

Short Communication

Determinants of teenage pregnancies in a rural area of Zambia: a case study of Chipili district, Zambia

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ABSTRACT

Teenage pregnancies are a serious public health issue around the world and Zambia in particular. This is driven by many factors. The general objective of the study was to explore determinants of teenage pregnancy in Chinshinki village, Chipili district. This was a qualitative study, which adopted a phenomenological study design. Data was collected using a focus group discussion with teenage mothers and four key informants. Participants were purposively selected based on the in-depth knowledge and experience of the phenomenon studied. The data collected was analysed using thematic analysis. The study showed that despite being aware of the various methods of contraception, teenagers still have negative attitudes toward their use. Cultural beliefs of not discussing sexual matters at household level have led to teenagers to search for guidance and information from their peers. The study also revealed that the reduced accessibility and awareness on reproductive health information was influenced by the healthcare workers who did not provide this information to the teenagers in their respective communities. The study showed that despite being aware of the various methods of contraception, teenagers are still not willing to fully utilize these methods. This perception stems from misinformation provided by their peers who play an important role regarding teenagers' decisions about engaging in risky sexual behaviour.

Keywords: Teenage sex life, Teenage pregnancy, Teens, Determinants, Individual level elements

INTRODUCTION

Pregnancy at a young age poses a life threat towards their wellbeing, as this puts them at risk of pregnancy and birthing complications compared to older women.¹ globally, although literature shows decline in number of deaths associated with complications during childbirth, pregnancy and childbirth among young women remain leading causes of maternal deaths of 15-19-year-old girls often times these pregnancies are unintended and outcome is poor in young women resulting into low birth weight (LBW), premature deliveries and congenital disorders and ultimately maternal deaths.^{2,3} teenage pregnancies are serious public health issue around world and Zambia in particular.

The Zambia demographic and health survey reports that in Zambia, 29% of young women aged 15-19 years are already pregnant with their first child.⁴ Furthermore, rural young women aged 15-19 years are twice as likely to have begun child bearing than urban young women (37% versus 19%) (ZDHS,2018).

Teenage pregnancy is defined as the pregnancy of a teenage girl who is usually between the ages of 13 and 19.¹ This risk factor has been associated with complications in pregnancy and childbirth and being the second leading cause of mortality among adolescents aged 15 to 19 worldwide and have negative long lasting health effects.^{5,6} The relationship between teenage pregnancies and upbringing from guardians is considered an important public health issue and contention that requires consistent focus as certain factors and beliefs

about not using the contraceptive are still unclear.⁷ About 45% of Zambian adolescents report being pregnant, and most of these pregnancies with 8.8% unplanned pregnancies for those aged between 13, and 19-years.⁸ The health and various consequences of teenage pregnancies are serious and varied.⁹ Data on the births of adolescents under the age of 18 for the period 2018/2019 in the Chipili district was at 5.2%.¹⁰ Several factors have been associated to teenage in pregnancies. The objective of the study was to identify determinants of teenage pregnancy in Zambia's rural areas using a case study of Chinshinki village in Chipili district. Therefore, the specific objectives of the study are: (i) To assess individual perceptions and experiences of factors at the individual level that influence teenage pregnancies; (ii) To determine perceptions and experiences of social factors that influence teenage pregnancies and (iii) To identify interlinkages of different factors that influence teenage pregnancies.

LITERATURE REVIEW

Teenage pregnancy is determined by many factors that are wide and complex. Factors contributing to teenage pregnancy may be related to individual teenagers themselves, social, structural, or environmental factors, and interactions between individuals and their social/structural/environmental contexts.¹¹ The individual-level factors that influence teenage pregnancy most closely resemble sexual behaviour and include teenage attitudes, values, and behaviors that influence sexual choices.¹² Individual-level factors influencing teenage sexual behaviour include knowledge, perceived risk sexuality, attitudes, level of education, age at marriage, age at first sexual intercourse, sexual curiosity, substance abuse, health-oriented behaviour, and sexual behaviour identified as the number of active partners.¹³ Countries' wealth levels, health care costs, gross domestic product (GDP) per capita, pace of economic development and degree of income inequality within countries are related to differences in teenage fertility rates across countries.^{14,15}

