Factors contributing to, and effects of, teenage pregnancy in Juba

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OBJECTIVE: To explore the factors contributing to, and effecting, pregnancy among teenagers in Juba.

METHODS: This descriptive cross-sectional study was conducted in Juba Teaching Hospital among 50 randomly sampled pregnant teenagers in 2015.

RESULTS: The factors contributing to teenage pregnancy included: lack of school fees, lack of parental care, communication and supervision, poverty, peer pressure, non-use of contraceptives, desire for a child, forced marriage, low educational level and need for dowries. The effects of pregnancy on the teenagers included: school drop-out, health risk during and after childbirth, divorce, rejection by parents, stigmatism, and, sometimes if the baby is unwanted, abortion.

CONCLUSIONS AND RECOMMENDATIONS: The factors driving teenage pregnancy are complex and varied and therefore require multifaceted interventions. We recommend improvements related to education, family planning, school-based health centres, youth-friendly clinics and youth development programmes.

Key words: forced marriage, poverty, school drop-out, teenage pregnancy

Introduction

Teenage pregnancy is a public health concern in both developed and developing countries. It is defined as any pregnancy that ends before the age of 20 years. About 16 million girls aged 15 to 19 years old give birth each year, which is about 11% of all births worldwide [1], and this does not include births among girls aged under 15 years. The highest teenage pregnancy rates, which are often associated with early marriage, are in sub-Saharan Africa, where one in every four girls has given birth by the age of 18 years [2]. In the Amhara region of Ethiopia, half of all girls are married before the age of 15 years. Many are engaged even younger and sent to live with their future husband's family [3]. If current levels of global child marriages hold, 14.2 million girls annually will marry too young, and many will be aged under 15 years [4].

South Sudan is among the top ten countries with the highest prevalence of teenage pregnancy, the others being Burkina Faso, Central African Republic, Chad, Guinea, Malawi, Mali, Mozambique, Niger and Bangladesh [4]. A third of South Sudanese girls start childbearing at ages 15-19 years, and 3 percent have had a live birth before the age of 15 years [5]. The South Sudan constitution, that defines a child as anybody below 18 years, prohibits forced marriage but does not specify a minimum age for marriage [6]. South Sudan's child marriage rites may be based on ancient traditions, but their practice today can be blamed on the country's contradictory laws and their weak enforcement. In South Sudan, teenage girls are more likely to be married than in school [7] Worldwide, factors contributing to teenage pregnancy include: dowry payment, poverty, low educational status, poor quality, and access to, reproductive health services, peer pressure, tradition and culture [8].

Objective

The aim of our study was to explore the factors contributing to teenage pregnancy in Juba, and its effects on the young mothers, in order to gain an insight on how to reduce teenage pregnancy in South Sudan.

Materials and Method

This descriptive cross-sectional study was conducted at Juba Teaching Hospital (JTH) between September 1 and October 30, 2015. Fifty pregnant teenagers were randomly selected from the antenatal clinic register book using systematic random sampling. Data were collected anonymously from consenting respondents using a structured questionnaire through direct interview, and analyzed using the Statistical Package for Social Sciences (SPSS) version 20 software. The recommendations were given to JTH, and the girls were counselled about the effects and risks of teenage pregnancy after their interviews.

The study was approved by the ethical review committee of the Juba College of Nursing and Midwifery and permission obtained from Juba Teaching Hospital.

Table 1. Percentage distribution by selected socio-demographic characteristics

Variable	Percent (n = 50)
Age -years	
14-16	20
17-19	80
Religion	
Catholic	54
Protestant	28
Muslim	6
Others	12
Level of education	
Never went to school	8
Not completed primary school	46
Completed primary school	12
Not completed secondary school	26
Completed secondary school	8
Occupation	
Unemployed	4
Student	2
House wife	86
Other	8

Table 2. Percentage distribution by reproductive characteristics of respondents

Variable	Percent (n = 50)
Marital status	
Married	86
Single	10
Divorce	2
Widowed	2
Age at start of sex - years	
11-13	8
14-16	54
17-19	38
Age at first marriage - years	
14-16	38
17-19	62
Age of partner - years	
15-19	12
20-24	44
25-29	20
30-34	10
35-39	2
40-44	10
>44	2
Current pregnancy:	
Wanted and planned	40
Wanted and unplanned	16
Unwanted and unplanned	44
Were you using any method of family planning?	
Yes	4
No	98
If yes, which method(s)?	
Pill	50
Implants	50

Results

Table 1 shows the proportion of girls in each age, religion, education, and occupation group. The mean age was 17.5 years (SD +/- 1.1 years).

