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RESEARCH ARTICLE

PERCEPTIONS OF TEENAGERS ON TEENAGE PREGNANCY IN A RURAL CARIBBEAN COMMUNITY

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ABSTRACT

Background: Teenage has become an issue globally especially in rural communities. It has studied and documented in many countries but there continues to be a dearth of information of this nature in small island countries such as Trinidad and Tobago. **Aim:** To determine the perceptions of teenagers in a rural community in northern Trinidad. **Methodology:** Qualitative and narrative descriptive study was undertaken with volunteer teenagers from the Toco community in Trinidad. **Results:** The results show high knowledge level among the teenage. It also showed their high level of determination to succeed in life in spite of the pregnancy among those who are pregnant. **Discussion:** The results were compared with what had been published previously on the subject. **Conclusion:** The study can be used as a baseline information in determining the education and health policies with regard to teenagers in the rural Caribbean communities.

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INTRODUCTION

Teenage pregnancy is a global issue, which continues to disturb governments, parents, education systems and all concerned persons throughout the world. According to Kaplowtz (2006), teenage pregnancy is defined as a pregnancy in a young woman, who has not reached her twentieth birthday when pregnancy ends, regardless of whether she is married or is legally an adult. UNFPA (2002) suggests that teenage pregnancy is defined as a teenage or under aged girl (usually within the ages of 13–19) becoming pregnant. For the purpose of this study, teenage pregnancy will be defined as the pregnancy of any girl between the ages of thirteen and nineteen and any boy between such ages who has impregnated a female of any age.

Statistics show that teenage pregnancy, is an issue of concern across the globe. The United Population Fund (2013) on world population, reported that out of seven point three million births, two million are girls who were beneath the age of fourteen (14) years. Further statistics, provided by the Guttmacher Institute (2006) in the United States revealed that, each year almost seventy five thousand (75,000) females between the ages of fifteen (15) and nineteen (19) years, become pregnant. In West

and Central Africa, the United Population Fund (2013) reported one hundred and twenty nine (129) births per one thousand (1000) teen became pregnant. The Arab State according to the United Nation Population (2013) reported fifty (50) births per one thousand (1000) teenagers. In Belize, according to the United Nation Population Fund (2013), seven million girls under the age of eighteen (18) years give birth each year.

Like other countries, Trinidad and Tobago is also battling with this problem as teenage girls gave birth to two thousand six hundred and thirty eight (2,638) children in the year 2000, representing fifteen percent (15%) of all live births in Trinidad and Tobago (Rawlins, Dialsingh, Crawford, Rawlins, & McGrowder, 2013). In one of the rural districts in North East Trinidad, has a population of five thousand, eight hundred and thirty (5,830) persons. Thirty percent (30%) are between the ages of fifteen (15) and under; thirty percent (30%) are between the ages of fifteen (15) to nineteen (19); twenty percent (20%) between the ages of twenty (20) to thirty four (34); and twenty percent (20%) are ages thirty five (35) and over. Of the thirty percent (30%) of teenagers, eight percent (8%) were pregnant (Health Statistics for North East District: Eastern Regional Health Authority 2012). Other statistics from Health Statistics for North East District Eastern Regional Health Authority (2012) also stated that in the department of the Eastern

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Regional Health Authority records showed that there are forty births (40) per one thousand (1000) in the rural community. These statistics underline the importance of seeking an understanding of teenagers' perceptions, feelings and attitudes, regarding teenage pregnancy, and their knowledge of contraception.

We envisage that how teenagers perceive the issue of teenage pregnancy within each community is critical to the improvement and development of a formula for educational strategies which can be implemented for the delivery of health education and promotion in the communities, especially rural community such as Toco. As nurses, we observed that teenage pregnancy is a situational crisis in northern Trinidad. Therefore, it is important to seek an understanding of teenager perception regarding this crisis. The incidences of teenage pregnancy remain high amongst teenagers in the rural district in North East Trinidad.

Pregnancy is a very important and happy and excited period in the life of a woman. However, this is not always the case for a teenage mother with a promising future, who is still in school and is yet to start her life. As such teenage pregnancy can be a very difficult experience as the stress of revealing the pregnancy to parents and society, and moving on beyond the worry and shame of being pregnant can be nerve-racking (Nuble, 2014). The baby and children of teenage parents are more likely to experience health, social and emotional problems as there will be an increased risk for complications such as premature labour, and socioeconomic and domestic abuse problems may become more prevalent (Nuble, 2014).

