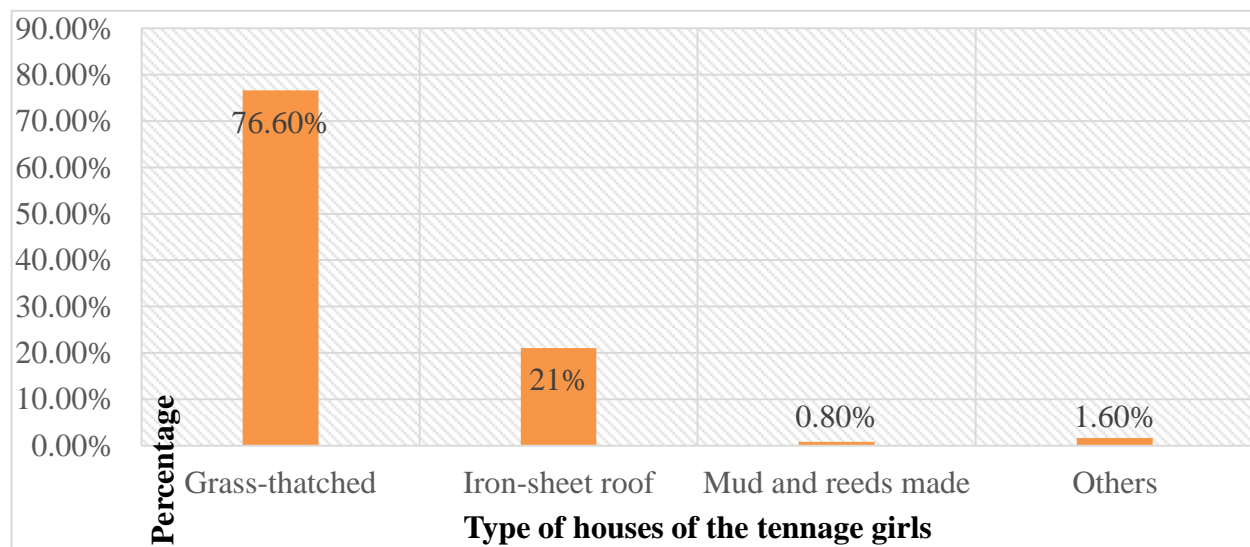
Table 1. Showing the age of the respondents.

Ages of the respondents	Frequency (n)	Percentage (%)
14	1	0.8
15	24	19.4
16	42	33.9
17	29	23.4
18	17	13.7
19	11	8.9
Total	124	100

Source: Primary data, 2019.

3.2. The Poverty level of the respondents

Type of house



Source: Primary data, 2019.

Figure 1. A graph showing the type of housing of the respondents.

From Figure 1, most of the teenage girls lived in Grass-thatched house 95(76.60%) and only 1(0.8%) live in mud and reeds made house.

3.3. Number of siblings

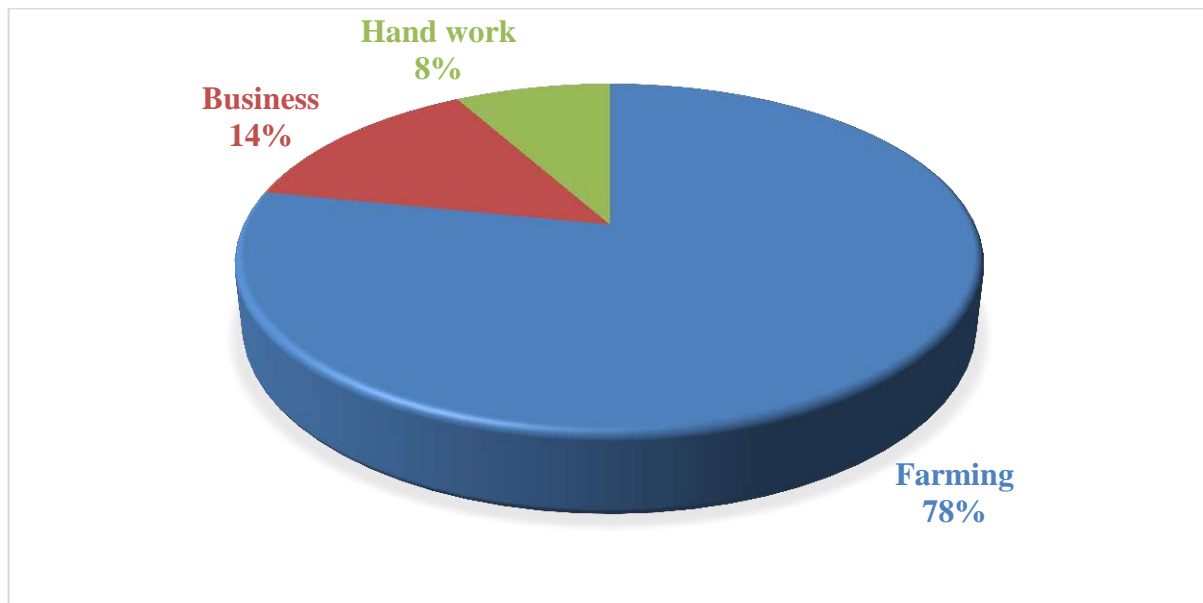
From Table 2, most of the respondents 58(46.8%) had 3 to 4 siblings and only 27(21.8%) had 1 to 2 siblings.