Table 2 shows the distribution of the girls by marital status, age when sex started (mean age 15.9 ±1.5 years) and at marriage (mean age 16.9 ± 1.2 years), present age of partner (mean age 25.8 ± 7.2 years). It also shows how many of the pregnancies were wanted and/or planned, and contraceptive use. Most of the girls were married before they became pregnant.

The girls were asked what they felt about teenage pregnancy and associated stigma, its prevalence in Juba and cultural norms on sex before marriage – see Table 3. Some of the girls reported that they themselves had experienced stigma and isolation.

Figure 1 shows the relative importance of the factors contributing to teenage pregnancy and early marriage as reported by each respondent. Of most importance were: love/desire for child; 'girls suppression' (i.e. activities, such as education, restricted by parents in preparation for marriage); lack of school fees, lack of parental care (i.e. lack of supervision and parent-child communication), poverty, peer pressure, non-use of contraceptives, forced marriage, and low educational level. Cultural beliefs included expectation of early marriage.

The respondents mentioned several effects that pregnancy can have on teenage girls – see Figure 2. The most important was dropping out of school. A quarter said the girl would have no decision making power at home, and almost a fifth were aware of the health risks to mother and baby.

Discussion

Most of the respondents were aged 17 years or over, the majority were married, and just over half said the baby was wanted. Some admitted that getting pregnant was planned as it enabled them to avoid further sex - in South Sudan sexual abstinence is a common cultural practice during pregnancy and up to 2 years postpartum. Even so for 44% respondents the pregnancy was unwanted, and 20% were young teenagers (aged 14-16 years) for whom the risks of pregnancy are greatest.

Table 3. Respondents' answers to questions related to teenage pregnancy

Variable	Percent (n = 50)
Do you think teenage pregnancy is risky?	
Yes	80
No opinion	6
No	14
Do teenage pregnancies commonly occur in your community?	
Yes	94
No opinion	2
No	4
Do pregnant teenagers suffer stigma and isolation	
Yes	60
No opinion	14
No	13
Is sex permitted before marriage in your culture?	
Yes	18
No	82

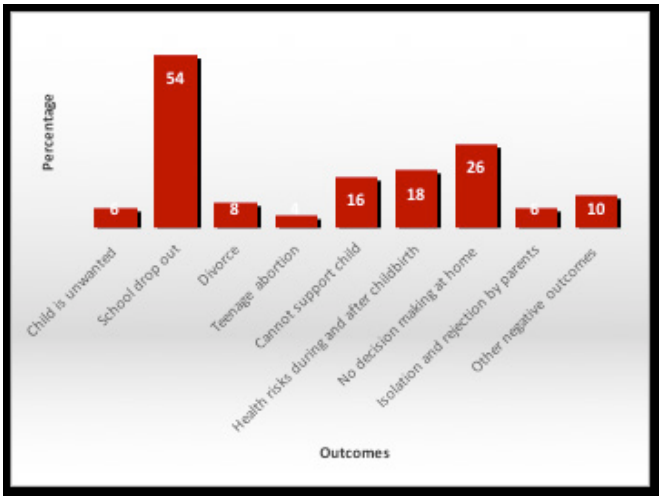

Figure 2. Respondents' responses on effects of pregnancy on teenage girls in Juba

