

Risks Factors for Teenage Pregnancy and The Youth Perspective on Teenage Pregnancy and Health Needs in Nkalashane, Swaziland

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Background – Teenage pregnancy worldwide and in Swaziland

16 million women aged 15-19 give birth each year (WHO), accounting for 11% of all birth worldwide

Teenage pregnancies account for 23% of the overall burden of disease due to pregnancy and childbirth

In Swaziland, more than one in five women reported to have had their first live birth before their eighteenth birthday

Background – Teenage Pregnancy in Nkalashane

Data from the Nkalashane Clinic shows that in 2014, 49% of pregnancies were teenage pregnancies.



Teenage pregnancies at Nkalashane Clinic between 2011 and 2014, N (%)	2011 N (%)	2012 N (%)	2013 N (%)	2014 N (%)
Total number of pregnancies (all ages)	83	90	88	91
Pregnant women <19 years of age	13 (16%)	12 (13%)	16 (18%)	21 (23%)

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Total number of teenage pregnancies	30 (36%)	39 (43%)	37 (42%)	45 (49%)

Objectives of the Study

- To determine the risk factors contributing to teenage pregnancy among the youth in Nkalashane.
- To gather information on how best to increase positive links between and among youth, teenage pregnancy prevention programs, and community-based clinical services.

Methodology

The study was conducted in 3 parts:

Part 1

A descriptive retrospective study to understand the risk factors of teenage pregnancy

Part 2

A descriptive cross-sectional study to understand the services that are needed by the at-risk youth in Lomahasha to prevent teenage pregnancy.

Part 3

A descriptive cross-sectional study to understand the challenges faced by the facility staff to prevent teenage pregnancy.

Methodology

Part 1: A descriptive retrospective study to understand the risk factors of teenage pregnancy

Inclusion criteria

- Teenage mothers: a woman who fell pregnant for the first time before 19
- Teenage fathers: a man who impregnated a partner before the age of 19

Sampling method

- Teenage mothers: clinics registers and snowball sampling
- Teenage fathers: snowball sampling

Data collection

- Data collection at Nkalashane clinic or a place of convenience
- Conducted by 4 peer educators
- Teenage mothers: Questionnaires and focus group discussions
- Teenage fathers: Questionnaires

Methodology

Part 2: A descriptive cross-sectional study to understand the services that are needed by the at-risk youth in Lomahasha to prevent teenage pregnancy.

Inclusion criteria

- At-risk youth: between the ages of 12-19 years that has never fallen pregnant/impregnated someone and enrolled in one of the three targeted schools

Sampling method

- 26 participants (15 females and 11 males) were randomly selected from the three targeted schools: Nkalashane Primary, Nkalashane High and Mbokojweni Secondary school

Data collection

- Data collection at each school
- Conducted by 4 peer educators
- Questionnaires and focus group discussions

Methodology

Part 3: Descriptive cross-sectional study to understand the challenges faced by the facility staff to prevent teenage pregnancy.

Inclusion criteria

- Nurses, orderlies, community workers and expert clients employed at Nkalashane Clinic at the time of the study

Sampling method

- Each worker was asked by the study team whether they would like to be enrolled in the study

Data collection

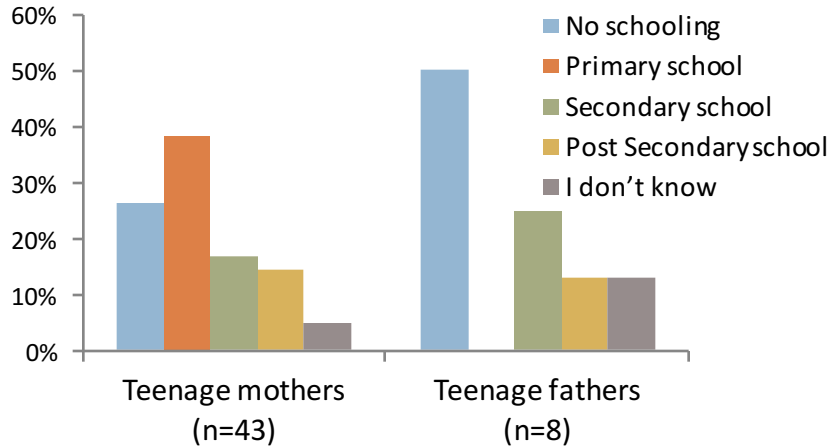
- Data collection at the Nkalashane clinic
- Questionnaires

