

**GETTING PREGNANT AT TEEN-AGE – BY CHOICE OR BY CHANCE?  
VIEWS AND EXPERIENCES OF PREGNANT TEENAGERS FROM  
LOW-INCOME NEIGHBOURHOODS IN COLOMBO CITY**

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**INTRODUCTION**

Teenage pregnancy (TP) is considered when a female between the ages of 13-20 years developing a foetus in her uterus. TP is a high risk factor for poor maternal and infant health outcomes and its consequences are still the leading causes of death, disease and disability among young women in many countries (Sarkar 2009; WHO 2004). In recent decades TP has become an important public health concern both in developed and developing countries although the attention given for it differs depending on their development priorities (WHO 2004; Johnson et. al 2001). Compared to other countries in South Asia Region, TP is less prevalent in Sri Lanka partly due to the rise in the age at marriage and postponement of experiencing the first child delivery among Sri Lankan women due to socio-economic development and opportunities for higher education in particular (Silva 2009; Singh 1998). However, consistently high prevalence rates of TP have been reported from socio-economically deprived geographical locations such as estate, rural villages, war torn areas and urban slums in particular and it has been identified as a rigorous public health issue at present in Sri Lanka (Palihawadana 2009; Dissanayake 2008; Tambiah 2004). Despite the escalating nature of the issue, research investigations in to TP are less in general in Sri Lanka. A few studies have explored the biomedical aspects related to pregnancy condition of teenagers to the relative neglect of social aspects of TP (Palihawadana 2009; Herath 2007; Linganathan 2006; Gunawardena et. al. 2005). Thus, there is a knowledge gap related to the circumstances in which the TPs occur, what experiences that the pregnant teenagers (PTs) undergo, what attitudes that the PTs themselves bear towards TP are not well understood in the context of Sri Lanka. This knowledge gap necessitates an in-depth investigation in to the issue of TP.

**OBJECTIVE**

This paper intends to provide an account of the experience of being pregnant during teen-age from the personal perspectives of pregnant teenagers from low income neighbourhoods in Colombo City.

**METHODOLOGY**

Having obtained the ethical approval from the Faculty of Medicine, University of Kelaniya, this descriptive cross sectional study was conducted during 2008 July to 2010 July in low-income neighbourhoods in Colombo Municipal Council (CMC) area, the largest local authority and the leading commercial centre in Sri Lanka. The study sample included 109 PTs selected from 96 Public Health Midwife areas (PHM) through a population proportionate sampling (PPS) method. Inclusion criteria for a PT selected for this study consisted of three factors such as being a pregnant woman in the age group of 13-20 years, being a resident in a low-income neighbourhood situated in CMC area at least for a period of one year and the informed consent to participate in the study. Both quantitative and qualitative data were collected through primary and secondary information sources. Primary data were collected via questionnaire administration, in-depth interviews and case studies.

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Secondary data were collected from various document formats in the Management Information System (MIS<sup>†</sup>) available in the CMC. Quantitative data were analyzed using the SPSS software and the qualitative data were analyzed through 'Framework' analysis method which involves five key stages namely; familiarization, identifying a thematic framework; indexing; charting; mapping and interpretation.

## RESULTS AND DISCUSSION

Out of all PTs (n=109), the largest proportion of pregnancies (78.9%, n=86) were unintentional resulted from unprotected intercourse. Of the unintentional pregnancies (n=86), 17.4% (n=15) were unwanted pregnancies occurred against the will of PTs and such pregnancies were reported especially among the unmarried PTs. This highlighted the *un-met* and *un-articulated* needs for contraception among teenagers. A majority of PTs were unaware of the process of conception and consequences of unplanned pregnancy. Only a minority (10.1%, n=11) of PTs were able to recognize by themselves that they were conceived. The majority of pregnancies (89.9%, n=98) were identified by someone else related to teenagers. This stressed the need for provision of information and awareness creation on pregnancy symptoms among PTs as early diagnosis of pregnancy is vital for proper management of TP. The decision on continuation of pregnancy is often made by the parents of either spouse or male partners and it implied the lack of autonomy and awareness of teen girls over their sexual and reproductive rights. The reasons for continuing pregnancy among married PTs were found to be the parents' pressure to have a child more than the personal desire to have a child. The unmarried PTs perceived pregnancy as a mean to achieve their emotional needs such as preserving relationship with partners, parents and relatives, seek love, attention, recognition and getting over loneliness. The analysis revealed that PTs have encountered a number of pregnancy related health risks. A proportion of 44% (n=48) PTs have been identified as a high risk group by the Public Health Midwives (PHMM). Pregnancy induced hypertension, attempts for self-induced abortions and prenatal bleeding were identified pregnancy risks. Perinatal bleeding was found to be among teenagers those who were bearing unwanted pregnancies. Unmarried PTs experience more pregnancy risks than those who are married. Hence, the PTs who were diagnosed with risk factors require more support to cope with the difficult situations that are associated with identified risks. A proportion of 34.4% (=32\*100/93). PTs was found to hold the lay perception that early pregnancy makes the child delivery easy as the reproductive tract has not got matured or 'hardened'. A proportion of 13.8% (n=15) PTs who were undergoing unwanted pregnancies expressed that TP encompasses numerous responsibilities beyond the capacity of a teenager. Unawareness of things such as choosing 'appropriate' foodstuffs, whom to inform difficulties, what decisions to be made in emergencies and shame associated with being pregnant prematurely were highlighted as negative sides of TP by PTs.

## CONCLUSION AND RECOMMENDATIONS

A majority of pregnancies occurred among the teenagers studied was unexpected and of them some pregnancies were unwanted. The unwanted pregnancies were reported especially among unmarried PTs. This highlighted the '*unmet-needs*' for contraception among teenagers, transitions in marriage system and attitudinal shifts towards having premarital sex and childbearing outside marriage. A considerable proportion of PTs had a need to abort the pregnancies occurred against their will and this challenges the abortion related ethical and legal framework prevail in Sri Lanka at present. Around half of the PTs were identified as a high risk group by PHMM and of them the unmarried PTs experience more pregnancy risks than the wedlock.

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<sup>†</sup> Management Information System (MIS) related to Maternal and Child Health includes a number of data collection formats such as RH- 509 (Maternal and Child Health Return RH-523(Daily Statements of PHMM), RH-512 (Pregnant Mothers' Record), RH- 513 (Pregnant Mothers' Register) and etc.

This situation implies the need to review and revise the existing legal framework in relation to marriage in order to prevent it from being an instrument of social exclusion. Further, considering the unmarried and under-aged pregnant women, special pregnancy and reproductive health care provision component could be included in the Maternal and Child Health Care delivery system in the country, the urban disadvantaged in particular.

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