One problem to nurses is that many pregnant teenagers do not seek ante natal care for the unborn child and proper post pregnancy medical care for themselves (Ibeh & Ikechebelu, 2002). The lack of understanding and education demonstrated increases the risk of complications, as they may not understand the risks such as health issues, depression, peer pressure, lifestyle, nutritional requirements, that play important roles during and shortly after pregnancy (Kiernanan, 2006; Bloom & Hall, 2000; Allard-Hendren, 2002; Kalmuss, Davidson, Cohall, Laraque, & Cassell, 2013; Uganda Ministry of Health 2012; Terry & Manlove, 2000; Biraro, Shafer, Kleinschmidt, Wolff, Karabalinde, *et al.* 2009).

It is also necessary to find out what level of support the teenagers get when pregnancy happens. Some studies report that the parents express shock initially but go on to support their children (Guttmacher Institute (1998; De Villiers & Kekesi (2004), and that the children went on to live a successful life ((Kearney & Levine, 2007) while others posited that the teenagers lack the necessary support (Luong, 2014). However, the Health department (2010) warned that the lifestyles of a pregnant woman drastically influence the health of her unborn baby (Department of Health, 2010) and World Health Organization has indicated that babies born to a teenage mothers, are also more likely to die within the first year of birth (Eggleston, Jackson, & Hardee (1999) Macdowall *et al.* (2006) Mbizvo, Kasule, Gupta, *et al.* (1995) Kanku & Mash (2010) Mosher & Jones, 2010; Skouby, 2004). Harrison & Pennell (1989).

METHODOLOGY

Design A descriptive narrative approach was adopted to assess the perception of teenagers on teenage pregnancies in Toco district. This study employs a qualitative design since it allows for the exploration of teenagers' perceptions on teenage pregnancy in a rural community in Trinidad. In addition the cross sectional design which according to (Polit & Beck, 2004) involves the collection of data at one point in time, the phenomena under study recaptured during one period of data collection. A research design that utilizes this method can be used for descriptive, explanatory, and exploratory studies (Rubin & Babbie, 2007).

Population/Sample

The population included teenagers both males and females with no stipulation in terms of ethnicity. However because the chosen population is mainly populated by persons of African descent and East Indian descent most persons fell into one or both racial groups.

The participants for this study include both males and females and numbered twenty. The twenty (20) interviews were conducted with ten (10) males and ten (10) females. Each teenager fell into one (1) of four (4) groups. Group one consisted of five (5) females who were neither pregnant nor have had any children; group two consisted of five (5) males who have never had a child or were not an expectant father; group three consisted of five (5) females who have had a child or who was currently pregnant; and the fourth group consists of five (5) males who were fathers or expectant fathers.

In all, only teenagers, who gave consent to the study, were from Toco district and aged between 13 to 19 years only participated.

Setting of the Study

Toco is sparsely populated and the population of the St. David County which included Toco is about 8,134. (Population Census 2000). Toco also has a mixed population with young adults, teenagers, elderly and the very young children including children, toddlers and newborns. It consists of villages from Rampanalgas to Matelot, were chosen as to have a wider range of viewpoints. From this population a total of twenty (20) interviews were conducted. Each participant was chosen based on a single commonality which is that they were all teenagers. One interview was conducted per teenager.

Ethical Consideration

Prior permission was obtained from the relevant authorities – North Western Regional health Authority (NWRHA), Research Ethics Committee. The permission was obtain from the Thics Committee of the University of the West Indies and Office of the Public Health Observatory, Eastern Regional Health authority. Informed consent was obtained from each participant and their parents prior to the interview and the purpose of the interview was also explained. In addition, confidentiality was maintained throughout as no names were required. Participants

were also told that their participation was voluntary. Confidentiality and anonymity were assured, later informed written consent was obtained from the participants and their parent(s).