RESULTS –

Part 1 : A descriptive retrospective study to understand the risk factors of teenage pregnancy

Socio-Demographic Characteristics of the Participants at the Time of First Pregnancy

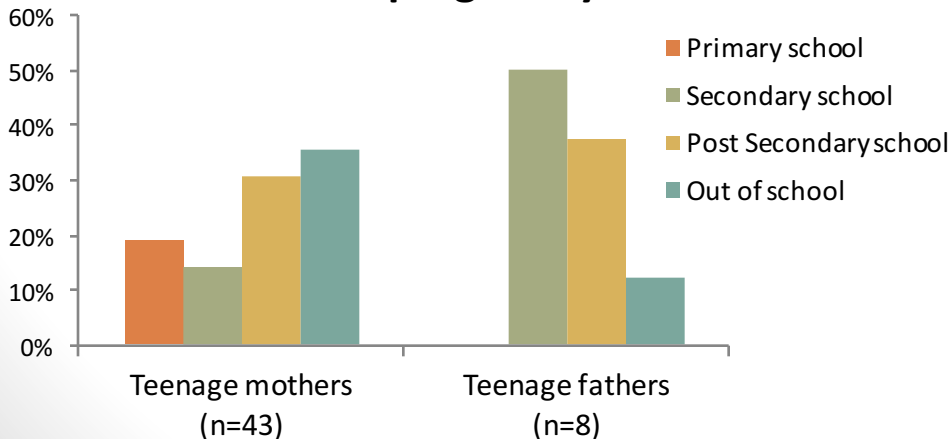
Highest Level of Education Completed by Mother/Female Guardian



The majority of mothers/ female guardians had less than a primary school education

42% of teenage mothers had a family history of teenage pregnancy

School level of teenage mother/father at time of pregnancy



The majority of teenage mothers were in school at the time of pregnancy (64%), but only 19% went back to school after giving birth.

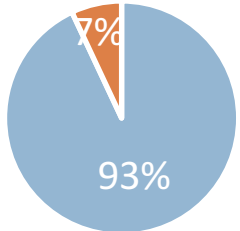
Influence of Intergenerational and Transactional Sex

Teenage mothers partners were 5.2 years older (range:1-14 years)

93% of partners were from Swaziland

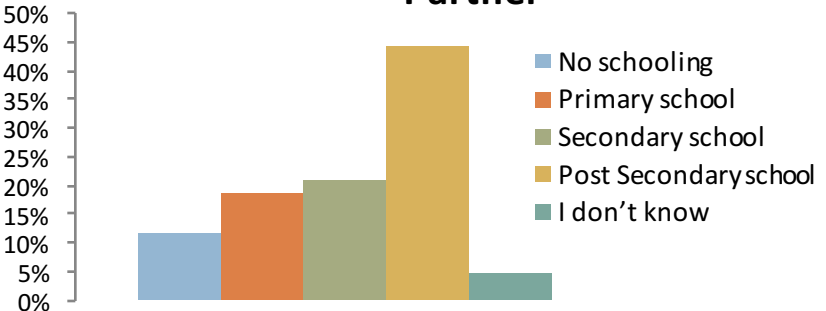
The majority of partners were educated (post secondary)

