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Original Research Article

Factors Contributing to Teenage Pregnancy at a Selected Health Center

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Abstract

Teenage pregnancy is a global issue that raises concerns for all people who have an interest in the health and well-being of teenagers and their children. Factors associated with teenage pregnancy are multiple. This study aims to identify the individual factors perceived to contribute to teenage pregnancy at Emmanuel Health Center in Leribe. The researchers adopted a cross-sectional descriptive quantitative research design. A structured question-naire was administered using face-to-face interviews to collect data from 50 female teenagers who met the selection criteria identified through non-probability convenience sampling. Data was analyzed using SPSS version 21. A total of 50 teenage girls participated in the study. Among the contributing factors assessed, data analysis showed that sexual abuse, traditional norms and values on sexual behaviour, inadequate involvement of women in decision making, early independence, peer influence, drugs, and alcohol were perceived to increase the likelihood of teenage pregnancy. The study revealed various factors possibly contribute to teenage pregnancy, but drugs and alcohol were regarded as the main factors, followed by sexual abuse and early independence.

Keywords: Contributing factors, Emmanuel Health Center, Leribe, Lesotho, Teenage pregnancy

INTRODUCTION

Teenage pregnancy is considered a global issue that impacts the future of many teenagers (UNFPA Factsheet, 2013). Pregnancies among teenage girls have detrimental effects to the teenagers and their infants (Papri et al., 2016). Teenage girls who become pregnant at the younger age are at risk of obstetrical problems such as cephalopelvic disproportion because the pelvic bones of teenagers are usually not adequately developed, leading to difficult labor necessitating delivery by caesarean section. There is an increased risk of anemia due to poor eating habits, as examples (Sellers, 2003). Teenagepregnancy is the reflection of a whole string of human rights violationswith life threatening consequences in sexual reproductive health and this leads to high health service costs to the community as well as to the country in which they live (Sellers, 2003). Teenage pregnancy promotes unemployment and poverty, and the babies born from teenage pregnancies are usually uncared for, thus perpetuating the cycle of poverty (UNFPA Factsheet, 2013).

Teenagers also have different developmental challenges. Individual differences determine how teenagers will respond to the changes associated with the stage of development and how it is going to affect them emotionally (Francis, 2008). Teenagers like to experiment. Peer pressure is also a problem to teenagers and wanting to 'belong' exposes some to early exposure to sexual activities (Lesotho Demographic and Health

Survey, 2014). Early exposure to sexual activities places them at risk of becoming pregnant as well as contracting sexually transmitted infections like Human Immunodeficiency Virus (HIV). This has economic and social implications for the teenager because she will have to stay at home to raise a child; the father, who may be a teenager as well, might be unable to support the mother and the child financially which leaves them to a future of low socioeconomic status (Francis, 2008). Teenagers who become pregnant are subject to social disadvantages due to gender based discrimination and violence as well as limited opportunities in education, employment, and marriage (Ibis Reproductive Health, 2013). The study therefore seeks to answer the question: What are the factors contributing to teenage pregnancy as perceived by teenagers in Emmanuel Health Center in the Leribe District of Lesotho catchment area?

Over the past years, the global prevalence of pregnancies among young girls has slightly decreased (UNFPA Factsheet, 2013). All the regions with the exception of Latin America and the Caribbean appear to be moving towards a decline. Eastern Europe and Central and South Asia have experienced the targeted declines followed by East Asia and the Pacific. Unfortunately, the overall levels in Sub-Saharan Africa, the Arab States, Latin America and the Caribbean have remained relatively constant (UNFPA Factsheet, 2013). Despite some progress towards reducing pregnancy among teenagers, like establishment of adolescent health corner, where the teenagers can access health care services like HIV counseling, giving information regarding contraceptive use and issuing of contraception as well as other medical services, the discrepancy between Sub-Saharan Africa more especially the West and Central Africa and other regions has grown (MOHSW Assessment/Study Team, 2014).