Selection of the tool

This study was also conducted via the use of self-reports; which according to Polit and Beck, (2004) is a method of collecting data that involves a direct report of information by the person who is being studied (e.g., by interview or questionnaire). In this study self-report was conducted via personal and semi structured interviews in which open ended questions were asked. Interview was used because it allows for explanation and further discussion on questions. The content of the interview was informed by literatures as well as consultation and discussion with some nursing experts.

Interview Questions

The interview consist of three parts: awareness and opinion, knowledge and education, and personal experience. There were five (5) questions concerning the awareness and opinion of teenagers, three (3) knowledge and education questions, and two (2) questions concerning their personal experience. As such there were a total of ten (10) questions.

Procedures for Data Collection

According to Polit & Beck (2004) self-report is a method of collecting data that involves a direct report of information by the person who is being studied (e.g., by interview or questionnaire). In this study the data collection plan was relatively simple as it involves self-report an in-depth audiotaped interview. In addition, data were collected using the cross sectional method and data were collected at one point in time.

Data Analysis and Organization

The plan used to analyse this data is the editing analysis style. In using this style the researchers act as interpreters who comb through the data in search of meaningful segments and units (Polit & Beck, 2004). They then develop a categorization scheme and correspondence codes that can be used to sort and organize the data, they then search for patterns and structure that connect the thematic categories (Polit & Beck, 2004). The data were organized manually where the data for each question was coded and conceptual files for each category was created.

RESULT

According to Polit & Beck (2004) analysis of qualitative data is an active and interactive process, especially at the interpretive end of the analysis style continuum. As such in analysing the data the response of the participants were documented in verbatim as they have said it in an effort to be as accurate as possible.

Awareness of Teenage Pregnancy among Peers

(Question 1: Do you know within your age group of people who are having babies?)

Among twenty (20) interviews done most teenagers were fully aware that pregnancy occurred among persons within their age group. As a matter of fact only three persons (one from group one, and two from group two, were unaware of teenage pregnancy within their age group. A sixteen year old boy said that there were several girls in his school that were pregnant in his school and one of those girls were his age in his class. He also said 'just plenty of them girls does throw away the child.' A girl said that it is common... 'Everyone knows that teenagers get pregnant because it is always on the news.'

Unprotected Sex among Teenagers

(Question 2: Have you ever had unprotected sex?)

Among the interviewees the number of those who had unprotected sex was eleven (11) while only nine (9) said they have never had unprotected sex. Of those who have had protected sex, four were from group one, three from group two, and one each in groups three and four. Those who had unprotected sex numbered two (2) from group one, one (1) from group two, and there were four (4) each from group three and four. Both persons from group three and four who said they have never had unprotected sex said the condom got damaged during sexual intercourse. One girl from group one, said she have had unprotected sex said that it was 'ah one time thing', meaning that she had unprotected sex only once.

Support during Pregnancy

(Question 3: Who do you think supports teenagers during pregnancy?)

Groups one and two where persons who did not have a child and was not an expectant parent therefore this question was not applicable to persons of these groups. Most participants reported that parents, in particular, the mother were the ones who supported teenagers during pregnancy. One girl said 'my mother was vex at first and she say she wasn't helping me but after a while she was normal and she buy all my baby clothes.' In other words, the initial reaction of her mother was anger however her mother supported her throughout the pregnancy. A teenager boy said 'well when we tell our parents they decide that all four of them go support she cause we still in school.' In other words, after his girlfriend and he told their parent all four parents decided to support the teens since they were still attending high school.

Teenagers Leading a Successful Life during and After Teenage Pregnancy

(Question 4: Are you confident that a teenager can lead a successful life during and after the period of pregnancy?)

Most teenagers were confident that life can be successful after teenage pregnancy, however, the reasoning behind the answers varied. One teenage girl said 'yeah but that going and be real

hard for them cause they go have to spend money on baby sitter and thing when they could be spending that money on furthering their education.' Another teenager said that 'yes because they can go back to school and get an education.

Education from Healthcare Services on Effects of Pregnancy

(Question 5: Do you have sufficient education from the health care service about the effects of pregnancy?)