Country of Origin of the Partner

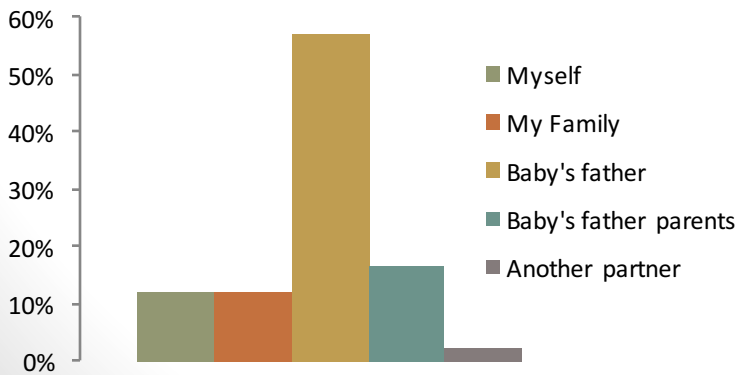


■ Swaziland ■ South Africa

Highest Level of Education Completed by Partner



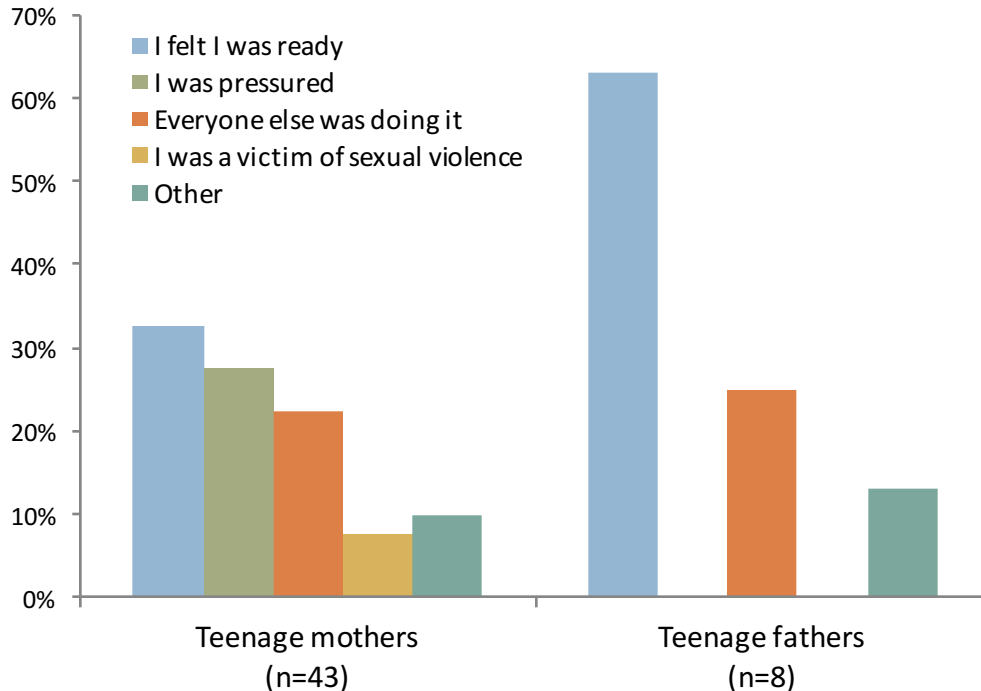
Main source of financial support



The majority of teenage mothers reported relying primarily upon their baby's father for financial support after giving birth

Sexual History of Teenage Mothers and Teenage Fathers

Reason for Sexual Debut



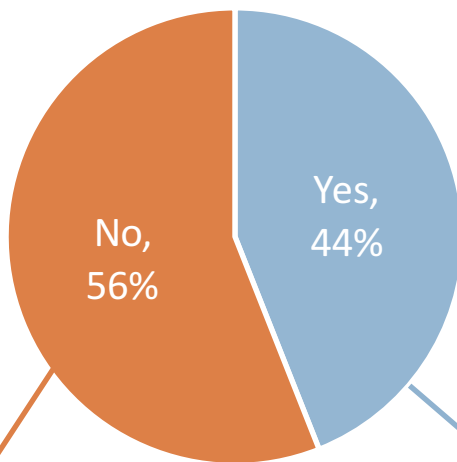
Average age at first pregnancy was 17.6 for teenage mothers, and 18.5 for teenage fathers

Average of sexual debut was 16.5 for mothers and 16.8 for fathers

Only 30% of teenage mothers reported “I felt I was ready” as the reasons for sexual debut, compared to ~60% of teenage fathers.

Use of Contraception at Time of First Pregnancy

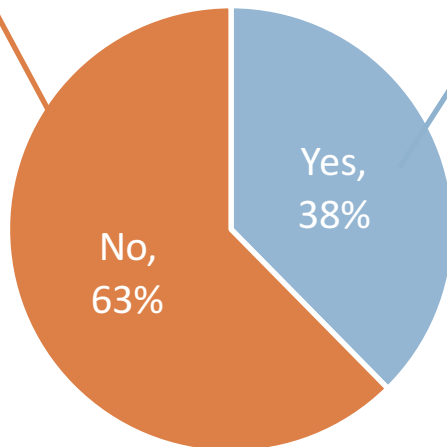
Teenage Mothers



What are the reasons for not using contraception?

- I didn't think I could get pregnant
- I didn't know about contraception
- My partner didn't want to use a condom

Teenage Fathers



90% of teenage mothers and 100% of teenage fathers reported condoms as the method of contraception used

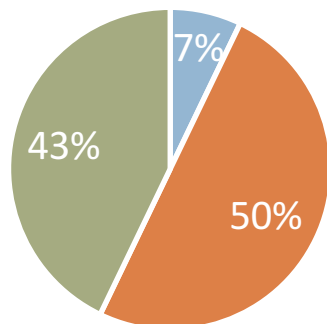
What went wrong?

