



## **Literature Review of Teenage Pregnancy In Uganda**

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### **ABSTRACT**

Teenage pregnancy is a serious social and health concern. The aim of the study, as a literature review, was to investigate the causes, effects and strategies put forward to curb down the teenage pregnancy among girls between 13-19 years in Lira district, Uganda. This study used desktop research using secondary data. The data was collected by others for their own purpose and it had been derived from various sources. This entails the findings and discussion got from causes, effects and strategies put in place to curb down teenage pregnancy. Social factors include decreased supervision by parents, early initiation to sexual activities, and pressure from families to marry early. Effects of teenage pregnancy were found to be preterm labour, intrauterine growth, sexually transmitted infections, sexual violence and limited access to medical services. There are policies designed to delay and protect young women from becoming pregnant during adolescence. 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 and the defilement law. These policies also serve the purpose of fostering a supportive environment to encourage adolescent reproductive health. Given the factors that contribute to teenage pregnancy and its associated effects, it is concluded that the measures proposed in form of policies will help to curb down the problem of teenage pregnancy in Lira district.

**Keywords:** Teenage pregnancy, teenager, school dropouts, unemployment, maternal mortality rates.

### **INTRODUCTION**

The United Nations Children Fund (2014), defines teenage pregnancy as “a teenage girl, usually within the age range between 13 and 19 becoming pregnant and denotes girls who have not attained

the mandatory age of adulthood, which varies across the world." The World Health Organisation (WHO) defines a teenager as any person between the age of 10 and 19. It is a period of life with specific health and developmental needs and rights. In some cases, this age group is referred as adolescence. It is a time when an individual starts to develop knowledge and skills, learn to manage emotions and relationships and acquire attributes and abilities that will be important in assuming the different roles of adults.

According to the Cambridge Dictionary, a teenager is a young person between 13 and 19 years of age. All obtainable literature suggests that a teenager is a young person and by virtue of the fact that a teenager is a young person, they have specific physiological needs which require a lot of attention and or guidance. One of the physiological needs that stands out clearly is sexual activity which has numerous consequences, both intended and unintended including pregnancy.

Teenage pregnancy and childbirth to women less than twenty years of age continues to be a major global public health concern, affecting more than sixteen million girls and young women worldwide (WHO, 2014). Although it is considered to be such a serious public health and social problem globally, a study by (Gachieng et al 2014) reveals that approximately, 95percent occur in developing countries such as Sub-Saharan Africa (Loiza, 2013). Teenage girls aged 15 to 19 years are twice more likely to die during pregnancy and childbirth compared to women in their twenties, whereas those under the age of 15 years are five times more likely to die (Teenage pregnancy fact sheet No 364 accessed of February 2020).

One of the reasons why such girls are likely to die is because their bodies have not grown enough to accommodate pregnancy let alone giving birth as their birth canal is still developing and so are their bone structure. Teenage pregnancy has remained a major health and social concern in the East African and Uganda as well. The health concerns associated with teenage pregnancy include obstructed labour, eclampsia, fistula, low birth weight, stillbirths, and neonatal death. In addition, the risk of maternal death is higher in teenagers than older women because they have not yet developed the physical maturity required for a healthy pregnancy. The reproductive health of teenage girls is thus affected by unsafe abortion, sexually transmitted infections, sexual violence and limited access to medical services (Josephine & Premraj, 2016).

The social concerns related to teenage pregnancy include high rate of unemployment, school failure and or drop-outs and limited future career opportunities. In fact, teenage pregnancy often leads to inability to complete secondary education, a fact that reduces the potential of victims to find meaningful employment upon dropping out of school (Wallace, 2011).

Teenage pregnancy is linked to a number of physiological risks and there is a negative effect on the socioeconomic status of the teenage mother and the child because current school policy is to have pregnant girls terminate their education. Uganda has one of the highest rates of teenage pregnancy in Sub-Saharan Africa with 24 percent of teenage girls becoming pregnant before the age of 19 (Uganda demographic and health survey, 2011). This is very high given that such girls almost lose hope for their socio-economic lives. In Uganda, evidence suggests that the proportion of teenagers who have started childbearing declined over time, from 43 percent in the year 1995 to 31 percent in the year 2000, to 25 percent in the year 2006, and finally, to 24 percent in year 2011.

