

Original article

## Teenage and non-teenage pregnant women in southwestern Nigeria: a descriptive study

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### Abstract

**Objective:** To investigate socio-demographic characteristics and pregnancy care among teenage and non-teenage pregnant women attending our antenatal clinic

**Method:** Self administered structured questionnaires were given to willing pregnant women attending antenatal clinic at Ladoke Akintola University Teaching Hospital, Osogbo, Nigeria to examine socio-demographic characteristics of teenage and non-teenage pregnant women and pregnancy care.

**Results:** Teenage mothers were less educated (secondary education and above: 55.2% Vs 74.1%), more unmarried (34.5% Vs 5.2%), less employed (64.5% Vs 85.3%) and had more unplanned pregnancies (67.9% Vs 16.1%) than the adult mothers. All statistically significant.

**Conclusion:** Teenage pregnancies remain high risk group with its attendants health

problems in our environment. It is a preventable problem if appropriate measures are instituted.

**Key Words:** Teenage; Non-Teenage; Pregnant women; Socio-demographic characteristics.

### Introduction

Teenage pregnancy is associated with problems of public health significance worldwide<sup>1</sup>, more especially so in Sub-Saharan Africa, where it is not only more common but it occurs due to poor socio-economic infrastructure and poor knowledge, unavailability and low use of contraception.<sup>1,2,5</sup> The incidence of teenage pregnancy in developed countries is rapidly decreasing,<sup>4,5</sup> with the lowest incidence of 3% reported in Sweden.<sup>3</sup> In Nigeria and other developing countries in Africa, teenage pregnancy occurs more commonly and the incidence ranges from 3.7% to 21.9% of all pregnancies.<sup>1,6,7</sup> Pregnant teenagers in our environment have a

relatively low level of education, low socioeconomic status and socio-psychological immaturity<sup>1,4,8</sup>, thus antenatal care is often poor.<sup>6</sup> Although higher obstetric complications have been associated with teenage pregnancies<sup>1,2,6</sup>, others have shown that these complications are not due to age per se but unwanted motherhood, small anatomical size, poor socio-demographic characteristics and poor antenatal care.<sup>1,10</sup> The earlier age of onset of menarche, earlier onset of coital activity, and ineffective use of contraception have resulted in an overall earlier age at which women become exposed to the risk of pregnancy.<sup>16</sup> Our study was conducted to examine difference in socio-demographic characteristics and pregnancy care among teenage and non-teenage pregnant women attending our antenatal clinic.

### Methodology

Structured questionnaires were administered to willing pregnant women attending antenatal clinic at Ladoke Akintola University Teaching Hospital, Osogbo, Nigeria. Ethical approval was obtained from ethical committee of the institution and verbal consent was also obtained from the participants.

All pregnant women who attended the antenatal clinic between January to June 2006 and whose pregnancies were confirmed by ultrasound were recruited into

the study. Descriptive statistics was used, mean and standard deviation for continuous variables and frequency for categorical variables. Test of association was carried out using chi-square, all at 5% level of significance. Data analyses was done using SPSS version 10.

### Results

Teenage pregnant women had mean age of  $17.5 \pm 1.8$  years (13 - 19) and Non-Teenage pregnant women  $28.4 \pm 5.6$  years (20 - 46). There were 29 (9.2%) Teenage pregnant women while 286 (90.8%) were Non-Teenage pregnant women. They were predominantly of Yoruba ethnic group 256 (81.3%). Majority were multiparous and married, 201 (63.8%) and 290 (92.0%). Most were in third trimester 184 (58.4%). (Table 1.) There were more single mothers among the teenagers, 10 (34.5%) compared to non-teenage mothers, 15 (5.2%),  $p < 0.001$ . Most of the teenage mothers, 19 (65.5%) were unemployed compared to non-teenage mothers, 42 (14.7%),  $p < 0.001$ . The partners of teenage mothers, 7 (24.1%) were more unemployed when compared to non-teenage mothers, 14 (4.9%),  $p < 0.001$ . There were more nulliparous women among the teenagers, 23 (79.3%) than non-teenagers, 91 (31.8%),  $p < 0.001$ . Majority of the teenagers, 19 (67.9%) had more unintended pregnancy than non-teenage mothers, 95 (16.1%),  $p < 0.000$ . Most of the

teenagers, 18(62.1%) had no ultrasound in the index pregnancy compared to non-teenage mothers, 63(22.0%),  $p < 0.000$ . (Table 2)

### Discussion

Adolescent pregnancy has become an important health issue in a great number of countries, both developed and developing. However, pregnancy in adolescence (i.e. in a girl <20 years of age) is not a new phenomenon. In large regions of the world such as South Asia, the Middle East and North Africa, age at marriage has traditionally been low in kinship-based societies and economies. In such cases most girls married soon after menarche, fertility was high, and consequently many children were born from adolescent mothers.<sup>13</sup>

Comparable developments had taken place in many developing countries such as sub-Saharan Africa and Latin America and in many of these countries there has been a gradual shift away from extended family structures towards nuclear families. With this change in family structure and way of living, the role of members in the extended family in educating and acting as role models for young people in sexual behaviours has disappeared.<sup>12</sup>

