

Factors and Consequences Leading to Teenage Pregnancy in Women Visiting Tertiary Care Hospital of Peshawar

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ABSTRACT

Aim: To determine the factors and consequences leading to teenage pregnancy in women

Study design: Cross-sectional

Place and duration of study: Tertiary Care Hospital of Peshawar from 20th July 2017 to 20th May 2018.

Methods: Two hundred patients visiting tertiary care hospital of Peshawar were included. All admitted woman married in an age group of 10-19 years and were still in reproductive age and got complication during any gynecological surgery were included in the study. All admitted woman married in an age group of 10-19 years and were still in reproductive age group had medical problems were excluded from the study. A semi structured questionnaire was designed as a study tool for data collection.

Results: Two hundred admitted teen age mothers operated for gynecological problem at tertiary care health facility were included, 48% of husbands belong to poor class and 28% had income below 30 thousand/month. 53% of father's family had poor social class and 54% earned below 30 thousand /month. 73% of women and 56% of husbands were illiterate 21% of fathers were educated, 11% had desire for more children and gender discrimination, notion of honour 11.5%. 62.5% had poor knowledge, 73% showed poor attitude whereas 76% had poor practices regarding use of contraceptives. Important consequences after teen delivery were postnatal depression 27%.

Conclusion: The low socioeconomic status, illiteracy, gender discrimination, desire for more children, notion of honor was important socio-cultural factors prevailing in our society. Poor knowledge, attitude and practices regarding use of preventive methods (contraceptives) were more likely to influence the increasing rate of teen age pregnancy. Important most consequence was post natal depression, teen mostly experienced after delivery in our society.

Keywords: Teen age pregnancy, Gender discrimination, Multigravida, Post-natal depression

INTRODUCTION

Pregnancy in the age of 10-19 years is called teen age pregnancy. 10 to 14 years of teens are called younger teens and 15 to 19 years are called older teens (world health organization)^{1,2}. According to statistics of USA, frequency of teenage pregnancy is very high (67.8/1000) where as it was decreased up to 34.3 /1000 in 2010³.

Teen age pregnancy is a public health issue for developing countries especially Africans countries where frequency is still at the top 143/1000. Approximately 13 million children are born to teen age mothers every year in developing nations⁴. Among south Asian developing countries frequency of teen age pregnancy is high e.g. India (62%), Bangladesh (35%), Nepal (21%) out of every 1000 women where as in developed nations e.g. South Korea and Singapore, frequency of teen births are among the lowest³. The incomplete growth of female reproductive and musculoskeletal system of pregnant teen mothers prone them to increase rates of spontaneous abortion, preterm delivery and low birth weight⁵.

In developing nations various factors leading to teen age pregnancy among which most important are cultural and social issues⁶, knowledge, attitude and practices

related with reproductive health⁷, lower social status, low educational level, poor parenting and supervision and little or no knowledge about contraceptives use ,large and disrupted family structure³, access to health care services⁸. Marriage of 10-19 years girl is common practice in poor areas where availability and accessibility of health care services are very low. About over 140 million of Pakistani females become married prior to the age of 18 years and are required to raise children while themselves being a child. Failure to perform these responsibilities experiencing severe spousal violence in relationships⁹. In some of families, male child dominancy is favoured over a female child and considered as a bread winner for a family .male education is preferred over woman and is not allowed¹⁰.

Provision of effective contraceptive services for pregnancy prevention should be promoted¹¹. A successful prevention program include counselling and information regarding pregnancy prevention at early age .It should be ensured that all adolescents should have knowledge and access to contraception. The adolescent mother's partner and father of her child should be included in teenage pregnancy and parenting programs with access to education and vocational training, parenting skills classes, and contraceptive education¹³ the aim of the study was to determine the factors and consequences leading to teen age pregnancy in women visiting tertiary care hospital of Peshawar.

