



ORIGINAL RESEARCH ARTICLE

CONTRIBUTING FACTORS OF TEENAGE PREGNANCY AMONG PREGNANT TEENAGERS AT SELECTED HOSPITALS OF DHAULAGIRI ZONE

S Chalise¹, S Bajracharya^{2*}

¹ Norvic Institute of Nursing Education, Maharajgunj, Kathmandu, Nepal

² College of Nursing, Chitwan Medical College, Bharatpur -13 Chitwan, Nepal

*Correspondence to: Ms Subina Bajracharya, College of Nursing, Chitwan Medical College, Bharatpur -13 Chitwan, Nepal.

Email: bajracharyasubina@gmail.com

ABSTRACT

Teenage pregnancy is a challenging issue and public health concern for families, health workers, societies, governments and adolescents themselves both in developed and developing countries. A descriptive study was conducted to find out contributing factors of teenage pregnancy among the pregnant teenagers at selected hospitals of Dhaulagiri zone. Fifty pregnant teenagers attending these hospitals for antenatal check-up and delivery were selected by using non-probability purposive sampling technique. Data were collected by semi structured interview schedule and analyzed and interpreted using descriptive statistics. The finding of this study revealed that 48% respondents were 18 years old, 98% were Hindu, 78% were homemaker, and 15% had positive history of teenage pregnancy in family either-side. Regarding contributing factors of teenage pregnancy, 76% had lower secondary level of education, 92% were living in rural areas, 34% and 58% respectively had no knowledge about its consequences and disadvantage, 14% had faced problem in getting contraceptive of own choice, 94% had cultural acceptance for early marriage and in 58% guardians were less strict in trying to monitor activity were contributing factors of teenage pregnancy. Based on the findings, it is concluded that most of the identified factors were modifiable. For minimizing the teenage pregnancy, chances for girls in formal education should be increased, vocational training should be provided to those not continuing their education, and parents need to be equipped with knowledge regarding teenage pregnancy.

Key words: Contributing factor, Pregnancy, Teenage.

INTRODUCTION

Adolescent are as individuals within the age group of 10-19 years. During this time most adolescents start exploring of sexuality and some young couples may start sexual relationships.¹ Teenage pregnancy continues to be a challenging issue and public health concern for families, health workers, societies, governments and adolescents themselves both in developed and developing countries.²

Globally about 16 million girls aged 15 to 19 years and 2 million girls under the age of 15 give birth every year. Evidence further indicates that nearly 60% of all girls are married by the age of 18 years and one fourth is married by the age of 15 years in

South Asia, whereas within South Asia, the recorded teenage pregnancy rate is highest in Bangladesh (35%) followed by Nepal (21%) and India (21%).³ Teenage pregnancy begins early in Nepal, with almost 23 percent of Nepalese women have giving birth before reaching age 18, while about 48 percent have given birth by age 20.⁴

In order to overcome this problem in Nepal, a clear understanding of educational level, socio economical status, custom and tradition of early marriage, knowledge about contraceptive, decision-making authority of respondent, family background and informal education about teenage pregnancy is required.

RESEARCH METHODS AND MATERIALS

Cross sectional, descriptive research design was adopted to identify the contributing factors of teenage pregnancy among the pregnant teenagers in selected hospital of Dhaulagiri Zone. The population of the study was all pregnant teenagers attending Antenatal check-up outpatient department and labour room in Dhaulagiri Zone Hospital and Myagdi district hospital of Dhaulagiri Zone. Non probability purposive sampling technique was adopted to select the required sample.

Study was conducted after the approval of research committee. Formal permission was taken from the Chitwan Medical College, College of Nursing, Bharatpur Hospital, Dhaulagiri Zone Hospital and Myagdi district hospital. Informed consent from each participant was taken for the interview and objective of the study was explained to the respondents. Data collection was done by interview method using semi-structured questionnaire. SPSS for windows was used for the analysis of data.

RESULTS

Table 1: Socio-Demographic Characteristics of Respondents (n=50)

Variables	Freq.	%
Age in years		
16	10	20
17	16	32
18	24	48
Ethnicity		
Dalit	7	14
Disadvantage Janjati	22	44
Relatively Disadvantage Janjati	1	2
Ungroup Cast	20	40
Religion		
Hindu	49	98
Buddhist	1	2

Variables	Freq.	%
Occupation		
Student	5	10
Agriculture	7	14
Housewife	38	76
Place of origin		
Rural	46	92
Urban	4	8
Type of family		
Nuclear	37	74
Joint	13	26

Table 1 shows that 24 (48%) respondents were in the age of 18 years, 22 (44%) from disadvantage Janjati, 20 (40%) from ungrouped caste, 49 (98%) were Hindu. Regarding occupation, 38 (76%) were housewife, 46 (92%) were from rural area, 37 (74%) were grown up in nuclear family.