- Condom broke
- He/we wanted a baby
- We didn't always use contraception

Safe Sex Knowledge at the Time of First Pregnancy

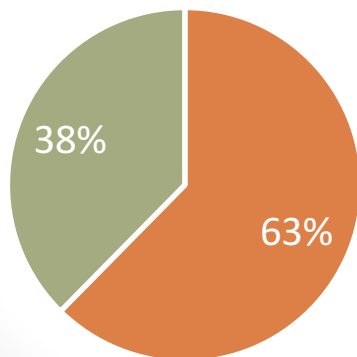
Self Reported Knowledge of Safe Sex

Teenage Mothers



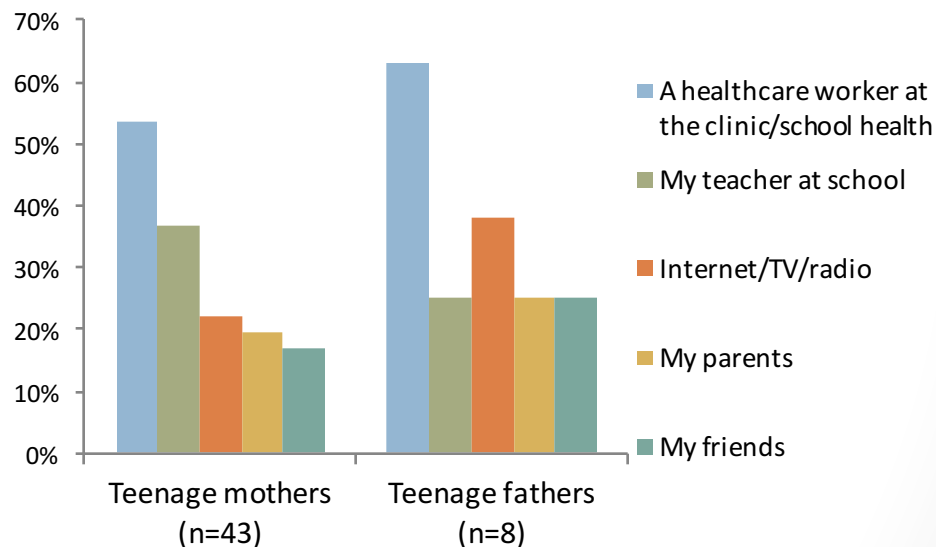
- Very knowledgeable
- Somewhat knowledgeable
- Not at all knowledgeable

Teenage Fathers



Teenage mothers and fathers self reported as somewhat or not knowledgeable at all about safe sex

Source of Information on Safe Sex



The majority of Teenagers mother and fathers reported receiving information from HCW, as well as teachers, internet/tv/radio, parents and friends

Safe Sex Knowledge at the Time of First Pregnancy

Participants were asked to report whether statements regarding safe sex were true or false, and were given a score out of 11

Teenage Mothers: 9.2/11

Teenage Fathers: 9.5/11

- Examples of questions included:
 - “To be extra safe, it is good to use “the pill” for a few days” 23% of the teenage mothers said this was true
 - “A girl who is having sex should use “the pill” for a few days” 21% of the teenage mothers said this was true
 - “Birth control pills, injected birth control, and condoms can prevent sexually transmitted infections (STIs), including HIV/AIDS”. 16% of the teenage mothers said this was true

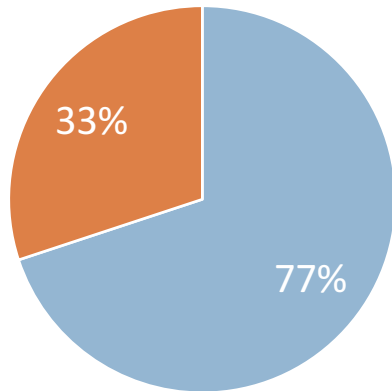
Lack of knowledge on safe sex and contraception were discussed as risk factors for teenage pregnancy:

“So you find that the child grows up and get a boyfriend without having proper information and then they fall pregnant.”