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PATIENTS AND METHODS

This descriptive cross-sectional study was conducted at Teaching Hospital of Peshawar from 20th July 2017 to 20th May 2018. 200 delivered teenagers were randomly selected from the ward. All admitted woman married in an age group of 10 -19 years and were still in reproductive age and married and got complication during any gynecological surgery were included in the study. All admitted woman married in an age group of 10 -19 years and were still in reproductive age group had medical problems were excluded from the study. Data were collected from respondents using a semi structured questionnaire through face to face interview, and analyzed using the SPSS-20.

RESULTS

There were 22.5% of women married were in between 10-15 years, 33.5% were in between 15-20 years, 44% were in 17-19 years. 135 (67.5%) women's were below 30 years whereas 65 (32.5%) were above 30 years .146 (73%) were illiterate and 54(27%) were literate.112 (56%) were illiterate and 88(44%) were literate. 177(88.5%)of women belong to rural area and 23(11.5%) belong to urban area.109(54.5%) of women had 1-2 live birth whereas 91 (45.5%) of women had 2-4 live birth (Table 1).

Sixteen (8%) of husband were from rich class, 90(45%) were from middle class and 96(48%) were from poor social class .56(28%) of husband had income above 30 thousand/month and 144(72%) had income below 30 thousand /month in PKR.22(11%) belong to rich class, 72(36%) belong to middle class, 106(53%) belong to poor class. 108(54%) of fathers had income below 30 thousand and 92(46%) of fathers had income above 30,000(Table 2).

Table 3 showed that reasons for early marriages .among 200 respondent 42(21%) of fathers were educated ,only 9 (4.5%) women showed self-willingness for early marriages, 22(11%) had desire for more children,8 (4%) had peer pressure.26(13%) married early due to need for dowry ,10(5%) had disputed families , 23(11.5%) parental poverty ,notion of honor 23(11.5%),gender discrimination 22(11%), role of media 15(7.5%).

Table 1:Sociodemographic profile of respondent and her husband

Variable	No.	%
Marital age of women		
10-15 years	45	22.5
15-20 years	67	33.5
17-19 years	88	44.0
Current age of women		
< 30 years	135	67.5
>30 years	65	32.5
Educational status of respondent		
Illiterate	146	73
Literate	54	27
Educational status of husband		
illiterate	112	56
Literate	88	44
Place of residence		
Rural	177	88.5
Urban	23	11.5
No .of live birth		
1-2	109	54.5
2-4	91	45.5

Table 2: Socioeconomic status and income of parent and husband (n=200)

Variable	No.	%
Socioeconomic status of the husband		
Rich class	16	8.0
Middle class	90	45.0
Poor class	96	48.0
Income of Husband/Month (Rs)		
>30000	56	28
<30000	144	72
Socioeconomic status of the parents		
Rich class	22	11.0
Middle class	72	36.0
Poor class	106	53.0
Income of father / month (Rs)		
<30000	108	54.0
>30000	92	46.0

Table 3: Factors leading to teen age pregnancy in women n=200

Factors	No.	%
Educational status of father	42	21.0
Self-willingness for early marriages	9	4.5
Desire for more child	22	11.0
Peer pressure	8	4.0
Need for dowry	26	13.0
Disputed families	10	5.0
Parental poverty	23	11.5
Notion of honor	23	11.5
Gender discrimination	22	11.0
Role of media	15	7.5

Table 4: Knowledge, attitude and practices regarding use of contraceptive methods in women (n=200)

Variable	No.	%
Knowledge		
Good	23	11.5
Average	52	26.0
Poor	125	62.5
Attitude		
Good	20	10.0
Average	34	17.0
Poor	146	73.0
Practices		
Good	19	9.5
Average	29	14.5
Poor	152	76.0

Table 5: Consequences after teen age delivery (n=200)

Consequences	No.	%
Wound/incision infection	38	19.0
Genital tract infections	45	22.5
Child rearing problms	40	20.0
Spousal violence	10	5.0
Post natal depression	54	27.0
In laws issues	12	6.0
Other negative effects	1	0.5

According to knowledge, attitude and practices regarding use of contraceptives methods in women .among 200 respondent, 23(11.5%) had good knowledge, 52(26%) had average, 125(62.5%) had poor knowledge. Twenty (10%) showed good attitude, 34(17%) showed average and 146 (73%) showed poor attitude whereas 19(9.5%) had good practices, 29(14.5%) had average, 152(76%) had poor practices (Table 4).

