

Teenage Pregnancy Patterns and Experience in SidoonTown, River Nile state, Sudan, 2022

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ABSTRACT

Background: Teenage is a stage of physical and mental human development that occurs between childhood and adulthood. Teenage pregnancy is a global public health problem that affects the physical and emotional health. Teenage pregnancy is linked with many risk factors that affect the health of the mother and the outcome, as spontaneous abortions, as well as neonatal and maternal mortality and morbidity. **Objective:** to study issues related to teenage pregnancy patterns and experience. **Methodology:** This study adopted a descriptive cross-sectional community-based design. The study was conducted among a sample of 205 women using the simple random sampling method of the teenagers living in Sidoon Town of the River Nile state. The data required for the purposes of the study were collected using structured face-to-face interviews. The data were analyzed using SPSS, version 23 and suitable descriptive and inferential statistical methods were used, and $P < .05$ was accepted for statistical significance. **Results:** The majority of the participants (78%) were aged between 17-19 years, and those got married and had their first pregnancy between 14-16 years were 79% and 84.4% respectively. About half of the participants (53.2%) didn't complete their primary level school education. The results also indicated that 40.5% of the participants were subjected to forced marriage experience, whereas 59.5% had the right to choose. Pregnancy was experienced by 176 (85.9%) of the women, out of whom 159 (86.9%) delivered their babies vaginally, while C/S birth was found among 24 (13.1%) of them; abortion was experienced by 25.4% of them, most of which happened without a determined cause. Planning of pregnancy and using of family planning (FP) was found among 78 (38.5%) of the participants. The majority of them used hormonal FP without medical advice and 62 (78.8%) used combined pills. Teenage pregnancy associated morbidity was found among 59 women (gestational diabetes, pregnancy induced hypertension, preterm labor, post-partum depression and infection: 19, 13, 24, 3 and 1 respectively). Significant correlation was found between passive smoking and history of the abortion among women, $P = 0.05$.

Conclusion: Teenage pregnancy is linked with the participants' morbidity. Early pregnancy interferes with the continuation of the woman's education, and lack of awareness related to use of FP methods used was seen. **Recommendation:** Health education for the study community is needed to enhance their health awareness.

Keywords: Teenage, Pregnancy Pattern, Experience, Family Planning.

INTRODUCTION

Teenage years are the best years of life; it is transitional period of human development with physical and mental, cognitive, social and emotional change that occurs between

childhood and adulthood. Nutrition, education, counseling and guidance are needed to ensure growth into healthy adults⁽¹⁾. Teenage pregnancy is considered a public health problem by the World Health Organization

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(WHO), which recently developed evidence-based guidelines. WHO addressed six areas regarding teenage pregnancy, including the following: it affects the health of both mother and fetus pregnancy; child birth is almost always the leading cause of death among adolescents in low-income countries; the lack of counseling and education is a critical factor for high number of preterm pregnancies (2). Pregnancy and birth-related complications are the second leading cause of death among adolescents (3,4). It was also found that children born to teenage mothers had higher neonatal mortality than the children born to mothers in different groups (3). Apgar below seven in five minutes after delivery is associated to teenage mothers (5, 6). Girls in low-and middle-income countries (LMICs) constitute the majority (99%) of all maternal and neonatal deaths (7). In LMICs almost 140 million births take place each year. Teen pregnancy and the desire to have children is a contributing factor to high morbidity and mortality (8). Adolescents aged 15–19 years are responsible for a staggering 16 million births, while girls younger than 16 years of age are responsible for an estimated 2.5 million births (9). Teen mothers are less likely to graduate from high school and are more likely to live in poverty and have children who often suffer health and developmental issues (6). Understanding teenage pregnancy requires understanding social and biological factors that affect teenage pregnancy, such as: facing adversity in childhood and adolescence; behavioral and attention problems, family history, and precarious and poor educational success (7,8). Teenage births often have health consequences: children are often born prematurely; they have low birthweight; new born mortality is high. Mothers are less likely to develop postpartum depression and start breastfeeding (8,10). The highest rate of teenage pregnancy is in sub-Saharan Africa, which is often associated with early marriage, with one in four girls giving birth before the age of 18 years. South Sudan is among ten countries with the highest rate of teenage pregnancy (11). One third of South Sudanese girls start giving birth between the ages of 15-19, and 3% give birth

even before the age of 15 (12). It is worth noting here that South Sudan is part of Sudan and the customs, values and traditions are similar.