As projected, the percentages of women who have started their reproductive life increases with age because of longer exposure; from 2 percent of women aged 15 to about 58 percent of women age 19. Furthermore, the socio-economic impacts of teenage pregnancy are devastating.

Available records indicate that a number of pregnancies and childbirth are not planned neither are they wanted, although a few are planned and wanted (Ayuba et al 2012). This is as a result of limited knowledge on sexual reproductive health among especially rural girls. Teenage pregnancy is thus highly associated with infant and maternal mortality and as a result of increased awareness of the socioeconomic consequences of teenage pregnancy, researchers and policy makers have concluded that teenage pregnancy and childbearing is a serious problem (Assefa et al, 2018). This is confirmed from anecdotal reports obtained on number of the school dropouts witnessed from primary and secondary schools in lira district.

The factors contributing to teenage pregnancy are multifactorial, ranging from individual-behaviour, traditional, and socio-cultural to religious in nature. Arguably, low socio-economic status stands out as the most push factor (Bohell et al 2005); low education is another factor since teenage pregnancy is attributed to ignorance about the use of contraceptives (Nour, 2006); and early engagement in sexual activity (Edgardh, 2002). These factors seem to increase the rate of teenage pregnancy in Uganda. Also, weak implementation of the Penal Code Act, which seeks to criminalize sexual intercourse with girls below 18 years, and the Uganda National Adolescent Reproductive Health Policy by different institutions of government as well as a lack of community, social support and high prevalence of poverty are some of the determinants of teenage pregnancy in Uganda.

Other studies reveal that increased accessibility to social media and pornographic sharing on platforms such as Facebook, Instagram, YouTube and WhatsApp, cross cultural influences as a result of increased and or increasing urbanisation, and decreased attention by parents on their children, have led to early initiation of teenagers to sexual activity. As a result, it is estimated that 16 million girls between 15 and 19years old give birth each year, contributing nearly 11percent of all births worldwide (WHO, 2014). Unfortunately, majority of those girls end up dropping out school while others are chased away from home by their parents and forced to marry the perpetrators at an early age.

While adolescent fertility rates are said to be reducing worldwide, approximately eighteen million girls under the age of twenty give birth each year (United Nations Population Fund UNFPA, 2013). In addition, two million of those births are from girls under fifteen years of age. More than ninety percent of these births occur in low- and middle-income countries such as Uganda. The United Nations reveals that the highest number of teenage pregnancies and child births take place in the regions of west and central Africa, East and southern Africa, south Asia, Latin America and the Caribbean. The challenge here is that there are high rates of teenage pregnancies in lira district where in 2015, it was reported that 1,170 teenage girls were reported to have been impregnated in a span of 3 months.

Figures from the district bio-statistician indicate that during the third quarter of 2015/2016 financial year, 132 adolescent pregnancies were recorded in Adekokwok sub-county. Approximately, 215 teenage pregnancies were registered in Adyel division while 110and 136 were recorded in Aromo sub county and Ojwina division respectively and those impregnated includes

school going children. There are concerns as to how teenage pregnancy leads to high infant and maternal mortality rates, school drop outs, unemployment and the girls are always left out of decision making in the community.

### **Outline of the paper**

This paper begins with an introduction on teenage pregnancy. The purpose of the paper is outlined. A survey of literature is given detailing a range of related studies that have been conducted in recent past regarding prevalence of teenage pregnancy and its incidence in Lira district of north Uganda. The causes, consequences and measures have been provided preceding the conclusion.

### **PURPOSE OF THE STUDY**

The purpose of the study is to deconstruct teenage pregnancy in Uganda. In particular, three questions were set and answered, namely: (a) what are the causes of teenage pregnancy in Lira district? (b) What are the consequences of teenage pregnancy in Lira district? And (c) what are the strategies to curb down teenage pregnancy in Lira district?

### **LITERATURE REVIEW**

In this section, some studies on the prevalence of teenage pregnancy, its causes, consequences and measures to reduce the incidence are presented.

