

# NEWPORT INTERNATIONAL JOURNAL OF BIOLOGICAL AND APPLIED SCIENCES (NIJBAS) Volume 3 Issue 2 2023

## Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District, Uganda

Gyet Henry Innocent

Faculty of Clinical Medicine and Dentistry Kampala International University Western Campus Uganda.

### ABSTRACT

Adolescent pregnancy and subsequent childbirth to women less than 19 years have continued to constitute a major global public health concern, affecting more than 16 million girls and young women worldwide. These high teen pregnancy rates have health impacts. In Uganda, it is the leading cause of death and disability among Ugandan women 15 to 19 years. The objective of this study was to determine the factors associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district. The research design was cross-sectional and descriptive using the quantitative method for data collection. Ninety-eight (98) respondents participated in this study. Data were analyzed using SPSS, descriptive, bi-variate and multivariate analyses at a 95% confidence interval. The findings of this study show that the age of a teenager, place of residence, marital status, education status of teenagers, teenagers' parent's education status, occupation of teenagers' occupation and marital status are the socio-economic factors that are significantly associated with early teenagers or adolescent pregnancies are the socio-economic factors associated with early pregnancies among adolescent girls attending selected health facilities in Bushenyi district. Teenagers between the ages 16-17 years have 60% higher odds (OR= 1.60) to get pregnant compared with teenagers between ages 18-19 years and most of these teenagers do not use contraceptives hence are 2 times (OR=2.20) more likely to get pregnant compared to those who use. Also, most teenagers in Bushenyi district have early sex in order to belong or be accepted among their peers and this has resulted in most unplanned pregnancies. The likely consequences associated with early pregnancies among adolescents in the Bushenyi district include; dropping out of school 34 (34.7%), single parenting 28 (28.6%), health complications 15 (15.3%) and stigmatization 12 (12.2%). Sex education and sensitization should be included in schools' curricula in order to educate teens on sex and reproductive health early enough.

**Keywords:** Adolescent pregnancy, Childbirth, Health facilities, Sex education and sensitization, Reproductive health.

### INTRODUCTION

Adolescent pregnancy and subsequent childbirth to women less than 20 years old continues to be a major global public health concern, affecting more than 16 million girls and young women worldwide [1]. It is estimated that about 16 million girls 15–19 years old give birth each year, contributing to nearly 11% of all births worldwide [1].

© Gyet, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Although adolescent fertility rates are falling globally, approximately 18 million girls under the age of 20 give birth each year [2]. Two million of these births are from girls under 15 years of age [2]. More than 90% of these births occur in low and middle-income countries [1, 2]. Most teenage pregnancies and childbirths take place in west and central Africa, east and southern Africa, South Asia, Latin America, and the Caribbean [2]. Different research reports show that the prevalence of teenage pregnancy varies across regions of the world. In the Asia Pacific regions, it ranges up to 43% in Bangladesh [3], and from 11.1% [4], to 47.3% in Nepal [5]. In Jordan, the prevalence is 25% [6]. The prevalence of teenage pregnancy also varies in Africa; for instance, in Nigeria, it ranges from 6.2% in the Niger Delta state [7], to 49% in Abia State [8]. In South Africa [9], East Africa (Kenya) [10], Assosa (Ethiopia) [11], and Sudan [12], it ranges from 2.3 to 19.2%, 31%, 20.4%, and 31%, respectively. In East Africa, almost 10% of young women give birth by age 16 [13]. In particular, Uganda reports the highest proportion of women giving birth before the age of 20 (63%), and the highest total fertility rate (6.2) in East Africa (Uganda Bureau of Statistics [14; 15]). These high teen pregnancy rates have health impacts—the leading causes of death and disability among Ugandan women 15 to 19 years are complications of pregnancy, unsafe abortions, and childbirth [16]. A total of 41% of births among 15- to 19-year-old women are reported to be either mistimed or completely unwanted [17]. Uganda's National Adolescent Health Policy defines adolescents as people between the ages of 10 and 19 years. Twenty-five per cent of Uganda's population is comprised of adolescents. A 25 per cent pregnancy rate among adolescents in a population of 30 million people is, therefore, a worrying issue for the government of Uganda [18]. In Uganda, teenage pregnancy and motherhood have remained a major health and social concern because of their association with higher morbidity and mortality for both the mother and child. In addition to the physiological risks, there is a negative effect on the socioeconomic status of the mother, and hence the child, because current school policy is to have pregnant girls terminate their education. With 24 per cent of adolescent girls becoming pregnant before the age of 19, Uganda has one of the highest rates of adolescent pregnancy in Sub-Saharan Africa [15]. The country's high adolescent pregnancy rate therefore has implications which include; high risk of maternal death in adolescents than in older women, high susceptibility of pregnant adolescent girls to pregnancy and childbirth-related complications because they have not yet developed the physical maturity required for a healthy pregnancy. Other common medical problems associated with adolescent pregnancy include obstructed labour, eclampsia, fistula, low birth weight, stillbirths, and neonatal death.

