Global Leadership Training Programme in Africa 2019

Activity Report of Field Research

Perception of Teenage Pregnancy and Family Planning Among Adolescents

Sakiho Yamazaki[1]

[1] 2nd year candidate of Master of Public Health, School of Tropical Medicine and Public Health, Nagasaki University, Japan, Host University: University of Zambia, Research Period: 1st March 2020 to 31st May 2020

I. Summary (English)

The research title is "Perception of teenage pregnancy and family planning among the adolescents in Zambia". Although the improvement of adolescent sexual and reproductive health (SRH) is globally high, adolescent pregnancy remains as one of the major challenges in both developed and developing countries. In Zambia, 29% of girls aged between 15 and 19 years become pregnant with about 86 fertility per 1,000 live birth in 2016. Contraceptive use among sexually active unmarried women is lowest in aged 15-19 years (18.6 %) compared with other age groups (i.e. aged 20-24; 48%, 25-29; 51%) and 16% of new HIV/AIDS infections occur among adolescents with estimates of 80% of them for female. In terms of educational impact, only half of the girls who got pregnant succeeded to return to the schools in 2017 (Ministry of General Education, 2017).

The purpose of this study was to investigate the impact of teenage pregnancy on teen mothers' lives including school re-entering, and family planning usage after experiencing teenage pregnancy. To achieve the objective, a series of individual interviews were conducted with a number of pregnant teenage women, their family members, and their service providers - including health staff, NGO staff and school teachers. 15 teenage pregnant women and 5 young pregnant women who experienced teenage pregnancy before were chosen through purposive sampling. Staffs in NGO, health staffs, teachers, family members of teenage pregnant women, and mother to secondary school students were also selected as key informants. To access the current situation of sex education, 26 secondary school students attended a questionnaire survey to assess the current situation of sex education and knowledge of family planning methods among those students without being pregnant. In-depth interviews, field notes, and questionnaire surveys were utilized in gathering data.

The research found that teenage pregnancy gave an impact on their lives but huge negative consequences were not observed, because of the school systems such as the Re-entry policy in Zambia and supportive families. Since education was the biggest matter for them, their families or their partners took responsibilities on child care or living expenses. Thus, once they are ensured the educational opportunity after delivery, they could be comfortable to think about their future plan. Regarding the usage of family planning methods, most of the cases choose specific methods before getting pregnant the second child to concentrate on studies. It could be possible that they started trying to concentrate on their study avoiding making another child due to the negative perceptions of being pregnant at an early age.

There were several points that should be discussed whether the school systems in Zambia and supportive family members enabled teen mothers to go back to school even if they got pregnant. Likewise, there were some observations that adolescents might have thought that the pregnancy was not risky for their careers due to these supports. Another point was that the teen mothers who became pregnant were not concerned about health risks such as maternal death or stillbirth, however various efforts have been made to address these issues from a medical perspective. Lastly, regarding usage of family planning methods, family planning for adjusting numbers of children can be required for them to think about all concerns mentioned above because most of the participants were mentioning about pregnancy spacing.

Summary (Japanese)

研究タイトルは、ザンビアの若年妊婦における妊娠と家族計画に関する考え方に関する調査である。世界的に思春期の性と生殖にまつわる健康の改善されてきているが、発展途上国はもちろん先進国でも若年妊娠は依然として大きな課題の一つである。ザンビアでは、2016 年の若年妊娠率（15～19 歳）は 29%、同じ年齢における 1,000 人当たり出生数は約 86 人となっている。性交渉を行っている未婚女性の避妊使用率は、他の年齢層（20～24 歳 48%、25～29 歳 51%）と比較して 15～19 歳が最も低い（18.6%）。また、新規 HIV/AIDS 感染者の年齢層別割合を見てみると、16%が青年期に発生しており、そのうちの 80%が女性と推定されている。若年妊娠は教育にも影響を及ぼしており、ザンビアでは 2017 年に妊娠した女子のうち復学に成功したのは半数に留まっている。

本研究の目的は、学校への復学や妊娠後の避妊具の利用なども含め、10 代で妊娠がその後の人生へのどのような影響を与えているのかを調査することにあった。インタビューを主な調査手法とし、フィールドでの観察やアンケート調査も実施した。インタビュー対象者は現在妊娠をしている女性のうち、10 代女性が 15 人、現在は成人しているが第一子を 10 代で妊娠したことのある女性 5 人を目的別サンプリングで選出した。また、NGO の職員、クリニックのスタッフ、高校教師、10 代の妊婦の家族、高校生の子供を持つ母親にもインタビューを実施した。アンケート調査は、26 名の妊娠や子育てを経験していない男女高校生を対象とし、性教育の現状と家族計画法に関する知識を調査した。

