



## Teenage Pregnancy in the Builsa District: A Focus Study in Fumbisi

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### ABSTRACT

Teenage pregnancy is a concern in both developed and developing countries. This study examined the knowledge of teenagers in teenage pregnancy and the factors that lead to teenage pregnancy in the Builsa District using Fumbisi as a case study. It also provides suggestions to curb teenage pregnancy. Questionnaires were administered to twenty teenagers between the ages of fourteen and twenty years. The study showed that 80% of the teenagers had knowledge in teenage pregnancy while 20% had no idea of what teenage pregnancy is about. Sixty five percent (65%) indicated that their parents are able to meet their needs and wants. Of the 35% whose parents are unable to meet their needs and wants, they make ends meet from other family members (44%), boyfriends (33%), prostitution (22%), and husbands (4%). Forty percent (40%) indicated that their parents have ever discussed sex and sexuality with them, of which abstinence and the changes that occur during adolescence were the main issue often discussed. The teenagers (80%) suggested that abstinence is the best practice to control teenage pregnancy and their reasons were that contraceptives were not 100% safe to use due to their side effects on human health, they also added that prevention was better than cure. The remaining 20% also said they would go in for contraceptives because they could not abstain from sex. Teenage pregnancy can lead to several unwanted implications in the life or future of teenage girls, especially in under developed countries.

**Key words:** Abstinence, Contraceptives, Parents, Pregnancy, Teenager

### INTRODUCTION

Teenage pregnancy was defined by the World Health Organization as under aged girls or women who have not reached legal adulthood becoming pregnant [1]. Nonetheless, Hayward [2] said that the term teenage pregnancy is widely used to mean unmarried adolescent girls who become pregnant. Teenage age is considered as the most challenging and critical period of human development [3]. Centers for Diseases Control and Prevention [4] reported that a total of 329,797 babies were born by women aged 15-19 years. Between 14 million and 15 million girls and young women give birth each year; accounting for more than 10% of births worldwide [1]. Because of the high levels of unwanted pregnancy amongst adolescents and sexually transmitted infections, many countries or organizations/institutions have introduced programmes aimed at providing education to teenagers on sexuality, the prevention of teenage pregnancy and maternal or infant mortality during pregnancy/delivering [1, 5, 6]. Over the years, information on early sexual practices has been disseminated via the internet, television programmes, newspapers, magazines, electronic media etc. Riazi [7] indicated that mass media such as TV, Internet and Satellite had influence on the relationships undergraduate male – female student's.

Normal pregnancy is associated with alteration in physiological and metabolic functions of the woman's life thus making them susceptible to a number of infections including viral infections, bacterial infections, obstetrical hemorrhages, hypertensive disorders, anemia etc. [8, 9, 10, 11, 12, and 13]. Various strategies have been suggested as a means of preventing and/or improving the health of pregnant women. These strategies include

abstinence from sex, sex education, the use of contraceptives, and eating dairy food products and balance diets [14, 15].

One obvious outcome of early sexual misconduct is teenage pregnancy. Teenage pregnancy is one of the indicators for monitoring reproductive health. The increasing number of cases of teenage pregnancy and its resultant school dropout in Ghana necessitate interventions from the government and stake holders. Therefore this study was carried out to find out the knowledge of teenagers in teenage pregnancy, the factors that lead to teenage pregnancy and suggestions to curb the canker.

### MATERIALS AND METHODS

**Sampling area:** The study was conducted in Fumbisi. Fumbisi is located at the Builsa District and in the Upper East Region of Ghana. Fumbisi is bounded by Weisi and overseas to the north, by Gbedema, Wiaga and Sandema to the south, by Uwasi to the east and by Kanjarga to the West .

**Sampling procedure:** A total of twenty teenagers (respondents) aged between 14 to 20 years were surveyed. Non-probability sampling method was used to select respondents based on their age and willingness to participate. A structured questionnaire with both open and close ended questions was asked. Data collected was analyzed using excel and the results were presented in frequencies and percentages.

