

Socio-Demographic Profile, Knowledge and Awareness Level of Teenage Mothers

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Abstract

Background: Teenage pregnancy is coming up as one of the most important social and public health problem in both developed and developing countries. Lack of knowledge and poor awareness lead to increase number of teenage pregnancy. To assess the knowledge and awareness level of teenage mothers and its consequences.

Materials and methods: A cross-sectional observational study was conducted at the Obstetrics and Gynaecology Department of Chittagong Medical College Hospital, Chittagong for a period of six months from 10th October 2013 to 9th April 2014. One hundred teenage mothers (Aged 15-19 completed years at delivery) who got herself admitted to the department of Obstetrics and Gynaecology were included in this study. Predesigned data collections sheet was used and relevant informations were recorded.

Results: Among 100 patients, 60 % mothers were in age group of 17-18 years. 25% 19 years, 15% in <17 years. 88% were Muslim, 80% were housewives, 12% garments workers, day laborer 4%, service holder only 1%. Majority of patients (58%) came from low income group families. 26% low middle class, only 6% from upper income group. 60% of mother were upto primary education who had same knowledge about consequence of teenage pregnancy. Can sign only 18%, illiterate 16% who had no knowledge about that. Most of them 64% were unplanned pregnancy. Only 36% were planned. 64% of them never use of any contraceptives. 17% of them use were by herself, used by husband only 6%. Data were analyzed by both manually and by SPSS-18.

Conclusion: Teenage are the future of the nation. Not only there should be efforts to improve the socio-demographic environment of pregnant teenagers to improve the reproductive outcome but also decrease the incidence of teenage pregnancy.

Key words: Knowledge and awareness level; Socio-demographic factors; Teenage pregnancy.

INTRODUCTION

Teenage pregnancy is a worldwide social problem. WHO defines adolescence as the period between 10-19 years of age which broadly corresponds to the onset of puberty and the legal age of adulthood.¹ Teenage pregnancy is a pregnancy that occurs in an adolescent. An adolescent is a female who has reached puberty and is 19 years old or younger. Puberty is a stage of adolescence when a girl can sexually reproduce.² An estimated 70,000 adolescent mothers die each year in the developing countries because they have children before they are physically ready for parenthood.³ Maternal age, parity, social class and ethnicity are inter-relating and interacting sociodemographic factors that influence maternal health and child bearing.⁴

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Date of Submission □: □20.11.2024

Date of Acceptance □: □18.12.2024

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Its incidence shows marked variation amongst developed countries, USA has the highest incidence in the developed world and UK has the highest incidence in Europe.⁵ The incidence ranges from 0.9% to 21%. In the US, more than 40% adolescent females have experienced sex and approximately 50% of them do not desiring pregnancy have non-effective contraception and 90% of them become pregnant within one year.⁶

According to international federation of paediatric and adolescent gynaecology report, it is estimated that adolescent pregnancy have affected approximately 15 million young women ages 15-19 years every year in the world. About 19% of adolescent pregnancies are unmarried and a greater amount of unplanned adolescent pregnancies are unintended.

These pregnancies not only appear to constitute a biological risk but also has a psycho-social and economic problem.⁶ Worldwide rates of teenage pregnancy range from 143 per 1000 in some of Sub-sahara African countries to 2.9 per 1000 in South Korea.⁷ In South Asian countries have high proportion of teenage pregnancies.⁸ A study showed that nearly 60% of all girls are married by the age of 18 years and one fourth are married by the age of 15 years in South Asia.⁹ Within South Asia, the recorded teenage pregnancy rate is highest in Bangladesh 35% followed by Nepal 21% and India 21%.¹⁰ Teenage pregnancy can have significant effect as the level of education of women, their employment opportunities, marital stability and it increases their economic and social dependency of family and neighbors.¹¹ Low socio-economic status, limited education, cultural factors and extended family structure, all appeared to be related to teenage pregnancy. Being socially discriminated against and economically poor, young women become victims of gender bias and tend to have little decision – making power. On the other hand most of the South Asian parents think that youngsters lack of experience to choose their partners and that their daughter might be spoiled (Rape or unacceptable relationship) hence family structure has strong effect on early child bearing.¹²

This study was conducted to assess socio-demographic factors of teenage pregnant mothers and knowledge and awareness level of patients by which we can provide more informative message to national health policy makers and also government and non-government organization to take necessary steps to reduce teenage pregnancy.