#### Statement of the Problem

It is estimated that about 16 million girls 15–19 years old give birth each year, contributing to nearly 11% of all births worldwide [1]. In East Africa, almost 10% of young women give birth by age 16 [13]. In the region, Uganda reports the highest proportion of women giving birth before the age of 20 (63%), and the highest total fertility rate (6.2) [14]. In order to address adolescent pregnancy, the Uganda government has enacted policies which set definite targets and are aimed at protecting young girls from unplanned pregnancies. These policies include the National Health Policy, the National Adolescent Health Policy, the National Policy on Young People and HIV/AIDS, the Sexual Reproductive Health Minimum Package, the Minimum Age of Sexual Consent Policy (set at 18 years of age), the defilement law and a Universal Primary Education – (UPE) policy [19]. Further, a law governing defilement makes it a criminal offence to impregnate a girl under the age of 18 [20]. Despite these policies' enactment, the rates of adolescent pregnancies still remain high in both urban and rural areas of Uganda. It is against this background that this study sought to examine factors associated with adolescent pregnancies among adolescent girls in the Bushenyi district.

#### Aim

To assess the Associated Factors of Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District, Western Uganda.

#### Specific Objectives

- ✦ To determine socio-economic factors associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district.
- ✦ To identify the individual factors associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district.
- ✦ To identify the consequences associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district.

#### Research Questions

- i. What are the socio-economic factors associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district?

© Gyet, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

- ii. What are the individual factors associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district?
- iii. What are the consequences associated with early pregnancies among adolescent girls attending selected health facilities in the Bushenyi district?

## METHODOLOGY

### Research Design

The research design was cross-sectional and descriptive using quantitative method for data collection. This design involved gathering data from a sample of the population at one point in time to answer the research questions.

### Area of Study

The study was conducted in two selected public health facilities in Bushenyi district. The health facilities were Bushenyi health centre IV and Kyabugimbi Health center IV. These health facilities were purposively sampled for the study because they offer the needed health services in the region, especially to the rural dwellers and they are always well attended by clients and patients from the district and beyond. Both health centers are owned by the government and they offer Preventive, Promotive Outpatient Curative, Maternity, Inpatient Health Services, Emergency surgery and Blood transfusion and Laboratory services to a population of about 500 people [21].

### Study Population

The study population comprised of adolescents aged 13-19 years who attended the sampled health facilities (Bushenyi and Kyabugimbi health centres).

### Inclusion Criteria

All adolescent girls aged 13-19 years who were pregnant or nursing a child as at when this study was conducted and consented to participate in the study.

### Exclusion criteria

All adolescent girls aged 13-19 years who were pregnant or nursing a child as at when this study was conducted but did not consent to participate in the study. All adolescent girls aged 13-19 years who were not pregnant or nursing a child as at when this study was conducted.

### Sample Size Determination

The sample size was determined using the formula [22]. below:

$$n = z^2 p (1-p) / e^2$$

Where n = Estimated minimum sample size required

P= Proportion of a characteristic in a sample = 14.6% [23].

Z=1.96 (for 95% Confidence Interval), e = Margin of error set at 5%

$$n = \frac{1.96^2 \times 0.146 (1 - 0.146)}{0.05^2} \quad n = 191.59 = (192 \text{ Approx.})$$

The sample size (n) = 192

### Sampling Technique

The health facilities were purposively sampled. The respondents (adolescent mothers and girls) were sampled randomly from the three health facilities. The respondents were approached after permission was granted by the district and health facility authorities. Each of the two sampled health center were visited on different days consecutively for four weeks. Mothers and teenagers attending Maternal and Child Health (MCH) clinics, Out-patient department (OPD) and those in the admitted in the wards in each of the sampled health center willing to participate were sampled randomly after consenting to participate.