### RESULTS AND DISCUSSION

In this study, we limited the respondents to young females because they are the most affected group. Twenty respondents were also surveyed based on their willingness to participate and availability. Table 1 shows the age distribution of the respondents. The youngest was 14 years old whereas the oldest was 20 years old. Majority (5) of the respondents aged between 18 and 20 years. The ethnicities of the respondents were Builsa (65%), Kasena (15%), Mamprusi (10%), Bimoba (5%) and Sisala (5%). This shows that Fumbisi is made up of different ethnicities; thus teenage pregnancy is a problem not only among the Builsas but other ethnic groups in Fumbisi and Ghana as a whole. Ninety five percent (95%) of the respondents were single and 5% were married. Their religious background was Christianity (80%), Islamic (15%) and traditional (5%). Regarding educational level, 50% were in the Senior High School, 30% in the Junior High School, 15% in the Tertiary and 5% with no education. The higher educational level reflected in the relatively high awareness the respondents had in teenage pregnancy. The Ghana Demographic Health Survey [16] stated that teenagers with higher education has low incidence of teenage pregnancy as compared to those with low or no education.

In this study, respondents categorically stated and agreed that teenagers with higher education have low records of teenage pregnancy. Eighty percent (80%) of them indicated that they knew about teenage pregnancy. They heard about this from their colleagues (19%), the media (25%), and from other sources like magazines, textbooks, lectures and so on (56%).

**Table 1.** Frequency of respondents by age

Age (Years)	Frequency	Percentage (%)
14	3	15
15	1	5
16	1	5
17	2	10
18	5	25
19	3	15
20	5	25
<b>Total</b>	<b>20</b>	<b>100</b>

**Table 2.** A representation definition of teenage pregnancy by respondents

Definition	Frequency	Percentage
Pregnancy between ages of 9-19 years	1	5
Pregnancy between ages of 11-18 years	2	10
Pregnancy between ages of 12-18 years	3	15
Pregnancy between ages of 13-19 years	6	30
Pregnancy between ages of 14-19 years	2	10
Pregnancy between ages of 15-17 years	1	5
Pregnancy between ages of 15-20 years	1	5
<b>Total</b>	<b>16</b>	<b>80</b>

A number of definitions were given to teenage pregnancy by respondents as shown in Table 2. From Table 2 the respondents had a relatively good knowledge of the age at which when a girl is pregnant it can be referred to as teenage pregnancy. Most (6) of the respondents defined teenage pregnancy as pregnancy between the ages of 13-19 years; and this definition agrees with that of World Health Organization by McIntyre [1]. Definitions in Table 2 by the respondents were also similar to that of CDC [4]. Nonetheless the age at which teenage pregnancy is defined can differ among countries depending on a country's law and the age at which adolescence or adulthood is defined. Seventy five percent (75%) of the respondents knew teenagers who became pregnant. They gave their ages as 13 (4%), 14 (10%), 15 (18%), 16 (16%), 17 (20%), 18 (18%) and 19 (14%). These girls were either in school before they became pregnant (87%) or out of school (13%). Thirty percent (30%) of the respondents interviewed also indicated that they have ever become pregnant and became pregnant at the age of 14 (1 respondent), 15 (2 respondents), 16 (1 respondent), and 18 (2 respondents).

Eighty percent (80%) of the respondents stay with their parents and 20% of them stay on their own or with family relatives. Their parent's occupation was farming (45%), trading, (27.5%) and other jobs (27.5%). In response to the ability of their parents to meet their needs and wants, 13 (65%) said yes and 7 (35%) said no. Table 3 indicates how respondents whose parents could not meet their needs take care of themselves. Even though most of them are catered for by their other family members the total number of them cared for by their boyfriends and prostitution is alarming. This means of being taken cared of make them prone to teenage pregnancy and other sexual transmitted diseases. Of the 9 respondents with boyfriends, 22.2% did so for companionship, 33.3% for academic support and 44.4% for financial support. There was relatively low level of knowledge among the respondent regarding the menstrual cycle of women. Seven (35%) knew when a woman was most likely to get pregnant using the menstrual cycle whereas the remaining 13(65%) did not know. Seventy one percent (71%) of the 9 respondents knew a woman could get pregnant during ovulation and the other 29% could not state it. Forty percent (40%) indicated that their parents have ever discussed sex and sexuality with them, while 20% had never had discussion with their parents on sex. Abstinence and the changes that occur during adolescence are the major issues often discussed. Nevertheless, they were quick to add that their parents are usually not comfortable when discussing issues on sex and sexuality.

