

## **Awareness Creation As A Strategy To Reducing The Rate Of Teenage Pregnancy In Lira District**

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### **ABSTRACT**

Teenage pregnancy is a serious public health and social problem, with 95%% occurring in developing countries. This study aimed to seek explain how awareness creation can be used to reduce the rate of teenage pregnancies in Lira district. A descriptive survey design was used and the study population was teenage girls. Data was collected using a document review guide since only secondary data was used in this study because of the short time. Secondary data got from plan Uganda Results indicates a drop in teenage pregnancy in five sub-counties in Lira District. It was further found established that the use of mass media and community dialogue helps in reducing the risk of teenage pregnancy by influencing behaviour towards contraceptive use, acquainting teenagers with knowledge of pregnancy prevention, creating a positive social environment. Radio programs and newspapers releases like straight talk and rock point 256 are among the mass media programs used to create awareness about teenage pregnancy. Alternatives of to reducing teenage pregnancy were are birth control, use of modern contraceptives, awareness about birth control, keeping teenagers in school, and positive religious beliefs have also been found as a major factor. Interventions focusing on retaining pregnant and married girls at in school, information on sexual and reproductive health of teenage girls, improving access to and information about contraceptive use among teenage girls, improving socio-economic status of households, and law enforcement on sexual abuse among girls may should be used to improving improve adolescent sexual and health services in Lira District.

**Key words:** Awareness creation, mass media, community dialogue, contraceptives, teenage pregnancy.

### **INTRODUCTION**

A teenager is a young person between 13 and 19 years of age according to Cambridge Dictionary. Teenagers are in a transition between two significant stages of human physical and mental

development. This age bracket (13-19 years old) constitutes 16 % of the world's total population (The world's youth data sheet, 2013) The World Health Organization (WHO) reports that teenage pregnancies are expected to rise globally by the year 2030 and that the greatest increase is experienced in every region of Africa (WHO, 2014). A report by UNICEF (2008) suggests that the population of teenagers appears to be on the decrease and the trend is expected to continue until the year 2050. While the teenage population was at its highest in the year 1980, Sub-Saharan Africa (SSA) had the greatest number accounting for 23 % of the overall population for the region.

The term pregnancy is used to describe the period in which a foetus develops inside womb or uterus of a woman. Teenage pregnancy has and still continues to pose social, economic and health problems to a number of teenage mothers (Ganchimeng, 2014). Available studies indicate that the children of teenage mothers are often born with low birth weight, they experience health and cognitive development problems, and are frequently abused, and or neglected (Martin et al., 2011). The problems can be addressed by several strategies including but not limited to finding and implementing an effective strategy of awareness creation. This is because teenage pregnancy is a global challenge which is most pronounced in low and medium- income countries of the world since 95% of the occurrences are traceable to developing countries (Loaiza et al 2013). Approximately 16 million teenagers are estimated to give birth every year thus contributing just about 11% of all births worldwide yet two million of these are under the age of 15 (World Health Organisation, 2017).

The United Nations Children's Fund (UNICEF) describes teenage pregnancy as "a teenage girl, usually within the ages of 13-19, becoming pregnant, (UNICEF, 2008). In Uganda, a child is a person below 18 years of age (Government of Uganda, 1997 CAP 59). This confirms that when such a person becomes pregnant, then, it is classified as teenage pregnancy. The challenge of teenage pregnancy does not seem to be limited to Uganda alone; in fact, for both the middle income and low income countries, the rate of teenage pregnancies is reportedly varying from one region to another. Obtainable literature (such as Lillian & Mumbango, 2015) shows that these variations teenage pregnancy across different regions of the world range between 43% and 11.1%. For example, in the Asian Pacific Regions, the trend is as high as 43% in Bangladesh, ranging between 11.1% and 47.3% in Nepal to 25% in Jordan.

In a number of More Developed Countries (MDCs) such as United Kingdom and Canada, teenage pregnancy is lower given that it is highly discouraged as one of the social problems (Lillian & Mumbango, 2015). This suggests why there is a wider variation between rates of teenage pregnancy in MDCs and LDCs. In the European Union (EU), some of the highest teenage pregnancies and births are recorded from one of the Union's former members – the United Kingdom (UK) at 27%, Romania (34%), Bulgaria (33%) and the Baltic States present rates ranging between 21 % and 23% (Sedgh, et al 2015).