Table 2. Showing the number of siblings of the respondents.

Number of siblings	Frequency (n)	Percentage (%)
1-2	27	21.8
3-4	58	46.8
5 and above	39	31.5
Total	124	100.0

Source: Primary data, 2019.

3.4 Source of income



Source: Primary data, 2019.

Figure 2. A pie chart showing the income generating activities of the respondents' family.

From Figure 2, most of the teenagers' family do farming to generate income 97(78.2%), followed by business and only 10(8.1%) of the respondents' family generated income through handwork.

3.5 Number of dependents

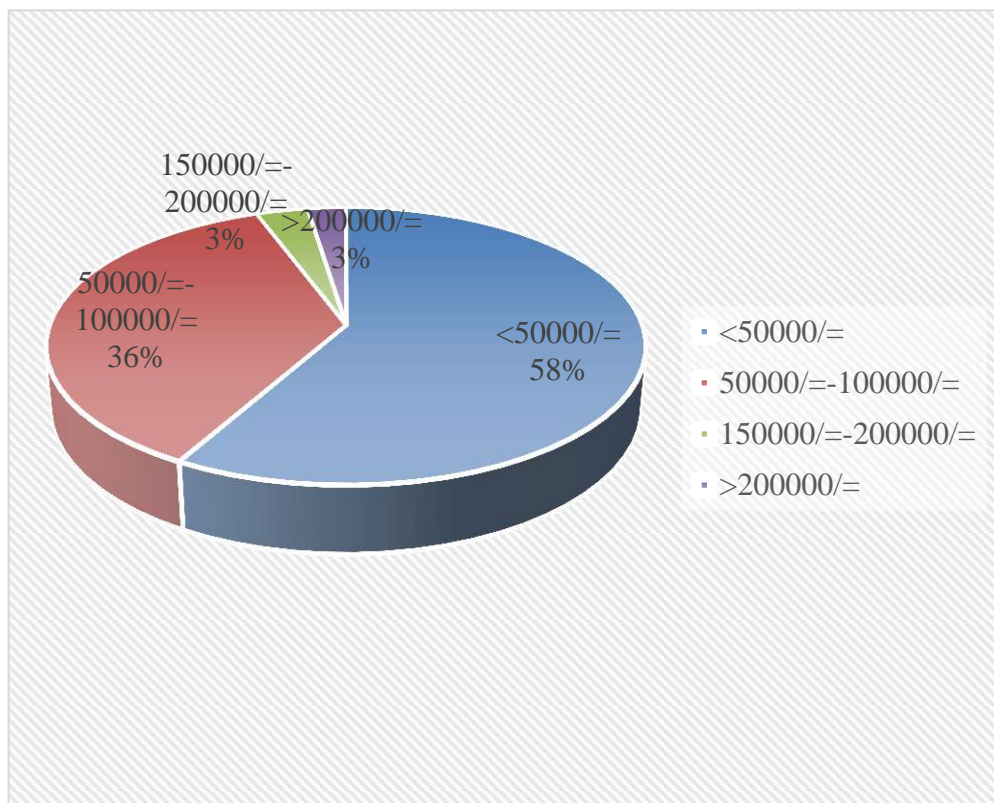
From Table 3, most of the teenage girl 58 (46.8%) had 3 to 4 dependents in their family and only 27(21.8%) teenage girls had 1-2 dependents in their family.