#### **Prevalence of teenage pregnancy**

Different studies show that the prevalence of teenage pregnancy varies across regions of the world. In the Asia Pacific regions, the prevalence ranges up to 43 percent in Bangladesh (Presler-Marshall & Jones, 2012) and from 11.1 percent (Lama et al 2012) to 47.3 percent in Nepal (Dagadu, 1997). In Jordan, teenage prevalence is reported to be 25 percent (Ziadeh, 2001). The rate of teenage pregnancy also varies in across African nations. For example, in Nigeria, it ranges from 6.2 percent in Niger Delta state, to 49 percent in Abia state (Nwosu, 2017; Ayuba 2012). In South Africa, East Africa Assosa (Ethiopia) and Sudan, it ranges from 2.3 to 19.2 percent, 31 percent, 20.4 percent and 31 percent respectively (Mchunu et al 2012; Assefa et al 2015). In addition, sub-Saharan Africa continues to register the highest ABR with 24 percent of teenage girls becoming pregnant before the age of 19 (World Health Organization Statistics, 2016).

In Uganda, there are differences in the proportion of teenage pregnancy with Lira District reporting the highest rate in Northern Uganda (World Vision 2016). For example, a number of socio-cultural and religious norms, such as righteousness and purity among Christians, promote and or encourage abstinence until marriage as well as remaining faithful after marriage. However, as in a number of societies, a double standard concerning sexuality is prevalent whereby girls are expected to be modest, tender, submissive and passive, while boys are encouraged to engage in behaviours that assert their masculinity, autonomy, and ambition (Muhanguzi et al 2011). This is promoted by cultural beliefs and values attached and expected of gender and the patriarchal societies where men are more valued and given a lot of freedom compared to their female counterparts. According to (Ochen et al, 2019).

The Uganda national adolescent reproductive health policy (2004) puts commitment to advocacy for the review of existing legal, medical and social barriers to adolescents' access to information and health services in addition to ensuring protection of the rights of teenagers to health, provision of

legal and social protection against all forms of abuse and harmful traditional practices, promotion of gender equality and provision of quality care for adolescent sexual and reproductive health issues (Ministry of Health, 2004). In spite of implementing available policies and other related laws, teenage pregnancies remain quite high in Uganda, especially in Lira District.

### **Teenage pregnancy in Lira**

In Lira, more than 1,170 teenage girls were reported to have been impregnated in a span of three months in 2015, which majority of child rights' activists say is alarming. Figures from the district bio-statistician indicate that during the third quarter of the 2015/2016 financial year, 132 teenage pregnancies were recorded in Adekokwok Sub-county. At least 215 teenage pregnancies were registered in Adyel Division, while 110 and 136 were recorded in Aromo Sub-county and Ojwina Division respectively. Those impregnated include school going children (Daily Monitor, Wednesday May 31, 2017). This study therefore sought to investigate the causes, effects and measures to curb down pregnancy among teenage girls aged 13–19 years in Lira District, Uganda.

The findings from this study will provide information that can be used by government institutions, health administrators and other relevant stakeholders to strengthen the implementation of the existing laws around National Health Policy, School Health Policy, National Adolescent Health Policy and Penal Code Act. Also, it will provide policy makers with context-specific information for formulating policies that promote education, use of contraceptive methods and support sexual and reproductive rights of teenage girls.

### **Causes of teenage pregnancy**

The factors contributing to teenage pregnancy are multifactorial, ranging from individual-behaviour, traditional, and socio-cultural to religious in nature. Inarguably, low socio-economic status (Bonell et al 2005), limited education (Nour, 2006), and early sexual activity can perpetuate teenage pregnancy. Additionally, weak implementation of the Penal Code Act which criminalizes sexual intercourse with girls below 18 years and the Uganda National Adolescent Reproductive Health Policy by government institutions and a lack of community, social support and poverty are some of the determinants of teenage pregnancy. Furthermore, increased accessibility to social media and pornographic sharing (Josephine p, Premraj, 2016), cross cultural influences, and decreased supervision by adults, have led to early initiation of sexual activity by teenagers (Rachakonda 2014).

There is inadequate support from parents where they shy away from talking to their daughters expecting them to learn from school and their friends which is not appropriate. Other cultures prefer bride price to girl child Education which encourages teenage pregnancy. Traditionally, social, economic and cultural norms in Uganda encourage marriage and childbearing at an early age. As such, female adolescents in Uganda face cultural and social pressure from their families to marry young and begin child-bearing early (Sekiwunga, 2009). To some cultures girls are seen as a source of income and wealth in form of bride price thus exposing them to teenage pregnancy.

