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CLINICAL ARTICLE

Q1 Prevalence of repeat pregnancies and associated factors among teenagers
3 in KwaZulu-Natal, South Africa

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ABSTRACT

Objective: To determine the prevalence of repeat teenage pregnancy and the interval between first/most recent and repeat pregnancies, as well as to evaluate the sexual/reproductive health characteristics of teenagers with repeat pregnancies. **Methods:** A prospective observational study was undertaken at a hospital in KwaZulu-Natal, South Africa, between May and September 2013. Teenagers aged 13–19 years who were pregnant, had recently delivered, or had terminated a pregnancy were enrolled. A questionnaire was used to obtain data. **Results:** Among 341 participants, 281 (82.4%) were seen for a first pregnancy and 60 (17.6%) for a repeat pregnancy. The interval between first/most recent and repeat pregnancies was 24 months or lower in 45 (75.0%) of repeat pregnancy participants. Only 58 (17.0%) participants had previously used contraception (54 [93.1%] of whom stopped within 12 months) and 28 (8.2%) had used emergency contraception. More participants with repeat pregnancy than with first pregnancy had a positive HIV status (18 [30.0%] vs 26 [9.3%]; $P < 0.001$), more than one sexual partner in the past 12 months (21 [35.0%] vs 35 [12.5%]; $P < 0.001$), and a partner at least 5 years older (38 [63.3%] vs 128 [45.6%]; $P < 0.001$). **Conclusion:** High repeat pregnancy rates, low contraception use, and high HIV prevalence among teenagers in South Africa is worrying. Focused interventions targeting teenagers following their first pregnancy need to be urgently implemented.

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1. Introduction

Teenage pregnancy is a major public health challenge globally, with approximately 15 million female adolescents aged 15–19 years giving birth annually, accounting for 10% of births worldwide [1]. Additionally, teenage pregnancies account for approximately 5 million induced abortions worldwide [1]. Sub-Saharan Africa has one of the highest birth rates among women aged 15–19 years, at 119 births per 1000 women, compared with an average of 53 per 1000 women in other low-income nations [1]. In South Africa, 12.2% of all births registered by the Department of Home Affairs in 2011 were to teenagers aged 15–19 years [2]. A study performed in four provinces of South Africa [3], including 3123 participants, showed a teenage pregnancy rate of 19.2%; of these pregnancies, 6.7% were terminated.

South Africa has the worst epidemic of HIV globally: in 2012, more than 6 million people in the country were living with HIV, with just over individuals aged 15–24 years accounting for 20% of infections [4]. The HIV prevalence among pregnant women in KwaZulu-Natal province is approximately 37.4%, and 16% of pregnant women aged 15–19 years are HIV-positive, compared with 12.7% nationally [4]. Teenagers engaging in unprotected sexual intercourse in this environment are

undoubtedly at an increased risk of contracting HIV and sexually transmitted infections. These risks exacerbate the importance of addressing teenage sexuality beyond the need to prevent unintended pregnancies.

Teenage pregnancy is associated with various adverse maternal and perinatal outcomes, including anemia, hypertensive disorders, preterm birth, cesarean delivery, low birth weight, and a higher risk of death [5,6]. Repeat births among adolescents have an even higher risk of preterm birth, very low birth weight, stillbirths, and perinatal and neonatal mortality [7]. These observations emphasize the importance of preventing a second pregnancy among adolescents.

Teenage pregnancy is also associated with adverse socioeconomic and psychological consequences. In a country such as South Africa, where the number of child-headed families and orphans is already high as a result of HIV/AIDS [8], early motherhood undoubtedly worsens social challenges. In South Africa, 25%–31% of individuals attending high school (15–19 years) are reported to be sexually active, with 18% of girls being in relationships with partners who are at least 5 years older than them [9,10]. Furthermore, only one-third of pregnant girls return to school following delivery [9]. These factors impact negatively on future educational achievement and economic progress later in life [10].

With such high teenage pregnancy rates in South Africa, it is inevitable that repeat pregnancy will occur during adolescence. Although the prevalence of teenage pregnancy has been widely documented in South Africa, the prevalence of repeat teenage pregnancy remains unclear and the associated factors have not been explored. A thorough

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understanding of the factors that contribute to teenage pregnancy and repeat pregnancy is crucial if suitable and sustainable interventions are to be developed. The aim of the present study was to determine the prevalence of repeat pregnancies among adolescents and the interval between pregnancies, and to evaluate the sexual and reproductive health factors associated with teenage first and repeat pregnancies.

2. Materials and methods

A prospective observational study was conducted at Prince Mshiyeni Memorial Hospital (PMMH) in Umlazi, KwaZulu-Natal, South Africa, which serves a population of almost 2 million. Teenagers aged 13–19 years attending the prenatal clinic, labor ward, gynecology outpatient patient department, or termination-of-pregnancy clinic at PMMH between May 1 and September 30, 2013, were enrolled. Participants could be pregnant, have recently delivered, or have terminated a pregnancy. No other specific inclusion criteria other than availability were defined. Ethics approval was obtained from the Biomedical Research Ethics Committee of the University of KwaZulu-Natal and all participants gave informed consent.