Support System, Healthy Behaviour and Relation at the Time of First Pregnancy

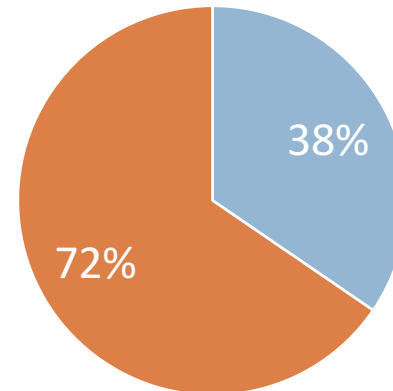
Proportion of Teenage Mothers and Fathers who were Depressed at the Time of First Pregnancy

Teenage Mothers



- Emotional state score >11
- Emotional state score <=11

Teenage Fathers



Additional Risk factors of Teenage Pregnancy

Lack of parental guidance

“I think as young people we lose our parents to death and we are left with grandparents who cannot advise us properly or will not have the energy to go after us in an attempt to stop us from doing things that would be harmful to us”.

Difficult access to contraceptives and perceptions of contraceptives

- Negative attitudes towards them from HCWs and shop keepers

“First of all the when the child visits the clinic, she will be asked so many judgmental questions about the kinds of services she is seeking considering her age.”

- Misconceptions and negative feelings towards modern contraception

“It’s not ok that a child should use contraceptives because they might cause the child not to be able to have her own kids when she is older as a result of using these from a very young age.”

Peer pressure

“Some fall pregnant as a result of peer pressure. You find that they talk among themselves that some of them are engaging in sexual activities and those that don’t would feel like they are missing out on something exciting. When one decides to partake as well, she will unfortunately fall pregnant probably because her peers didn’t tell her about using contraceptives”.

RESULTS –

Part 2: A descriptive cross-sectional study to understand the services that are needed by the at-risk youth in Lomahasha to prevent teenage pregnancy.

Demographic Information and Sexuality Knowledge

Mean Age of Participants

At-Risk Girls (N=41)

15.5 years



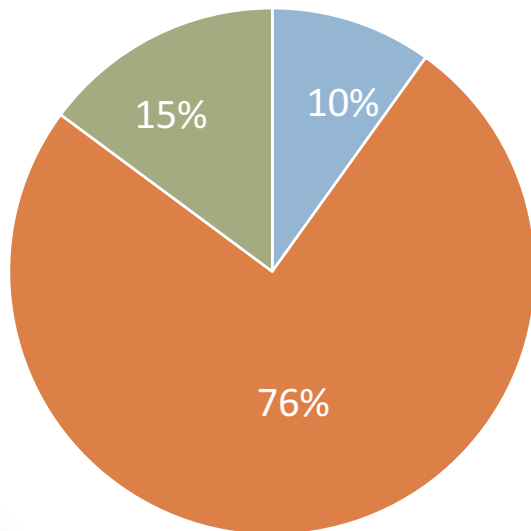
At-Risk Boys (N=32)