Table 5 showed problems in teen after delivery in teen mothers, 38(19%) women had wound /incision infection, 45(22.5%) had genital tract infections, 40 (20%) had child rearing problems, 10(5%) had spousal violence, 54(27%) had post natal depression, 12(6%) had in-laws issues, 1(0.5%) had other negative post natal problems.

DISCUSSION

Socidemographic characteristics of women showed 44% respondents were married at an age of 17-19 years in which 67.5% of women were below 30 years. 73% of respondent were illiterate, 56% were illiterate. 88.5% were living in rural areas. 48% of husbands family belong to poor social class 72% had income below 30 thousand /month whereas 53% parental family belong to poor social group and 54%of fathers lived with low income i.e. below 30 thousand/month. From the above statistics majority of our study population had poor socioeconomic status. Poor social status was considered as the main factor for teen age pregnancy (57.1%). This finding is very relevant to report and found out that females living in economic hardships have increased birth rate in young age. Another study concluded that young age birth were more females suffering from financial difficulties, joblessness and poverty, lack of information about reproductive problems, low level of education.¹³ Low social status, low educational achievement cultural issues were all known hazard for early pregnancies in South Asian countries¹⁰. Shrestha reported that rate of early pregnancy was more (52%) in low than in the higher social class (26%). social disparities prevailing in the society, poverty and gender discrimination were the key factors vulnerable the young to conceive early.¹⁰ Similar finding were concluded by a study of Zimbabwe and showed that low socio-economic background is a major factor for teenage pregnancies.^{22,26} Majority of parents were poor and were financially weak and could not even afford education of girls and marry them as soon as possible and see their future in their husband's house. Some of the poor family may consider their daughter as financial burden that must be removed through marriage. In many countries, it is economically more feasible to marry daughters at a younger age because expenditures of dowry may also be lower for teen agers girls in various rural areas.

According to ministry of finance of Pakistan, 27% of individuals were living below the poverty line in rural areas and 13.1% residing in urban areas. The Economic Survey shown that if the poverty line is \$2 per day in relation with international standards for developing countries, then (60.19%) means half of Pakistani population lives below poverty line.¹⁴ Another study conducted in Nigeria and India found out that poverty plays an important role in increasing frequency of teen age pregnancy and its related bad obstetrical outcome.^{25,26}

Our study showed that 73% of respondent, 56% of husbands and majority of the fathers were found illiterate in our study. Statistics showed that 51% of girls are registered in schools and completed their primary education which is low as compare to boys (60%)¹⁴. According to an estimate in the year 2000, only 25% of women were able to complete their primary education as compared to 49% of

men in Pakistan¹⁹. Indian study also revealed that low literacy is a contributory factor leading to teenage pregnancy.²⁶ Illiterate parents do not spend money on girls because girl's has to handle domestic burdens, child rearing and traditional and cultural norms that make marriage and education incompatible. Early marriage limits her developmental skills, knowledge, exchanging power of ideas with in family of in laws and especially with her husband weaken the marital relationship and causes of domestic violence.