Most teenagers reported that they did not receive sufficient information from the healthcare system about teenage pregnancy and the few who have received sufficient education are those whose parents and/or family member worked in the various health centres. The reply from a participant in group one was no, 'they don't come in schools and you do feel shame to even go by the health centre because them nurses does talk hard and everybody does know what yuh day for so I not even going to ask them about pregnancy and thing for them to think I pregnant and next thing I know my mother asking me if I pregnant.' In Standard English this can be interpreted as she has not received sufficient education from the health care system and she will be ashamed to seek such education from the health centres for fear that the nurses will not be confidential and they will assume that she was pregnant. The reply of another participant was 'No, and I am not going by the health center to find out because first thing they will say is what that little girl want to find out about that for.' This means that the participant was reluctant to go to the health centre for information as she was afraid that the staff will assume she was pregnant. One teenager revealed that sex education should be thought as the effects of teenage pregnancy will a discussed under such an umbrella.

Understanding of Reproductive Health

(Question 6: Do you know and understand what reproductive health is?)

This study found that among the twenty participants, most which equals to 16 or 80% knew very little about reproductive health. As a matter of fact, all participants knew was that females produced eggs and thus had a menstrual cycle. None of the participants truly understood the ovulation process, and only four persons had hear about 'safe' period for unprotected sex.

Understanding of Contraception

(Question 7: do you know and understand what contraception is?)

Very few teenagers know absolutely nothing about contraceptives. Most of the teenagers have never seen a condom or heard about family planning pills nor injections. A fifteen year old pregnant girl in group three said 'I have no idea what is contraception or what it means.' By saying this she indicated or expressed her lack of knowledge about contraception. Others lacked information about contraception. This was seen as a girl in group one said 'I don't have much

information about contraception...my parents have never told me about it....all they said was that it is better to abstain from sex than to use condom.' One boy in group two said 'them tell me that babies was brought in aeroplanes but I know bout condoms from my friends', meaning that he was told that babies were brought to parents via aeroplanes.

Others had a fair understanding. One girl said that she knew about condom and family planning injection and she knew about emergency contraceptives. There were four participants who had a fair understanding of contraceptive. From the answers provided by the teenagers it was seen that their knowledge of different types of contraceptives varied. The participants eighteen of the twenty 90% participants knew about condoms, family planning seven (35%) have heard about family planning. Four participants knew about the pills and three knew about the injections. Only four (20%) of the twenty participant knew about emergency contraception. Therefore two (10%) participants had no knowledge whatsoever about contraceptive, eleven had little knowledge about contraceptive, and seven had a fair amount of knowledge about contraceptive.

Peer Pressure

(Question 8: Are you ever been pressured by your peers to engage in sexual activities?)

Teenagers valued the opinion of friend(s) and were greatly influenced by their peers. One girl in group three admitted that having a friend who was pregnant or sexually active can influence one's behaviour. She said 'when my best friend started having sex she told me about how good it was so I changed my mind about waiting till I get married, then when she get pregnant she talk about it like it was the most natural thing ever then next thing I know I get pregnant so our children can grow up together.' A participant in group four said 'when all your friends having sex and talking about it and you is the only one who have nothing to talk bout, yuh must ent up having sex.'

Teenagers especially girls have sex to please their boyfriend or girlfriend. One girl in group one said my boyfriend wanted to have sex...he say we together long so it was time to have since....he say he love me and if I love him I will do it. One participant in group three said my boyfriend older and he wanted a child with me so I had to have sex and have his child so he won't leave. One girl in group one said may girls have sex because they think if they don't have sex with their boyfriend he will break up with them or cheat on them. A boy in group two said that yes.... I not really ready but my girlfriend did it already so I had to prove to her that I am not soft.

Depression

(Question 9: You think that having a baby at this age could lead to depression?)

Twenty (20) participants participated in the study and all but two of the interviewees said that teenage pregnancy can lead to depression. One girl in group one replied to this question

saying 'yes they can get depressed, because sometimes they get pressured from their parents knowing that they make a huge mistake, sometimes they get pressured from their partners because the boy might be saying it is not he chile and they might break up, plus as students going back to school knowing that you are going to be bullied and teased by other student is frustrating. Plus some teachers does treat them bad and say all kind thing bout them.'

Socioeconomic Factors

(Question 10: Does poor socioeconomic factors influence early sexual activity?)

