FACTORS ASSOCIATED WITH UNWANTED PREGNANCIES AMONG GIRLS AGED 15 TO 19 YEARS IN KAKOBA DIVISION IN MBARARA DISTRICT.

BY

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A RESEARCH REPORT SUBMITTED TO SCHOOL OF ALLIED HEALTH SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH AT KAMPALA INTERNATIONAL UNIVERSITY WESTERN CAMPUS

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DECLARATION

I hereby declare to the best of my knowledge that, this research report is my original work and has never been submitted to this university or any other institution of higher learning for any undergraduate academic award and I submit it as a requirement in partial fulfillment for the award of a diploma in clinical medicine and community health of Kampala International University Western Campus.

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Signature Date

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APPROVAL

I certify that this research report on “FACTORS ASSOCIATED WITH UNWANTED PREGNANCIES AMONG GIRLS AGED 15 TO 19 YEARS IN KAKOBA DIVISION IN MBARARA DISTRICT” has been done under my close supervision

SUPERVISOR

Signature…………………………….. Date……………………………..

MR. MBURUGU MARTIN (Lecturer)

DEDICATION

I dedicate this work to my Dear grandfather Mr. Muhimbura Yusuf, my uncle Mr. Mutebi Arthur, my husband Mr.Bagonza Kuzaima and to my dear friends for their love, prayers and support. May the Almighty God bless them abundantly.

I also dedicate this work to all the women; they are our mothers and mothers of nations. They bear and go through a lot from the time of carrying a pregnancy, bearing the child and seeing to the well-being, survival and good upbringing of the child for the continued survival of humanity.

ACKNOWLEDGEMENT

First and foremost, I would like to thank the Almighty God for providing me with health of body and mind, with this gift; I was able to complete this work.

I am very grateful to my relatives and friends, for their love, prayers, understanding, and all forms of support which they rendered to me at the time when it was most needed.

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DEFINITION OF KEY TERMS

Adolescent

An adolescent is a young person who is developing from childhood into an adult: adolescent between the ages of 13 and 18 (Oxford Advanced Learners' Dictionary)

Sexuality

Collins English Dictionary defines sexuality as "the state or quality of being sexual; preoccupation with or involvement in sexual matters; people's sexual feelings; the feeling and activities with a person‘s sexual desires: male/female sexuality".

Pregnancy

Pregnancy is the condition of having a developing embryo or fetus in the body after successful conception. The average duration of pregnancy is about 280 days.

Reproductive health

The WHO defines reproductive health as a state of physical, mental and social wellbeing in all matters relating to the reproductive system at all stages of life. It implies that both men and women are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so.

Accessibility of health services

Accessibility implies that health services are capable of being used, easily approached or easily approachable, and providing access to the people who wish to have those health services.

Belief

A belief is something that represents personal confidence in the validity of some idea, person or object. The cognitive component is based on faith rather than on fact. Belief can either be true or false, correct or incorrect (Pera & Van Tonder 2005:80).

Conception

Conception is the union of male sperm and female ovum; fertilization.

Contraception

This is the prevention of conception by using an agent such as a condom, spermicidal pessary or cream, cervical diaphragm or intrauterine device, oral contraception or natural methods (Brooker 2006).

Non-utilization

This refers to when the reproductive health services are available but are not used, or made use of, by those who need those services.

Sex education

Sex education is education on the subject of sexual activity and sexual relationships. It includes teaching about the male and female body so that the learner can understand expressing sexuality and recognize the onset of puberty; knowledge about personal relationships, knowledge about contraception, sexually transmitted infections, pregnancy, childbirth, bonding, parenting and family living (Brooker 2006).

Teenager

Collins English Dictionary (1991) defines a teenager as “a person between the ages of 13 and 19 inclusive”.

Termination of pregnancy (TOP)

This refers to the act of bringing a pregnancy to a final end, preventing the birth of a live baby (Dickson-Tetteh 1999).

LIST OF ABBREVIATIOINS

CIA	Central Intelligence Agency (US)
CORHA	Comprehensive Sexual and Reproductive Health Programs for Adolescents
CSA	Central Statistics Agency (ET)
DFID	Department for International Development (UK)
DHS	Demographic Health Survey
FGD	Focus Group Discussion
FGC	Female Genital Cutting
FGM	Female Genital mutilation
FIH	Family International Health
GBV	Gender Based Violence
HTP	Harmful Traditional Practice
ICPD	International Conference on Population and Development
INGO	International Non-governmental organization
MDG	Millennium development Goal
MEDaC	Ministry of Economic Development and Cooperation
MOE	Ministry of Education
MOH	Ministry of Health
NFFS	National family and Fertility Survey
NGOS	Non-Government Organizations
PAI	Population Action International
RHE	Reproductive Health Education
SNNPR	Southern Nations, Nationalities and Peoples Region
SEL	Social and Emotional Learning
PRB	Population Reference Bureau
SPSS	Statistical Package for Social Sciences
STI	Sexual transmitted Infections
IUCD	Intrauterine Contraceptive Device

ABSTRACT

Introduction. Unwanted pregnancies are associated with increased risk of morbidity and mortality of women and happen in all ages though some groups such as teens are at a higher risk.

About 80 million unwanted pregnancies are estimated to occur annually worldwide. In developing countries one third of all pregnancies are considered un intended and about 19%end in abortion.

Factors associated with unwanted pregnancies include age, social economic status, level of education, number of sexual partners.

Significance of the study. The aim of this study is to assess the factors associated with unwanted pregnancies among girls aged 15-19 years in Kakoba division Mbarara district.

Study design. A descriptive cross sectional study design was employed in this study and a structured questionnaire was used to gather information from the target population. The questionnaires were administered by a principal investigator and trained research assistants.

Discussion. Majority of participants were in the age 19(43%), only single37 (59%) attained the primary level. Many of the participants also had no good advice from the community members concerning; these are parents, 40(63%), religious leaders 44 (70%) and health workers 38 (63%).

Also majority of the participants reported to have used at least a method of contraception though failed. Condom use 8(13%), withdrawal 49(78%), emergency contraceptive immediately after unprotected sex 3(4%).

Conclusion. Unwanted pregnancies are also due to influence from community and environmental factors.

Recommendation is made to the stake holders such as government, schools, health centers, religious leaders heath educate girls about the dangers of unwanted pregnancies.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk. (Solomon W. Mesganaw F. 2008).

The use of modern contraceptive methods has greatly reduced the incidence of unintended pregnancy, particularly in more developed countries and provision of family planning services and modern contraceptives to those who do not have access to them would prevent a large proportion of unintended pregnancies and abortions, as well as many maternal and infant deaths. It is reported that despite of the availability of different modern methods of contraceptives, ranging from short, long term to permanent methods, as well as natural methods of contraception, the problem of unwanted pregnancies is very big worldwide but still unreported in many communities due to its sensitive nature. This is so said due to the high incidence of pregnancy termination which contributes to high maternal mortality and morbidity.

About 80 million of unintended pregnancies are estimated to occur worldwide annually. In developing countries more than one-third of all pregnancies are considered unintended and about 19% will end up in abortion, which are most often unsafe accounting for 13% of all maternal death globally (Guttmacher institute 2007, Marston 2004).

Unwanted pregnancies are affected by number of factors including personal beliefs, social services, religious and cultural values as well as the existing laws in the community. Most of the time unwanted pregnancies started as unplanned pregnancy, but occasionally the planned pregnancy may end up into being unwanted pregnancy (Baginsk, 2007).