Research Methods

This study adopted a community-based cross-sectional design and it was conducted in River Nile state (Sidoontown). The targeted population included married female teenagers living in Sidoon during the study period. The sample consisted of 205 married teenagers who were enrolled in the study, and they were selected by the simple random sampling technique. An ethical approval was obtained from the Institutional Review Board at Al-Neelain University and Khartoum State. A letter of approval was also obtained from the Municipality of Al-Damar, and an informed consent was obtained from each participant before the interview. The data were collected by interview questionnaire administered to determine the teenage pregnancy patterns and experience. The data were analyzed using the Statistical Package of Social Sciences (SPSS), version 16. and suitable descriptive and inferential statistical methods were used, and $P < .05$ was accepted for statistical significance.

RESULTS

The results reveal that; majority of the participants their age range between 17-19 years, 59.0% of them their age of marriage was between 14-16 years. More than half of them their education level primary school.

The figure 1 (bar chart) shows that the majority of the participants' husbands were

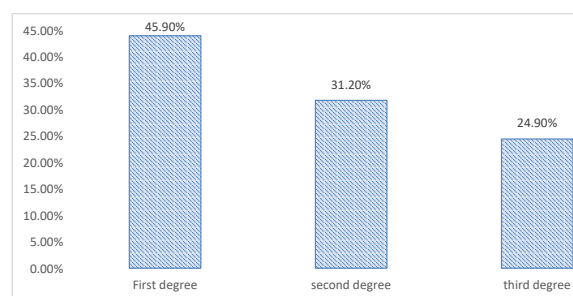


Fig. 1: Distribution of husband's relationship among the participants (n=205)

their relatives of first or second degree(45.6% & 31.2%) respectively.

As the table 1 displays, the majority of teenage women enrolled in the study did not plan their pregnancy and only 79(38.5%) of

Table (1): Distribution of the participants regarding pregnancy n=205

Items	Frequency	Percent
Planning of pregnancy		
Planned	79	38.5
Unplanned	126	61.5
Using of family planning methods		
Yes	79	38.5
No	126	61.5
Administration of family planning methods		
Alone without medical advice	69	86.2
Through health care provider's instruction	10	13.8
Types of methods		
Intrauterine device	2	2.5
Implanon	3	3.8
Injection	9	11.2
Combined pills	62	78.8
Mini pills	2	2.5
Natural	1	1.2

Table 2: Distribution of abortion patterns among the participants (n=205)

Items	Frequency	Percentage%
History of abortion		
No	153	74.6
Yes	68	25.4
Number of abortions		
Only one	56	82.4
Two	12	17.6
Cause of abortions		
Infection	3	4.4
Fever	2	2.9
Medical disorder	3	4.4
Unknown	58	85.3
Therapeutic abortion	2	2.9

the participants planned it, and most of those who planned it used combined pills and they used it without medical advice. Furthermore, the majority of them used hormonal FP, and out of them, 62 (78.8%) used combined pill.

It is evident from the table 2 that quarter of participants (68 participants, representing about 25%) lost their fetuses and the majority of them⁽⁵⁸⁾ lost it without a determinate cause.

Table (4) shows that more than forty percent of the participant teenage mothers had

Table 3: Distribution of medical problems associated with pregnancy and delivery among the participants(n=205)

Presence of medical problem	Frequency	Percent
Yes	73	41.4
No	103	59.6
Types of medical problems		
Post-partum haemorrhage	10	13.6
Infection	2	2.7
Post-partum depression	1	1.3
Gestational diabetes	19	26.0
Pregnancy-induced hypertension	13	17.8
Preterm labour	24	32.8
Congenital disease	2	2.7
Chromosomal disorder	2	2.7

Table 4: Correlation between passive smoking and history of the abortions (n=205)

		History of the abortions			Total
			yes	no	
Passive smoking	yes	count	43	45	88
		%of total	24.3	25.4	49.7
	no	count	25	64	89
		%of total	14.1	36.2	50.3
Total count					
% of total		68	109	117	
		38.4	61.6	100	

Significant correlation was found between passive smoking and history of the abortions

P- Value =0.005

medical problems in pregnancy and delivery, and that the most common medical problem to be experienced by them was preterm labor (32.8% suffered from preterm labor).