Teenagers in Africa continue to get married at earlier ages compared to other continents leading to early pregnancies. It should be noted that SSA has the highest rate of teenage pregnancies in the world standing at 143per 1,000 women aged 15-19 years (Treffers, 2003). In West Africa alone, the teenage birth rate is estimated at about 115 births per 1,000 women. In Nigeria, the trend ranges from 6.2% in Niger Delta region to 20.4% in Assosa region. In East Africa, the trend of teenage pregnancy is the highest in SSA (21.5%) (Habit, 2018), and Uganda has the highest teenage fertility

rate in the region being estimated at 134 births per 1,000 women aged 15-19 years (UBOS, 2011). As a result, teenage pregnancy and teenage motherhood remain among the major health and social concerns in Uganda. Teenage pregnancy, in particular, has a higher risk of morbidity and mortality for both the mother and the child. Available statistics indicate that there has been a decline in teenage pregnancies over the years from 43 % in 1995 to 31% in 2001 to 24% in 2011 (Uganda Demographic Health Survey (UDHS) Report, 2001 & 2011). The UDHS Report shows that teenage pregnancies registered a slight increase from 24% to 25% in 2016 (UDHS, 2016).

Teenage pregnancy is a worrying trend to the government of Uganda given that the Ministry of Health has been implementing a number of interventions in collaboration with other local and international partners to mitigate this social problem but not much success has been registered as the numbers of teenagers getting pregnant remain high. Available statistics reveal that, by region, each part of the country has recorded high numbers of teenagers who have had either a live birth, was pregnant or had begun childbearing.

The statistics show: South Central (514 cases), North Central (418 cases), Kampala (200 cases), Busoga (389 cases), Bukedi (326 cases), Bugisu (236 cases), Teso (296 cases), Karamoja (80 cases) Lango (254 cases), Acholi (246 cases), West Nile (321 cases), Bunyoro (251 cases), Tooro (296 cases), Kigezi (162 cases), and Ankole (273 cases). Lira district in Lango Sub-region, has similarly registered one of the highest teenage pregnancy prevalence with 9,916 teenage girls aged between 13 and 19 for the period 2018/2019 (Lira district probation and welfare department - first quota, 2020). This is a huge increase in teenage pregnancies in the district compared to 1171 and 5178 for the years 2015/20116 and 2017/2018 respectively.

This study is very timely for Lira district since teenage pregnancy has been on the rise and the upsurge has been attributed to, among others, shortage of awareness among teenagers. Other alternatives have proved ineffective so far. The trend of teenage pregnancy over the past three years are 1171, 5178 and 9916 for the three years namely 2017, 2018 and 2019 respectively (Lira district probation and welfare department, 2020). This trend is worrying as the government of Uganda, through its Ministry of Health, has implemented several interventions with a view to mitigate this social problem with little success.

Despite of several studies being conducted none covered awareness creation as a potential strategy to reducing teenage pregnancy in Lango sub-region, in particular Lira district. This dearth of progress, in the fight against teenage pregnancy, calls for an investigation to find out the most appropriate alternative to addressing the problem and its associated effects.

### **PURPOSE OF THE STUDY**

This study sought to investigate how awareness creation can be adopted with the aim of reducing the burden of teenage pregnancy in Lira district of Lango sub-region in northern Uganda. Consequently, three research questions were answered were answered, viz.: (a) how can mass media be used to create awareness on teenage pregnancy among girls in lira district? (b) How can community dialogue be used to create awareness on teenage pregnancy in lira district? And (c) how can other relevant alternative strategies be used to create awareness on teenage pregnancy in Lira district? By answering the three questions, it is hoped to help not only the teenagers in the regions

of Uganda but a number of stakeholders including, though limited to, parents, local leaders and the government.

### **THE METHODOLOGY**

The study relied on relevant pieces of literature which were reviewed from various recorded sources using documentary analysis. This was mainly due to limited time which was available for this study and the benefit of diverse data offered by different sources. During the study, various documents were accessed through the internet, the bio-statistician of Lira district, Plan Uganda, Lira District Probation Department, Uganda National Bureau of Statistics (UBOS) 2011 and 2016, Uganda Health and Demographic Surveys (UHDS) report for many years as well. The present study conceptualised alternatives for awareness creation from three variables, namely mass media, community dialogue and other relevant alternatives with the hope that if these are adopted, the trend can reduce in the short-term and be mitigated in the long-term.

### **EMBRACING AWARENESS CREATION TO REDUCE TEENAGE PREGNANCIES**

Different pieces of literature reviewed indicated that both mass media and community dialogue facilitate in creating awareness on teenage pregnancy.