### Data collection methods

Quantitative data were collected using structured questionnaire. The Interviewers (Researcher and Assistants) read the questions exactly as they appeared on the survey questionnaires for the respondents to answer.

### Quality Control

The data collection team comprised of four research assistants who were trained for two days by the principal researcher on the objectives and purpose of the study. The principal researcher and the data collection team pre-tested of the questionnaires for two days at KIU-TH. Pre-testing was done to impart practical experience to the team in administering questionnaires as well giving the researcher an idea of the population characteristics.

### Data Analysis

Data from the survey was statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 20.0). Basic descriptive analysis was done using frequency distributions. Descriptive statistics were used to describe a distribution of scores. Findings are presented using frequency distribution tables, charts and graphs.

© Gyet, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Ethical considerations

A letter of data collection addressed to the District Health Officer for permission was collected from the Faculty of Clinical Medicine & Dentistry. After the permission was granted, the health centers authorities allowed the research team to access the respondents who consented. In addition, the researcher explained the purpose of the study to each study participant at the health facilities after which an informed consent was obtained from the participants before participating in the study. To further gain the trust and safeguard the privacy of respondents, the interviews were done privately and in secured areas of the health centers.

### RESULTS

#### **Socio-Economic Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

Majority 62(63.3%) of the respondents (teenagers) who participated in this study were in the age bracket 18-19 years and they resided in the rural (87.8%). Majority 82(83.7%) of the respondents reported they are single and 90(91.8%) reported to have only one child and their parents are not separated nor divorced (74.5%). Most 50(51.0%) of the respondents said their current or highest level of education was secondary education and their occupation was peasant farming 40(40.8%). Most 55 (56.2) reported that they had ever been pregnant while 43(43.8%) were currently pregnant. The education of their parents were reported to be mostly no formal education 45(45.9%) and secondary 39 (39.8%) for their mothers and fathers respectively. The occupation of the teenage parents were reported to be farming 48(49.0%). Most 58(59.2%) and 55(56.1%) lived with their parents and are Christians respectively (table 1).

#### **Bivariate and Multivariate Analysis of the Socio-Economic Factors associated with Early Pregnancies among Adolescent Girls**

Results in table 2 show that the age of the teenager, place of residence, marital status, education status of teenagers, teenagers' parent's education status, occupation of teenagers' occupation and marital status are the socio-economic factors that are significantly associated with early teenagers or adolescent pregnancies. The multivariate analysis further shows that teenagers between the age bracket 18-19 years have 90% (OR=1.90) higher odds to get pregnant compared to those are in the age bracket 13-15 years whereas those who are 16-17 years have 52% (OR=0.48) less odds to get pregnant. Teenagers who reside in the rural areas 51% (OR=1.51) higher odds to get pregnant compared to their counterparts who resides in the urban areas. Regarding marital status, teenagers who are single have 60% (OR=0.60) less odds to get pregnant compared to those who are married. Teenagers with no formal education (OR=2.11) and primary education (OR=1.23) are more likely to get pregnant compared to those with secondary or higher education. More so, teenagers whose occupation is housewife are 72% (OR=1.72) higher odds to get pregnant compared to those who are peasant farmers. Teenagers whose mothers have no formal education are 3 times (OR=3.33) more likely to get pregnant compared to those whose mothers have tertiary education. Also, teenagers whose mothers have primary education (OR= 1.54) and secondary education (OR=2.23) are more likely to get pregnant. On the other hand, teenagers whose fathers have no formal education, primary and secondary education have 29% (OR=0.71), 18% (OR=0.82) and 35% (OR=0.65) less odds to get pregnant respectively. Teenagers whose parents are employed are 2 times (OR=2.34) more likely to get pregnant as well those whose parents are into business (OR=1.83). Teenagers whose parents are separated or divorced have 62% (OR=1.62%) higher odds to get pregnant compared to those whose parents are together. Teenagers who are Christian with 2 children have 72% (OR=0.72) and 53% (OR=0.53%) less odds of getting pregnant respectively (table 2).

