

## Contributing Factors Of Teenage Pregnancy Among Pregnant Teenagers At Selected Hospitals Of Dhaulagiri Zone, Nepal

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**Abstract:** Teenage pregnancy is a challenging issue and public health concern. A descriptive study was conducted to find out contributing factors of teenage pregnancy among the pregnant teenagers at selected hospitals. Fifty pregnant teenagers attending these hospitals for antenatal check-up and delivery were selected by using non-probability purposive sampling. 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. 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.

**Keywords:** Contributing factors, Teenage, Pregnancy

### I. 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.<sup>[1]</sup> 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.<sup>[2]</sup>

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%).<sup>[3]</sup> 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.<sup>[4]</sup>

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.

### II. 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 labor 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, 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.

### III. Results

**Table (1)** Socio-demographic characteristics of respondents (n=50)

Variables	Frequency	Percent
Age in years		
16	10	20
17	16	32
18	24	48

<b>Ethnicity</b>		
Dalit	7	14
Disadvantage Janjati	22	44
Relatively Disadvantage Janjati	1	2
Ungroup Cast	20	40
<b>Religion</b>		
Hindu	49	98
Buddhist	1	2
<b>Occupation</b>		
Student	5	10
Agriculture	7	14
Housewife	38	76
<b>Place of origin</b>		
Rural	46	92
Urban	4	8
<b>Type of family</b>		
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	Frequency	Percent
<b>History of teenage pregnancy in family- either side (n=50)</b>		
Yes	15	30
No	35	70
<b>Relation with person (n=15)</b>		
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	Frequency	Percent
<b>Educational level</b>		
Secondary level	38	76
Higher secondary level	12	24
<b>Economic status</b>		
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 27 (54%) respondent’s earning was sufficient to eat for 1 year.

**Table (4)** Reasons behind early marriage and teenage pregnancy (n=50)

Variables	Frequency	Percent
<b>Reasons of early marriage**</b>		
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
<b>Reasons of teenage pregnancy**</b>		
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 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	Frequency	Percent
<b>Knowledge on Consequences</b>		
Present	17	34
Absent	33	66
<b>If yes consequences are ** (n=17)</b>		
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 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	Frequency	Percent
<b>Disadvantage (n=50)</b>		
Yes	21	42
No	29	58
<b>If yes disadvantages are** (n=21)</b>		
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 21 (42%) respondents had some knowledge about disadvantages of teenage pregnancy and 29 (58%) had no knowledge. Knowledge was present about financial and emotional problem in 20 (95.2%), discontinuation of education in 19 (90.5%), causes of other diseases in 14 (66.7%) and sudden increase in responsibility and sexually transmitted infection in 13 (61.9%).

**Table (7)** Formal informal education about teenage pregnancy

Variables	Frequency	Percent
<b>Formal Education (n=50)</b>		
Taken	18	36
Not taken	32	64
<b>Informal Education (n=50)</b>		
Yes	30	60
No	20	40
<b>If yes, Sources of Information** (n=30)</b>		
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 18 (36%) respondents had taken some formal education about teenage pregnancy, and 30 (60%) respondents had informal education. 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
<b>Use of Family Planning Method (n=50)</b>		
Used	10	20
Not used	40	80
<b>Methods of Family Planning used (n=10)</b>		
Condom by husband	9	90
Oral combined pills	1	10
<b>Problem Faced in Getting Contraceptive (n=50)</b>		
Yes	7	14
No	43	86
<b>If yes types of Problems (n=7)**</b>		
Avoidance by in-laws	7	100
Avoidance by husband	7	100

**\*\*multiple responses**

Table 8 shows that only 10 (20%) respondents had used methods of family planning, among them in 9 (90%) respondents the method was condom by husband and in 1(10%) oral combined pills. Seven respondents (14%) faced problem getting the contraceptives.

**Table (9)** Cultural acceptance for early marriage and decision-making authority for pregnancy (n=50)

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

Table 9 shows that early marriage was culturally accepted in 47 (94%) respondents and decision-making authority for pregnancy remained upon both husband and wife in 43 (86%) respondents.

**IV. 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, which was similar to the finding of Acharya et.al. that revealed early age at marriage is culturally acceptable in south Asian culture.<sup>[5]</sup>

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.<sup>[4]</sup>

About 76% of the respondents, who were homemaker; felt their occupation was main contributing factor of teenage pregnancy and 64% of the respondents had no formal education about 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 and with no formal education.<sup>[6]</sup>

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.<sup>[7]</sup>

Less strictness of guardians in trying to monitor activities and lack of knowledge about disadvantage of teenage pregnancy were contributing factors of teenage pregnancy in 58% respondents, which was similar to study conducted by Mithiba et al. which shows that lack of strictness in family lack of knowledge on disadvantage of teenage pregnancy as contributing to teenage pregnancy.<sup>[8]</sup>

**V. 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.

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