Current study concluded that 11% of respondent talk about gender discrimination as a reason of early pregnancy in Pakistani society. Another study concluded that gender discrimination is a part of culture of so many families. It is practiced only to continue male dominancy. In Pakistani society, it is normal practice that daughters will be married prior than sons because girls are considered as financial burden and sons are considered as source of income in most of the Pakistanis communities. The UN Committee on CRC expressed strong concern for Pakistan, regarding rights of womenprotecting and obeying cultural practices laid by their elders is considered to be a sign of pride in most of the communities.¹⁴These practices are totally in favour of males. So early child marriage is considered a routine matter to avoid any unusual behavior that might result in stigmatization.¹⁶ Moore and Rosenthal observed that girls when participate in house hold activities is considered to be mature for marriage and a proof of the young woman's fertility. From this finding, it can be noted that high frequency of early marriages is associated with traditional and cultural norms in some rural areas ofZimbabwe.²² Similarly in African countries, early pregnancy is often seen as a sign of woman's fertility. In the Indian study, early marriage and pregnancy is more common in rural communities than in urban. The lack of education on sexual and reproductive health is very limited leads to teenage pregnancy. According to Onuzulike, poverty, lack of interest and low level of education were identified factors for teen age pregnancy.²⁵ Females are given house hold activities and are not allowed to leave their spouse's home due to this cultural practice which keep her away from education ,job and leads to gender inequality and so lifelong dependency on their spouse is ensured.

Another important cultural issue prevailing in our society is desire for more children .our study concluded 11% of women wanted more than two children and were more likely to involve in teen births. Another study showed some of the women refused to use contraceptive because of extreme desire for children and hence undergone frequent pregnancies. Same results has been found in a study conducted in rural Bangladesh.²³ In another study 74.4% of women desires for more than two children is a part of culture norms.²⁴ In most of the families, actually there is a pressure from in-laws on a girl to deliver male babies for this reason most of the girls after marriage did not use contraceptives and bear frequent pregnancies in teen.

Our study revealed an important social factor is notion of honor (11.5%) which indulge the female child for early marriages and in order to lessen the risk of dishonour attached with the girls like male female sex without

marriage or rape so most of the parents preferred early Child marriage and adopt protective approach for preserving honor and respect of family as well as child.¹⁶ Protecting the “family honor” is one of the cause for early child marriages in earlier studies^{17,18}.

This study showed that 62.5% had poor knowledge, 73% showed poor attitude whereas 76% had poor practices regarding use of contraceptives .poor knowledge related with use of contraception leads to big family size. A report says that 1 in 3 women in her reproductive life had postponed her future pregnancy without using any method of contraception¹⁴. In USA use of contraceptives among married teen were 13%¹⁵. Many studies suggested that teenagers have basic knowledge about contraception but their use was limited to lower the frequency of teenage pregnancy. An Indian study reported that knowledge about use of contraceptive was full of misunderstandings and confusion and so leading to limited use of pregnancy preventive methods.²¹ This is comparable to the another study which found illiteracy about knowledge of reproductive system and use of contraceptives in teens.¹³ The reason for poor knowledge, attitude and practices is due to lack of information related with sexual and reproductive biology and its associated hazards. This is due to the fact that actually these problems is a cultural ,social and religious taboo and even mothers and fathers show uneasiness while discussing with their kids.

Existing study showed that 27% teen age mother had post natal depression. Twenty three studies conducted in developing nations concluded increased frequency of post natal depression (19.2%).²⁷⁻²⁸ The reason for increased frequency of post natal depression in teen was due to less staying time of about 48 hours after delivery in hospitals so provide little chance for health workers to advise and guide her and relatives about consequences and problems appeared after delivery and when to come for follow up. In developing countries, the fraction of women had awareness regarding importance of follow-up so mental disorders often remain hidden and undiagnosed, especially in case of home delivery.

CONCLUSION

The low socioeconomic status, illiteracy of father, husband and respondent, cultural factors e.g. gender discrimination, desire for more than two children, social factor e.g. notion of honor were socio-cultural factors were important factors in our society. Poor knowledge, attitude and practices regarding use of contraceptives was contributory factor for increased birth rate in teens and most important consequences after birth of child was post natal depression.

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