16.1 years

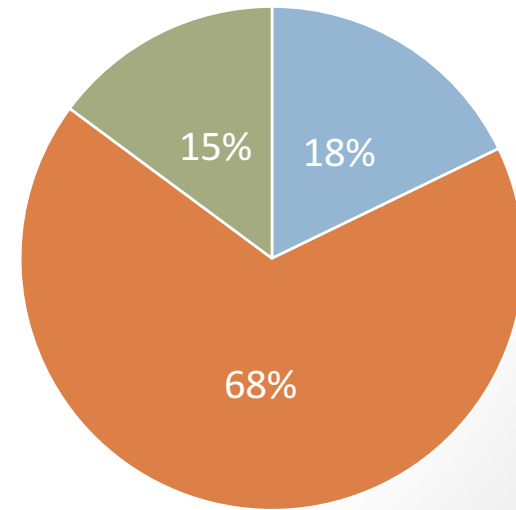


Self-Reported Sexuality Knowledge

At-Risk Girls



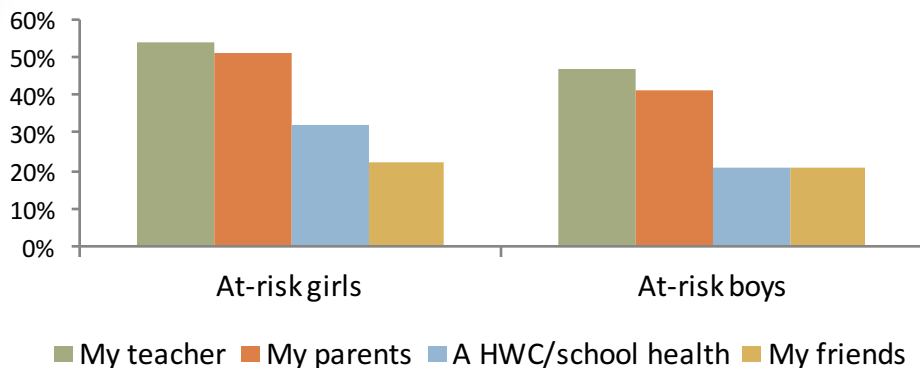
At-Risk Boys



- Very knowledgeable
- Somewhat knowledgeable
- Not at all knowledgeable

Sexuality Knowledge Sources and Comfort

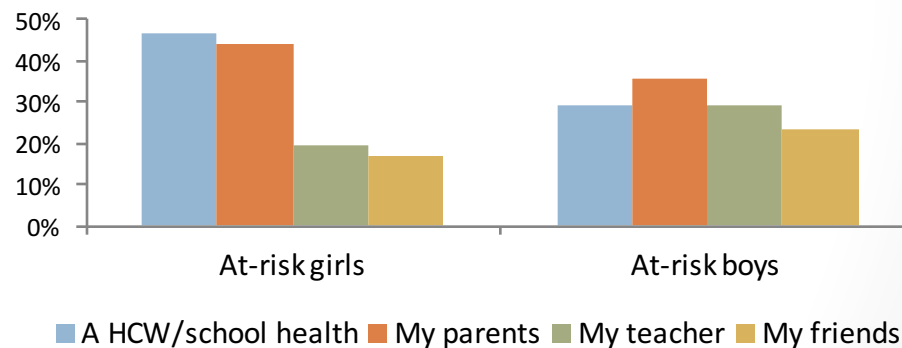
At-risk Youth's Current Source of Sexuality Information



Youth receive information about sexuality from a variety of sources, including parents and teachers

Youth feel comfortable approaching HCWs and parents for sexuality information

Who At-Risk Youth Feel Comfortable Approaching for Sexuality Information



Focus groups discussions highlighted lack of knowledge on contraceptives and relationships:

“The girls are not taught about sex back at home. Instead parents hide such facts from them and as a result the kids would want to experiment for themselves”.

Sexuality Knowledge and Perceptions of Contraceptives

Knowledge Score:

At-risk girls: 8.5/11

At-risk boys: 8.3/11

41% of the at-risk girls and 38% of the at-risk boys thought “Modern contraception can make you infertile”

27% of the at-risk girls and 38% of the at-risk boys thought “Birth control pills, , injectable or IUDs can help prevent sexually transmitted infections (STIs), including HIV/AIDS”

Primary school students were even more confused about the safe sex and contraception issues than the secondary and high school students.

75% of the primary school students believed that drinking water after having unprotected sex prevents unwanted pregnancies.

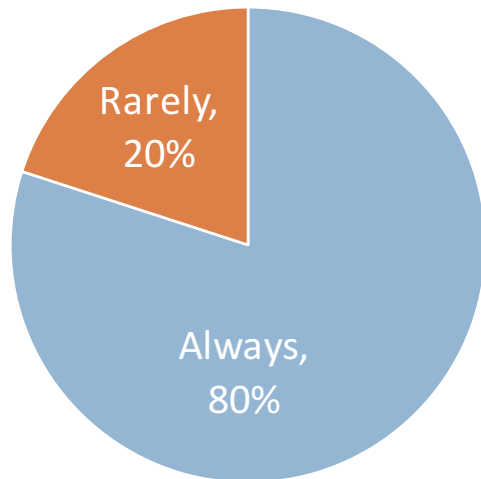
54% thought that, to be extra safe, it is better to use two condoms at once.

Sexual Behaviour and Contraception

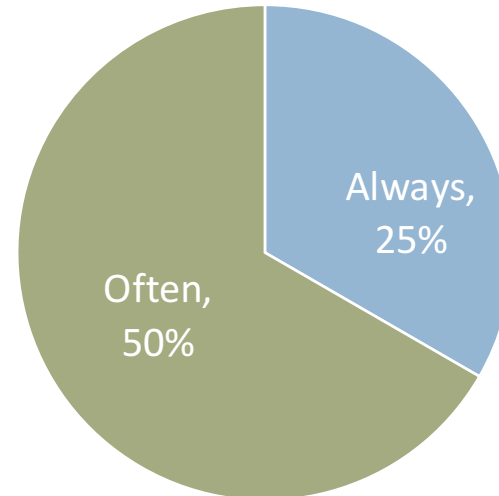
12% of At-risk girls and 13% of At-risk boys were sexually active