In South Africa about 16% of women aged 15-19 years have begun childbearing, 12% gave birth and another 3% were pregnant with their first child at the time of the survey. Teenage mothers are more likely to experience adverse pregnancy outcomes and are more vulnerable than young women who delay childbearing (SADHS, 2016). Teenage pregnancy in Lesotho is estimated at 55% of total pregnancies and contributes to the risk of maternal deaths as pregnancy during teenage period is associated with a high risk for prolonged labor, pregnancy induced hypertension, obstructed labor, and unsafe abortion (Herbert, 2018). Childbearing starts early at 13 - 19 years in Lesotho. It is estimated that 20% of teenagers aged 15-19 years have had at least one birth or are pregnant with their first child (UNFPA, 2021).

Lesotho Planned Parenthood Association (LPPA), indicated that there is high sexual activity among teenagers of both sexes at 16.3% (The Lesotho Planned Parenthood Association, 2010). LDHS reported that in Lesotho, 19% of teenagers aged 15-19 have begun childbearing, 15% have given birth and additional 4% are pregnant with their first child. The percentage of teenagers who had children or who were pregnant was 20% in 2004 and in 2009 whilst in 2014 it was a bit lower at 19%, which is still high (Lesotho Demographic and Health Survey, 2014).

Teenagers in rural areas are more likely to begin childbearing than their urban peers- thus, 23% of rural teenagers have had a live birth or are pregnant as compared with 12% of urban teenagers (Yego F, D'Este C, Byles J. et al., 2014). In the same context, some districts had much higher rates of teenage pregnancy than others (Yego F, D'Este C, Byles J. et al., 2014). The South African report shows that childbearing was less common among teenagers from the more affluent households (SADHS, 2016). In Lesotho, teenagers from the poor families started childbearing at the age of 19 which is five times high at 25% in comparison with teenagers from the wealthy families at 6% thus showing that poverty is one of the factors that contribute to teenage pregnancy (The Lesotho Planned Parenthood Association, 2010).

A 2017 report by the United Nations Education, Scientific and Cultural Organization (UNESCO) listed Lesotho among the leading countries on early and unintended pregnancies (UNESCO, 2017). Six out of 10 girls (60 percent) aged 15 to 19 are mothers or pregnant with their first child due to unintended pregnancy, which places Lesotho second to Namibia (seven out of 10 girls) for high rates of unintended pregnancies among the East and Southern African countries (UNESCO, 2017). Recently, UNFPA stated that teenage pregnancy remains a challenge in Lesotho (UNFPA, 2021). The adolescent birth rate is high, at 94 per 1,000 girls aged 15-19 (2003-2018).

Therefore, this study was conducted to identify the factors that teenage girls consider contributory to teenage pregnancy in Emmanuel Health Center in Leribe, with the goal of informing strategies to address teenage pregnancy in similar contexts.

METHODS

The researchers adopted a cross-sectional descriptive quantitative research design.

Ethical Approval

The study was conducted at Emmanuel Health Center, a subsidiary of Maluti Seventh Day Adventist Hospital. The study received ethical clearance from the National University of Lesotho Ethics Committee (NULStud-08/18) and the Ministry of Health (ID 12-2018).

Setting

The study was conducted at nurse lead Emmanuel Health Clinic. Emmanuel Health Center is situated in the North-East of Leribe town in the village called Levi's Nek. It is near the tarred road on the left side enroute to Botha-Bothe town. It serves a population of about 26 194. The clinic serves 68 villages in its catchment area. The services offered at the clinic are all maternal and child health services, outpatient services, family planning services, HTS services and TB and HIV/AIDS services. The clinic is open seven days of the week, 24 hours of the day.This Health Center catchment area was chosen because it bears a high percentage of teenagers in the patient population (The Lesotho Planned Parenthood Association, 2010).

Recruitment of Participants

The study participants were teenagers aged 16–19 years at the time of the interview. A non-probability convenient sampling was used to recruit a total of 50 teenagers: 8 pregnant and 42 non-pregnant. All of them were recruited by the first researcher (MEM). Each day, MEM proceeded from the Health Center to the homes of Village Health Workers (VHWs) who guided her to the households where the potential study participants live.