**Table 1: Showing the Socio-Economic Characteristic of the Respondents (n=98)**

Variable	Characteristics	Frequency(n=98)	(%)
Age of teenager (years)	13 -15	2	2.0
	16-17	34	34.7
	18-19	62	<b>63.3</b>
Place of residence	Rural	86	<b>87.8</b>
	Urban	12	12.2
Marital status of a teenager	Married	16	16.3
	Single	82	<b>83.7</b>
Educational status of teenager	No formal education	10	10.2
	Primary	38	38.8
	Secondary	50	<b>51.0</b>
Pregnancy status teenager	Currently pregnant	43	43.8
	Ever pregnant	55	<b>56.2</b>
Occupation of teenager	Peasant	40	<b>40.8</b>
	Housewife	12	12.2
	Business	20	20.4
	Daily laborer	21	21.4
	Student	5	5.2
Mother's education	No formal education	45	<b>45.9</b>
	Primary education	30	30.6
	Secondary education	20	20.4
	Tertiary	3	3.1
Father's education	No formal education	31	31.6
	Primary education	18	18.4
	Secondary education	39	<b>39.8</b>
	Tertiary	10	10.2
Type of parents' occupation	Farmer	48	<b>49.0</b>
	Business Government/employed	12	12.2
	Others	14	14.3
		24	24.5
Teenage Parents are separated or divorced	Yes	25	25.5
	No	73	<b>74.5</b>
Teenager Lives with	Alone	3	3.1
	Husband	16	16.3
	Parent	58	<b>59.2</b>
	Relative	21	21.4
Religion	Muslim	23	23.5
	Christian	55	<b>56.1</b>
	Others	20	20.4
Parity	1	90	<b>91.8</b>
	2	8	8.2

**Table 2: Showing the Bivariate and Multivariate Analysis of the Socio-Economic Factors associated with Early Pregnancies among Adolescent Girls**

Variable	Characteristics	Pregnancy status		OR	CI 95%	p-value
		CP*	EP*			
Age of teenager (years)	13 -15	2	-	1		
	16-17	20	14	0.48	0.22-1.23	0.01
	18-19	21	41	1.90	0.44-2.03	
Place of residence	Urban	3	9	1		0.03
	Rural	40	46	1.51	0.45-1.78	
Marital status of teenager	Married	12	4	1		
	Single	31	51	0.60	0.43-1.11	0.00
Educational status of teenager	Secondary	17	33	1		
	No formal education	8	2	2.11	0.78-2.45	0.04
	Primary	18	20	1.23	1.12-2.33	
Occupation of teenager	Peasant	20	20	1		
	Housewife	8	4	1.72	0.64-2.20	0.06
	Business	6	14	0.43	0.23-0.78	
	Daily laborer	7	14	0.90	0.56-1.34	
	Student	2	3	0.68	0.33-1.22	
Teenager's Mother education	Tertiary	2	1	1		
	No formal education	25	20	3.22	1.23-4.36	0.01
	Primary education	10	20	1.54	0.87-2.34	
	Secondary education	6	14	2.23	1.17-3.57	
Teenager's Father education	Tertiary	3	7	1		
	No formal education	21	10	0.71	0.55-1.23	0.05
	Primary education	8	10	0.82	0.45-1.18	
	Secondary education	11	28	0.65	0.35-1.15	
Type of parents' occupation	Farmer	23	25	1		
	Business	4	8	1.83	0.98-2.34	0.01
	Employed	7	7	2.34	1.17-3.26	
	Others	9	15	0.91	0.53-1.28	
Teenager Parents are separated or divorced	No	25	48	1		
	Yes	18	7	1.62	0.67-2.34	0.00
Teenager Lives with	Relative	11	10	1		
	Alone	1	2	0.83	0.43-1.36	0.11
	Husband	12	4	1.81	0.56-2.17	
	Parent	19	39	0.35	0.22-1.07	
Religion	Muslim	15	8	1		
	Christian	18	37	0.72	0.44-1.23	0.20
	Others	10	10	0.44	0.22-0.98	
Parity	1	42	48	1		
	2	1	7	0.53	0.25-1.45	0.33

CP\*(n=43) = Currently Pregnant, EP\*(n=55) = Ever Pregnant.