Use of Contraception

At-Risk Girls



At-Risk Boys



Reasons for not using contraception

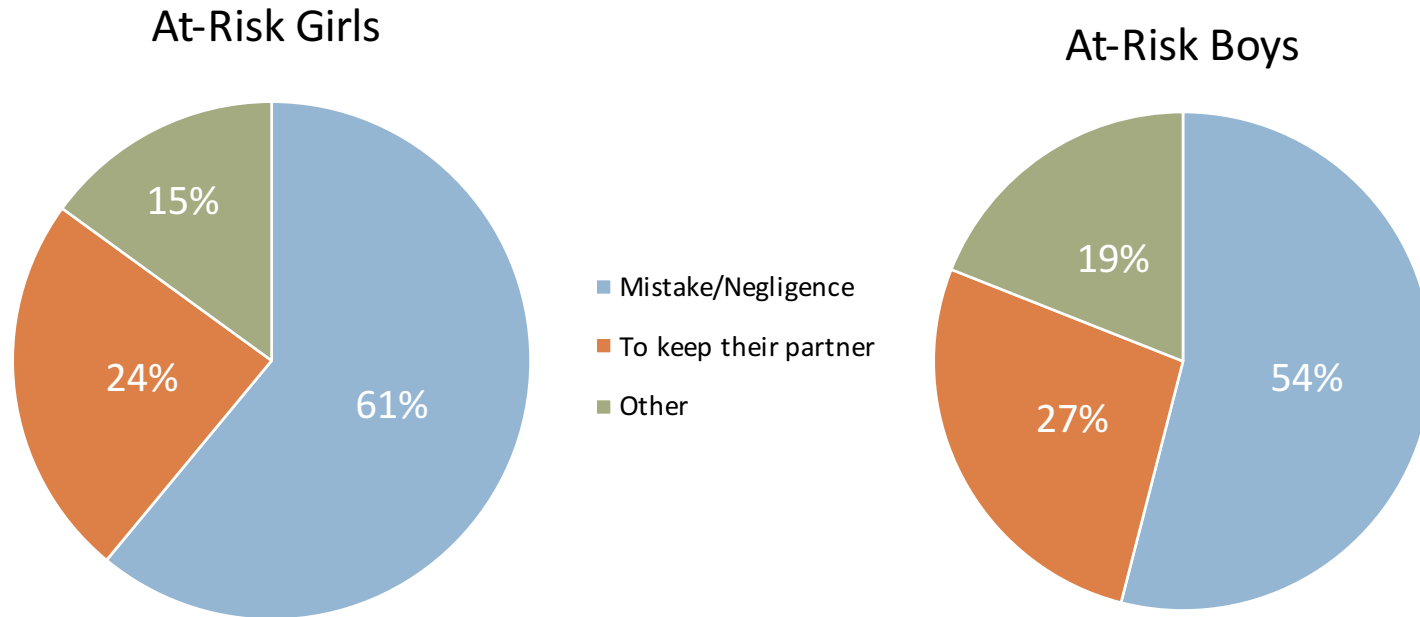
- I didn't think I/she could get pregnant

Reasons for not using condoms

- It was spur of the moment/I didn't have any on hand
- I don't believe in them (personal/religious beliefs)