#### **Embracing the mass media to reduce teenage pregnancy**

According to Swimmer and Dominick (2013), mass media refers to channels that carry mass communication and mass communication refers to any form of communication transmitted through a selected medium. Mass communication includes the use of channels which have wider audience and or coverage such as radio, television, newspaper, and the Internet. According to the Lira District Health Management Systems Report (2020), there was a decline in the level of teenage pregnancy especially in the five sub-counties of Agali, Agweng, Aromo, Barr and Ogur as a result of using mass media to communicate messages targeting irresponsible sexual behaviours among teenagers. This view suggests that if mass media is applied with correctness and consistency, the level of teenage pregnancy is likely to reduce. For Lira district, the radio is the most popular means of communication as majority of the homesteads have access to radio including use of mobile phones to listen to various radio programmes being aired. To-date, Lira town alone is home to a number of radio stations, namely; radio Lira, Q FM, radio WA, Voice of Lango radio, Unity FM radio, etc., which have a wide listenership.

Messages such as in the media about sex, abstinence, use of contraceptives and teen childbearing have reported a positive influence on the incidence of teenage pregnancy and the continued use of those messages is likely to bring down the trends of teenage pregnancy in Lira district. For example, due to the evidence regarding rapid growth in the use of Internet since the mid-1990s. In 2013 alone, 93% of teens had a computer or access to one at home; 78% had a cell phone, half of which being smartphones, it is expected that teenage pregnancy can come down for Lira district (Madden et al, 2013). This further shows that as the Internet has become an important source for health information, including information about sex and birth control on several Websites has the potential to allow young people to ask questions that they might otherwise feel uncomfortable to approach in class, with friends and or family members (Fox & Duggan, 2013).

More traditional media such as television and magazines are important sources of information for the teenagers. For example, there is evidence that the reality television programs “16 and Pregnant”

and “Teen Mom” have influenced teen birth-rates in recent years. According Kearney and Levine (2015), Internet search activity and tweets on issues of sex, birth control and abortion increased considerably right around the time that new episodes aired. Thus, it is right to connect this activity to many of the recent declines in teen births registered. While establishing a causal relationship between television shows and teenage pregnancy can be challenging, the interest of teens in such topics suggests that exposure to media can play a positive role in their behaviours (Kearney & Levine, 2014).

A study by Holland et al (1998) conducted in Ireland indicates that the silence around sexual pleasure of teenagers in all areas of formal and family sex education drives a number of teenage girls to seek alternative sources of information provided by the media, which has become an important role in preventing early pregnancy through teenage pregnancy prevention media campaign. The consequences of unprotected sex that results into teenage pregnancy can be avoided by airing commercials and through public information campaigns on various radio stations in Lira district that can instil behavioural change and deferred sexual acts among teens hence resulting in postponement of childbearing.

In their study, Berne and Huberman (2011) found that in Europe especially the three countries of Netherlands, Germany and France where teenage birth rates are many times lower than that in the US, there were promotions of healthy living and lower-sexual behaviour through national media campaigns that have a high degree of influence among young women and men. This is similar to many media campaigns that have over time been carried out by Ministry of health, civil society organisations including the media themselves to reduce teenage pregnancies in Lira district and Uganda in general.

Looking at similar cases, a survey conducted in Imenti North Sub-county, Kenya by Kimemia and Mugambi (2016) established that 39.8 % of the students have used the internet at home or school, 31.8 % of the students owned a smart cell phone, 13.6 % had access to a radio set, 11.4 % preferred social networking sites while 3.4 % had access to a television, 19.3 % preferred educational material or did research for homework, 10.2 % sought for information on sexual health and sexuality, 8 % sought for information on health topics. From these findings, it can be inferred that students individually use the internet at home or at school, that a good number of students have access to the use of media and that there is a relationship between the use of mass media to create awareness and teenage pregnancy which can be exploited in Lira district. However, access to internet materials by teenagers has to be controlled by parents and teachers to avoid addiction as well as guarding against erosion of innovativeness amongst young people. However other studies (such as Buhi et al. 2013) reveal that misuse of the internet by teenagers can increase teenage pregnancy and expose them to sexual health risks; this should be guarded against.

#### 4.2 Embracing community dialogue to reduce teenage pregnancy in Lira district

Dialogue is a process by which of a problem is jointly identified and analysed so as to modify and redirect the actions of both community and other stakeholders towards a preferred prospect for the benefit of majority in the community (The Community Dialogue Manual, 2017). Plan Uganda has been conducting community dialogue through a programme entitled “champion of change” in five sub-counties of Agali, Agweng, Aromo, Barr, and Ogur in Lira district. In that programme, each sub-

county has 30 teenage girls and 30 teenage boys who were engaged in community dialogues between 2018 and 2019.

