

Perceived, Psychological Impact of Teenage Pregnancy among Students

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Abstract Teenage pregnancy is a major health concern because teenage mothers and their children are at high risk of illness and death. **Aim of the study:** was to determine the perception of teenagers pertaining to psychological consequences of teenage pregnancy. **Hypothesis** Most female at the age of 16-19 who are engaged at teenage pregnancy are more likely to have psychological problems. **Design:** The descriptive cross sectional research design was used in this study. **Setting:** The study was conducted in two secondary schools at Menoufia Governarate: El-Sanawia banat old secondary school and El-Sanawia banat new secondary school. **Subjects:** Simple random sample method was used in this study. The total sample consisted of 186 adolescents from the schools with ages ranging from 16-19 years. **Tools:** interviewing questionnaire adopted by the researchers. **Results:** The final study results shows that a young teenager is significantly more challenging, medically, and psychologically problematic. **Conclusion:** Teenagers who are engaged at teenage pregnancy mostly drop out of school and also, they are still depending on their parents. **Recommendation:** Psychological intervention programs to minimise the psychological problems experienced by pregnant teenagers conducted at Maternal Child Health centers.

Keywords: *perceived, psychological, impact, teenage pregnancy*

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1. Introduction

Teenage fertility is a major health concern because teenage mothers and their children are at high risk of illness and death. Childbearing during teenage years also has adverse social consequences, particularly on the possibilities for female educational attainment. Egypt Demographic Health Survey (EDHS) 2008 data showed that the percentage of women aged 16-19 who were already mothers or pregnant with their first child at the time of survey, was 9.6%. This percentage was nearly the same in 2005 (9.4%), and has risen from 8.5% in 2000. The proportion of women who gave birth increased rapidly throughout the teenage years, from less than 1% amongst 15 year olds to roughly 7% of 17 years old, 12.5% of 18 year olds and 24% of 19 year olds. The top 5 countries with most teenage pregnancies are Sierra Leone, Nigeria, Ghana, Philippines and Egypt [1].

Adolescent pregnancy is one of the main issues in every health care system. The reason is that an early pregnancy can have harmful implications on girls, physical, psychological, economic and social status.

It has been found that teenage mothers have poor antenatal care as they do not attend their antenatal appointments, they tend to deliver low birth weight babies, premature babies and babies who die during the first year

of their life. Additionally the infant mortality and morbidity rates are higher for infants delivered by teenage mothers than infants delivered by older (adult) women. [2,3].

Social attitudes towards teenage pregnancy and motherhood are generally negative, and there is empirical evidence indicating that teenage pregnancy is most often unplanned and that most teenage mothers are economically and materially disadvantaged [4].

It is reasonable to expect a higher rate of post-partum depression and stress-related illness among teenage mothers than among adult mothers. Furthermore, adolescence is often described in psychological literature as a time of 'crisis', a crucial stage of lifespan development when the individual struggles with the transition from childhood to adulthood. Physiological, emotional and cognitive changes occur during adolescence and are also experienced during pregnancy. The teenager who is also pregnant must cope with the 'crisis' of adolescence and the 'crisis' of pregnancy. Such physical and mental upheavals together with new responsibilities and the stress of adjustment to parenthood, could affect the health of the teenage mother [5].

The causes and consequences of teen pregnancies have been the topic of much research, policy and program discussion, and debate. Some studies have suggested that teen pregnancies compromise women's educational prospects and economic opportunities, and other work indicates that teen pregnancies are a marker of such

conditions, rather than an underlying cause of them. There does appear to be consensus, however, that teen pregnancies are associated with poor social and economic conditions and prospects [6].

A second issue that has been identified in the literature is that teenage pregnancy can pose a health risk to the teenager and the fetus. Research findings indicate that obstetric outcomes for teenage mothers are poorer than for adult mothers, with induced hypertension, premature labor and anemia considered to be significant complications in the teenage group. Another problem associated with teenage pregnancy is relationship difficulties that the pregnancy may bring. The teenager may experience ostracism, isolation, and rejection by her family members and outsiders [7].