**Individual Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District**

Most 53 (54.0%) of the respondents who participated in this study were in the age bracket 18-19 years and 53 (35.7%) of them reported that life style as the reason for having sex at teen. Majority 72(73.5%) of the respondents reported that their pregnancy was unplanned and 65 (66.3%) of them said they did not use contraceptive. Majority 76 (77.6%) of the respondents reported that they were 18-19 years at their first pregnancy and they delivered their children vaginally (table 3)

**Bivariate and Multivariate Analysis of Individual Factors Associated with Early Pregnancies among Adolescent Girls**

The results in the table 4 show that the age of first sex ( $p=0.01$ ) and contraceptive use ( $p = 0.00$ ) are significantly associated with early pregnancies in teenagers or adolescent girls. Similarly, teenagers between age 16-17years have 60% higher odds ( $OR= 1.60$ ) to get pregnant compared with teenagers between age 18-19 at 17 years. Teenagers whose reason for sex is to belong or accepted among their peers have 72% ( $OR= 1.72$ ) compared to those whose reason is for money, whereas teenagers whose reason for sex are fun, job and life style have 58% ( $OR=0.42$ ), 40% ( $OR=0.60$ ) and 10% ( $OR=0.90$ ) less odds respectively to be pregnant. Teenagers who do not use contraceptives are 2 times ( $OR=2.20$ ) more likely to get pregnant compared to those who use. Teenagers whose first age of pregnancy was 1-19 years are more likely ( $OR=1.91$ ) to get pregnant and progress thereof. Teenagers who are also married are twice ( $AOR=2.33$ ) more likely to be pregnant compared to others of different marital status. Teenagers whose pregnancies were unplanned have 55% ( $OR=1.45$ ) higher odds to get pregnant compared to those whose pregnancies were planned. Teenagers whose mode of delivery was via abortion are twice ( $OR=2.12$ ) are more likely to get pregnant compared to those whose mode of delivery was normal (vaginal).

**Table 3: Showing Individual Factors Associated with Early Pregnancies among Adolescent Girls**

Variable	Characteristics	Frequency	Percentage
Age of first sex (years)	13-15	12	12.2
	16-17	33	33.8
	18-19	53	<b>54.0</b>
Reason for having sex at teen age	Money	19	19.4
	Fun	10	10.2
	Job	22	22.5
	To belong	12	12.2
	Life style	35	<b>35.7</b>
Contraceptive use	Yes	33	33.7
	No	65	<b>66.3</b>
Age of first pregnancy (years)	13-15	-	0.00
	16-17	22	22.4
	18-19	76	<b>77.6</b>
Conditions of pregnancy	Planned	26	26.5
	Unplanned	72	<b>73.5</b>
Mode of delivery (n = 18)	Vaginal	60	<b>61.2</b>
	Cesarean	-	0.00
	Aborted	38	38.8

**Table 4: Showing Bivariate and Multivariate Analysis of Individual Factors Associated with Early Pregnancies among Adolescent Girls**

Variable	Characteristics	Teenager's pregnancy status		OR	CI 95%	P-value (0.05)
		CP*	EP*			
Age of first sex (years)	13-15	2	10	0.51	0.22-1.50	0.01
	16-17	12	21	1.60	0.40-2.50	
	18-19	29	24	1	1	
Reason for having sex at teen age	Money	7	12	1	1	0.60
	Fun	4	6	0.42	0.20-1.22	
	Job	11	11	0.60	0.40-1.30	
	To belong	3	9	1.72	0.50-2.50	
	Life style	18	17	0.90	0.40-1.15	
Contraceptive use	Yes	12	21	1	1	0.00
	No	31	34	2.20	0.80-3.44	
Age of first pregnancy (years)	13-15	-	-			0.66
	16-17	4	18	1	1	
	18-19	39	37	1.91	1.20-2.50	
Conditions of pregnancy	Planned	16	-	1	1	0.11
	Unplanned	27	55	1.45	0.80-1.78	
Mode of delivery	Vaginal	43	17	1	1	0.40
	Aborted	-	38	2.12	1.20-2.67	

CP\*(n= 43) = Currently Pregnant, EP\*(n=55) = Ever Pregnant.