Table 2: Family History of Teenage Pregnancy and Relation with the Person

Variables	Freq.	%
History of teenage pregnancy in family- either side (n=50)		
Yes	15	30
No	35	70
Relation with person (n=15)		
Elder sister	8	53.3
Sister in law (maternal house)	2	13
Sister in law (own house)	4	26
Cousin sister	1	6

Table 2 shows that 15 (30%) of the respondents had positive history of teenage pregnancy in family – either side, among them in 8 (53.3%) of the cases were in elder sister.

Table 3: Respondent's Educational Level and Economic Status (n=50)

Variables	Freq.	%
Educational level		
Secondary level	38	76
Higher secondary level	12	24
Economic status		
Not sufficient to eat for 1 year	18	36
Sufficient to eat for 1 year	27	54
Extra saving	5	10

Table 3 indicates that maximum number of respondents 38 (76%) had secondary level of education and 12 (24%) had higher secondary level of education. Regarding economic status, 18 (36%) respondent's earning was not sufficient to eat for 1 year whereas 27 (54%) respondent's earning was sufficient to eat for 1 year.

Table 4: Reasons behind Early Marriage and Teenage Pregnancy (n=50)

Variables	Freq.	%
Reasons of early marriage**		
Low socioeconomic status of parents	4	8
Poor academic condition	9	18
Forced by parents	2	4
Voluntarily	49	98
Peer group influence	1	2
Reasons of teenage pregnancy**		
Desire for the baby by in laws	40	80
Desire for baby by own parents	8	16
Desire for baby by husband	48	96
Own desire for baby	37	74
**Multiple responses		

Table 4 shows that regarding reasons of early marriage 49 (98%) of the respondents married early voluntarily. In 48 (96%) respondents, reasons of teenage pregnancy was desire for baby by husband, in 40 (80%) desire for the baby by in laws, and in 37 (74%) own desire for baby was the reason.

Table 5: Knowledge on Consequences of Teenage Pregnancy for both Mother and Baby (n=50)

Variables	Freq.	%
Knowledge on Consequences		
Present	17	34
Absent	33	66
If yes consequences are ** (n=17)		
Anemia in mothers*	13	76.47
Congenital abnormality in baby*	16	94.11
Diabetes Mellitus in mother	4	23
Pregnancy induced HTN in mother*	11	64.7
Low Birth Weight in baby*	15	88.23
Uterine prolapse in mother*	11	64.7

**multiple responses

*correct response

Table 5 shows that regarding knowledge about consequences of teenage pregnancy, 17 (34%) respondents had some knowledge about consequences and 33 (66%) had no knowledge. Among those who had some knowledge, 16 (94.11%) had knowledge on congenital abnormality in baby, 15 (88%) had knowledge on low birth weight in baby, 13 (76.6 %) had knowledge on anemia in mother and 11 (64%) respondents had knowledge on pregnancy induced hypertension and uterine prolapsed in mother.

Table 6: Knowledge about Disadvantage of Teenage Pregnancy

Variables	Freq.	%
Disadvantage (n=50)		
Yes	21	42
No	29	58
If yes disadvantages are** (n=21)		
Increased self esteem	4	19
Sudden increase in responsibility*	13	61.9
Discontinuation of education*	19	90.5
Financial and emotional problem*	20	95.2
Can cause other disease*	14	66.7
Sexually transmitted infection*	13	61.9

**multiple responses

*Correct response

Table 6 shows that regarding knowledge on disadvantage of teenage pregnancy, 21 (42%) respondents had some knowledge about disadvantages of teenage pregnancy and 29 (58%) had no knowledge. Among those who had knowledge, 20 (95.2%) had knowledge about financial and emotional problem, 19 (90.5%) had knowledge about discontinuation of education, 14 (66.7%) had knowledge about causes of other diseases and 13 (61.9%) had knowledge about sudden increase in responsibility and sexually transmitted infection.

Table 7: Formal Informal Education about Teenage Pregnancy

Variables	Frequency	Percent
Formal Education (n=50)		
Taken	18	36
Not taken	32	64
Informal Education (n=50)		
Yes	30	60
No	20	40
If yes, Sources of Information** (n=30)		
Own parents	14	46.7
Teachers	18	60
Peer groups	24	80
Books	16	53.3
Mass media	23	76.7
In-laws	2	6.7
Siblings	18	60

**multiple responses

Table 7 shows that regarding education about teenage pregnancy, 18 (36%) respondents had taken some formal education about teenage pregnancy, and 30 (60%) respondents had informal education. Among the respondents who had got some informal education about teenage pregnancy, the source of information was peer groups in 24 (80%), mass media in 23 (76%), teachers and siblings in 18 (60%), books in 16 (53%), own parents in 14 (46.6%) and in-laws in 2 (6.7%) respondents.

Table 8: Use of Family Planning Method and Problem Faced in Getting Contraceptive

Variables	Frequency	Percent
Use of Family Planning Method (n=50)		
Used	10	20
Not used	40	80
Methods of Family Planning used (n=10)		
Condom by husband	9	90
Oral combined pills	1	10
Problem Faced in Getting Contraceptive (n=50)		
Yes	7	14
No	43	86
If yes types of Problems (n=7)**		
Avoidance by in-laws	7	100
Avoidance by husband	7	100

**multiple responses

Table 8 shows that 10 (20%) respondents had used and 40 (80%) hadn't used methods of family planning. Among the respondents who had used family planning methods, in 9 (90%) respondents the method was condom by husband and in 1(10%) oral combined pills.