Informed Consent

The parents/guardians of participants were informed of the purpose of the study, and then asked for permission to interview the girls. The informed consent document was read to parents/guardians and signed by both after agreement. Confidentiality of information was guaranteed by using codes instead of participants' names. Interviews of respondents were conducted in private places.

Inclusion Criteria

Similarly, informed consent was sought from the teenagers. The teenage girls whose parents declined and those declined to participate were excluded and another household selected. The study excluded those who did not fall within the teenage group, those who were not at home, and those who were too ill or did not consent to participate in the study.

Data Collection

The development of the questionnaire was informed by in-depth literature review and adaptation of related questions from the previous studies related to teenage pregnancy (Rachakonda et al., 2014; Barnes et al., 2007; Mea, 2013; Coley and Chase, 1998; Vernon et al., 1983; Jewkes et al., 2001; Vundule et al., 2001). The questionnaire was designed in English and later translated to Sesotho. Data collection was conducted over 10 days in April 2018.

Data Analysis

The SPSS version 21 was used for data analysis. Descriptive characteristics of participants were presented as frequencies and percentages. The descriptive statistics and frequency distribution were done through the use of SPSS. The SPSS assisted the researcher in the arrangement of the lowest score to the highest scores linking them with the number of times the score occurred. Each score was listed separately, meaning that the results were subdivided into classes. Collection of scores will be grouped together, including the demographic data and the factors contributing towards teenage pregnancy.

RESULTS

Demographic characteristics of the 50 teenage girls are presented in Table 1. All 50 participants lived in the Emmanuel Health Center catchment area of the Leribe District. All were between the ages of 16 and 20 and all were in their high school studies.

Table 2 shows the factors contributing to teenage pregnancy as perceived by the teenagers participating in the survey. With regards to factors perceived to contribute to teenage pregnancy, 26 (52%) teenagers strongly agreed and 19 (38%) agreed that poverty is one of the contributing factors as opposed to only 5 (10%) who strongly disagreed that poverty can lead to teenage pregnancy. Therefore, most teenagers agreed that poverty is one of the factors contributing to pregnancy.

Of all respondents, the majority disagree that home conditions can be a contributing factor, while the remaining fraction agree that home conditions can contribute to teenage pregnancy. From Table *2*, most teenagers do not agree with the notion that home conditions of teenagers can contribute to teenage pregnancy. Among the interviewed teenagers, most of them agreed that coming from a low socio-economic family can contribute to teenage pregnancy.

Responses from teenagers on whether media can contribute to teenage pregnancy or not showed that most teenagers agreed while few strongly disagree to media being a contributing factor to teenage pregnancy. Most of the teenagers surveyed agree that teenagers do intend to get pregnant. Information regarding pregnancy complications is another factor that was investigated; many teenagers strongly agreed and agreed that lack of information regarding pregnancy complications do

Table 1. Age of participants

Age	n (%)
16	17 (34)
17	8 (16)
18	13 (26)
19	12 (24)

Table 2. Factors contributing to teenage pregnancy as perceived by teenagers in the Emmanuel Health Center catchment area of Lesotho.

Variable	Strongly Agree *n*(%)	Agree *n*(%)	Undecided *n*(%)	Disagree *n*(%)	Strongly disagree *n*(%)
Poverty	26 (52%)	19 (38%)	0 (0%)	0 (0%)	5 (10%)
Home condition	3 (6%)	0 (0%)	7 (14%)	32 (64%)	8 (16%)
Staying in the rural area	5 (10%)	22 (44%)	4 (8%)	13 (26%)	6 (12%)
Media	7 (14%)	20 (40%)	8 (16%)	11 (22%)	4 (8%)
Intend to get pregnant	11 (22%)	28 (56%)	1 (2%)	6 (12%)	4 (8%)
Pregnancy complications	27 (54%)	17 (34%)	3 (6%)	2 (4%)	1 (2%)
Gender power imbalances	33 (66%)	12 (24%)	0 (0%)	3 (6%)	2 (4%)
Low education/schooling	11 (22%)	14 (28%)	1 (2%)	16 (32%)	8 (16%)
Sexual abuse	32 (64%)	16 (32%)	0 (0%)	1 (2%)	1 (2%)
Cultural factors	5 (10%)	19 (38%)	5 (10%)	14 (28%)	7 (14%)
Early independence	40 (80%)	8 (16%)	1 (2%)	1 (2%)	0 (0%)
Peer influences	38 (76%)	8 (16%)	1 (2%)	2 (4%)	1 (2%)
Alcohol and drug abuse	40 (80%)	10 (20%)	0 (0%)	0 (0%)	0 (0%)

contribute to the increased incidence of teenage pregnancy, while a small potion disagreed.