1.2 Problem Statement

In Uganda studies on unwanted pregnancies and induced abortion among youths at the community levels are few, with a lot of studies done at the health facility level.
This point out to the need of more community-based studies, because most of the maternal deaths due to abortion complications occur outside the formal health system and the problem of unwanted pregnancy and induced abortion at the community is very big but much underreported; Women are not open to discuss problems with unplanned pregnancies. So this study will provide information on the real situation at the community level.

Several studies have been conducted to determine factors contributing to the unwanted pregnancies and induced abortion in Sub Saharan Africa , Reasons includes :- poverty, no support from the partner, disruption of education and employment, family building preferences i.e. need to post pone childbearing or to achieve health spacing between births, relationship problems with the partner/husband, risk to maternal or fetal health, pregnancy resulting from rape or incest, most of the time it is poor access to contraceptives or contraceptive failure (Bankole A, Singh S, Haas T 1998).

Most of the unwanted pregnancies and induced abortions occur among the youths e.g. a study done in Tanzania among youths showed that 27.1% of pregnancies were unplanned (Urassa et al. 2008) and another hospital based study done in Temeke district hospital in Dar es salaam showed that 60% of patients admitted with an incomplete abortion stated that it had been induced and among these women 88% of them were less than 24 years, and 55% were less than 20 years (Vibeke R 2000).

Statistically it is shown that at the turn of the 21st century, there will be 1.7 billion people - more than one- fourth of the world's six billion people are between the ages of 10 and 24, and the vast majorities 86 % live in less developed countries (PRB, 2000 and Ipas, 2005).

In many countries, young women and men are under strong social and peer group pressure to engage in premarital sex (PRB, 2000), Surveys have shown that, on average, 43 % of women in

sub Saharan Africa started to have sex before the age of 20, when this is coupled with limited accessibility of effective and modern contraceptives, then the problem of unintended pregnancies as well as induced abortion is bound to rise.

It was important to conduct this study because of the limited community data on the prevalence of unwanted pregnancies and induced abortion among female youths, many of the studies in Uganda are hospital based .Information from this study will be used by the policy makers and program managers in addressing the needs of young people today and come up with effective interventions to help in the reduction of unwanted and induced abortion among the youths hence reduction in maternal mortality and morbidity. This is very important because the actions of young people will shape the size, health, and prosperity of the world's future population.

Therefore the main research question in this study was; what are the factors associated with occurrence of unwanted pregnancies among girls of 15-19 years in Kakoba division, Mbarara District.

1. 3. Justification of the Study

The study served to high light the factors associated with unwanted pregnancies among young girls of between 15 to 19 years such that a planned way forward can be generated by all concerned partners including individuals, health workers and government.

1.4. Broad Objective

To find out factors associated with unwanted pregnancies among girls aged 15 to 19 years.

1.5. Specific Objectives

1. To find out social demographic factors leading to unwanted pregnancies among girls aged between 15 to 19 years in Kakoba Division.
2. To identify community factors that influence girls being pregnant.
3. To find out the effectiveness of different contraceptives in prevention of unwanted pregnancies

1.6 Research questions

1. What social demographic factors are leading to unwanted pregnancies in girls between 15 to 19 years of age?
2. What are the community factors that influence girls being pregnant?
3. Of what role are contraceptives in prevention of unwanted pregnancies in girls?

CHAPTER TWO

LITERATURE REVIEW

In the entire world, pregnancy is wanted and a happy event for women, their husbands/partners, families and the community in general. But this is not always the case, millions of women around the world become pregnant unintended. This contributes greatly to the increase in maternal and infant mortalities. It is shown that out of 210 Million pregnancies occurring in the world annually, about 79 million are estimated to be unintended of these 50 % end up in abortion (Bongrats & Westoff 2000).

It is also shown that 2 in every pregnancy worldwide are unplanned and reported that 10-14 % of young unmarried women around the world has unwanted pregnancy (UNFPA 2003).

In Developing countries more than one –third of all the pregnancies are considered unintended and about 19 % will end up into abortion, which are most often unsafe accounting for 13 % of maternal deaths globally (Guttmacher Institute 2007 & Marston 2004).It is also reported that between 20- 40% of all births occurring in developing countries are unwanted posing hardships for families and jeopardizing the health of millions of women and children (WHO 1997 & Caskiline JB et al 2003).

As a result, significant proportions of women turn to induced abortions to avoid unwanted or unplanned births. Another study done in Ethiopia showed that 33.3% sexually active women reported that their most recent pregnancies were unintended. In sub Saharan Africa, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15-24 years (Hubacher D, 2008).The same is reflected for Tanzania as a Study done among youths showed that 27.1% of pregnancies were unplanned (Urassa, W. et al 2008).

Having unwanted pregnancy to a woman is depressing and debilitating, putting a woman in dilemma, the woman may not be mentally, physically, socially and psychologically fit to bear the child. The decision of a woman on what to do with the unwanted pregnancy may be guided by what is best at that particular time and point in life; this is based on her own opinion as well as the people surrounding her at the moment, by the time the woman with unwanted pregnancy

seeks for medical attention she has already made her mind and most of the time is to terminate the pregnancy (Baginsk 2007).

2.2 Factors associated with the rate of unwanted pregnancies among youths.

2.2.1 Young age.

The problem of unwanted pregnancies and induced abortion is of very large impact to the health of women worldwide, but youths are still shown to be highly affected compared to older women. According to some studies done in Ethiopia, showed that 33 % of women reported to have their recent pregnancy unintended and among all these pregnancies half (50%) of them ended in induced abortion. Most of them were teenagers 95%, those married at the age of less than 20 years, and currently unmarried have been reported to have higher chance of experiencing unwanted pregnancy (Solomon W. Mesganaw F. 2006).

In Tanzania a hospital study done in Temeke district hospital in Dar es salaam showed that 60% of patients admitted with an incomplete abortion stated that it had been induced and among these women 88% of them were less than 24 years, and 55% were less than 20 years(.Vibeke R 2000).

2.2.2 Socioeconomic factors

Socio economic factors also play a part as it was found that 16 million women aged 15–19 years old give birth each year, about 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa (WHO 2012). Youths with unplanned pregnancy are more likely to come from low socio-economic status than with planned pregnancy (Allan Guttmacher Institute, 1999).

2.2.3 Level of education.

The level of education also plays a part in determining the rate of unwanted pregnancy and induced abortion, e.g. the level of education of parents, especially the mother, may have an influence on the adolescent towards teenage pregnancy as she acts as a role model (Vundule et al., 2001) which may be a preventive factor of the early pregnancy. Education, on the other hand, is a major protective factor for early pregnancy: the more years of schooling, the fewer early pregnancies. Birth rates among women with low education are higher than for those with secondary or tertiary education. This is supported by several studies which have shown that level of education have an influence on the rate of unwanted pregnancy and induced abortion , a study done in Kenya reported that women with no education had first sexual intercourse three years earlier than their counterparts with at least a secondary school education (Advocate for Youth, 2005).

Similarly in Malawi, 63% of adolescents with no education .The same applies for Tanzania were by there is a variation in the age at first birth by the level of education which ranges from 18.7 years among women with no education to 23 years among women with at least secondary education (TDHS 2010).

Marriage is also delayed if teenagers further their education to secondary and post-secondary education. Hence reduction in the rate of unwanted pregnancy and induced abortion among youths. This is due to the fact that main reason leading to abortion decisions mentioned by youths in several studies includes: inability to take care of an additional child, accidental pregnancy, inadequate birth spacing, and because the woman concerned was a student and feared expulsion (Mpangile, 1993).