Among the contraceptive users, 7 (14%) faced problem getting the contraceptives and 43 (86%) didn't face any problem.

Table 9: Cultural Acceptance for Early Marriage and Decision Making Authority for Pregnancy (n=50)

Variables	Frequency	Percent
Cultural Acceptance		
Yes	47	94
No	3	6
Decision Making Authority		
Family	7	14
Husband and wife	43	86

Table 9 shows that early marriage was culturally accepted in 47 (94%) respondents and not accepted in 3 (6%) respondents. Regarding decision making authority for own pregnancy, in 43 (86%) respondents authority remained upon both husband and wife and in 7 (14%) family members were involved.

DISCUSSION

The prime contributing factors of teenage pregnancy according to this study were limited opportunity for education and job, lack of awareness program about teenage pregnancy, lack of knowledge about disadvantage and consequences of teenage pregnancy, unavailability of formal education about teenage pregnancy, cultural acceptance for early marriage, living in rural areas and less strictness by guardians in trying to monitor activities.

In this study, 94% of the respondents said cultural acceptance for early marriage was contributing factor of teenage pregnancy. This finding was similar to the finding of Acharya et.al. which revealed that early age at marriage is culturally acceptable in south Asian culture, which seems to add risk of teenage pregnancy.⁵

Similarly, 92% of the respondents said that living in rural areas was contributing factor of teenage pregnancy. This finding is similar to the study done by Nepal Demography and Health survey which revealed that teenage pregnancy is double the number in rural areas compared to urban area.⁴

About 76% of the respondents in this study, whose main occupation was categorized as homemaker, felt their occupation was main contributing factor of teenage pregnancy. This result was similar to the study conducted by Muchuruza which showed that the risk was fifteen times higher in respondents with no employment.⁶

Similarly, 76% of the respondents said that lower level of education was contributing factor of teenage pregnancy, which was similar to the finding of the study by Philemon which found that some of the respondents were already dropouts from school, while others were deprived of the chance with secondary education.⁷ Among the contributing factor of teenage pregnancy, 64% of the respondents had no formal education about teenage pregnancy, similar to the study by Muchuruza which revealed that the risk was fifteen times higher in respondents with no formal education.⁶

This study showed that 58% of the respondents felt that less strictness of guardians in trying to monitoring activities were main factors of teenage pregnancy. This result was similar to study conducted

by Mithiba et al. which shows that lack of strictness in family have also contributing factor of teenage pregnancy. The lack of knowledge about disadvantage of teenage pregnancy was contributing factor of teenage pregnancy in 58% respondents, which was similar to study conducted by Mithiba et al. which shows that lack of knowledge on disadvantage of teenage pregnancy is also contributing to teenage pregnancy.⁸

CONCLUSION

This study showed that adolescence pregnancies are still a major concern in Nepal especially among those who are living in rural areas. The main factors of teenage pregnancy were limited education and job opportunities, lack of awareness about teenage pregnancy, lack of knowledge about disadvantage of teenage pregnancy, unavailability of formal education about teenage pregnancy, cultural acceptance for early marriage and less strictness in guardians in trying to monitor activities.

REFERENCES

1. World health organization. Country Health System Profile Nepal: 2001. Retrived from http://www.searo.who.int/en/Section313/Section1523_6870.htm
2. Chedraui P, Hidalgo L, Chavez M, Glenda SM. Determinant factors related to pregnancy among adolescents aged 15 or less. Journal of Perinatal Medicine. 2004; April; 201-205.
3. World Health Report .World Health Organisation, Geneva. 2005. Retrieved from: http://www.who.int/whr/2005/media_centre/facts_en.pdf
4. Nepal Department of Health Services.2010. Retrieved from http://dohs.gov.np/sites/default/files/1/files/Annual_Report_2066_67.pdf
5. Acharya DR, Bhattarai R, Poobalan A, Van Teijlingen, ER and Chapman G. Factors associated with teenage pregnancy in South Asia. Health science Journal 2010; 4(1).
6. Muchuruza P. Socio economic and cultural factors associated with pregnancy among adolescent girls in magu district. 2002. Retrieved from http://www.mcdgc.go.tz/catalogue/index.php/view/socio_economic_and_cultural_factors_associated_with_pregnancy_among_adolesc
7. Philemon M. Factors contributing to high adolescent pregnancy rate in kinondoni municipality, dar-es-saloam, Tanzania. 2007. Retrieved from <http://uir.unisa.ac.za/bitstream/handle/10500/1814/dissertation.pdf.txt?sequence=2>
8. Mithiba TM, Maputle MS, tebogo M, Maria S, Liaws, Hasan, Wade V, Fernando. Risk factors for teenage pregnancies in Sri Lanka. 2013; Retrieved from <http://www.curationis.org.za/index.php/curationis/article/view/19/63>