Responses regarding gender power imbalances as the contributing factor of teenage pregnancy showed that most of respondents strongly agree 33 (66%) and 12 (24%) agree whilst a lower percentage disagree that gender power imbalance is one of the factors contributing to teenage pregnancy.

The majority disagreed 16 (32%), while the smallest percentage had no view whether low education standard can contribute to teenage pregnancy or not.

Participants' views were evenly distributed on whether or not low level of education contributes to teenage pregnancy.

Sexual abuse is also regarded as a factor thought to contribute to teenage pregnancy. From this study, 32 (64%) and 16 (32%) strongly agree and agree respectively, while few participants were in the categories that disagree and strongly disagree that sexual abuse is one of the factors contributing to teenage pregnancy.

Cultural factors were also investigated. Results show that majority of the participants strongly agreed that early independence is a factor, and 1 (2%) was not sure whether early independence is a factor or not. This means that early independence of teenage girls immensely contributes to teenage pregnancy.

With regards to peer influences: 38 (76%) strongly agree, 8 (16%) agree, 2 (4%) disagree, 1 (2%) strongly disagree, and 1 (%) was undecided that peer influence contributes to teenage pregnancy. Many teenagers however agreed that peer pressure plays a major role in teenage pregnancy.

Drug use and alcohol abuse were considered the main contributing factors to teenage pregnancy as 40 (80%) strongly agree and 10 (20%) agree that alcohol and drug use immensely contribute to teenage pregnancy. All of the teenagers surveyed agree that alcohol and drugs contribute to the increased incidence of teenage pregnancy.

DISCUSSION

This study describes the demographic, familial, behavioural, and social factors associated with pregnancy among teenage girls aged 16–19 years as perceived by teenagers in a selected Health Center in Lesotho. All variables except family condition were associated with teenage pregnancy by the participants.

The results of this study show that demographic factors such as living in rural areas and level of education are considered as contributing factors and familial factors such as family conditions as non-contributing factors.

The results show that living in rural areas is a demographic factor perceived to be associated with teenage pregnancy. This is so because the majority of

the participants agreed to it as a factor. These findings are consistent with the previous studies in Uganda (UBOS, 2012), Ethiopia (Alemayehu et al., 2010) and Nepal (Minja et al., 2005). Being young and living in rural areas may expose girls to early pregnancy due to: lack of information, peer influence and sexual abuse (The Lesotho Planned Parenthood Association, 2010).

A majority of teenagers disagreed that a teenager borne from a teenage mother can also become pregnant while still a teenager. The findings are inconsistent with those of Benzuidenhout (Bezuidenhout, 2002) who reported that family history of illegitimacy places a teenager at risk of becoming pregnant.

In line with other studies (Edgardh, 2002; Rachakonda et al., 2014; Strand and Winston, 2008), this study reveals that these teenagers believed that low level of education coupled with lack of information about the secondary sexual characteristics, their significance, lack of information regarding complications of pregnancy and labor as well as media influences can lead to teenage pregnancy. The participants believe that this situation could put them in a higher risk of not only becoming pregnant but contracting sexually transmitted infections (STI). They however trust that being in school may provide periods of supervision and guiding of teenage girls by teachers as well as parents, which could reduce opportunities for sexual activity (Barnes et al., 2007).

Nowadays, the schools do provide some information as most of them said not schooling is a factor, meaning they may obtain sex education from the school, but, looking at the statistics, the information is not enough because teenagers still continue to fall pregnant (The Lesotho Planned Parenthood Association, 2010).