The socioeconomic status of multiple households between the Toco to Matelot area is below the expected standard. Villagers are considered to be of a low socioeconomic background and become entitled to government assistance. This study showed that of the twenty (20) participant sixteen (16) persons agreed that this caused early sexual activities which often led to teenage pregnancy. A lack of wants and in some cases needs may encourage early sexual activities and directly encourage teenage pregnancy. One teenager in group one said that girls have sex because they want money to buy nice clothes, weave, and all kind things and plenty times when they have sex they end up pregnant.

DISCUSSION

Our finding of the high awareness of teenagers regarding teenage pregnancy concurs with [Ibeh & Ikechibelu \(2002\)](#) who also indicated that Nigerian teenagers are aware of teenage pregnancy.

Previous literature on the rate of unprotected sex among teenagers have been strong on both sides, as some studies found that less teenagers were having unprotected sex while others found that more teenagers were having unprotected sex. In this study most of the teenagers interviewed admitted that they have had unprotected sex at least once. This is similar to the study done by Uganda Ministry of Health (2012) which found that two-thirds of unmarried teenagers have had unprotected sex.

The results from this study revealed that most teenagers held that parents and in particular mothers were the ones who were going to provide support during the pregnancy. Again, Guttmacher Institute (1998) indicated that that eighty one percent (81%) of all mothers were supportive during the pregnancy of their child. It is also parallel to studies done by [De Villiers & Kekesi \(2004\)](#) which found that after and during pregnancy teenagers were supported their families.

It should be noted however that while [Luong, \(2014\)](#) somewhat gave a grim future for the teenage mothers, this study found a contrary result as the teenagers held strongly believe that life can be successful after teenage pregnancy.

In this study it was revealed that there were insufficient education among teenager concerning teenage pregnancy. This study found that eighty five percent (85%) of the participants said that little or no education about the effects of teenage

pregnancy was provided by the health care services. This is a reflection of what was found in previous researches as a survey done by UK Youth Parliament in (2007) found that as much as half of teenagers received little education from the health care services. The findings in this study also serves to support studies done in the Caribbean which found that many teenagers were misinformed about pregnancy. As one can be inclined to say that it is the lack of education that causes such beliefs.

This study confirmed the findings of previous literature such as [Kanku & Mash \(2010\)](#) that there is very little knowledge about reproductive health among teenagers. This fact that there is little knowledge about reproductive health among teenagers can contribute to the prevalence of teenage pregnancy and steps taken to avoid such. Based on the findings of previous research such as [Kiernanan \(2006\)](#) which found that more teenagers are engaging in early sexual activities it may be implied that there are some sort of relationship between early sexual activities among teenagers and lack of knowledge about reproductive health.

The findings of this research showed that the use of condom were the most known type of contraceptives among teenagers. This is a direct reflection of an earlier study conducted by [Martinez et al \(2011\)](#). This study also found that as many as 25% of the participants were aware of hormonal methods and in particular the 'safe period' during the menstrual cycle. This is quite similar to studies done by [Mosher & Jones \(2010\)](#) and [Skouby \(2004\)](#). This study also found that teenager (though not as many as those who knew about condoms) had knowledge of family planning and even emergency contraceptives.

Peer pressure is a relatively normal occurrence of teenage life. In this study most teenagers admitted that they were pressured by their peers, whether it was by friends or boyfriend/girlfriend. Similar findings were derived from a study done by [Kinsman, Romer, Furstenberg, & Schwarz \(1998\)](#) and [Cherie & Berhane \(2012\)](#). Contrastively to the study done by [Duncan-Ricks \(1992\)](#), whose study concluded that most teenagers denied being influenced by peers.

As was the case with most of the other findings which agreed with existing literature such as the Journal of Psychology (2013) that found that teenage pregnancy can lead to depression. Comparative to other studies such as [Mollborn & Morningstar \(2009\)](#) and [Kalil & Kunz \(2002\)](#) which found that there were no direct link between teenage pregnancy and depression; that depression was more due to marital status than childbearing.

Previous literature by [Kearney & Levine \(2011; 2012\)](#) and by [Singh, Darroch & Frost \(2006\)](#) found that low socioeconomic factors influenced teenage pregnancy. This is the same as the findings in this study. This is obviously in contrast with other studies that oppose this relationship such as [Kirby, Coyle, & Gould \(2001\)](#) and [Penman-Aguilar, Carter, & Snead \(2013\)](#).

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