MATERIALS AND METHODS

It was a cross-sectional observational study conducted at the Obstetrics and Gynaecology Department of Chittagong Medical College Hospital, Chattogram for a period of 6 months from 10th October 2013 to 9th April 2014. One hundred teenage mothers (Age 15-19 completed years at delivery) who got herself admitted to the Department of Obstetrics and Gynaecology were included in this study.

After approval from ethical review committee of Chittagong Medical College Hospital, after taking informed written consent from teenage patients, all study related information were recorded in formulated pre-designed questionnaire including social, demographic, economic variables and knowledge of consequences of teenage pregnancy and awareness level to reduce teenage pregnancy. Data were recorded and analyzed by manually and SPSS-18.

OPERATIONAL DEFINITIONS

According to WHO Teenage

A teenager or teen is someone who is 13 to 19 years old. They can also be called "adolescents".

Adolescence:

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19.

Teenage pregnancy:

Teenage pregnancy is when a woman under 20 gets pregnant. It usually refers to teens between the ages of 15-19. But it can include girls as young as 10. It's also called teen pregnancy adolescent pregnancy.

According to Directorate of Primary education

Illiterate Person:

Someone who is illiterate does not know how to read or write.

Primary Education:

Primary education or elementary education is typically the first stage of formal education, coming after preschool/ kindergarten and before secondary school.

According to Directorate of Secondary Education

Secondary Education:

Secondary education refers to the stage of formal education that follows primary education and precedes higher education.

RESULTS

Among 100 patients, highest proportion (60%) of patients was in the age group of 17 – 18 years followed by in age ≥19 years (25%) and in age <17 year (15%).

Most of the patients were Muslim (88%) followed by Hindu(8%) and Others (4%).

Majority of teenage patients were housewives (80%) followed by Garments workers (12%) & day laborer(4%) service holders were only (1%).

Most of patients were belonged to low income group (58%) followed by lower middle class (26%) (10%) upper middle class, only (6%) patients were from upper income group families.

Table I Patients Socio-demographics (n = 100)

Variables□	Frequency□	Percentage (%)
Age in groups		
< 17 Years□	15□	15%
17 – 18 Years□	60□	60%
>18 Years□	25□	25%
Religion		
Muslim□	88□	88%
Hindu□	8□	8%
Others□	4□	4%
Categorization of patients according to service		
Home maker□	80□	80%
Garments workers□	12□	12%
Day labor□	4□	4%
Maid servant□	3□	3%
Service holder□	1□	1%
Socio-economic status		
Lower income group□	58□	58%
Lower middle income group□	26□	26%
Upper middle income group□	10□	10%
Upper income group□	6□	6%
Total □	100□	100

According to the World Bank Report

Income classification in Bangladesh

The income thresholds are:

Low income - \$1025 or less GNI

Lower middle income - \$1026 to \$4035 GNI

Upper middle income - \$4036 to \$12475 GNI

High Income - \$12476 or more GNI

GNI: Gross National Income per capita is the dollar of a country's final income in a year divided by its population using Atlas methodology.