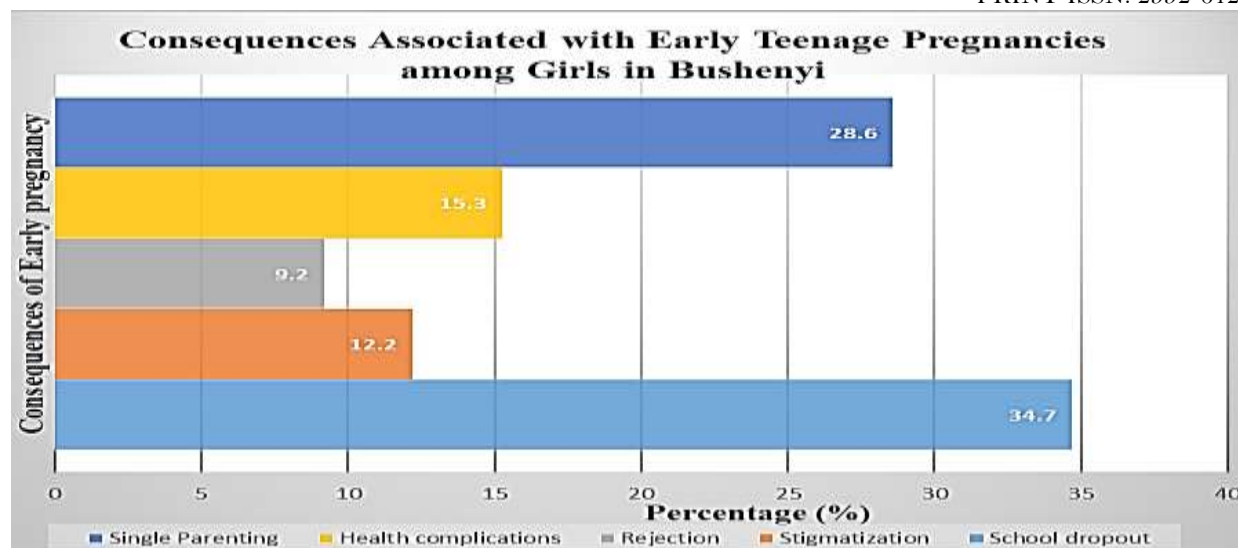
**Consequences Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

Table 5 below displays the likely consequences associated with early pregnancies among adolescent. Most 34 (34.7%) of the respondents reported that the consequences of early pregnancies among teenagers in Bushenyi was dropping out of school while 28 (28.6%) said early pregnancies among teenagers leads to single parenting. Also, 15 (15.3%) reported health complications as a consequences of early pregnancies among teens and 12 (12.2%) feels it leads to stigmatization. The responses are further depicted in figure 2.

**Table 5 showing the Consequences Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District**

Variable	Frequency (n=98)	Percentage (%)
School dropouts	34	<b>34.7</b>
Stigmatization	12	12.2
Rejection	9	9.2
Health complications/problems	15	15.3
Single parenting	28	<b>28.6</b>





## DISCUSSION

### Socio-Economic Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.

Findings of this study shows that Results age of teenager, place of residence, marital status, education status of teenagers, teenagers' parent's education status, occupation of teenagers' occupation and marital status are the socio-economic factors that are significantly associated with early teenagers or adolescent pregnancies. Teenagers between the age bracket 18-19 years have 90% (OR=1.90) higher odds to get pregnant compared to those are in the age bracket 13-15 years whereas those who are 16-17 years have 52% (OR=0.48) less odds to get pregnant. Teenagers who reside in the rural areas have 51% (OR=1.51) higher odds to get pregnant compared to their counterparts who resides in the urban areas. These findings are consistent with the previous studies in Uganda [17, 24]. Being young and living in rural areas may expose girls to early pregnancy due to: lack of information, peer influence and sexual abuse. Regarding marital status, this study found that teenagers who are single have 60% (OR=0.60) less odds to get pregnant compared to those who are married. This findings, is in line with other studies which reported association of early marriages of young girls with teenage pregnancy [10].

### Individual Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District

The results in the study show that the age of first sex and contraceptive use were significantly associated with early pregnancies in teenagers or adolescent girls. Similarly, teenagers between age 16-17 years have 60% higher odds (OR= 1.60) to get pregnant compared with teenagers between age 18-19years. Teenagers who do not use contraceptives are 2 times (OR=2.20) more likely to get pregnant compared to those who use. This finding agrees with findings by [25; 10]. who reported that irregular use of contraceptive methods led to pregnancies in teenagers. This study found that teenagers whose reason for sex is to belong or be accepted among their peers have 72% (OR= 1.72) higher odds to be pregnant compared to those whose reason is for money. This results concur with previous research reports which supports the fact that peers play an important role in teenage lives. Teenagers with sexually active friends are more likely to have sex themselves [26]. Peers can influence the views of their age groups, hence, bad influence leading to risky behaviours such as; alcohol and drug abuse, and unprotected sexual activity which may lead to pregnancy [27]. This study found that teenagers whose pregnancies were unplanned have 55% (OR=1.45) higher odds to get pregnant compared to those whose pregnancies were planned. This could be because some of the teenagers who know how to get rid of early pregnancy may continue knowing they have solution or very few had ever used any of contraception; as a result, considerable numbers of them report unplanned. This agrees with the report by [28]. who said majority of teenage girls are unaware of the process of conception and dangers of unplanned pregnancy before the onset of pregnancy.