Consequently, a total of 600 teenagers were reached with the information on teenage pregnancy, post-abortion care, menstrual hygiene, contraceptive use, STI information and teenage growth as well as social development (Plan Uganda, 2019). All the 600 teenagers reached confirmed acquisition of awareness on issues of teenage pregnancy.

Available statistics reveal that the trend of teenage pregnancy in Lira district reduced between the years 2018 and 2019 for each of the five sub-counties; Agali reduced from 502 to 182, Amach reduced from 448 to 391, Aromo reduced from 466 to 422, Bar reduced from 405 to 355, Ogur reduced from 402 to 378 as a result of community dialogue (Lira District Probation report, 2019). The report indicates that there were further increases in other parts of the district namely; Railways division from 55 to 121, Adekokwok sub-county from 156 to 516, Adyel Division from 1,289 to 5363, Agweng sub-county from 425 to 439, Central Division from 89 to 257, and Ngetta Sub County from 355 to 411. These figures show that community dialogue, which was conducted by Plan Uganda, facilitated in reducing teenage pregnancy although there were noticeable increases in the number of teenage pregnancies in the urban areas of Lira municipality.

In their study, Galavotti and Wamalwa (2016) suggest that community dialogues have gained prominence of not only talking about but also using birth control methods especially when opinion leaders (e.g. traditional chiefs and religious leaders) advocate for an open model of communication with spouses and usage of birth control methods. This affirms the significance of community dialogue in reducing teenage pregnancy through enhanced use of contraceptives to control teenage pregnancy as well as shifting gender roles on the use of contraceptives. In short, creating awareness through community dialogue about teenage pregnancy helps in presenting opportunities through which members of a community, especially teenagers, can be sensitised on the dangers of teenage pregnancy and the related challenges regarding the habit of early and forced marriages.

### **Other alternative strategies to teenage pregnancy in Lira district**

Considering the view that teenage pregnancy is among the important social issues at a global scale, which can have serious impact on the physical and mental well-being of young mothers as well as increasing the risks of child mortality, governments have taken steps to reduce teenage pregnancy. Both independent and collective strategies such as stopping teenage marriage, increasing the provision and access to basic education among teenage girls with a view to enhance abstinence, and provision of better and easily accessible health care services such as use of contraceptives among teenager (Bernstein & Hansen, 2006). Selected alternatives are; policies on reproductive health care, availability, provision of and access to contraceptives as well as use of harsh punitive measures.

### ***Policies on reproductive health care***

There are a number of reproductive health care policies which are designed by the government of Uganda with the aim of delaying as well as protecting young women from becoming pregnant during the period of 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 Policy (Darabi et al, 2008). These policies aim to foster a supportive environment and encourage adolescent reproductive health. Notable among these policies is the National Adolescent Health Policy, introduced in 2004 to address the specific needs of adolescents, including pregnancy among girls. The objective of that policy is to streamline adolescent health needs to national health and development policies. Also, Uganda released the National policy guidelines and service standards for reproductive health services so as to provide direction for the provision of reproductive health services as well as setting national rules and regulations for those services (Ministry of Health, 2001).

### ***Availability, provision of and access to contraceptives***

A study conducted by Abdelaziz et al (2017) among 498 girls in Lira district; only 63 % received education on the use of contraceptives; for teenagers who ever had sexual intercourse, 52 % received information about use of condoms, and only 49 % of them knew at least one pregnancy prevention method. With such statistics, it is observed that there is still low contraceptive uptake among teenage girls in Lira district and yet a good number of them are already engaging in sexual intercourse and with this, the %age of teenage pregnancy is expected to rise in the district. Also, an analysis of data from the National survey of family growth (NSFG) found that 86 % of the decline in the rates of teenage pregnancy through the year 2002 occurred because teenagers were using contraceptives better. This figure is higher than analyses from previous years which established that 47 to 80 % of the decline in teenage pregnancy could be attributed to improved use of contraceptives (Santelli et al., 2007). It can thus, be observed that the decline in the rate of teenage pregnancy can be credited to better use of contraceptives among teenagers and it is a better approach to be adopted by Lira district through adolescent-friendly-healthcare centres.