Another study conducted in Machame, contends that there is a feeling among the residents that abortion rates are higher among secondary school students than other categories, this is because students want to avoid having their educational aspirations terminated.

(Stambach 1996)

These factors also applies for the rate of induced abortion because by the time the woman with unwanted pregnancy seeks for medical attention she has already made her mind and most of the time is to terminate the pregnancy (Baginsk 2007).Studies have found that more than 60% of all

unsafe abortions in developing countries occur among Women 15-30 years old, with almost 14%, or 2.5 million, among women under 20 years (WHO 2004).

2.2.4 Behavioral sexual activities.

Another factor is the age at menarche, it has been reported that the earlier the age at menarche, the earlier the first intercourse is likely to occur.

Early sexual activities pose health risks for youths as most of them enter into sexual relations for the first time without using any form of contraception, leaving them vulnerable to unplanned pregnancy (Allan Guttmacher Institute, 2005).

In South Africa, the mean age at menarche was reported to be at 13.7 (Vundule et al, 15 2001) as for Tanzania it ranges from 14.3 years and 15.8 years (Zegeye et al 2009). Early sex may be attributable to cultural practices, peer pressure, experimentation, coercion and boredom (Palamuleni, 2002; Munthali & Chimbiri, 2003).

In Tanzania the mean age of first sexual intercourse was 17.4 years (TDHS 2010). The earlier the age at first sex, the more likely unwanted pregnancy might occur at an early age. As for marital status, marriage is the primary indicator of the exposure of women to becoming pregnant. Most of the women enter into marriage earlier before they are physically, mentally and economically prepared for pregnancy (Guttmacher Institute, 2005).

So there is a likelihood of having unwanted pregnancy .Several studies have also shown that singles are more likely to have unwanted pregnancy and induced abortion compared to their counterparts e.g. a Zimbabwean study done by Mbizvo et al 1997 found out that singles were to report more on unwanted pregnancies compared to married counterparts. Reasons being that singles may not be in the stable union, and also parenthood in our culture when single is not acceptable another one done in Ethiopia showed that for the currently unmarried women the chances of having unwanted pregnancy was high with OR 1.7 95% (Solomon W. Mesganaw F. 2006). Most of these abortions were reported to being conducted at the health facilities by the health care provider e.g. Tanzanian study done by Mpangile et al 1993 which reported that 22% of the abortionists were ‘doctors’, 65% ‘other health clinic workers’ and 13% ‘quacks The

abortionist profession is reflected in the method most frequently reported, dilatation and curettage.

2.2.5 Number of sexual partners.

Number of sexual partners that a person has could also establish the likelihood of unwanted pregnancies .Many partners you have the more the likelihood of having unwanted pregnancy and induced abortion, this is the case because most of the time the relationship is not stable and the couples are not ready to have a child. One study done in Calabar Nigeria found out that out of the 128 sexually active respondents, 43 (33.6%) reported to have unintended pregnancy, out of them (100%) of the five respondents with multiple sex partners had unintended pregnancy, less than a third (30.9%) of those with only one partner reported unintended pregnancy.

2.3 COMMUNITY FACTORS THAT INFLUENCE GIRLS BEING PREGNANT

Adolescents need support to develop into mature adults. Parents are the main support structure, as well as the community, religion, schools and cultural aspects.

2.3.1 Parents

Blum 2000 emphasizes that the strong message to parents is that they need to be in their kid's life: know their friends, what their friends do, and who their friends' parents are. The messages for all adults is to set clear expectations regarding school performance, skipping school or doing poorly is not just an educational threat, it's a health threat. We need to provide resources to help capture the interest of kids who are disenfranchised. Nasoro 2003, maintains that parents should be educated on the importance of striving for the education of their female children and postpone their marriage until they are 20 years and older. It is very important to involve adolescent boys and men in the fight against adolescent unwanted pregnancy and its consequences.

According to Marlow and Redding 2001, many parents do not adequately explain to their girls the various changes in the body that indicate puberty. Girls should have a clear understanding of ovulation, fertilization, pregnancy and childbirth before the onset of menstruation. This will minimize their anxiety and empower them to face the future.

Parents should take responsibility for guiding the youth to avoid engaging in sexual activities at an early age. This is to avoid the risk of contracting STDs & HIV/AIDS and unwanted pregnancies (Ikamba & Quedraogo 2003).

Parents should play a significant role as sexuality educators for their children. Many parents are not ready to discuss with their children, they assume that their get information from school (Khoza 2004; Miller 2002)

According to Moore et al 2004, having better educated parents, supportive family relationships, parental supervision, sexually abstinent friends, good grades and attending church frequently are all related to later onset of sexual intercourse and reduced occurrence of unwanted pregnancies among the adolescents.

2.3.2 Community/religion

Information, communication and education should be provided to the existing groups in the community, in relation to changes which take place in adolescent girls' bodies and the consequences of early sexuality, namely teenage pregnancy and sexually transmitted infections including HIV/AIDS, and ill effect of abortion (Ikamba & Quedraogo 2003).

If women and church/religious groups are empowered, they can play a big role in educating adolescent girls Marlow and Redding 2001; assert that spiritually adolescents are in the stage of synthetic-conventional faith. An adolescent without ties is likely to be attracted to any new or different religious cult and undesired behavior. Parents need to be aware of this and help adolescents explore their feelings and concepts this gradually reduces the unfortunate cases of unwanted pregnancies.

2.3.3 School

In Uganda, sexual and reproductive health is less taught in schools, but it is inadequate content and methods, particularly due to scarcity of information, education and communication (IEC) materials. Schools are also not equipped. Teachers receive insufficient training in reproductive health issues. In spite of developing national policy guidelines for reproductive health services,

many young people have not benefited from them, due to low coverage of targeted audience, and other critical constraints such as limited resources and cultural barriers (RHCS 2004).

In Mwanza, Tanzania, in most cases (94%; 96/120) became pregnant while they were out of school (completed primary school or dropouts) compared to 20% who became pregnant while in school, which means attending school could be a deterrent for becoming pregnant (Muchuruza 2000).

2.3.4 Cultural support

Maluleke 2003 found that during initiation, sexuality education was limited to personal hygiene, maintaining virginity, self-control and social morals. Abstinence was mentioned as a way of preventing HIV/AIDS, but nothing was said about HIV and its prevention, and it was done in a calm environment. However, the girls indicated that the information was inadequate and unclear. Initiation rituals for girls that encourage sexual activity should be looked into so that they become beneficial to the girl (Ikamba & Quedraogo 2003).

In general, parents and communities are not adequately equipped to prepare their children for adult life. In addition, low literacy among the traditional/community leaders means that they are increasingly cut off from information on new and emerging sexual and reproductive health issues.

2.3.5 Health providers and governments

It is important for health providers to assist parents to value sexuality education for their children, display moral values, and delay sexual activity and encourage the use of condoms and contraception for those who are sexually active. These may reduce the frequency of intercourse, promote safer sexual behavior, and reduce unwanted pregnancies as well as HIV/AIDS and STIs (Miller 2002:22-26).

Williams and Mavundla 1999 found that health workers were not able to help adolescents during this era of primary health care orientation, as it addresses the basic local needs and problems. Health providers should be knowledgeable and involved in addressing issues related to

adolescents' problems. (Ikamba and Quedraogo 2003) stress that governments should continue developing strategies to assist adolescents by having clinics with services that are accessible, affordable and friendly, where they can be counseled about reproductive issues and hence meet their needs.