Table 3. Showing the number of dependents in the respondents' family.

Number of dependents	Frequency(n)	Percentage (%)
1-2	27	21.8
3-4	58	46.8
5 and above	39	31.5
Total	124	100.0

Source: Field data, 2019.

Monthly income of the family



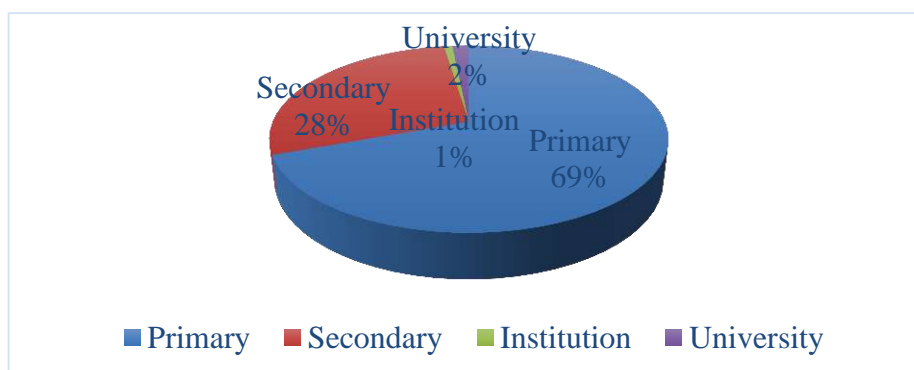
Source: Primary data, 2019.

Figure 3. A pie chart displaying distribution of the respondents' family monthly income in percentage.

From Figure 3, most of the teenagers' family 72(58.1%) earned a monthly income of < 50,000/= and only 3(2.4%) had monthly income of >200000/=

Education Level of the respondents

Education level



Source: Primary data, 2019.

Figure 4. A pie chart indicating the distribution of the respondents' education level in percentage.

From Figure 4, more than half of the teenage girls 86 (69.4%) stopped at primary level of education and only 2(1.6%) had reached university level.

Distance from school

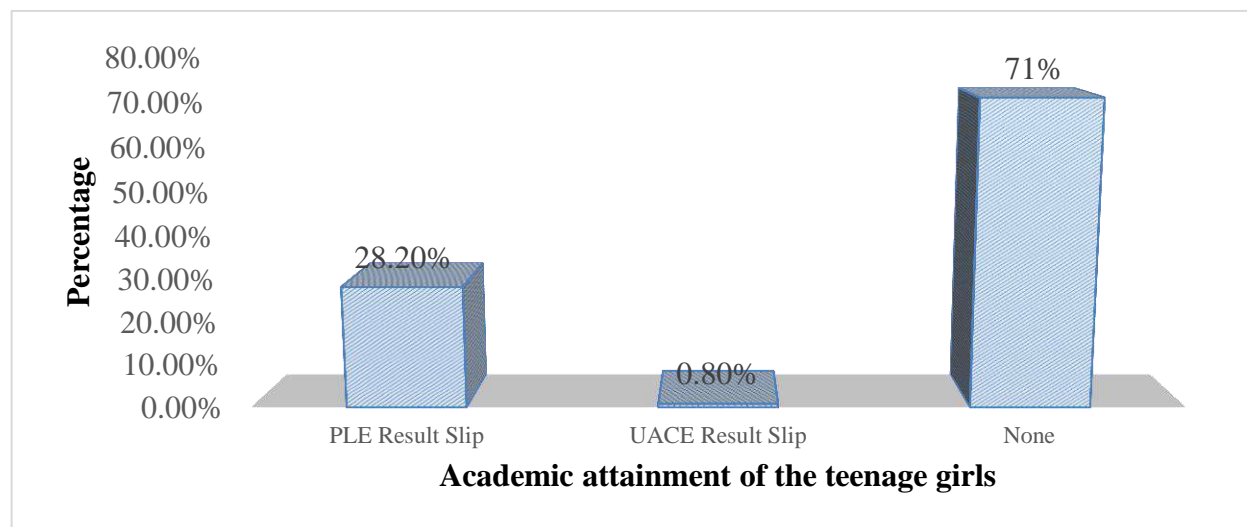
From Table 4, majority of the teenage girls 77(62.1%) were staying at least 4km from their school and very few 3(2.4%) were staying 1km away from their school.