Regarding the causes of teenage pregnancy, a review of the literature shows that a number of contributory factors have been identified. Research studies indicate that ignorance of contraception and conception is a major factor in teenage pregnancy, with many teenagers lacking understanding of the relationship between menstruation, coitus, fertility and conception. Other factors that are considered to be important are peer pressure to engage in sex, poor self-identity and low self-image: family disorganization and breakdown of cultural traditions [3].

1.1. Problem Statement

With the rate of teenage pregnancy escalating in Egypt, it becomes important to seek an understanding of the views of teenagers regarding teenage pregnancy. Few studies in Egypt have sought to determine the attitudes, beliefs and perceptions of teenagers regarding teenage pregnancy in terms of causes and consequences.

1.2. Aims of the Study

The aim of this study was to:

- Determine the perception of teenagers pertaining to psychological consequences of teenage pregnancy

1.3. Study Hypothesis

The study was hypothesized that most female at the age of 16-19 who are engaged at teenage pregnancy are more likely to have psychological problems

1.4. Research Design

A descriptive cross sectional research design was used in the study.

1.5. Study Setting

The study was conducted in two secondary schools at Menoufia Governorate:

- El-Sanawiabanat old secondary school
- El-Sanawiabanat new secondary school

1.6. Study Subjects

A simple random sample of 186 secondary school adolescent girls were selected with a number of 93 student

girls from each school. Inclusion criteria of the sample included married female girls, free from any gynecologic disorders and accepting to participate in the study

1.7. Sample Size

From population size 8000 (number of students at secondary schools of Menoufia Governorate), a sample size was calculated by using Epi Info™ 7 technique rendered 186 participants as a sample for this study at two sided teenage pregnancy 95%, power 80%, margin of error accepted 5% and 20% response distribution rate for teenage pregnancy among students regarding perception and psychological impact [8].

In terms of the numbers you selected above, the sample size n and margin of error E are given by

$$X = Z(c/100)2r(100 - r)$$

$$N = N_x / ((N - 1)E + x)$$

$$E = \text{Sqrt}[(N - n) \times n / (N - 1)]$$

Where N is the population size, r is the fraction of responses that you are interested in, and $Z(c/100)$ is the critical value for the teenage pregnancy

1.8. Tools of the Study

Interviewing questionnaire was used, It included two parts

Part one: The Demographic Profile of the respondent in terms of:

1-Background information section included demographic information and personal characteristics regarding age, religion, marital status, weight, residence, prenatal visits.

2- Socioeconomic information section which included husband and wife level of education, family income and family characters.

3- Obstetric history section: Included a set of questions related to the period of pregnancy to assess the respondents about antenatal care, gestational age, the complications related to pregnancy as hypertension, anemia, abortion.

Part two: Psychological and physical perception of the teenager regarding pregnancy:

The impact of teenage pregnancy in terms of Physical, Psychological, Emotional complications regarding adolescent pregnancy.

1.9. Validity and Reliability

Validity refers to the degree to which an instrument measures what it is supposed to be measuring [9]. In this study, the following procedures were followed to ensure validity:

- The researcher conducted an extensive literature review and developed the questionnaire from previously used tools and reviewing pertinent review. The questionnaire was formulated and cross-checked by the expertise in the field of study and has experience research process (content validity).
- The questionnaire was pre-tested to assess its feasibility and applicability (**Reliability test**) finally reviewed and corrections made, when necessary.

1.10. Pilot Study

The questionnaire applied to 10% of the sample (19). Pilot study was conducted to assess applicability, clarity and simplicity of the tools and the maneuvers of the interventions(is descriptive study not intervention) and to estimate the time needed. Based on its results, the final versions of the tools were prepared. It also helped in planning the schedule for field work. The sample of the pilot study was not included in the main study sample.

1.11. Field Work

Data collection was done by researchers. The unstructured one-to-one in-depth interviews were conducted through visiting the respective school and making personal contact with the selected participants, preferably in a quiet place such as an office in order to avoid disturbances. Interviews were carried out after working hours of the SCHOOL and the researcher secured appointments with the participants for each session of interviews.