In support of adolescents, the MOH of Tanzania has developed a National Health and Development Stakeholders Board to guide sexual and health intervention. The main aim is for the health services to be accessible, appropriate, affordable, and adequate and of acceptable quality. In addition, adolescents who become pregnant will be provided with appropriate reproductive healthcare for optimal health development, and those with reproductive problems would be referred to higher levels of care for appropriate management (RCHS 2003).

In the US, the government is committed to continuing efforts to prevent out-of-wedlock teen pregnancies, STIs, including HIV/AIDS, infection. Adolescents are encouraged to abstain from sexual activity until marriage (Department of Health and Human Services 2002)

2.3.6 Adolescent involvement and peer influence

Effective interventions require adolescents' active involvement in the definition of the problems and their solution. Among the strategies to reduce teen pregnancy is an approach that involves education, health, social services, media, parents and, most importantly, the young people themselves (Linda 2003).

While young people's involvement in sexual activity is fairly high, their awareness and knowledge regarding physiological, psychological and physical changes associated with adolescents is relatively low. Teenagers are optimistic and approve the inclusion of sex education in the school curriculum (Williams & Mavundla, 1999).

Pardue 2003, found that 'increased abstinence was the major cause of declining birth and pregnancy rates among single teenage girls', While Williams and Mavundla 1999, maintain that teenagers should wait for maturity before engaging in sexual intercourse to enable them to develop emotionally, intellectually and physically.

Dlamin et al., 2003, found that parents, partners, peer groups, health personnel, teachers, church leaders and communities fail to empower adolescent mothers with knowledge and skills to prevent pregnancy or to face motherhood. As a result adolescents suffered socially, culturally and spiritually.

2.4 Contraceptive failure as a cause for unwanted pregnancies.

Contraceptives methods can remarkably reduce the rate of unwanted pregnancies as it is shown that in countries were contraceptive use is very high, the rate of unwanted pregnancies as well as abortion has declined, (Bongaarts and Westoff, 2000) but despite its correctly use still there will be nearly six million accidental pregnancies annually which may end up into unwanted pregnancy (WHO 2003).

Apart from incorrect use of contraceptives and not using contraceptives at all, as well as contraceptives failure, unwanted pregnancies can be a result of: rape or incest or other changing life circumstances and life crisis. So this shows that all women are still susceptible to unwanted pregnancies though the extent may differ with the accessibility, availability as well as the consistently use of contraceptives. Level of education has been reported to influence the use of contraceptives.

The low literacy levels may lead to low paying jobs, causing early marriage and influencing non-contraceptive use, thereby increasing the prevalence of teenage pregnancy. Statistics have shown that only 13 percent of married adolescent age 15-19 use contraception in sub-Saharan Africa (PRB, 2000).

The unmet need of family planning among young married women aged 15-19 years in Uganda is 22% and among unmarried young women of the same age is 40 % (PRB 2011. It is also shown that youths are more likely than adults to experience unintended pregnancies during their first year of contraceptive use this could be due to) the reason could be lack of knowledge and skill in using contraception, accessibility, societal views and availability of contraceptives. However, even where contraceptives are widely available, sexually active youths are less likely to use contraceptives than adults.

In Latin America, Europe and Asia only 42-68% of adolescents who are married or in partnerships use contraceptives. In Africa the rate ranges from 3-49% (Ipas, 2007), On top of that there is a lack of sexuality education in many countries puts youths at more risk so by reducing unmet need for modern contraception is an effective way to prevent unintended pregnancies, abortions and unplanned births.

Table 1

Type of contraceptives	Mode of use	Level of Effectiveness
1. Modern methods		
Pill (oral contraceptives)	Contains the hormones estrogen and progestin. Taken at the same time each day. Not indicated to women older than 35 years, smoker or had history blood clots or breast cancer	92-99 %
Intrauterine devices (IUD)	Small device shaped in form of T. It is placed inside the uterus to prevent pregnancy. It can stay for up to 10 years.	99.00%
Injectable or ‘’shot’’	Women get shots of hormone progestin in the buttocks or arm every 3 months.	97-99 %
Implants	Thin rod that is inserted under the skin of women’s upper arm. It contains progestin that released into body over 3 years.	99.00%
Condoms for male	Worn by the man, it keeps sperm from getting into a woman's body.	85-98 %
Emergency contraceptive Pills	Not a regular method of birth control. Pills are taken within72 hours after having unprotected sex.	75.00%
2. Traditional method		
Periodic abstinence	Not having vaginal intercourse at fertile period.	75-99
Withdrawal (coitus interruptus)	The man is coming out when he is ready to ejaculate and then ejaculating out of vagina.	Risky
Source: EDHS 2005		

CHAPTER THREE

METHODOLOGY

3.1 STUDY DESIGN

This was a descriptive cross sectional study on factors associated with unwanted pregnancies in girls between 15 to 19 years in Kakoba division Mbarara. Subjects were girls who have got unintended pregnancy and are staying in Kakoba Division, Mbarara district. In this study socio-demographic characteristic as well as behavior and lifestyle events will be considered in relation to acquiring unwanted pregnancy. The impact of community and other supportive factors that would have otherwise helped the girl in preventing the unwanted pregnancy was considered.

3.2 STUDY AREA.

The study was done in Kakoba division in Mbarara municipality, located on latitude 0^{0}36' (0.6^{0}) south, longitude 30^{0} 40' 44.3" (30.679) east. Average elevation: 1,389 meters (4,557 feet)

Kakoba covers the streets of high street, Makharnsing Street, Mbaguta Street; Bishop wills street, Bucuncu Road, Buremba road, and Mosque road. The neighborhoods, in the Division include Kisenyi, Kijungu, surveyor Cell, Kacence, Nyamityobora, Kakoba hill, Rugazi, Kyapotani, Rwentondo, Nyakaizi and Buremba, Kiswahili cell and Kekombe.

Kakoba division covers most of the central business district and it is located on the East and south east of the central business.

It borders with kamukuzi Division in the west, Kakiika Division in the East and North, Nyamitanga and masha of IsingiroDistrict in the south.

It is the most populous division, the national census [2002], estimated population of kakoba at 34,271 while in 2011 the population was estimated to be 50,930, and the 2014 national census indicated population at 55,519.

3.3 STUDY POPULATION

The study population was girls that got unwanted pregnancy when they are in age years of between 15 to 19 years.

3.4 SAMPLE SIZE

Fisher's formula was used to determine the sample size as shown below.

Where: $n=z^2pq/ d^2$

n=Desired Sample size

Z=Standard deviation at the required degree of accuracy

P=Proportion of girls getting unwanted pregnancies

q=1-P

The prevalence of unwanted pregnancies is 4.3% (UDHS, 2011)

Thus, $(1.96)^2(0.043)\ (0.957)\ /\ (0,005)^2$

n=63.23

3.5 INCLUSION CRITERIA

Girls who got unwanted pregnancy were considered. .

3.6 EXCLUSION CRITERIA

- Girls who had unwanted pregnancies but they are not residents of Kakoba division
- Girls who refused consent.

3.7 STUDY INSTRUMENTS

A pre-coded structured questionnaire was used to gather information from the girls. The questionnaire was administered by principal investigator, two research assistants who were trained. The questionnaire was first pretested in a pilot study prior to beginning actual study.

3.8 OUTCOME MEASURE.

Incidence of unwanted pregnancies in girls between 15 to 19 years in Kakoba Mbarara municipality

Proportion of contraceptive use in girls that later got pregnant.