Thoughts on Teenage Pregnancy

Opinion on the Causes of Teenage Pregnancy

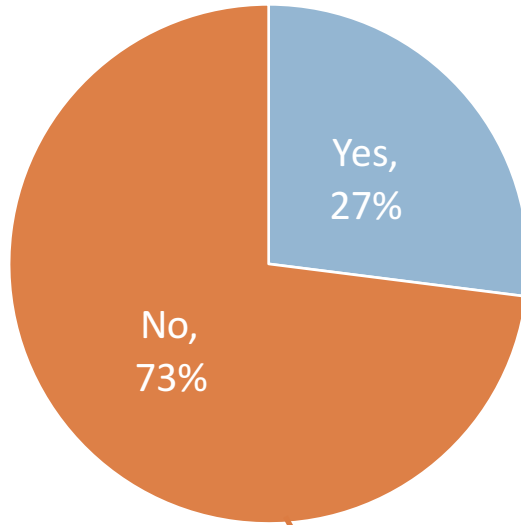


22 Ideal age for **sexual debut** reported by at-risk youth (range: 18-30)

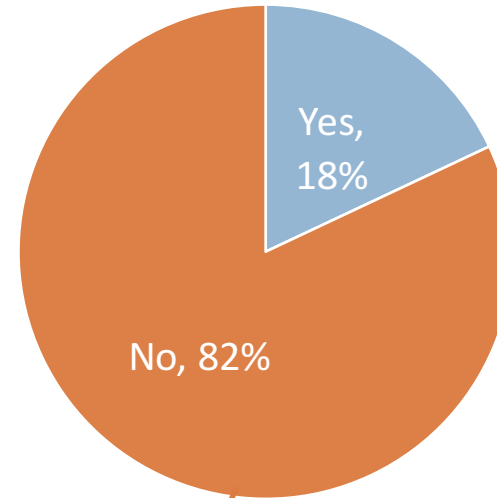
25 Ideal age to **have a child** reported by at-risk youth (range: 18-36)

At-Risk Youth who Discussed Contraception Methods with a Healthcare Worker

At-Risk Girls



At-Risk Boys



- *I already know how to prevent pregnancy and STIs*
- *I don't feel comfortable in asking such questions*
- *The nurse does not have time*
- *I don't feel that my privacy and confidentiality are maintained*

Additional Perceived Risk Factors of Teenage Pregnancy

Lack of parental interaction

“Some children don’t have parents who will talk to them about sex and you find that they end up doing things without knowing how to do them appropriately.”

Peer pressure

“Young person would say that the one taking condoms is stupid by wanting to have sex while putting on a condom since there is nothing enjoyable in that.”

Intergenerational and transactional sex

“Some of our friends have a lot of material things which they get from having sex with some men. When we see this, we also want to have those things and then we would be required to do just as our friends

“When I am in a relationship with an old man, it will be difficult for me to say no to some things he wants us to do.”

Difficult access to condoms and perceptions of contraceptives

“Some nurses shout at young people. When you go to take contraceptive, the nurses will judge you and ask why you want contraceptives at such young age”.

RESULTS –

Part 3: Descriptive cross-sectional study to understand the challenges faced by the facility staff to prevent teenage pregnancy.

RESULTS – Part 3: Facility staff

Quantitative findings

Type of Facility Staff	Number of Participants
Nurse	2
Expert Client	2
Orderly	2
Community Worker	1
Total	7

Reasons staff feel comfortable providing contraceptives to adolescents

- *Because they are sexually active*
- *Because they need to know how to protect themselves*

No, 29%

Yes, 71%

*Reasons staff **do not** feel comfortable providing contraceptives to adolescents*

- *Because it is like giving a go ahead, it encourage sexual activities*
- *Religious belief*

Although facility staff do not always feel comfortable providing contraception to adolescents, they reported that they would **always** provide it to any clients who asked for the following reasons:

- *Because if I don't, she/he will have unprotected sex - he/she is sexually active*
- *I will also educate on the risks of early sexual debut*
- *To prevent unplanned pregnancy*

Discussion & Recommendations

Increase collaboration between MOH, MOET and communities

- Strengthen collaboration and linkage between schools and local clinics with greater communication and referral systems
- Strengthen school health programme
- Encourage young people to access health services

Comprehensive life skills/sexuality education

- Provide sexuality education not only to youth but also to parents and teachers
- Age-specific messaging for youth
- Continue development and roll-out of LSE curriculum for all school levels

Contraception education

- Educate youth on proper use of contraception, the importance of protecting against pregnancy and STIs
- Place condoms in easily accessible areas
- Clarify contraceptive misconceptions

Increase psychosocial support

- Encourage positive peer pressure among youth to delay sexual debut through community forums
- Utilize school guidance teachers to integrate peer education into school extracurricular activities to promote positive peer influences

Recommendations

Advocate for youth-friendly services at facilities

- Youth-friendly services allow access to health services without judgment for personal choices or health care needs
- The MOH's youth-friendly services approach is capacitating nurses to offer youth-friendly services
 - SRHU is targeting youth-friendly services training to at least 80% of nurses in each health facility
- Participants of this study acknowledged receiving safe sex information from nurses as well as other facility staff
 - Suggestion to include **all** facility staff in youth-friendly services trainings

Acknowledgements

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The Study Team

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Nkalashane High School
Mbokojweni Secondary School

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Thank You!