Participants were told or informed about the purpose of research, how confidentiality would be protected, that they had the right to withdraw from the study at any time without negative repercussions and that participation was voluntary.

1.12. Ethical Consideration

Permission to conduct the study was obtained. Verbal consent was obtained from each participant. The researchers were offered adequate information about the study purposes and its significance. Participation was voluntary. Participants were assured that their responses would be confidential and information that might reveal their identity would not be recorded, and only aggregated data would be communicated.

1.13. Statistical Design

Data were revised, coded, tabulated and analyzed in a PC computer SPSS software package version 20. The following statistical techniques were used; descriptive statistics in the form of frequencies and percentage. Quantitative variables were presented in the form of means and standard deviation, and tested by student t-test. Qualitative variables were compared using chi-square test. Statistical significance was considered at p-value <0.05.

2. Results

Table 1 showed socio-demographic data of the studied sample The mean age of the studied sample was 16 ± 3.75 years old. Regarding the educational level of the studied sample the table showed that 48.4% in the third year of secondary education. Slightly more than half (52.7%) of studied sample lives in rural area and approximately three quarter of the studied sample (80.6%) had enough income.

Table 2 showed past obstetric history data of the studied sample. It showed that more than half (63.4%) of studied sample was nuligravida, 18.4% of them was

primipara, and about one quarter (25.8 %) of them were experienced previous abortion

Table 3 showed current obstetric history of the studied sample. Regarding to gestational age of current pregnancy more than half (56.5%) of the participant was at third trimester meanwhile 44. 6% of them were at first trimester. Regarding pregnancy status more than half (53.8%) had planned pregnancy meanwhile (46.2%) had unplanned pregnancies.

Table 4 displayed ante partum complications of studied sample. It showed that more than half of studied sample (58.1%) had antepartum complications. As shown in this table the incidence of PIH, Heart disease, Diabetes, Antepartum hemorrhage, UTI, anemia, PROM, preterm labor pain was 18.5%, 1.8%, 5.6%, 12.9%, 17.6%, 5.7%, 19.4% and 18.5% respectively.

Table 5 showed that there was statistically significant differences in the response of the sample towards school education completion and majority of the studied sample choose drop out.

Table 6 showed statistically significant differences in the response of studied sample and more than two third of studied sample (67.2%) did not receive parents education about teenage pregnancy prevention.

Table 7 showed that more than one half (52.7%) of the studied sample did not receive support from parents.

Table 8 shows statistically significant differences in the response of the studied sample and about one half of studied sample (50.5%) was worried about the future.

Table 1. Socio-demographic data of the studied sample (n=186).

Variables	The studied sample(n=186)	
	N	%
Age	16-19	
16-19	16±3.75	
Educational level:		
First year	40	21.5
Second year	56	30.1
Third year	90	48.4
Residence:		
Rural	98	52.7
Urban	88	47.3
Income:		
Enough	150	80.6
Not enough	36	19.4

Table 2. Past obstetric history data of the studied pregnant women

Variables	The studied women(n=186)	
	N	%
Number of previous pregnancy:		
No	118	63.4
1	47	25.3
2	16	8.6
3 or more	5	2.7
Number of previous delivery (N=163):		
No	118	72.4
1	30	18.4
2	10	6.1
3 or more	5	3.1
History of previous abortion:		
Yes	23	25.8
No	163	74.2

Table 3. Current obstetric history data of the studied pregnant women (n=186)

Variables	The studied pregnant women (n=186)	
	N	%
Gestational age of current pregnancy (weeks):		
First trimester	27	14.5
Second trimester	76	40.9
Third trimester	83	44.6
Pregnancy status:		
Planned	100	53.8
Unplanned	86	46.2

Table 4. Ante partum complications among women in the studied groups

Variables		studied group (n=186)	
		No.	%
Complications	No	78	41.9
	Yes	108	58.1
Type of complications	PIH	20	18.5
	Heart disease	2	1.8
	Diabetes	6	5.6
	Antepartum hemorrhage	14	12.9
	Urinary tract infection	19	17.6
	Anemia	6	5.7
	PROM	21	19.4
	Preterm labor pain	20	18.5