The understanding of the teenager's sexual reproductive rights provides an important aspect in making sound decisions that positively influence health and development.¹³ Adolescents usually have limited knowledge of sexuality and family planning, and effective sex education is lacking in many regions across the globe.¹⁶ Most teenage pregnancies are accidental and are the result of sexual experimentation and a lack of understanding about how to prevent pregnancy.¹⁷

While adolescent participation in sexual activity was influenced by peers in exchange for money, other adolescents reported having sex in order not to appear outdated in the eyes of their peers.¹⁸ Peer pressure can have a negative effect on adolescents, depriving them of the opportunity to be assertive and persistent in decision-making. Teenager sexual behaviour is influenced by their

peers, especially if their friends and peers are older and use alcohol and drugs.¹⁹

This research identified the gap by finding that although adolescents had sufficient knowledge about contraceptives was still a gap between knowledge and use of birth control pills.

This is because parents and teachers are afraid of knowing that they are using the contraceptive pill.²⁰

METHODS AND MATERIALS

Study design

The research study approach was qualitative and the research study design used was a phenomenological design.

Study site

The study was based on one single site which was Chinshinki village situated in Chipili district of Luapula province in Zambia.

Study population

This study was done on the girls aged between 13 and 19 yrs. who were pregnant and others were breastfeeding and came to seek maternity and child services, the study sample was 8 young mothers and 4 key informants who included the nurse midwife, community health volunteer, ward and tradition counsellor.

Selection of members

convenience sampling was used in selecting the members who were thought to have would provide with the best information that was needed.

Method of data collection

The 14 members were interviewed in order to gather in depth insights to help reveal true or evidence-based factors attributing to the phenomenon.

Analysis of data

Thematic analysis was used by familiarizing with information gotten from the members and then were coded across the different questions/interviews for depth understanding and interpretation.

Ethical considerations

Ethics approval and clearance number IORG0010092/MPH19113380 was given by the research ethics committee at the University of Lusaka and ethics permission was obtained from Luapula provincial health

office to collect data from Chipili district health office and health facility. With regard to the participant's anonymity was sought and de identified.

FINDINGS

The table illustrates the details of the key informants who participated in the study including their addresses and period of experience in dealing with adolescent health services in the district

Table 1: Key informants, residing in Chinshinki, information.

Key informant	Key Informants identifier	Years of experience in current role	Local resident
Ward counsellor	IA	4	Yes
Nurse midwife	IB	3	Yes
Community based volunteer	IC	26	Yes
Traditional counsellor	ID	14	Yes

Table 2 depicts age group, who they stay with and level of education of the girls that were included in the group focused discussion and interviews

Table 2: Key informants.

Members	Age (In years)	School grade level before pregnancy	Resides with
M1	18	7	Grandmother and aunt
M2	17	4	Both parents
M3	19	9	Father and siblings
M4	19	11	Both parents
M5	17	10	
M6	18	9	Both parents
M7	19	11	Both parents and siblings
M8	18	10	Mother and siblings

All members in the study mentioned to have gotten pregnant by mistake.

Ineffective communication between parents and children

This is about the relationship which prevail between the girl child and the parents. One member described the mother to be so harsh and unfriendly creating unfriendly

environment that you can't discuss openly to her even when you have an issue and said: *"My parents and I never used to talk about sex, so the only thing I could trust was my friends at school"* (M8).

Most of the participants admitted that they their parents became more open after they got pregnant in order to guide them on what to expect. *"My parents only came to talk to me after I became pregnant, taught me how to prevent complications by not having sex whilst pregnant."* (M7)

These responses above therefore depict the poor parental communication and care with regard to sexual issues hence teenage pregnancies.

Peer pressure on teenagers' behaviour

Peer pressure on teenagers' behaviour emerged as a theme and it is related to decisions made by fellow girls which is normally based on their peers' actions and opinions.