3.9 DATA COLLECTION

A girl who was pregnant and she was between the age of 15 to 19 years was recruited by principle investigator (research assistants) into the study.

They were informed in intended study and consent taken, pregnant girls were assured of confidentiality in handling their bio data information.

Research assistants filled in the data sheet according to the information provide by pregnant girl and the, principal investigator then compiled, collected data for each pregnant girl from one house hold to another such that they were assessed for easy analysis of data and information.

3.10 ETHICAL CONSIDERATIONS

The proposal was presented to the school administrator for approval prior beginning the study. Permission was thought from the Division Chairperson to be allowed to collect data.

The study was carried out in accordance with existing ethical guidelines. Informed consent was sought from every girl before the questionnaire was administered. Confidentiality was held at all cost; no information was divulged to any other than the researchers. All the information obtained from the study was treated with utmost confidentiality and used only for intended purpose. The study was not harmful to any other pregnant girl or pregnant mothers in any way.

3.11 DATA MANAGEMENT AND ANALYSIS

The questionnaires were stored in a lockable cabinet. The data will then be entered into an MS Access database. The girls' names were omitted so as not to compromise on confidentiality. Each participant was assigned a unique identification number.

The data was then calculated using simple functional calculators and a micro soft access were used on computers for tabulation of data.

Demographic & clinical characteristic were displayed in the form of tables and graph and pie charts.

CHAPTER FOUR

4.0 Introductions

This chapter presents the Results, Analysis and interpretations of findings of the study according to the specific study objectives. Findings and results are presented in form of bar graphs, pie charts, tables and figures.

4.1 Study results.

From the study conducted, the following results were obtained from a sample of 63 respondents.

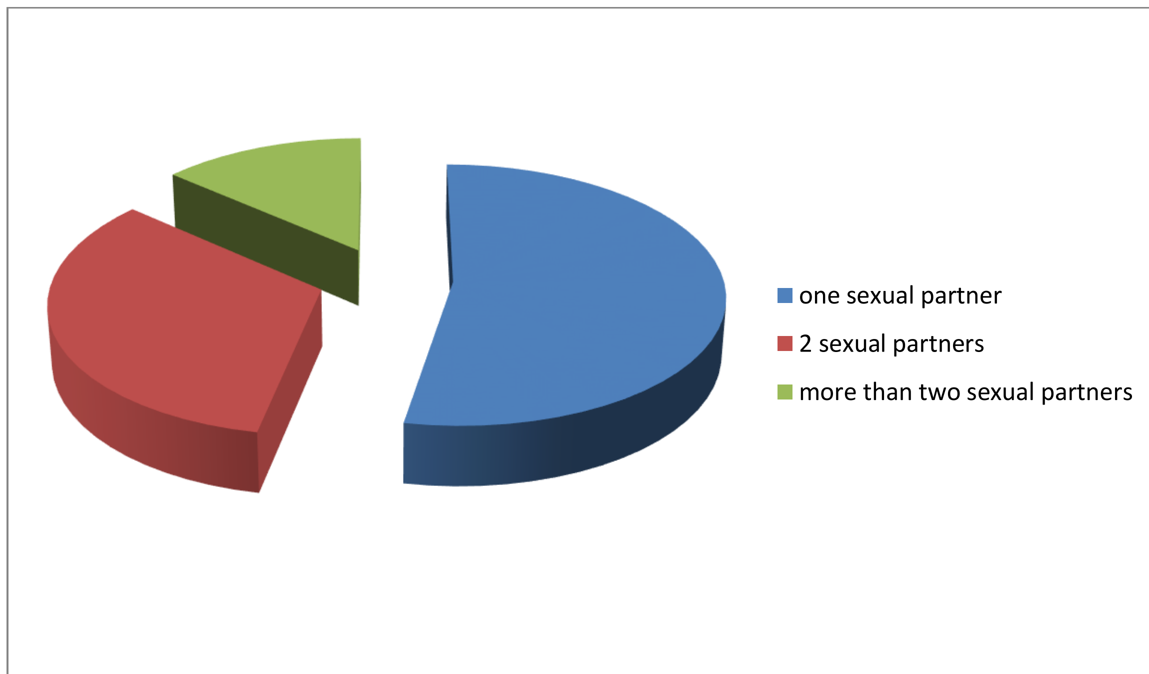
Factor	Category	figures	Percentages.
Age	15-16	14	22
	17-18	22	35
	19	27	43
	Total	63	100
Marital status	Married	18	29
	Single	33	52
	Widowed	12	19
	Total	63	100
Educational level	None	7	11
	Primary	19	30
	Post primary	37	59
	Total	63	100
Occupation	Student	33	52
	(Self)employed	21	33
	Unemployed	9	14
	Total	63	100
Religion	Christian	44	70
	Muslim	16	25
	Others	3	5
	Total	63	100

Out of 63 respondents who participated in the study, 14(22%) where between the age of 15 and 16 years, 22(35%) were between 17 and 18 years while the majority 27(43%) were 19 years old. Also 18(29%) of the respondents interviewed were married, 33(52%) were single while 12(19%) were either divorced, separated, widowed.

From the study, 7(11%) of the respondents had not gone to school, 19(30%) had attained primary level while the rest 37(59%) had attained a post primary level. Also to note, 33(52%) of the respondents were students, 21(33%) were either self-employed or working while the rest 9(14%) were unemployed.

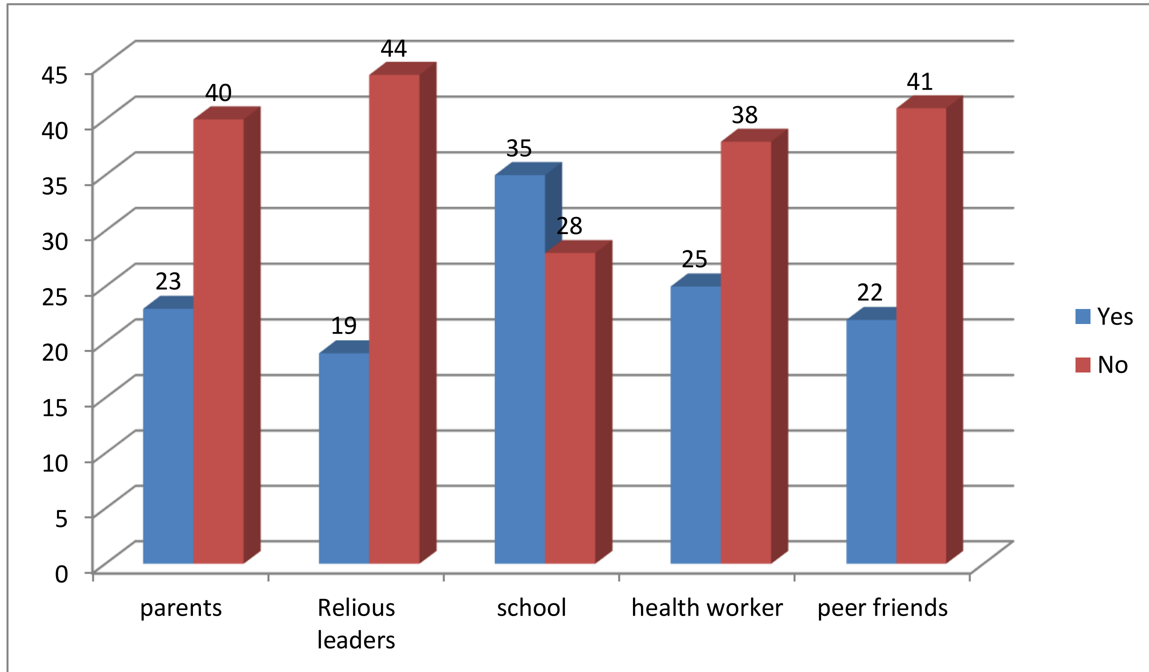
On religion, 44(70%) of the respondents were Christians 16(25%) were Muslims while the rest 3(5%) were from other religious beliefs**..**

Figure 1: A figure showing number of sexual partners as per respondents



From the study, out of 63 respondents who participated in the study 35(56%) said they had had one sexual partner, 22(35%) said they had had 2sexual partner while 6(9%) said they had had more than 2 sexual partners.