Table 5. Effect of teenage pregnancy on school education (N=186)

Variables	Frequency	Percent %	Statistics	Value
Drop out	114	61.3	Mode	6.45
Continue in school	72	38.7	Chi-Square	7.16
Total	186	100.0		

Table 6. Perceived parent education about teenage pregnancy prevention (N=186)

Variables	Frequency	Percent %	Statistics	Value
Perceived parent education				
Yes	61	32.8	Mode	No
No	125	67.2	Chi-Square	15.29
Total	186	100.0		

Table 7. Receiving support from parents (N=186)

Variable	Frequency	Percent %	Statistics	Value
Yes	88	47.3	Chi-Square	70.31
No	98	52.7	p-value	0.00
Total	186	100.0		

Table 8. Psychological Status of Studied Women

Variable	Frequency	Percent %	Statistics	Value
Hopeful about the future	60	32.3	Mode	16.32
Worried about the future	94	50.5	Chi-Square	17.61
Only think about today and not the future	32	17.2	p-value	0.00
Total	186	100.0		

Table 9. Perceived Psychological and emotional distress among women in the studied groups

Variables		studied group (n=186)	
		No.	%
Psychological and Emotional distress	No	94	41.9
	Yes	92	58.1
Types of distress psychological	Anxiety	50	54.3
	Insomnia	30	32.6
	Depressive symptoms	12	13.1

3. Discussion

This study introduces a complete picture about perceived, psychological impact of teenage pregnancy among students. Teenagers are prone to pregnancy. Almost every year there is a rapid increase on the number of pregnant youths. One of the major causes of this problem is that most of the youths nowadays grew up in broken homes. Parents as either the father or mother of the youths chose to leave their children behind because of the fact that they cannot handle anymore their obligation as parents [5].

The present study findings showed that the mean age of the studied sample was (16±3.75 years old), the present study findings was matching with study conducted by Kayastha & Pradhan (2012) [10] who studied obstetric outcome of teenage pregnancy and showed that the range of age was between 16 to 19 years.

The present study showed that nearly half of adolescent women had antepartum complications and the most common complications were premature rupture of membrane, preterm labor, pregnancy induced hypertension. the findings of current study consistent with findings of study conducted by Haddabi et al (2014) [11] who studied obstetric and perinatal outcomes of teenage pregnant women attending a tertiary teaching hospital in Oman and found that teenage pregnant girls were found to have higher proportion of preterm labor and premature rupture of membranes (PPROM)

The results of study conducted by Holt et al., (2012) [12] who reported that most of the respondent dropped out from school due to their pregnancy was consistent with findings of current study.

The results of the current study suggest that teenage pregnancy is associated with distressing psychological symptoms like depressive symptoms. Similar findings are reported by Boyer (2006) [13] who reported that adolescent mothers and pregnant teenagers experienced psychological distress. In another study, Bielloetal (2010) [14] examined level of depression, among adolescent mothers. A depression scale was administered to participants during the ninth month of pregnancy and three months after delivery. Also they found that the depression score to be in a high range for 53% of the teenage mothers. Depression was associated with increased feelings of loneliness and decreased social support.

Feelings of anxiety and insomnia were found to be experienced by the participants. The findings of present study were consistent with the finding by Mollborn and Morningstar (2009) [15] and Chohan and Langa, (2011) [16] who reported that pregnant teenagers experience

uncertainty that makes them anxious. With these feelings of uncertainty and anxiety, one could expect pregnant teenager to be hampered in their development when compared to teenagers who are not pregnant. Most of the respondents worried about the future, so teenage mothers need strong motivation to be successful in supporting her child later in life.

4. Conclusion

The following conclusion were formulated based on the findings of the current study. It has been observed that teenager is significantly more challenging, medically, and psychologically problematic. Teenagers who are engaged at teenage pregnancy mostly drop out of school and they are still depending on their parents.

5. Recommendation

Psychological intervention programmes to minimise the psychological problems experienced by pregnant teenagers at MCH centers.

6. Limitation of the Study

The sampling method used and the size of the sample not allow for generalization of the findings to the broader society.

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