"As girls we would talk a lot about sex, others would say sex is nice and when you have sex then you make your partner happy and the relationship gets stronger; that made to give it a try; I really needed to experience the goodness that my friends use to explain about." (M6)

Another one confessed having such discussions in school *"As girls after class or during break time we would talk about how to show love to your boyfriend, that the only way to prove love is by having sex with him, to some of us we ended up getting pregnant in the quest to prove the love"* (M5)

One key informant was certain that sex happens due to peer pressure: *"Because teenagers in this case want to be seen and recognized as not being behind of modern life so the end up falling in premature sex resulting in early pregnancies."* (Id)

Another factor related to peers that likely influenced teenage pregnancy was the fact that the decisions taken by teenagers were based on friend's imitation.

"Here in our village, often times teenagers simply admire having a baby and so it is deliberate to get pregnant because their friends are pregnant; so sometimes its competition of some sort." (M4).

Risky behavior by girls

One of the members rightly described that the, the risk behaviors that girls endue in contribute to early sex and probably pregnancies: *"sometimes we don't realize we are indulging in things that will have bad consequences in future, only to realise when it's too late to reverse the situation."* (M3)

Another member added to say that “some of the things we do sometimes are unexplainable, because we only want to satisfy our immediate wants with no accountability whatsoever, especially when drunk”. (M2)

“We are controlled by alcohol, when drunk we could do things under the influence of beer, we could drink especially on special events like Christmas and new year days.” (M1)

Knowledge of contraceptive methods

All members had privy to the knowledge and availability of the contraceptive methods they could use to protect themselves from pregnancy but their uptake was low because of the myths and misconceptions attached to contraceptives: “I could not use contraceptives because of what I heard about them causing difficulties in menses and some times that they prevent the menses.” (M2)

The other one affirmed that she did not find contraceptives to be safe due to what her friends went through.

“I am aware they are given at the clinic on free of charge, however I could access them because of what I heard that they make one gain or lose a lot of weight.” (M3)

The Members confirmed knowing the consequences of unprotected sex, more to do with pregnancies: “I knew that when one has sex without condom would become pregnant.” (M 7)

It was clear despite girls having knowledge about the methods available, they claimed having gotten this information somewhere else other than this clinic: “.....I actually got this information from my girls and on goggle.” (M2)

“..... I got the information from other sources other than the clinic, like church education, school and also from shop, am privy to the fact that condoms if not properly used it can break and can get pregnant.”

The clinic operates throughout the week including weekends though its half days and mostly the nurses are ever on call after working hours: “Often when the girls come to our clinic, we start by giving the information to educate them on the contraceptive that are available, then after that we give them the method of their choice., some days are set for the SMAG assigned to adolescent to discuss with them on sex and pregnancy” (IB)

However, one member indicated displeasure because of the long hours they would take at the clinic: “I for one never liked accessing services at the clinic, because of waiting and so would even prefer using local herbs or buy medicine at the shop alongside the road. In short, I would say I never wanted to go the clinic.” (M6)

The members complained about the attitudes of health facility workers with regard the way is handled them.

“For me I find it difficult to comprehend the behaviour of the nurses and other workers including the cleaners, they would shout and rudely attack girls than being hospitable, for me I don’t like it and that’s why I would not come here” (M7)

Another participant affirmed on the poor attitudes health care workers who are usually not available to provide the service.

.... “Like most of the time the nurses are so busy to give detailed information on available contraceptives” (M4)

Recommendations to improve sexual and reproductive health services for the teenagers at the clinic

In order to increase access and utilization of sexual and reproductive health services, one of the members suggested that “there is need to improve on privacy as we come to access such services, the clinic is to open and other patients keeps-flowing in and out hence we fail to conclude all our issues with regard to sex.” (M1)

While the other member proposed fast track services that will prevent taking long hours at the clinic: “It would be nice to allocate specific time and hours for girls especially after classes and weekends so that I can simply walk in and get the method of contraceptive I want and get back, also reduce on so many explanations with regard to the method to cut on time, you know”. (M 8)

Recommendations on what can be done in the community to reduce teenage pregnancy

The members realized that parents can play a big role in reducing teenage pregnancy.: “Parents need to take an upper arm in the reduction of teen pregnancies through consistently talking about it, so that the impart them with knowledge with regard to the dangers of early sex, ultimately pregnancies (IA)

The member also felt that it was important that parents play a role in discussing sex issues with their children “.....I often tell parents to be feeling free and talk about sex letting them get information from their peers “.