Table 4. Showing the frequency and percentage of distances of school from the respondents' home.

Distance (Km)	Frequency(n)	Percentage (%)
1km	3	2.4
2km	17	13.7
3km	27	21.8
4km and above	77	62.1
Total	124	100.0

Source: Primary data, 2019.

Academic attainment



Source: Primary data, 2019.

Figure 5. A graph showing the percentage distribution of respondents' academic attainment.

From Figure 5, majority of the teenage girls 88(71.0%) had no academic paper and only 1 (0.80%) had attained Uganda Advanced Certificate of Examination (UACE) result slip.

Professional job status

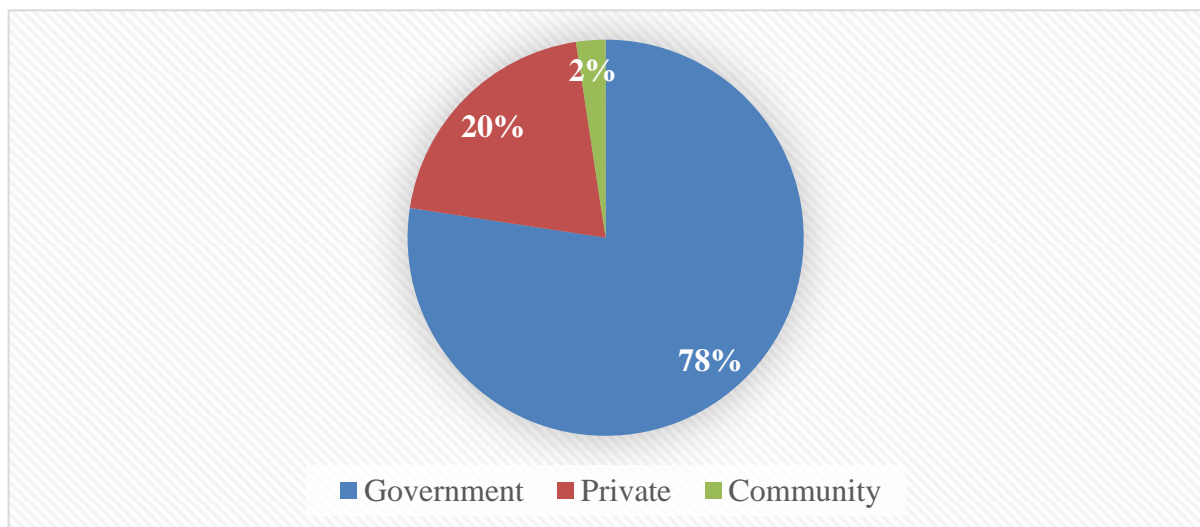
From Table 5, most of the teenage girls 119(96%) had no professional job and only 5(4.0%) had professional job like catering and tailoring.

Table 5. Showing the frequency and percentage distribution of the respondents' professional job status. ("no" or "yes").

Status	Frequency(n)	Percentage (%)
Yes	5	4.0
No	119	96.0
Total	124	100.0

Source: Primary data, 2019.

Owner of school



Source: Primary data, 2019.

Figure 6. A pie chart showing percentage distribution of the legal owners of the respondents' school.

From Figure 6, almost all the teenage girls 96(78%) studied in government-aided schools and only 3(2%) studied in the community owned school.

Peer influence level on the respondents

Kinds of friendship

From table 6, majority of the teenage girls 58(46.8%) had age mates as their friends and 2(1.6%) had other kinds of friendship.

Table 6. Showing the kinds of friends the respondents had.

Kind of friends	Frequency(n)	Percentage (%)
Age mates	58	46.8
Old boys and Girls	31	25.0
Village mates	33	26.6
Others	2	1.6
Total	124	100.0

Source: Primary data, 2019.