4.2 Community factors that influence girls being pregnant.



Out of the 63 respondents interviewed, 23(37%) said they had ever been provided with information about prevention of unwanted pregnancies by their parents despite the fact that they later experienced it, 40(63%) said their parents had not shared with them on different ways of prevention of unwanted pregnancies.

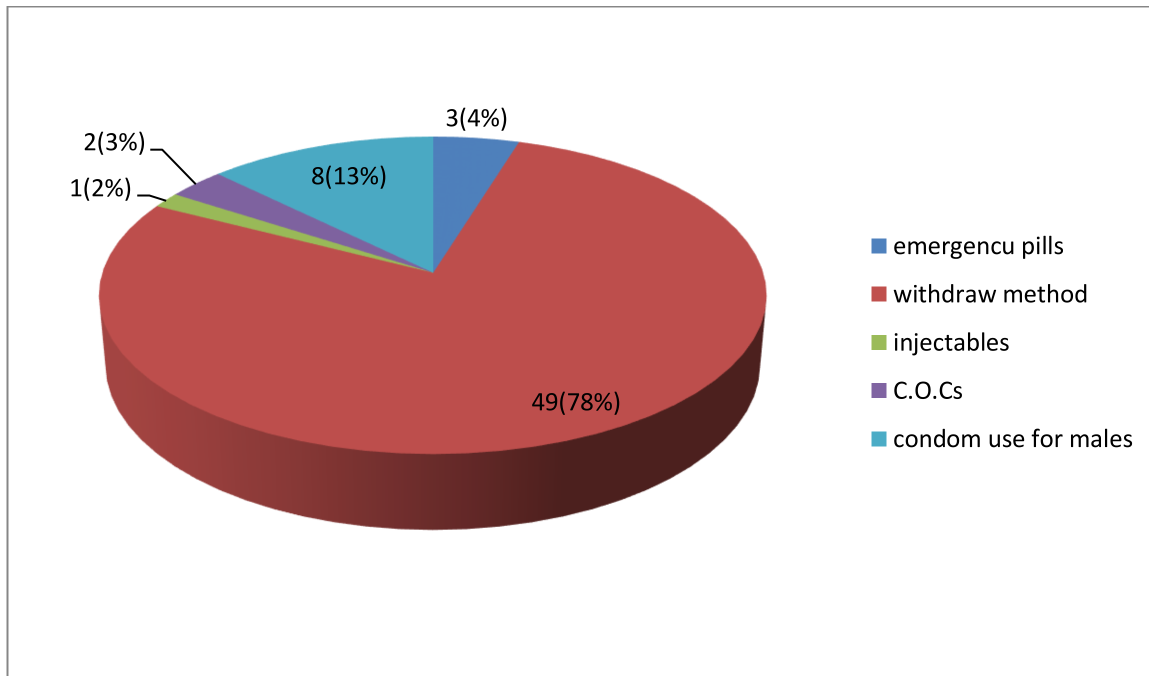
Also 19(30%) of the respondents said their religious leaders had shared with them about measures to prevent unwanted pregnancies while 44(70%) said that, they had never shared with their religious leaders about the various methods of preventing contraceptives.

In addition, 28(44%) of the respondents acknowledged that while in school they had ever been told about different forms of prevention of unwanted pregnancies ,35 (56%) out of the 63 respondents said that even when they were in school no information concerning prevention of unwanted pregnancies.

Also to note is that 25(40%) of the respondents said that though they had gotten unwanted pregnancy they had at least ever talked with a health worker on various preventative measures against unwanted pregnancies, while 38(63%) said they had never shared with any health workers on matters concerning measures to prevent unwanted pregnancies.

Lastly 22(35%) of the respondents said their friends had ever shared with them on the preventive measures against unwanted pregnancies while 41(65%) said that their friends had never advised them on any measures of preventing unwanted pregnancies

4.3 Effectiveness of different contraceptives in prevention of unwanted pregnancies.



Note: C.O.Cs means Combined Oral Contraceptives.

From the study conducted out of the respondents, 8(13%) of the respondents said they had been using a condom with their male partner as a contraceptive form of preventing unwanted pregnancy but they went ahead and conceived, 49(78%) of the respondents said that they had been using withdraw method with their male counterparts but they went ahead and became pregnant.

3(4%) of the respondents said that immediately after the intercourse they would swallow emergency contraceptive pills while only one person, 2% said she got pregnant regardless of the fact that she was using injectables.

The remaining 2(3%) of the respondents said they were previously swallowing combined oral contraceptive pills but they became pregnant.

5.0 CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS.

5.1 Introductions

This chapter presents the discussions, conclusion and recommendations of the study findings that were presented in the previous chapter. These were basically presented according to the study objectives.

5.1.1 SOCIAL DEMOGRAPHIC CHARACTERISTICS.

Considering the social demographic findings of the individuals, Out of 63 respondents who participated in the study, 14(22%) were between the age of 15 and 16 years, 22(35%) were between 17 and 18 years while the majority 27(43%) were 19 years old. Also 18(29%) of the respondents interviewed were married, 33(52%) were single while 12(19%) were either divorced, separated, widowed.

The majority of the respondents being single at 52% is a reflection of the age blacked in which the study where by most girls especially in urban setting will get married after they have finished schooling which is usually at 20 years. In a related study Solomon W Mesganaw in 2006 had also cited that occurrence of unwanted pregnancies was high in unmarried youth of less than 20 years.

From the study, 7(11%) of the respondents had not gone to school, 19(30%) had attained primary level while the rest 37(59%) had attained a post primary level. Also to note, 33(52%) of the respondents were students, 21(33%) were either self-employed or working while the rest 9(14%) were unemployed, this indicates that the occurrence of unwanted pregnancies occurs in all groups of girls regardless of whether they are learned on not, this contracts a study by Vundule and others in 2001 who indicated that less educated girls were prone to having unwanted pregnancies as compared to the educated.

On religion, 44(70%) of the respondents were Christians 16(25%) were Muslims while the rest 3(5%) were from other religious beliefs. The majority being Christian is not surprising because mbarara is a dominantly Christian town, with a handful of Muslims living in Kakoba where the study was carried out.

5.1.2Community factors that influence a girl being pregnant

In many communities parents, schools, religion and other factors play a major role in shaping the life of young girls, Out of the 63 respondents interviewed, 23(37%) said they had ever been provided with information about prevention of unwanted pregnancies by their parents despite the fact that they later experienced it, 40(63%) said their parents had not shared with them on different ways of prevention of unwanted pregnancies and this habit is common not only in Kakoba where the study was carried out but world over, According to Marlow and Redding in2001, many parents do not adequately explain to their girls the various changes in the body that indicate puberty. Girls should have a clear understanding of ovulation, fertilization, pregnancy and childbirth before the onset of menstruation so as to prevent occurrence of unwanted pregnancies and sexually transmitted diseases.