To represent approximately 30% of all teenage pregnancies managed at PMMH per annum—a proportion deemed feasible and convenient—341 participants would have to be enrolled. Data were collected through a questionnaire administered by a research assistant, and further information relevant to the study was verified from patient clinical charts. Participant demographic and socioeconomic data, and sexual history data (including number of sexual partners, HIV status, contraception use, gravidity, and interval between pregnancies) were collected. Information about family history, mother's age, and the marital status of participants' parents was also collected. All data were entered into a database and validated by the investigators. SPSS version 19 (IBM, Armonk, NY, USA) was used to assess univariate associations between variables of interest and repeat pregnancy. $P < 0.05$ was considered statistically significant.

3. Results

A total of 341 teenagers were interviewed, 281 (82.4%) of whom were seen for a first pregnancy and 60 (17.6%) for a repeat pregnancy. Only 2 (0.6%) were married. All participants were of black ethnic origin and 324 (95.0%) participants had a high-school-level education (Table 1). Most participants lived with one or both of their parents (Fig. 1). A total of 121 (35.5%) participants did not live with their biological mother owing either to death ($n = 80$) or other reasons not disclosed ($n = 41$). Almost all participants were in stable relationships (Table 2). Despite the partners of 204 (59.8%) participants being employed, only 47 (23.0%) partners were in permanent jobs.

Among the 60 participants with a previous pregnancy, 56 (93.3%) had one previous pregnancy and 4 (6.7%) had two. Among the 64 previous pregnancies, 46 (71.9%) had concluded with a live birth and 18 (28.1%) with fetal loss (details on the causes of fetal loss or the number of induced abortions were not obtained). Most repeat pregnancies occurred within 24 months after the first or most recent pregnancy (Fig. 2). Teenagers experiencing repeat pregnancies were found to be older than those experiencing their first pregnancy ($P < 0.001$) (Table 3). More individuals with repeat pregnancy than with a first pregnancy had had more than one sexual partner in the preceding 12 months or a partner who was at least 5 years older ($P < 0.001$ for both) (Table 3). Repeat pregnancies were associated with a significantly higher prevalence of HIV (30.0% vs 9.3%) and were associated with an increased likelihood of previous contraception use ($P < 0.001$ for both).

Although 332 (97.4%) participants knew their own HIV status, only 217 (63.6%) participants reported any knowledge of their partner's HIV status. A subanalysis showed that 31 (19.7%) of 157 teenagers in intergenerational relationships (excluding 9 of unknown HIV status)

Table 1

Demographic characteristics.

Characteristics	All participants (n = 341)
Age ^a , y	18 (13–19)
Black ethnic origin	341 (100.0)
Highest educational level	
Primary school	17 (5.0)
High school	324 (95.0)
Employment	
Employed	21 (6.2)
Unemployed	320 (93.8)
Parents married	125 (36.7)
Mother's characteristics	
Age, y	43 (31–60)
Aged <35 y	25 (7.3)
Mother deceased	80 (23.5)
Mother's highest educational level ^b	
Tertiary	15 (6.9)
High school	176 (81.1)
Primary school	26 (12.0)
Source of financial support	
Parents	241 (70.7)
Grandparents	50 (14.7)
Other	42 (12.3)
Partner	8 (2.3)
Cigarette smoking	7 (2.1)
Alcohol use	1 (0.3)
Illicit drug use	0
Marijuana use	4 (1.2)

^a Values are given as median (range) or number (percentage).
^b $n = 217$; 80 were deceased and 44 participants did not know their mother's education level.

were HIV positive, compared with 13 (7.4%) of 175 with peer-group partners ($P = 0.001$).

A total of 331 (97.0%) pregnancies were unplanned, and none were reported to be as a result of rape or sexual abuse. Among 58 participants who had used contraception previously, 54 (93.1%) had primarily used an injectable contraceptive method. Non-compliance with contraception use as a result of adverse effects was reported by 49 (84.5%) of the 58 previous users. Poor access to family planning was reported by only 3 (5.2%) participants, 1 (1.7%) wanted to fall pregnant, and the remaining 5 (8.6%) had no specific reasons for no longer using contraception.

4. Discussion

A repeat pregnancy prevalence of 17.6% was found among teenagers interviewed in the present study. Similar findings have been reported in the USA and Germany, with repeat teenage pregnancy rates of 18.3% [11] and 17.3% [7], respectively. A recent review of teenage pregnancy in South Africa [9] reported that the determination of accurate, comparable long-term figures regarding teenage fertility and pregnancy is hampered by the fact that vital statistics on fertility, pregnancy, and abortion are not routinely collected in the country. Although fertility

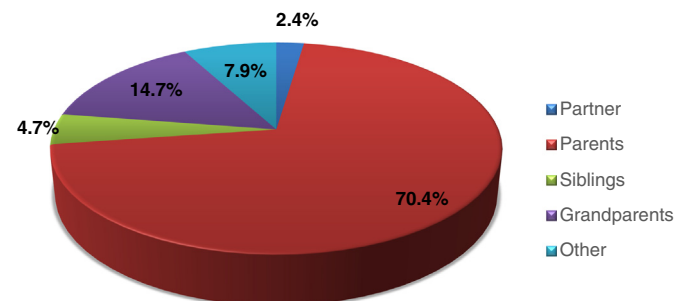


Fig. 1. Living arrangements of participants.

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