### **Consequences of teenage pregnancy**

The social stigma associated with pregnancy outside wedlock is further compounded when adolescents are forced to terminate their studies and families feel compelled to send their pregnant daughters away (Atuyambe et al 2005). The social stigma and the resultant stress often compromise

the health and well-being of pregnant adolescent girls and their unborn babies. Stigma, coupled with lack of support from families and society at large, compels some unmarried pregnant teenagers to seek abortions (Wallace, 2011). This is because to fear to open up to the parents when they find themselves caught up in this dilemma thus exposing their lives to risks of abortions the worst being death.

Some of the complications associated with teenage pregnancy include: preterm labour, intrauterine growth retardation and low birth weight (Rasheed, 2011), neonatal death, obstructed labour, genital fistula and eclampsia (Ayuba, 2012). Furthermore, their reproductive health is affected by unsafe abortion, sexually transmitted infections, sexual violence and limited access to medical services (Josephine & Premraj, 2016).

### **Measures put in Place to curb Teenage Pregnancy**

There are various policies designed to delay and protect young women from becoming pregnant during adolescence. 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 (Darabi L et al 2008). These policies also serve the purpose of fostering a supportive environment to encourage adolescent reproductive health. Notable among these policies is the National Adolescent Health Policy, introduced in 2004 to address the specific needs of teenagers, including pregnant girls.

The policy's objective is to streamline teenage health needs to national health and development policies. Additionally, Uganda released the National Policy Guidelines and Service Standards for Reproductive Health Services in order to provide direction for reproductive health service provision and set national rules and regulations (Ministry of health 2001). The guideline calls for increased access to contraception, teenage-friendly services and post-abortion services, as well as support for unwanted pregnancies and services for single teenage mothers. The Uganda government has also enacted laws to protect teenagers from pregnancy and sexual coercion. The minimum age of sexual consent was raised from 14 to 18 in the 1990s to help curb the spread of HIV/AIDS (MacKian S.C 2008). Further, a law governing defilement makes it a criminal offence to impregnate a girl under the age of 18 (Atuyambe. L 2005).

The Uganda National Adolescent Reproductive Health Policy (2004) pledges commitment to advocate for the review of existing legal, medical and social barriers to teenagers access to information and health services. In addition to ensuring protection of the rights of adolescents to health, provision of legal and social protection against all forms of abuse and harmful traditional practices, promotion of gender equality and provision of quality care for adolescent sexual and reproductive health issues (Ministry of Health 2014).

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## METHODOLOGY

This study applied a desk method using secondary data. Secondary data is a type of data that was collected by someone else for another primary purpose (smith 2008). It is data collected by a party not related to the research study but collected this data for some other purpose and at different point in time. This method has been used because it is cheaper, fast, saves time and other financial resources. Secondary data is easily accessible and helps the researcher to understand the research problem, generate hypothesis and determine the most effective methodology and sample for future research. The mixed method was used including both qualitative and quantitative research methods.

## CONCLUSIONS AND RECOMMENDATIONS

The main objective of this paper was to review literature on teenage pregnancy by specifically looking at its cause, consequences and measures so far undertaken to either curb or reduce it in Uganda. With the factors that contribute to teenage pregnancy and the effects associated with it, we believe that the measures proposed in form of policies will help to curb down the problem of teenage pregnancy in lira district. After the findings and discussions above on the causes, effects and strategies to curb down teenage pregnancy in lira district, we therefore recommend that laws should be put in place to discourage traditional and cultural beliefs that value bride price to girl-child education. Sensitization should be done in communities to discourage early marriage, sensitise girls on reproductive health and engage teenage girls in sports activities like net ball, volleyball, football, etc. instead of leaving them idle to join peer groups which expose them to early sex. There should be proper and close supervision of parents on teenage girls to ensure that they move with an elder each time they are out of home to avoid rape, defilement and sex exposure. Sensitizing teenage girls about consequences of early pregnancy and child birth for example sexually transmitted diseases like HIV/AIDS, Syphilis, gonorrhoea, candida, genital fistula and at worst maternal mortality.

## LIMITATIONS

The amount of studies included in this paper is not very that high bearing in mind the breadth of the subject of teenage pregnancy. As a consequence, the notion of generalisability of the outcomes is compelled by the boundaries of this paper. Further limitation is that this paper does not reflect on every study conducted in the framework of Uganda or East African region so to say. Thus, further studies need to be conducted in future to include specific data on Uganda and east African region so as to present a more detailed statistic of teenage pregnancy and how practical it can be reversed.

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