Attraction to friendship

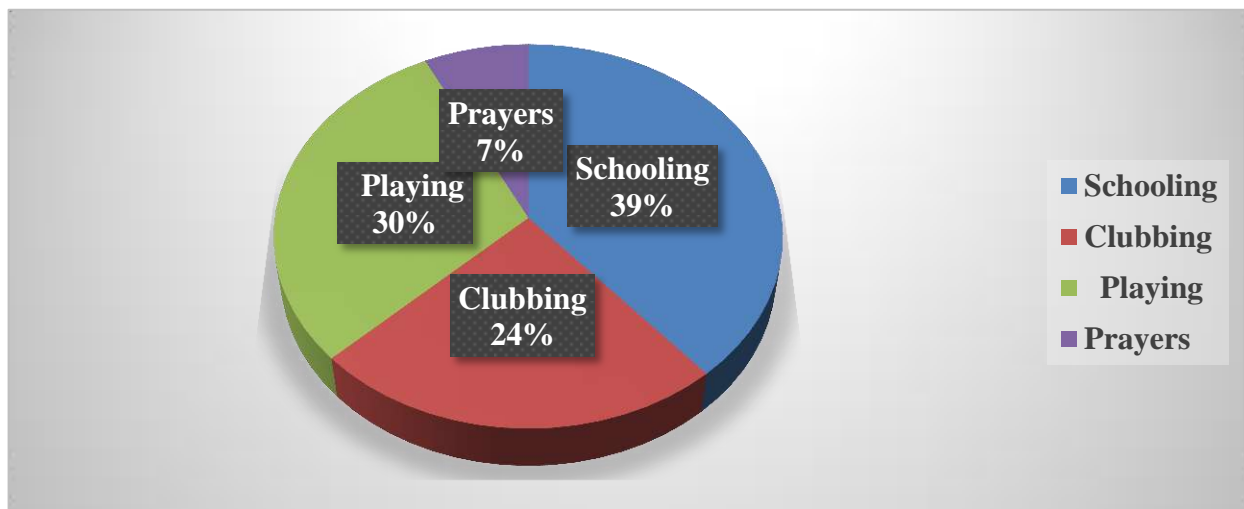
From Table 7, most of the teenage girls 49(39.5%) got into friendship due to their routine works and only 10(8.1%) of the respondents felt into friendship through honesty of their friends.

Table 7. Showing the different attractions of the respondents to their friendship.

Attractions	Frequency(n)	Percentage (%)
Behavior	41	33.1
Routine work	49	39.5
Trustworthy	24	19.4
Honesty	10	8.1
Total	124	100.0

Source: Primary data, 2019.

Ways of joining friendship



Source: Primary data, 2019.

Figure 7. A pie chart showing the percentage distribution of the way of joining the friendship by the respondent.

From Figure 7, majority of the teenage girls 48(39%) got their friends through schooling and very few through meeting at prayers points or churches 9(7%).

Duration of time spent with friends.

From Table 8, most of the respondents 54(43.5%) use to spend 2 to 3 hours per day with their friends and only 15(12.1%) of the respondents used to spend 1 hour per day with their friends.

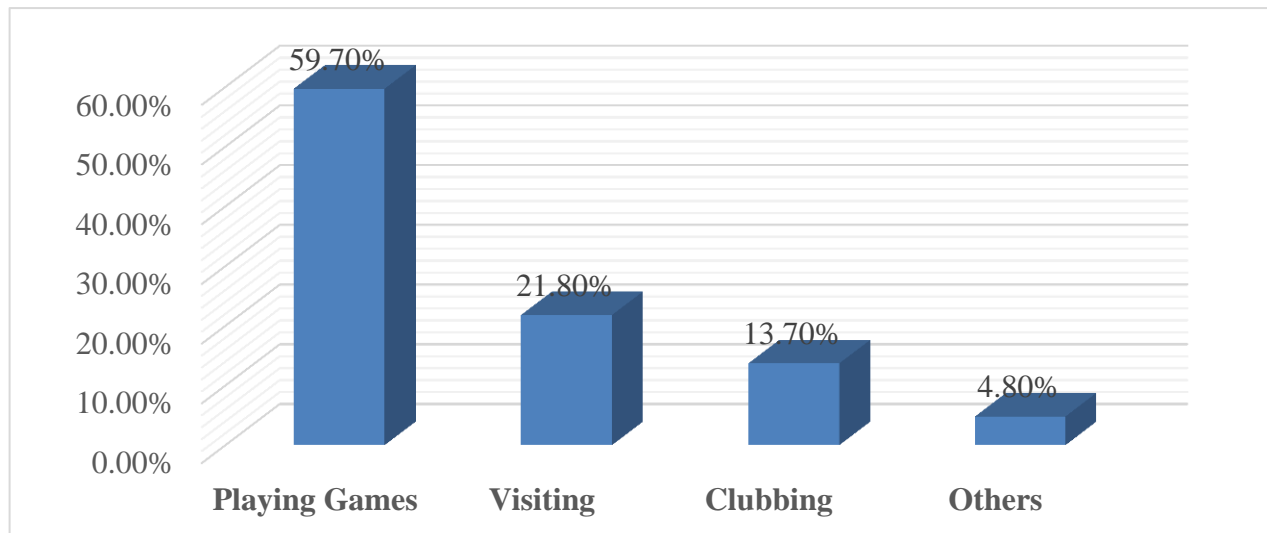
Table 8. Showing the time spent per day with friends by the respondents.