© Gyet, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### **Consequences Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

Findings of this study shows that the likely consequences associated with early pregnancies among adolescent in Bushenyi district include; dropping out of school 34 (34.7%), single parenting 28 (28.6%), health complications 15 (15.3%) and stigmatization 12 (12.2%). These findings were is in line with some studies which find some medical consequences linked with teenage pregnancies as pre-term delivery, still birth, birth asphyxia, anaemia, low birth weight, pregnancy induced hypertension (PIH) and spontaneous abortion were most frequently encountered complications during teenage pregnancy [29; 27]. Regarding dropping out of school and single parenting, this finds is supported by further findings by [29-32], who reported Lower access to higher education, high divorce rates, weak and single motherhood as negative consequences of teenage pregnancy.

### **CONCLUSION**

#### **Socio-Economic Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

Age of teenager, place of residence, marital status, education status of teenagers, teenagers' parent's education status, occupation of teenagers' occupation and marital status are the socio-economic factors that are significantly associated with early teenagers or adolescent pregnancies are the socio-economic factors associated with early pregnancies among adolescent girls attending selected health facilities in Bushenyi district.

#### **Individual Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

Teenagers between age 16-17 years have 60% higher odds (OR= 1.60) to get pregnant compared with teenagers between age 18-19years and most of these teenagers do not use contraceptives hence are 2 times (OR=2.20) more likely to get pregnant compared to those who use. Also, most teenagers in Bushenyi district have early sex in order to belong or be accepted among their peers and this has resulted to most unplanned pregnancies.

#### **Consequences Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

Likely consequences associated with early pregnancies among adolescent in Bushenyi district include; dropping out of school 34 (34.7%), single parenting 28 (28.6%), health complications 15 (15.3%) and stigmatization 12 (12.2%).

### **RECOMMENDATIONS**

#### **Socio-Economic Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District.**

- i. Sex education and sensitization should be included in the curriculum in schools in order to educate the teens on sex and reproductive health early enough.
- ii. The health department in the district should do periodic teenage checkups in the community and schools

#### **Individual Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District**

- i. Free education should be implemented especially for the girl child to enable most of them go attain formal education hence reduce on teenage pregnancies.
- ii. The district authorities should constantly organize family planning conferences and distribution of contraceptives and fliers against unwanted pregnancies among teenagers.

### **REFERENCES**

1. WHO (2014). Adolescent pregnancy fact sheet.
2. UNFPA. (2013). Adolescent pregnancy: a review of the evidence. Accessed on 02/12/16
3. Presler-Marshall E. and N. Jones. (2012). Charting Future: Empowering Girls to Prevent Early Pregnancy, ODI and save the children, London, UK.
4. Lama L., Rijal P., S. Budathoki, and A. D. Shrestha, (2012). Profile of neonates born to adolescent mothers at Nepal. Nepal Medical College journal, vol. 14, no. 4, pp. 294-297.
5. Dagadu F. (1997) Magnitude and Determinants of Teenage Pregnancy in the Cape Coast Municipality, University of Ghana, Accra, Ghana.
6. Ziadeh S. (2001). Obstetric outcome of teenage pregnancies in north Jordan. Archives o Gynecology and Obstetrics, vol. 265, no. 1, pp. 26-29.
7. Ayuba Gani O. (2012). Outcome of teenage pregnancy in the Niger Delta of Nigeria. Ethiopian journal of health sciences, vol. 22, no. 1, pp. 45-50.