Also, the global health organisation notes that teenagers who are not married and not sexually active, or not married and sexually active, or married and want to postpone child bearing, space or limit pregnancy, or teenagers wanting to prevent STIs, are all at different stages of their reproductive lives and have different contraceptive needs (WHO, 2014). This reveals that a well-structured approach can be adapted so as to accommodate the needs of teenagers in their different stages of physical development as well as ensuring that no teenage girl is left vulnerable to becoming pregnant.

Higher levels of awareness about issues of sexuality have been found to be very successful by studies conducted in Ethiopia where 76.3% of male adolescents and 68.7% of female adolescents are well-informed about family planning methods (Maria, 2007). Remarkably, a large proportion of adolescents are aware of contraception too. A number of the adolescents (approximately 60%) know that if a girl has just had sex and thinks she might be pregnant, there is something she can do in the next few hours or days to prevent pregnancy; they have ever heard of emergency contraceptive pills, and know what they are used for (Zheng, 2010). These findings are impressive unlike in other countries such as Uganda where the level of awareness about contraceptive, among teenagers, is very low. This modus operandi can be adopted for Lira district in Uganda.

In their study titled “knowledge and practice of contraception among women of reproductive ages in South West, Nigeria”, Asabi and Adedotun, (2012) found a significant relationship between respondent’s level of awareness to birth control and their use of contraceptives. The authors noted that there was a similar observation in a study conducted in Ngetta Sub County, Lira district titled

“sexuality awareness among adolescents in secondary schools” (Acen, 2015). This is a justification that use of contraceptives among teenage girls in Lira district can be a potential long-term strategy for reducing the rate of teenage pregnancy.

### ***Use of harsh punitive measures***

The minimal constitutional age for marriage in Uganda was set at 18 years for both males and females (Government of Uganda, 1995). In spite of this legislation, the traditional practice of child marriage persists among many ethnic groups in Uganda (UNICEF, 2015). Child marriage and teenage pregnancies are interlinked with significant negative consequences on girls' physical and psychological wellbeing as well as the general development of girls, including their education opportunities and outcomes. It can be observed that, in spite of government's support and implementations of Universal primary and post-primary education which has expanded access to education for many Ugandans, a number of girls are dropping out of school due to teenage pregnancy. According to a Report from the Probation and Welfare Department of Lira district, a total of 138 child marriages have been foiled by the empowered Local Council One chairpersons.

Some of the cases have been forwarded to Police for further investigation and legal action taken although no clear Report is available concerning the litigation process against both the perpetrators and the accomplices. Between February 2018 and December 2019, a total of 34 marriages involving teenage girls were stopped in Agali Sub County, 27 in Agweng Sub County, 30 in Aromo Sub County, 26 in Barr Sub County, and 21 in Ogur Sub County. The department believes that for the year 2020, the number of teenage marriages as well as teenage pregnancy might drop in those sub counties as a result of the harsh consequences that parents of other girls have witnessed from previous arrests of their relatives and acquaintances for attempting to marry off their teenage daughters.

### **CONCLUSION**

This study set to study the incidence of teenage pregnancy, which has been a growing concern in developing countries of the world. SSA, Asia and parts of South America have experienced the most cases of teenage pregnancies than the rest of the globe. Much as efforts have been made to address it, a number of teenagers still engage in unprotected sexual intercourse, hence, predisposing them to the risk of not only conceiving at an early age but contracting sexually transmitted infections such as HIV and AIDS.

The reduction in number of teenage pregnancies in the five sub counties of Ogur, Aromo, Agweng Agali, and Barr in Lira district suggests that teenage pregnancy can be reduced if mass media is used as a channel of reaching out to the teenagers and their parents besides the use of community dialogues, use of contraceptives, retaining girls in school, ensuring strict adherence and stringent enforcement of the laws on children's rights. However, this study does not in any way invalidate any other strategies that have been used before or a new innovation in the fight against teenage pregnancy; instead the results serve to supplement existing efforts towards reducing and later mitigating teenage pregnancy in Lira district.

### **RECOMMENDATIONS**

This article makes the following recommendations towards the struggle to reduce the rate of teenage pregnancy in Lira district:



- i. Governments, both central and Local as well as Non-governmental actors should adopt and intensify the use of mass media, such as local FM radio stations to create awareness among the populace on the dangers of early marriage and teenage pregnancy;
- ii. Government enforces a strict “stay in school and finish education” program by prescribing reprimand for parents and teenagers who contravene this policy;
- iii. Government and other stakeholders should establish youth friendly centres to provide sexual reproductive health services to teenagers.

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