1 United States Dollar equals to 109.69 Bangladeshi Taka.

Table II Knowledge and awareness of teenage mothers (n = 100)

Educational Status□	Frequency□	Percentage (%)
Illiterate□	16□	16%
Can sign only□	18□	18%
Primary education□	60□	60%
Secondary education□	6□	6%
Present Pregnancy Status		
Unplanned□	64□	64%
Planned□	36□	36%
Use of contraceptives		
Never use□	64□	64%
Use by herself□	17□	17%
Irregular use□	13□	13%
Use by husband□	6□	6%

Majority of mothers were upto primary education (60%) who had some knowledge about consequence of teenage pregnancy, followed by can sign only (18%), illiterate 16% they had no knowledge about the consequences of teenage pregnancy.

According present pregnancy status of most of patients, pregnancy were occur by unplanned way (64 %), only 36% of patients pregnancy were planned.

There were little tendency of contraceptive use among teenage mothers, (64%) had never use it, (17%) of them were used by herself, Irregular use (13%), contraceptives used by husband only 6%.

DISCUSSION

In Bangladesh, early marriage, ignorance, illiteracy, lack of adequate health care facilities, low level of contraception are the main cause of teenage pregnancy. For age distribution of teenage mothers, three comparison groups had been identified. The maximum teenage pregnancy occurred in the age group between 17-18 years (60%) which was similar to the study of Nikhil Roy et al. in which 57 % of pregnancy occurred in this age group.¹³

This series showed that majority of the teenage mothers were Muslims. This attributed to the Muslim majority society of Bangladesh. Regarding occupation of respondents, 80% were housewives which is very similar to the study done by S. Shawky and M. Millat (64%).¹⁴

This study also showed that economic condition of teenage patients were poor. Most of patents were of low income group it was about 58%. Followed by 26% of lower middle class. Only 6% from upper income group families. This reflected that increased teenage pregnancy were more among low income group. By using a retrospective study, shrestha demonstrated that the in incidence of teenage pregnancies is significantly higher in the lower social classes (52%) than the higher social classes (26%) which is nearer to this study.¹⁵

Educational status among teenage mothers showed very low educational background of the respondent. Here the mothers had primary education in 60% cases followed by can sign only 18% and illiterate 16% which is very similar to the study done by S. Shawky and MI Millat.¹⁴ Sharma et al. showed that among teenage mothers (19%) were significantly less likely to have studied beyond primary education. This reflected the increased frequency of teenage pregnancy were in the families with less educational background. It is well documented that low levels of literacy and social custom of early marriage exposed the girls to pregnancy in their teens.¹⁶ Majority of patients had unplanned pregnancy 64%. Vermark., Katri S. reported that very few had ever used any of contraception, as a result considerable numbers of teenage mothers reported unplanned (47%) and undesired (34%) pregnancies.¹⁶ Possible reason for such outcome according Goonewardena et al is that the majority of teenage girls are unaware of the process of conception and dangers of pregnancy before the onset of pregnancy.¹⁷ Regarding the use of contraceptives among teenage mothers, there were "No use of contraceptive" among 64% of the patients, "use of contraceptives" 17 % followed by

irregular use 13% and use by husband 6%. Use of contraceptives among the study women 13% compared to about 29.8% for all married women of different ages in Bangladesh.¹⁸

LIMITATIONS

- From this small percentage of population who attended in the hospital exact situation of teenage pregnancy of our country could not be ascertained.
- Study period was only 6 months.
- Data were collected only from one hospital.
- Majority of birth take place at home with the help of traditional birth attendants or family members. So, exact data could not be estimated.

CONCLUSION

Teenage pregnancy is significantly associated with low socio-economic status and less educated and illiterate population. We observed that knowledge about the consequences of teenage pregnancy is still poor and awareness level regarding late marriage, late childbirth, and contraception is also not satisfactory. So, Greater emphasis should be placed on improvement of socio-economic condition, female education, increased public awareness about exact time of marriage and childbirth, enforcing marriage law, proper sex-education and contraception to avoid teenage pregnancy. A sincere approach to the problem, preventive interventional programs, strict health policy and appropriate care of teenagers can do improve this situation.

DISCLOSURE

All the authors declared no competing interest.

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