**Table 3.** A representation of how respondents meet their needs and wants

Definition	Frequency	Percentage
Prostitution	6	22
Boyfriends	9	33
Other family members	11	41
Husband	1	4
Total	27	100

Thirteen respondents were of the view that girls in the rural areas get pregnant more than their urban counterparts, six think otherwise and one has nothing to say about it. The respondents with the view that girls in rural areas got pregnant more than their counterparts in urban areas gave their main reasons as poverty, early marriages and low level of knowledge on contraceptives and their usage. Nonetheless, some of the respondents were of the view that some girls in urban areas face similar problems like poverty, picking of boyfriends who turn to be their sex partners and have low level of understanding about the menstrual cycle and its resultant unwanted teenage pregnancy. The Ghana Demographic Health Survey [16] reported that urban teenagers differ substantially from their rural counterparts with regards to childbearing, and that 7% of adolescents in urban areas have begun childbearing, as compared to 22% of their counterparts residing in rural areas. Majority (90%) of the respondents indicated that school dropout is the main effect on the girls' education and 10% did not have any idea. Fifty percent (10 respondents) stated health problems in relation to teenage pregnancy as bleeding, difficult labour, and death, the other 50% did not know of any health problems. Seventy percent (14 respondents) also said there were problems the child born to the teenage mother could face and they include malnourishment, growth retardation, psychological problems etc., whereas, 30% (6 respondents) did not know of any problem the child could face. Streetism, financial burden on society, disgrace and increased social vices were responses given by respondents about the question on the effects of teenage pregnancy on the society .

Seventeen (85%) of the respondents agreed that sex education in schools, is important and gave their reasons that when teenagers are conversant with their reproductive health and even know the effects of teenage pregnancy they will not get involved in anything to get pregnant thereby preventing teenage pregnancy. The other 3 (15%) disagreed with sex education in schools and also gave the following reasons; it's against their religious principles for adults to discuss sex and sexuality with their young children, their parents feel they are too young to know anything on sexuality, and they (children) try sex when they are taught anything concerning sexuality. Of the 20 respondents, 16 (20%) prefer abstinence to the use of contraceptives, with the reasons that contraceptives were not 100% safe and that prevention was better than cure. The remaining 4 respondents (20%) said they would go in for contraceptives because they could not abstain from sex .

The respondents suggested the following as a means of curbing teenage pregnancy.

- i. Abstinence from sex.
- ii. The use of contraceptives should be encouraged by subsidizing them .
- iii. Sex education should be part of our area of study in schools
- iv. Parents should have healthy discussion on sex and sexuality issues with their children
- v. Sponsorship package for the needy but brilliant girl child.
- vi. Health education clubs in the schools.

The following are recommendations made by the researchers based on the findings gathered, and suggestions offered by the respondents in preventing teenage pregnancy in the Builsa district.

- i. Establish virgin clubs in the district.
- ii. Establish reproductive health education team among adolescents themselves who would in turn give education to their colleagues.
- iii. Reproductive health, sex and sexuality education should be encouraged in the schools.
- iv. Access to contraceptives should be easy and confidential.
- v. Parents should take it upon themselves to give education to their adolescents on adolescent reproductive issues.
- vi. There should be a fund for the brilliant but needy girl child.
- vii. Females in the district who make it to higher levels in education should be given awards to serve as motivation for others.

### CONCLUSION

Teenage pregnancy is a developmental problem; most teenagers agree that there are serious effects on them and the society as a whole. They actually attributed the causes to themselves, parents and the entire society. Various sources existed with regards to obtaining information on sexuality which the media as a source is very salient. Finally, preventive measures are solid about teenage pregnancy, but are not well pursued by teenagers.

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