DISCUSSION

The present study revealed that the majority of the participants' ages ranged between 17-19 years, and that their most common level of education was primary school. This finding is similar to a result found by a study conducted by Vincent Gwido and Fekadu Mazengia Alemu in Juba, which revealed that the majority of the participants' ages were between 17 and 19 years⁽¹³⁾. Regarding marital age, two thirds of the study got married between the ages 14-16. This result is similar to a result by a study conducted in one of the rural districts in Amhara Region, where there was a high percentage of early marriage⁽¹³⁾. This similarity could be due to the presence of some related socio-demographic, cultural, school dropout and individual adolescent characteristics in the areas of study. Another result by the current study indicated that the majority of the participants were multiparous. This was supported by the study of Ahmed et al, where the majority of the respondents (representing 76%) were multiparous⁽¹⁴⁾.

In terms of employment, the current study found out that the majority of participants were unemployed (94.1%) compared to a study done in Abia State which found 75.8% of the respondents were unemployed⁽¹⁴⁾. This difference could be due to some social, cultural, individual characteristics and difference in the areas of study. Three-quarter of the participants became pregnant in the first year of marriage. This finding is consistent with that of a study conducted by D. R. Acharya, R. Bhattarai, and A. Poobalan in South Asia, which found that the majority of the participants got pregnant in the first year of marriage⁽¹³⁾. This might be because teenagers have high fertility⁽¹⁵⁾. Evidence showed that as the proportion of marriage increased, the probability of exposure to pregnancy also increased⁽¹³⁾. According to the results of the

present study, forced marriage was found among 40.5% of the teenage women enrolled in the sample. This high rate of forced marriage may be related to family choices, as nearly half of the participants' husband relationship was a first-degree relationship; these norms are found in most rural areas in Sudan where relatives – especially parents and guardians – often chose their girls' husbands.

Furthermore, the findings of the present study indicated that half of the participants had a regular menarche between 9-13 years, and that they got pregnant early, shortly after menarche. There is a strong statistically significant association between the age of marriage of the participants and the time of the first pregnancy (p -value = 0.00). Their menstrual cycle was dysmenorrhea and they did not take treatment. This might be due to the local culture which may envisage seeking treatment for dysmenorrhea as taboo, or perhaps because of limited access to the health facilities. Quarter of participants did not use family planning methods. This result is supported by other studies which found that the prevalence of teenage pregnancy increased among contraceptive nonusers⁽¹⁵⁾. When the proportion of contraceptive nonusers increased the proportion of pregnancy increased⁽¹⁴⁾.

The current study also showed that the majority of the participant teen mothers took family planning methods (combined pills) without medical advice, and this might be due to low the level of education among the participants and difficulty to access health facilities. Regarding medical problems after pregnancy and delivery, less than half of them had such problems. Studies have shown that teenage pregnancy has poor maternal and perinatal health⁽¹⁶⁾. Complications during pregnancy and childbirth are the second cause of death for 15-19-year-old girls globally. Every year, some 3 million girls aged 15 to 19 undergo unsafe abortions⁽¹⁶⁾. There is statistically significant association between passive smoking and abortion (p -value = 0.005). It was also found that many adolescent

mothers suffered pregnancy-induced hypertension^(17,18). Babies born to adolescent mothers face a substantially high risk of dying than those born to women aged 20 to 24⁽¹⁶⁾.

CONCLUSION

Teenage pregnancy has attracted a great deal of concern and attention because it might be high-risk pregnancy condition that requires good skill in antenatal care for good outcome in both developed and developing countries. The factors contributing to teenage pregnancy we numerous; early – planned or unplanned – pregnancy was the most common of them, followed by low level education, and non-use of family planning methods.

RECOMMENDATIONS

The researchers recommend providing health education and promoting health services and giving more attention to adolescent mothers, especially in rural areas.

Conflict of interest: No conflicts of interest to disclose. All authors declare that they have no conflicts of interest

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