The findings of this study agree with what is in the literature as Bezuidenhout (2002), the participants purported that media plays a big role in contributing to teenage pregnancy as it influences teenagers on how to be intimate.

The results of analysis on social factors that participants considered to be contributing to teenage pregnancy revealed that peer influences or pressure; sexual abuse, gender power imbalances, early independence and alcohol and drug abuse were considered contributory.

These results concur with some studies that have postulated that sexual abuse places girls at higher risk of experiencing teenage pregnancy (Harner. 2016; Hillis et al., 2001; Pallitto and Murillo, 2008). Whereas, some researchers attribute the link between sexual abuse and teenage pregnancy to the adolescents' behaviours (Pallitto and Murillo, 2008), others maintain that existing evidence is still not conclusive (Blinn-Pike et al., 2002).

Research supports the widespread idea that peers play an important role in teenage lives; teenagers with sexually active friends are more likely to have sex themselves (Manlove et al., 2002). Peers can influence the views of their age groups, hence, bad influence leading to risky behaviours such as unprotected sexual activity which may lead to pregnancy (Mea, 2013).

Mostroon (2000) postulated that alcohol and drug abuse of teenagers is one of the causes of teenage pregnancy. This also is in agreement with the current study as it is identified by majority of the teenagers surveyed as a contributing factor to teenage pregnancy. Tsebe also claimed and agreed with the view of majority of teenagers in this study that gender power imbalances still exist; men still have power over women including girls, teenage girls are intimidated by the men to have unprotected sex and end up with unwanted pregnancy at their tender age (Tsebe, 2010).

Early independence was also identified by majority of the teenagers we surveyed as a contributing factor to teenage pregnancy. Carrera also observed that unrestricted interaction with the opposite sex ignite the sparks of lust in teenagers very easily, especially when alcohol and drugs are involved (Carrera, 2018). Bezuidenhout (2002) also agrees that early independence of teenage girls do lead to teenage pregnancy.

Poverty as a socio-economic factor was also identified by the participants as a factor that contributes to teenage pregnancy in this study. This finding agrees with the observations by Joubert that the current economic challenges in developing nations means that those who live in poverty are often exposed to more "live" sexual activity because families are required to live in small houses were there is distinct lack of privacy for the parents (Joubert, 2008). Children who grow up in such homes can easily engage themselves in sexual activity as soon as they are at the puberty stage. Coley and Chase stated that girls living in poor socio-economic background with an early onset of menarche will engage in early sexual behaviour (Coley and Chase, 1998). For the Allan Guttmacher Institute, adolescent youths who fall pregnant are more likely to come from low socio-economic status homes (Allan Guttmacher Institute, 1999).

Lastly, culture was identified by the participants as a contributing factor as well. The findings do not differ to those of Mkwanazi who showed that culture can be one of the factors contributing to teenage pregnancy (Mkhwanazi, 2010).

CONCLUSION

Based on these study findings, the researchers conclude that the following are some of the factors that contribute to teenage pregnancy as perceived by teenagers in this selected health center in Lesotho: substance use, poor socio-economic background, as some teenagers are exposed to sexual activities because their parents or guardians are failing to take care of them; peer influence or pressure in that some teenagers are being influenced

by fellow friends, some who may be of the opposite sex; and lack of sex education is also a factor. This is so because the majority of the teenagers are not receiving any education about sex, sexuality and consequences of teenage pregnancies. Gender power imbalances: low self-esteem among female teenagers is also exposing them to sexual intercourse which leads to teenage pregnancy. The findings of this study can be utilized to inform the development of strategies to improve adolescent sexual and health services in low-income settings. Justification for the development of policies regarding availability and issuing of contraceptives can tap from these findings.

LIMITATIONS

This study was limited to teenagers living in the 68 villages in the Emmanuel Health Center catchment area and a small sample was used, therefore it may not be generalizable to other areas of Lesotho.

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Authors' Contributions

MEM: Participated in the conception and design, analysis, drafting and revising first manuscript. **SZM:** Participated in the interpretation, corrections and revising of the manuscript. All authors participated sufficiently in the work and take responsibility for the appropriate portions of the content. All authors reviewed and approved the final manuscript.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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