© Gyet, 2023

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

8. Nwosu U. M. (2017). Contemporary factors of teenage pregnancy in rural communities of Abia state, Nigeria. *International Journal of Community Medicine and Public Health*, vol. 4, no. 2, pp. 588– 592.
9. Mchunu G., K. Peltzer, B. Tutshana, and L. Seutlwadi (2012). Adolescent pregnancy and associated factors in South Africa,” *Africa health science*, vol. 12, no. 4, pp. 426–434,
10. Were M. (2007). Determinants of teenage pregnancies: The case of Busia, District in Kenya. *Economics & Human Biology*, vol. 5, no. 2, pp. 322–339.
11. Assefa B., M. Abiyou, and G. Yeneneh. (2015). Assessment of the magnitude of teenage pregnancy and its associated factors among teenage females visiting Assosa General Hospital. *Ethiopian Medical Journal*, vol. 53, p. 53.
12. Adam G. K., E. M. Elhassan, A. M. Ahmed, and I. Adam. (2009). Maternal and perinatal outcome in teenage pregnancies in Sudan,” *International Journal of Gynecology and Obstetrics*, vol. 105, no. 2, pp. 170-171.
13. Chen XK, Wen SW, Fleming N, Demissie K, Rhoads GG, Walker M. (2007). Teenage
14. UBOS (2012). Uganda Demographic and Health Survey. 2011, Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
15. Alemayehu T, Haider J, Habte D. (2010). Determinants of adolescent fertility in Ethiopia.
16. UNFPA, (2013). Motherhood in Childhood, Facing the challenge of adolescent pregnancy, state of world population.
17. *Ethiopian Journal of Health Development*. 24(1).
18. UBOS and ICF (2011). Uganda demographic and health survey. ICF Int: USA, pp: 57-67.
19. Tebeu PM, Kemfang JD, Sandjong DI, Kongnyuy E, Halle G, Doh AS. (2010). Geographic Distribution of Childbirth among Adolescents in Cameroon from 2003 to 2005.
20. Atuyambe LM, Kibira SPS, Bukenya J, Muhumuza C, Apolot RR, et al. (2015). Understanding sexual and reproductive health needs of adolescents: Evidence from a formative evaluation in Wakiso district, Uganda. *Reproductive Health* 12: 35.
21. Central Statistical Agency and the DHS Program ICF (2017). e DHS Program ICF Rockville M, USA Ethiopian Demographic and Health Survey, vol. 201, CSA and ICF, Addis Ababa, Ethiopia and Rockville, MD, USA.
22. Creel, L.C. & Rebecca J.P. (2003). Improving the Quality of Reproductive Health Care for young people. Population council and population reference Bureau.
23. Ahmed FR (2014). Highest teen pregnancy rates worldwide. *World atlas*.
24. Ahorlu CK, Pfeiffer C, Obrist B (2015). Socio-cultural and economic factors influencing adolescents’ resilience against the threat of teenage pregnancy: A cross-sectional survey in Accra, Ghana. *Reproductive Health* 12: 117.
25. Sharma A.K, Verma K, Khatri S, Kannan A. (2002). Determinants of pregnancy in Adolescents in Nepal. *Indian Journal of Pediatrics*. 69(1):19–22.
26. Manlove J, Terry-Humen E, Papillo AR, Franzetta K, Williams S, Ryan S. (2002). Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: what the research shows? Washington, DC: Child Trends.
27. Mea C. (2013). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *Journal of Adolescent Health*. 52:517.
28. Goonewardena I., Deeyagaha Waduge R. (2005). Adverse effects of teenage pregnancy. *Ceylon Medical Journal*. 50:116-120.
29. Brennan L., McDonald J., Shlomowitz R. (2005). Teenage births and final adult height of mothers in India. *Journal of Biosocial Science*. 37: 185-191.
30. Nuwagaba-Biribonwoha, H., Kiragga, A. N., Yiannoutsos, C. T., Musick, B. S., Wools-Kaloustian, K. K., Ayaya, S., ... & International epidemiology Databases to Evaluate AIDS (IeDEA) East Africa Collaboration. (2018). Adolescent pregnancy at antiretroviral therapy (ART) initiation: a critical barrier to retention on ART. *Journal of the International AIDS Society*, 21(9), e25178.
31. Abdullahi Khadija Gode. Prevalence of Teenage Pregnancy among Pregnant mothers Presenting at Hoima Regional Referral Hospital during the Covid-19 Pandemic (2020 to 2021). *Eurasian Experiment Journal of Scientific and Applied Research (EEJSAR)*. 4(1), 57-64.

32. Moreen Atwikirize, Johnah Turyasingura. (2023). Evaluation of factors contributing to the prevalence of unplanned pregnancies among female University students at KIU Western Campus, Ishaka Bushenyi. Newport International Journal of Public Health and Pharmacy. 3(1), 33-50.

**Gyet Henry Innocent (2023). Factors Associated with Early Pregnancies among Adolescent Girls Attending Selected Health Facilities in Bushenyi District, Uganda. NEWPORT INTERNATIONAL JOURNAL OF BIOLOGICAL AND APPLIED SCIENCES (NIJBAS) 3(2):48-59.**