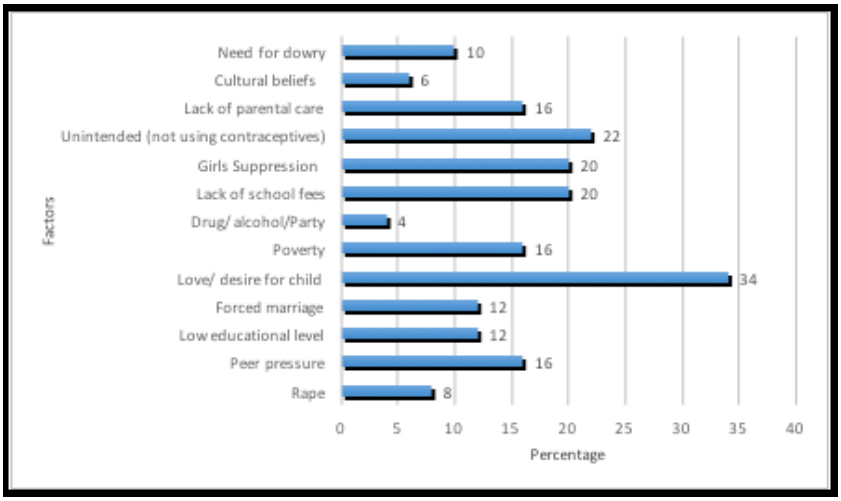

Figure 1. Respondents' responses on factors contributing to teenage pregnancy in Juba

There was insufficient data to do regression analysis but the results do suggest that poverty was an important factor contributing to pregnancy. Lack of money for school fees apparently led to many girls dropping out of school and sometimes opting instead for marriage. The Government of South Sudan has been criticized for not budgeting enough to education. Over half the respondents had not completed primary school, and this low level of education may also have made the girls vulnerable to early sex, and to family and peer pressures. The fact that only 4 respondents had used contraceptives probably reflects their low use in South Sudan [5].

Poverty can also contribute to early marriage as girls' families benefit from dowries (provided by the partner's family often as cattle). It is interesting that only 12% of respondents felt that forced marriage, and 4% felt rape were factors contributing to teenage pregnancy.

'Teenage' is a time when boys and girls may undertake irresponsible activities and end up being unexpected mothers and fathers and most of the respondents realized that teenage pregnancy was 'risky' – and could lead to stigma and family rejection and abuse, and, most importantly, having to drop out of school. Several respondents were aware of the health risks of pregnancy to teenage mothers and their babies – maternal mortality and anaemia rates are higher, and teenagers often get poor prenatal care [5]. High rates of preterm delivery, small-for-gestational age babies and neonatal mortality are common among teenage pregnancies in South Sudan [9]. We were unable to follow up our respondents and so do not know the outcome of their pregnancies.

Conclusions and Recommendations

The factors driving teenage pregnancy are complex and varied, as are the effects on the teenage girls - and therefore require multifaceted interventions. We recommend:

1. To policy makers:

- Provide stable funding for comprehensive educational and support services to pregnant and parenting teenagers.

- Enforce laws that prohibit early marriage, rape and abduction.
- Develop programmes that empower teenagers to cope with the challenges that they face during adolescent relationships and pregnancy, and how to avoid unwanted sex.
- Implement culturally-appropriate school-based and out-of-school health and sex education starting before the age of 14 years.

2. To health care workers and teachers:
   - Make existing public clinics 'youth-friendly'.
   - Integrate into the curricula for students and out-of-school youths: life orientation, teenage pregnancy, HIV/AIDS, sexually transmitted infections and family planning. Teachers are in the best people to do this.

3. To communities, parents or guardians:
   - Attend workshops on sex education, help to develop schools' policies on sex education, and to provide students with adequate resource material.
   - Strengthen parent-teen communication.
   - Mobilize communities to engage in sexual and reproductive health, and establish a mechanism for collective action for deterring gift dowries, forced marriage, and rape.

Constraints

This study was limited by the sample size. As it does not involve regression analysis some confounders may obscure or mask the significant factors. However, the findings can provide insight into how teenage pregnancy can be prevented in similar area settings. We recommend a larger more in-depth study.

Acknowledgement

To all the respondents who gave us their precious time, to the administrators and Staff of Juba Teaching Hospital, and to Juba College of Nursing and Midwifery for approving the study.

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