Also 19(30%) of the respondents said their religious leaders had shared with them about measures to prevent unwanted pregnancies while 44(70%) said that, they had never shared with their religious leaders about the various methods of preventing contraceptives.
This is greatly attributed to the fact that at the youthful stages of 15 to 19 years many youth have lost interest in religious affairs and barely meet the religious leaders for a possible advice, in related studies Marlow and Redding in 2001 cited that If women and church/religious groups are empowered, they can play a big role in educating adolescent girls.

In addition, 28(44%) of the respondents acknowledged that while in school they had ever been told about different forms of prevention of unwanted pregnancies ,35 (56%) out of the 63 respondents said that even when they were in school no information concerning prevention of unwanted pregnancies. The higher percentage indicates that most of schools going girls have been health educated on consequences of early sex and unprotected sex but most of them barely take the advice. And like Muchuruza observed in his study in 2000, most of them get pregnant related complications immediately they are out of school.

Also to note is that 25(40%) of the respondents said that though they had gotten unwanted pregnancy they had at least ever talked with a health worker on various preventative measures against unwanted pregnancies, while 38(63%) said they had never shared with any health

workers on matters concerning measures to prevent unwanted pregnancies. This is true because youth have a poor health seeking attitude and have less interaction with health workers, and according to Miller in 2002 It is important for health providers to assist parents to value sexuality education for their children, display moral values, and delay sexual activity and encourage the use of condoms and contraception for those who are sexually active. These may reduce the frequency of intercourse, promote safer sexual behavior, and reduce unwanted pregnancies as well as HIV/AIDS.

Lastly 22(35%) of the respondents said their friends had ever shared with them on the preventive measures against unwanted pregnancies while 41(65%) said that their friends had never advised them on any measures of preventing unwanted pregnancies, friends have a great deal influence on their peers, and and according to Dlamin and others 2003 he observed that ,parents, partners, peer groups, health personnel, teachers, church leaders and communities have failed to empower adolescent girls with knowledge and skills to prevent pregnancy or to face motherhood. As a result adolescents suffered socially, culturally and spiritually.

5.1.3 Effectiveness of different forms of contraception.

From the study conducted out of the respondents, 8(13%) of the respondents said they had been using a condom with their male partner as a contraceptive form of preventing unwanted pregnancy but they went ahead and conceived this can be contributed to poor usage of them condom including using of expired condoms or ineffective use resulting into conception taking place. According to this study condom failure rate is slightly higher than existing literature by FPAU(Family Planning Association Of Uganda) in 2005 which put the condom failure rate at 2% to 10% though it can reach up to 15%.

49(78%) of the respondents said that they had been using withdraw method with their male counterparts but they went ahead and became pregnant. This is when a man withdraws his erectile penis during sexual action so as to ejaculate outside the vagina, and as it is reflected it is risky and exposes girls to unwanted pregnancies since men accidently ejaculate before withdrawing.

3(4%) of the respondents said that immediately after the intercourse they would swallow emergency contraceptive pills while only one person, it is not a regular method of birth control. Pills are taken within72 hours after having unprotected sex.
The low percentage may be an indicator that most of the girls did not have access to emergency pills within a 72 hour period.

2% said she got pregnant regardless of the fact that she was using injectables. Women get shots of hormone progestin in the buttocks or arm every 3 months and usually effective with a low failure rate, FPAU quotes injectables being effective up to 98% to 99%.

The remaining 2(3%) of the respondents said they were previously swallowing combined oral contraceptive pills but they became pregnant. This can be contributed to irregular swallowing of pills due to forgetfulness or unserioussness of the users which led to some girls becoming pregnant even when they were taking pills.

5.2 CONCLUSION.

In conclusion, from the study conducted it can be observed that although most respondents said they had one sexual partner, those with more than one are also considerably many moreover at such a young age and this will not only have an impact on occurrence of unwanted pregnancy but also on other sexually transmitted diseases.
The study concludes that community and environmental factors including, parents, religious leaders, schooling, health workers and friends have a great influence on the sexual behavior of the girl child and have a great impact on a girl having unwanted pregnancy or not. Therefore parents and other care givers should integrated them in child upbringing of a girl child.

Also different contraceptives are associated with different effective percentages, but according to this study, use of Injectables was greatly effective as compared to condom use, use of emergency pills, swallowing of pills and the least effective was withdraw method,

5.3 RECOMMENDATIONS.

The government should encourage schools to do more health education to girls concerning dangers of unwanted pregnancies such that girls are helped even when they are outside school.

Youth and most importantly young girl adolescents should be encouraged to get involved in various social economic activities to protect them from being redundant that can lead them into sexual affairs that can lead them into unwanted pregnancies and other complications.

Religious leaders should involve youth in church/religious activities so that to help them develop spiritually other than sexual immorality.

Parents should be observant of their girls peer groups so that they help them not to associate with bad groups that lead them to occurrence of unwanted pregnancies

Girls should be guided on the best choice of contraceptive choices to help them reduce occurrence of unwanted pregnancies if at all they are to have a sexual partner.

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APPENDICES

Appendix I: CONSENT FORM

Iam Tumusiigirwe Kelly a third year student offering a diploma in clinical medicine and community health at Kampala international university western campus carrying out a study on the factors associated with unwanted pregnancies among girls aged 15 to 19 years in Kakoba Division, Mbarara district

Your participation in this study is completely voluntary and at no costs. You have a right to participate at your own will in this project. This research is meant to provide data about the above topic in order to find better ways of eliminating unwanted pregnancies in kakoba division Mbarara district.

All the information obtained is to remain confidential..

Study investigator: TUMUSIIGIRWE KELLY.

Participants Statement

I voluntarily agree to participate in the study on the factors associated with unwanted pregnancies among girls between 15 to 19 years.

I have been informed that the information obtained will be treated with at most confidentiality and any treatment will not be compromised if l decline participation or withdraw from the study.

I have a chance to ask questions, if I have questions later l can ask the researcher.

Signature of participant______________________

Date_____________________

Appendix II: QUESTIONNAIRE

DATA COLLECTION SHEET

1. Date

2. Date..........Month.............Year

• Age in years

a) 15 b) 16 c) 17 d) e) 19

• Marital status

a). Married [ ] b). Single [ ] c). Windowed/separated [ ]

5. Maximum level of education achieved

a. None [ ]

b. Primary [ ]

c. Secondary [ ]

d. Post-secondary []

6. No. of previous deliveries……………………………………………

• Occupation:

a) student, b) civil servant c) business lady d) unemployed

• Religion

a) Catholic b) protestant c) Muslim d) SDA e) others specify.

9 How many people did you have sexual intercourse with?

a) 1 b) 2 more than 2

10. What was your age at the first sexual intercourse?

a) 15 years b) 15-16 c) 17-19

11. Have you ever learnt about sex education lessons?

a) Yes........... b) No. If yes from where

specify...

b. were you using any form contraceptive methods?

If yes which one.

12. Where do you get contraceptives in your area?

a) Health center b) drug shops c) government hospitals

13What is your opinion on the cost of contraceptives?

a) Free b) costly c) very costly

14. How long does it take you to walk to the nearest health facility in your area?

a)less than a kilometer b)2 to 5 km c)more than 5 km.

15. Who are you living with?

a) Both Parents

b) Mother Only

c) Father Only

d) Relative

e) Husband

f) Boyfriend

g) Friend

h) Alone

17. What is your occupation?

1) Student

2) Peasant

3) Civil Servant

4) Business

5) Unemployed

6) Other...........................