調査の結果、10 代の妊娠は直後の学業や生活には確かに影響を与えたものの、ザンビアの学校制度や家族の支援が得られるケースが多く、長期的な負の影響は見られなかった。特に妊娠後の復学は彼らにとって最重要課題であったが、家族やパートナーが就学中の子育てや生活費の保証をすることで乗り越えていた。避妊具の利用については、インタビューを実施した殆どのケースで利用する計画を立てていた。主な理由は高校や専門学校を卒業するためであり、これらの行動は若くして妊娠したことへの悲観的な感情から人生をやり直すという意味も含まれている。

議論としては、学校の制度や家族のサポートがあることで、思春期の女性が妊娠を高リスクなものと捉えていない可能性が指摘された。特に、国際保健分野で多く語られている母体死亡や死産などの健康的被害についてはインタビューで言及されなかったことから、避妊を教える性教育に留まらず、健康的被害についても啓発していく必要性があると考えられる。最後に、避妊具の利用法については、利用の目的として対象者の多くが次の妊娠までの期間を挙げているが、出産数の調整についても注力されるべきであると考える。

I. Research Activity

1. Introduction

The research title is "Perception of teenage pregnancy and family planning among the adolescents in Zambia". Although the improvement of adolescent sexual and reproductive health (SRH) is globally high, adolescent pregnancy remains as one of the major challenges in both developed and developing countries. In developing countries, 10.2 million unintended adolescent pregnancies occur each year among women aged 15–19 years, and that is common especially in African countries showing high prevalence across that region: 16.3% in Eastern, 27.9% in Western, and 28.9% in Southern Africa (Odimegwu and Mkwananzi, 2016). Adolescent pregnancy is expected to increase by 2030, with high concentrations of the adolescent population in sub-Saharan Africa (SSA) (Liang and UNFPA, 2013). In Zambia, 29% of girls aged between 15 and 19 years become pregnant with about 86 fertility per 1,000 live birth in 2016 (UNICEF, 2016) and 10% of adolescent women with any child already have 2 or more children (Central Statistical Office (CSO), Ministry of Health (MOH), University of Zambia, 2010).

The teenage pregnancy has medical issues such as the risk of maternal complications including eclampsia, puerperal endometritis and systemic infections which is the leading causes of death among girls aged 15-19 years globally (Patton *et al.*, 2009; Nove *et al.*, 2014; World Health Organization, 2018). The babies of teen mothers also have risks of low birthweight, preterm delivery and severe neonatal conditions, and intra-hospital neonatal mortality are high among teen mothers (Ganchimeg *et al.*, 2014). Despite these health risks, contraceptive use among sexually active unmarried women is lowest in aged 15-19 years (18.6 %) compared with other age groups (i.e. aged 20-24; 48%, 25-29; 51%) and one in four married adolescents aged 15-19 years have unmet need for contraception (Central Statistical Office (CSO), Ministry of Health (MOH) [Zambia], 2014). Due to this low use of contraception, 16% of new HIV/AIDS infections occur among aged 10-19 years with estimates of 80% of them for female (UNAIDS, 2020). In terms of educational impact, only half of girls who got pregnant succeeded to return to the schools in 2017 (Ministry of General Education, 2017). Those who cannot complete schools would miss sex education to prevent the next pregnancy because most of sex education is provided in schools.

The previous studies examine the risk factor of adolescent pregnancy or relations with HIV/AIDS infections, but few studies focused on adolescents' awareness of these risks and how their pregnancies affect on their actual lives. Furthermore, few studies investigated the coverage of SRH from both providers and beneficiaries' aspects. The purpose of this study was to investigate the impact of teenage pregnancy on teen mothers' lives including school re-entering, and family planning usage after experiencing teenage pregnancy. It also focused on stakeholders such as health professionals or government officers as well as the pregnant women, and were selected as important informants to address the effective approach and better accessibility of family planning method for adolescent.