In Nigeria, it has been reported that young pregnant women often book late (in the

second or third trimester) or do not book at all for antenatal care, especially if they were unmarried as evidenced by low incidence of 9.2% in this study.<sup>6,14</sup>

Some of the unmarried girls which were more common among the teenage mothers as reported in this study 34.5% did not want to be seen in public whilst pregnant, and often the clinics lack privacy.<sup>13</sup>

In the Latin America studies, it was also shown that adolescent motherhood is associated with adverse socioeconomic conditions and poorer earning opportunities for the adolescent mother compared to adult mothers as also revealed by our study of which only 34.5% of the adolescent mothers were gainfully employed compared to 85.5% in adult mothers. This was also the same for their spouses, 75.9% for the teenage and 95.1% for Non-teenage mothers.<sup>13,15</sup>

The vicious circle of poverty for themselves and their children begins with early childbearing among poor adolescents. One of the determinants of poverty may be the fact that in many countries adolescent childbearing is associated with the premature termination of education as shown in our study of which the teenage mothers have lower level of education primary school or none of 44.8% compared to adult mothers which were 25.9%.<sup>15,16,17</sup>

In Northern part of Nigeria, an early age at marriage quickly followed by conception is also an important determinant of adolescent pregnancies. Even where marriage takes place at an older age, many girls start intercourse soon after the onset of puberty, and the use of contraception is often problematic.

Traditionally in Nigeria, young girls are not expected to be engaged in sex; the need to conform to this standard causes young females to fear disclosing their sexual activity, which may result in a reluctance to report sexual experience, and may inhibit sexually active adolescents from seeking contraceptive services.<sup>20</sup> Often the girl knows little about contraception, and opposition to its use from male partners, and the unequal power relations within the relationship, prevent meaningful negotiation. If adolescents go to family-planning services they are often unwelcome; and the providers of contraceptives are frequently unsupportive of adolescents and refuse to provide them with contraceptives.<sup>22</sup> In Nigeria the main problem of teenage pregnancy is the defective and inadequate practicing of contraception by adolescents. Increasing the age at marriage especially in the Northern of Nigeria can contribute to the prevention of adolescent pregnancy, and so also the reduction of social deprivation. Sex education for adolescents including

information on contraception preferably in the last grade of primary school, and contraceptive services for adolescents would go a long way in reducing teenage pregnancies though this is still been resisted in our environment.

Teachers and caregivers should participate in a training programme so that they are well-informed about sex and birth control and are able to communicate with young people in a confidential manner, without adopting a moralizing attitude.<sup>20</sup>

Services for reproductive health and contraception for adolescents should be separated from the same services for adults and should be adapted to the needs of adolescents with respect to their location and attitudes of personnel.<sup>13</sup> Sexually active adolescents need to be aware of the importance of dual protection against both pregnancy and STD/HIV. When used correctly and consistently, condoms are the most effective method of preventing infections for those adolescents engaging in sexual intercourse, and can be highly effective in protecting against pregnancy as well. Another option for dual protection is to use condoms in conjunction with another method, such as combined oral contraceptives or injectables. In Nigeria, more attention should also be given to the use of emergency methods of contraception.<sup>13</sup>

**Table 1.** Socio-demographic characteristics.

Variables	Number	Percent
Age Group(years)		
≤ 19	29	9.2
≥ 20	286	90.8
Marital Status		
Married	290	92.0
Single	21	6.7
Separated/Divorced	4	1.3
Education		
None	28	8.0
Primary	59	18.7
Secondary	111	35.2
Tertiary	117	37.1
Parity		
Nullipara	114	36.2
Multipara	201	63.8
Gestational age		
1st Trimester	20	6.3
2nd Trimester	111	35.2
3rd Trimester	184	58.4

TABLE . 2 Factors associated with teenage pregnancy

Variables	Teenage pregnancy Number(%)	Non-Teenage pregnancy Number(%)	$\chi^2$	df	P value
Marital Status					
Married	19(65.5)	271(94.8)	30.81	1	0.000
Single	10(34.5)	15(5.2)			
Education					
Primary and below	13(44.8)	74(25.9)	4.73	1	0.03
Secondary and above	16(55.2)	212(74.1)			
Employment Status					
Employed	10(34.5)	244(85.3)	43.57	1	0.000
Unemployed	19(65.5)	42(14.7)			
Husband's Employment Status					
Employed	22(75.9)	272(95.1)	15.67	1	0.001
Unemployed	7(24.1)	14(4.9)			
Parity					
Nullipara	23(79.3)	195(68.2)	25.72	1	0.000
Primipara and above	6(20.7)	91(31.8)			
Pregnancy Intention					
Planned	9(32.1)	253(83.9)	41.47	1	0.000
Unplanned	19(67.9)	45(16.1)			
Ultrasound Status					
Had ultrasound	11(37.9)	63(22.0)	22.1	1	0.000
Had no ultrasound	18(62.1)	223(78.0)			

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