Time spent per day with friends (hours).	Frequency(n)	Percentage (%)
1	15	12.1
2 to 3	54	43.5

4 to 5	38	30.6
6 and above	17	13.7
Total	124	100.0

Source: Primary data, 2019.

Activities done while with friends



Source: Primary data, 2019.

Figure 8. A graph showing the activities most done by the respondent's friends in terms of percentage.

From Figure 8, majority of the teenage girls (59.70%) played games while with friends and only 13.70% of the respondents regularly clubbed with friends.

omments on contributing factors to teenage pregnancy.

From Table 9, Majority of the teenage girls 69(55.6%) very strongly agreed that peer influence is the leading contributors to teenage pregnancy and only 3(2.4%) did not agree, a good number of teenage girls 43(34.7%) also very strongly agreed on poverty to be the most contributing factor to teenage pregnancy, education level was also strongly supported by 3(2.4%) respondents and there was none of the respondents who sited any other factor as the most aggravating factors to teenage pregnancy.

Table 9. Showing comments on poverty, education level as well as peer influence being predictors of teenage pregnancy.

Factors	Frequency (n)	Percentage (%)
Comments on poverty		
Do not agree	3	2.4
Moderately agree	14	11.3
Strongly agree	64	51.6
Very strongly agree	43	34.7
Comments on education level		
Agree	37	29.8

Moderately agree	61	49.2
Strongly agree	23	18.5
Very strongly agree	3	2.4
Comments on peer influence		
Agree	3	2.4
Moderately agree	7	5.6
Strongly agree	45	36.3
Very strongly agree	69	55.6
Comments on others		
Do not agree	91	73.4
Agree	32	25.8
Moderately agree	1	.8

Source: Primary data, 20.

Discussion of findings on Poverty level and Teenage Pregnancy

The result revealed that 76.6% of the teen girls and mothers lived in grass-thatched houses and only 0.8% lived in Mud and reeds made houses. This result is in agreement with another study on teenage pregnancy and poverty which revealed that at least 60% of teenage non-married mothers lived in houses referred to as being of poor family (Gaille, 2016). Also consistent with the current study, a report from Rwanda revealed the trending factor of teenage pregnancy many parts of the country was poverty (Mugabo, 2018). Teenage females that lives in a not well to do family dominantly involve in early sexual practices as witnessed from the recent statistical report on the existence of teenage pregnancies by the National Women Council signal that (Mugabo, 2018). These results can be explained by the fact that most teenage pregnancies occur unexpectedly and unplanned and are associated with poverty so most of the families stay in poor housing.

The study results show that most of the teenagers' family do farming to generate income 97(78.2%), followed by business and only 10(8.1%) earned income through handwork. A study conducted on existence and predictors of teenage pregnancy, Northeast Ethiopia postulated that farming as an occupation of a teenage girls' family can contribute to teenage pregnancy [59]. This is because the teenage girls in such families may not feel comfortable with the hard-physical work required in the farm he she may opt to get married as early as possible to a rich family hence teenage pregnancy.

The study results show that majority of the teenagers' family 72(58.1%) had a monthly income of < 50,000/= and only 3(2.4%) had monthly income of >200000/=. A study conducted on record of teenage pregnancy starting follow up from 14-year considering consistency in the data flow shows that low income families (12.3%) have higher prevalence of teenage pregnancy than high income families (2.7%)[25]. This can be due to the unmet material needs of teenage girls from low income families hence they get search for other ways of obtaining what they want and they can involve themselves in giving in to sexual intercourse with the rich in exchange of the material needs.