18. What is your marital status?

1) Married

2) Single

3) Cohabiting

4) Divorced

5) Widowed

.19. Have you ever heard of FP methods?

a) Yes b) No

20. Which one do you know? (Circle all that apply)

1) Pills

2) Condoms

3) Injectables

4) IUCD

5) Implants

6) Withdrawal

7) Calendar

8) Other...

21. Have you ever used any type of contraceptives?

1) Yes

2) No

If No go to question 23

22. Which among these methods have you used (circle all that applies).

a) Condoms

b) Pills

c) Injectables

d) Implants

e) IUCD

f) Natural method

g) Traditional methods

h) Other (mention)....................................

23. Why are you not using contraceptives?

a) Too young to attend FP clinics

b) No knowledge on contraceptives

c) Contraceptives not available

d) Fear Of side effects

e) Accused of immoral behaviour

f) Other (mention)......................................

24. Have you ever heard of emergency contraceptives?

a) Yes

b) No

- What type of emergency contraception do you know? Mention...................................

26. How is it used in order to effectively prevent pregnancy after unprotected sex?

a) Immediately after sex

b) Within 24 hours after sex

c) Within 72 hours after sex

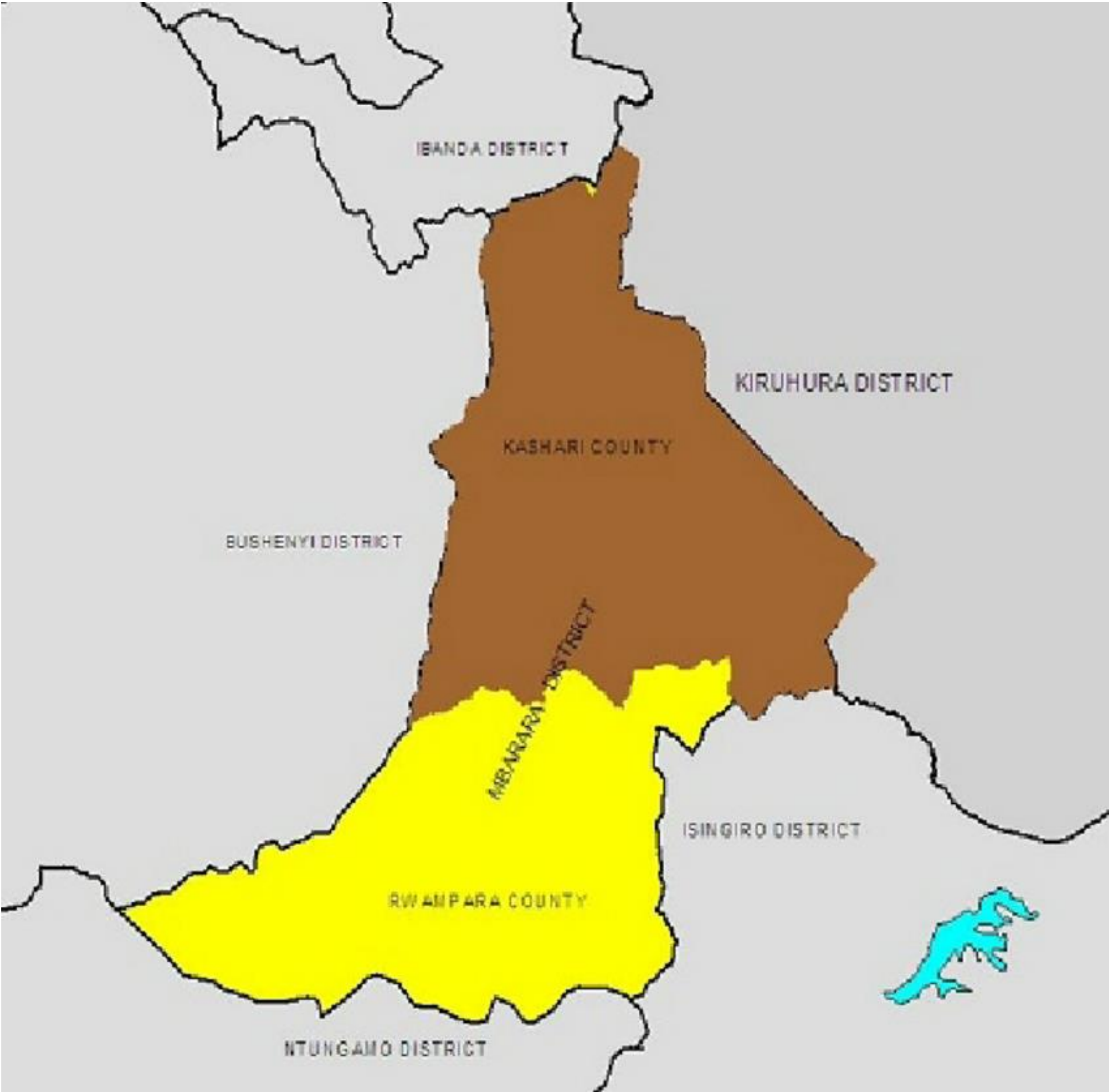
d) Within 4-6 days after sex

e) Even after a missed period

f) Other, specify__

Appendix III: MAP OF UGANDA

APPENDIX IV: MAP OF MBARARA DISTRICT



APPENDIX V: LETTER OF APPROVAL

School of Allied Health Sciences (SAHS) Ishaka,
P.O.BOX 71 Bushenyi,
Tel: 0703786082/0773786082
Email:christinekyobuhaire@gmail.com

OFFICE OF THE ADMINISTRATOR –SAHS

27th April 2017

CHAIRPERSON LC III KAKOBA DIVISION P.O. BOX 299, MBARARA

Recommended and forwarded [illegible] for c/person 5/7/17

The Chairperson Kakoba Division
MBARARA DISTRICT.

Dear Sir/Madam,

SUBJECT: DATA COLLECTION

Academic research project is an Academic requirement of every student pursuing a 3 year Diploma in Clinical Medicine & Community Health (DCM) of Kampala International University- Western Campus (KIU-WC). DCM program is housed in the School of Allied Health Sciences (SAHS).
The students have so far obtained skills in Proposal writing especially chapter one, Three & Questionnaire design. The student's topic has been approved by SAHS Research Unit and is therefore permitted to go for data collection alongside full proposal & dissertation writing. As you may discover the student is in the process of full proposal development. However, the student MUST present to you his questionnaire and his research specific objectives that he wishes to address. We as academic staff of Allied Health Sciences are extremely grateful for your support in training the young generation of Health Professionals. I therefore humbly request you to receive and allow the student **TUMUSIIGIRWE KELLY** Reg. No. **DCM/0132/143/DU** in your area to carry out his research. His topic is hereby attached. Again we are very grateful for your matchless support and cooperation.

Topic: **FACTORS ASSOCIATED WITH UNWANTED PREGNANCIES AMONG GIRLS AGED 15 TO 19 YEARS IN KAKOBA DIVISION IN MBARARA DISTRICT.**

Sincerely yours,

KAMPALA INTERNATIONAL UNIVERSITY 22 APR 2017

Christine Kyobuhaire, Administrator- SAHS
CC: Dean SAHs
CC: Associate Dean SAHs
CC: Coordinator, Research Unit- SAHS
CC: H.O.D Dept. Public Health
CC: H.O.D Laboratory Sciences

"Exploring the Heights"