One member argued to say that, she felt giving adolescents information with regard to sexual and reproductive health would help reduce teenage pregnancies in the community.

“There is need for tradition counsellors and other stakeholders to strengthen the teachings of teenagers on sexual issues to help girls from going into sex with no pre information” (M2)

DISCUSSION

Individual level factors

These are factors that enables one to behave the way they do, these factors can either be intrinsic or extrinsic, that influences the attitudes, values and opinions of a teenager.¹² Individual-level factors contributing to teen pregnancy in this study are discussed here, it's possible that girls can start early sexual activities according to what motivates her inside or outside resulting in early pregnancies.

The study found that during the teenager's spare time they would engage in alcohol drinking which is locally brewed, this made them susceptible to having unprotected sex. This finding collaborates with the findings of a study conducted by an organization to investigate the impact of alcohol consumption and alcohol policy on sexually risky behaviors in adolescents.²² The study also concluded that teens enjoy spending time at drinking parties, known for their ability to undermine judgements about safe sex. In this case one would say that the girls knew the dangers associated with beer drinking and unprotected sex but ignored the end results like pregnancy.²³

Information on contraception

From the study it is believed that girls had information with regard to contraception and its availability at the nearby health facility, however they could not access and utilize them for fear of the myths and misconceptions attached to the methods like infertility.

The findings are not different from the study results with on the conceptualization of sexuality among Malawi youths.^{24,26,28} The authors found that information received from friends, family and the media influences adolescents' perceptions of contraceptive use.

Social factors

Social amnesties and environment affects ones behaviour, if the community has role models where girls can look up to then they can get motivated to get educated and not indulge in early sex.^{28,30} From study done in Chinshinki village it is seen that they were no/limited number of role models to look up for positive behaviour and outcome.

Cultural factors

The fact that sexual intercourse is not pronounced publicly, is actually a taboo for parents to talk about it to their children more so talking about contraception which is perceived to cause infertility in future by the users.³⁰ These findings are consistent with studies conducted in Tanzania on parent-child communication and sexual and reproductive health issues. Studies have found that it is culturally inappropriate for parents to discuss birth control use with their children because they believed it would encourage sex in their teens.²⁷

Peer pressure

The members admitted to the fact the sexual relations were not by self-driven however the peer pressure played every huge role, as they could be attracted by what their friends would say and own like money, phones and latest clothes. so in the process of attempting they ended up getting pregnant unintentionally.²⁵

Health system factors

The study also showed that the reproductive health services have been attributed to as a systemic factor influencing teen pregnancy.¹³ Most of the participants reported being away from health care facilities for fear of critical and negative attitudes and reprimands from nurses. The results of this study found that adolescents were more likely to seek information from other sources. Nursing attitudes have made the health system unfriendly to students, and students seek information from peers, which, as previously discussed, can sometimes be inaccurate and lead to negative perceptions.²⁹

Limitations

One of the limitations of this study is that it identified and chose participants through the health Centre. It may have been a limitation because teenage mothers who did not go to the clinic did not have access. Another limitation is conducting interviews in the clinic, which may have affected participation due to the assumption that you will stay in the clinic longer. Also, due to the sensitivity of the subject, the participants did not provide useful information to the researchers.

CONCLUSION

The determinants of teenage pregnancy are numerous and interlinked at the individual, social and structural levels. Therefore, an integrated approach is required to solve this complex problem through developing the right policies and strategies. This study contributed to identifying and understanding the determinants of teenage pregnancy in Chinshinki village.

Recommendations

The numerous and interlinked factors influencing teenage pregnancies requires follow-up and introduction of interventions, which can be conducted through further research such as quantitative studies in order to have findings which can be generalized to a larger population.

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