Discussion of findings on Educational level and Teenage Pregnancy

It was deduced that 69% of the teenage girls stopped at primary level of education. Similarly, an unsuccessfulness academically and low exposure to reproductive health information associates

with increasing pregnancy rate in Britain teenage females [53]. In support to the finding, World Bank also reported that in many places, female teens decide to get pregnant due to their naivetés on the dangers of early sexual practice.[14]. This is because the teenage girls will not be exposed to knowledge of how to prevent teenage pregnancy since they are not going to school.

The study results show that more than half of the teenage girls 86(69.4%) stopped at primary level of education and only 2(1.6%) had reached university level. Some other study conducted on factors contributing to, and effects of, teenage pregnancy in Juba revealed that level of education was one of the factors leading to teenage pregnancy [6]. This can be explained that as a girl child grows on her knowledge, she becomes more acquainted with the body changes and can easily cope with it better than the less educated girl child. Also, education improves knowledge of the girls about contraception and also improves their decision making power on what they want their future to look like.

The study also revealed that majority of the teenage girls 77(62.1%) was staying at least 4km from their school and very few 3(2.4%) were staying 1km away from their school. A study conducted on how to lower the occurrence of teen pregnancy in rural Eastern Uganda revealed that long distance of travel to school can lead to teenage pregnancy [26]. This can be explained in such a way that long distance can lead to school dropout of teenage girls as they would get tired and stressed of walking every school day and later stays home resorting to early sexual exposure. Also, long distance to school expresses household poverty which is a highly associated cause of teenage pregnancy in that those who have money can manage taking their children to boarding schools or board to school every day.

The study result show that majority of the teenage girls 88(71.0%) had no academic paper and only 1 (0.80%) had attained Uganda Advanced Certificate of Examination. A similar study conducted on the influence of academic achievement in between generational pattern of teen pregnancy in Brazil showed that adolescents' academic achievement is thought to be a crucial indicator in this occasion [9]. This result can be explained by the differences in the level of knowledge offered at different levels of education that is, higher levels offers more diverse knowledge with deeper understanding than lower levels on sexual issues hence a teenage girl who reaches higher levels of education can easily avoid teenage pregnancy by avoiding the risky behaviors.

The study results also shows that almost all the teenage girls 96(78%) studied in government-aided schools and only 3(2%) studied in the community owned school. A related study in Ruvuma Region Tanzania reported that government schools' environment factors that can lead to teenage pregnancy [8]. This result can be due to the relaxed school rules and regulations in government-aided schools that guide the students hence students do what is out of their desires expecting no drawbacks of their actions. In this situation, some students even may leave their home in the name of going to school and end up in the boyfriends' place since they are operating from home.

Discussion of findings on Peer Influence and Teenage Pregnancy

The study deduced that 69(55.6%) of the respondents very strongly agreed that peer influence is the leading contributor to teenage pregnancy. A related study in Eastern Uganda showed that bad peer pressure with the percentage of 15% was agreed to by most respondents as the most prominent indicator of teenage pregnancy in Kibuku District in Uganda. Another similar study that examined the effects of peer pressure on the existence of teenage pregnancy among 324 female teens in south-south, Nigeria found that friendship influence was also a factor contributing to teenage pregnancy. These findings all reports peer influence as a contributing factor to teenage pregnancy though the results are not similar. The difference in the results can be due to the

difference in environmental exposure of the teenage girls which can determine which activity they can do with friends for example rural teenage girls may not have the access to clubs frequently as the urban teenage girls.

To add on to the above, a similar study conducted on the predictors of teenage pregnancy among teenage girls aged 13–19 years in Uganda revealed increasing likelihood of teenage pregnancy facilitated by peer influence [7]. The study had similar findings may be due to the common and similar lifestyles of families in Uganda on the way of giving freedom to children to interact and socialize with their age mates sometimes without guidance of which type of friendship is good or bad and sometimes they would only decide amongst themselves with their little knowledge they have on what is good and bad for them.

More than half of the teenage mothers 58(46.8%) had age mates as their friends. A study conducted on the peer pressure on teenage sexual debut and pregnancy stipulated that friendship are less valuable as originally thought. The likelihood of sexual debut, regardless of the respondent's own risk status is accelerated by having a high-risk female best friend [43] These findings can be justified with the fact that these teenage girls may discuss about their sexuality without a broader knowledge of seeing the other bad part of it and they may end up experimenting leading to teenage pregnancy.

Acknowledgment

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