2. Study Area

(source: Nations Online Project. *Political Map of Zambia.*)

Kitwe which was located in the central part of the Copperbelt province was the largest city in the country. Largest workers were employed at Mopani Copper Mine which was one of the largest African mines. Mining was the highest contribution to Gross Domestic Products (GDP) at 45% and employment in Zambia (Kitwe City Council, 2019). Regarding the health facilities, there were several types of health facilities in Zambia, which are the Hospitals (first level to third level), Health centres and Health posts. Health centres were divided into 2 centres according to the catchment population; the Urban Health Centres (UHC) cover 30,000 to 50,000 population, the Rural Health Centres (RHC) cover around 10,000 population (Zambian Ministry of Health, 2013). For the study sites, three UHCs were selected among 43 of them in Kitwe; Buchi main, Chimwemwe and Kawama UHCs. These three facilities cover the central area of Kitwe.

3. Methodology

This study used a qualitative descriptive design to obtain the perceptions of teenage pregnancy and family planning based on the experiences of the participants. A series of individual interviews were conducted with a number of pregnant teenage women, their family members, and their service providers - including health staff, NGO staff, and school teachers. The participants for in-depth interviews included currently pregnant women under aged 23 years who have experienced teenage pregnancy. The health staff at the clinics selected the participants from those who were on the medical record of antenatal care (ANC) visits at the health facilities. Nineteen participants attended the interviews; 7

from Buchi main, 7 from Chimwemwe, and 5 from Kawama. All the participants came from the catchment area of each facility. The participants for key informant interviews included 2 health staff at selected UHCs, 2 staff from NGOs that mainly focused on SRH issues for adolescents, 2 teachers from the government secondary schools nearby the selected health facilities, 1 mother to the teenage pregnant woman, and 1 mother to the adolescent girl who never experienced teenage pregnancy.

Every interview was supposed to be conducted face to face, however, due to the COVID-19 pandemic, all of the interviews were conducted via internet phone call using a message application called WhatsApp. During the interview, the assistant's mobile phone connected to the Internet, and the interview was conducted in real-time in Japan and Zambia. Upon completion of the interview, the assistant sent a scan of the consent form and recorded data to the researcher via email.

Apart from the individual interviews, an understanding survey on sexual knowledge was conducted using individual structured interviews with 26 secondary school students who were living near the study sites to assess the current situation of sex education and their knowledge of family planning methods. All of the questionnaire sheets were sent by the research assistant via email, and the results were put into Excel.

4. Research Findings

Although the results of the study are still being analyzed, it was found that the perception of young pregnancies in Zambia is divergent between the pregnant women themselves and the stakeholders surrounding them. Most of the pregnant women accept their pregnancy negatively against guilty about the pregnancy, continuation of education, and the astonishment of being pregnant at a teenage. However, once they are ensured the educational opportunity after delivery, they could be comfortable to think about their future plan, meaning the pregnancy itself didn't have a huge impact on their whole life. In addition, since education was the biggest matter among adolescents, there was no concern or anxious about child care or living expenses, though their family members or their partners took responsibilities for these. In contrast, the stakeholders such as family members or the health staffs perceive the teenage pregnancy was *"the end of her life"* and they assumed pregnant women always had difficulties to proceed with their life plan. Both teenage pregnant women and the stakeholders didn't have any concerns regarding health risks such as maternal death or child death.

Regarding the usage of family planning methods, although no one used any contraceptives before getting the first baby, most of them choose specific methods such as five years implant after delivering the first child to avoid being pregnant during their studies. Four out of five mothers who experienced teenage pregnancy before, actually used any type of methods after delivering first child. Negative perceptions of first pregnancy might influence their behavior, though some stakeholders stated that the babies sometimes made these teen mothers change their behavior and they tend to concentrate on their study avoiding another mistake.

5. Discussion

In Zambia, there are plenty of non- or governmental organizations working on adolescents' health especially for teenage pregnancy, and the government established the Re-entry policy in 1997 which allowed teen pregnant women to come back to school either during pregnancy and after delivery for ensuring the pregnant girls complete secondary education (Astridah and Kabubi, 2017). These services seemed helpful for those who got pregnant, though, at the same time, the girls seemed to think about teenage pregnancy as just one of the life events because of them.

Another point which should be discussed is the health risks of teenage pregnancy. Although there was no death or stillbirth case among participants of this research, it cannot be ignored teenage pregnancy has a high mortality risk for both mother and baby. Thus, the sensitization by teachers or other organizations on such risks of being pregnant at an early age is recommended.

The last point of discussion can be the responsibilities of taking care of a child. According to the interviews, responsibilities on child care for teen mothers were mainly about earning money. In Zambia, it is just normal to live with extended families such as nephews or niece in case their own parents do not afford to feed them. In that sense, family planning for adjusting numbers of children rather than pregnancy spacing can be required for them to consider.

6. Conclusion

Teenage pregnancy frequently happens in urban Zambia, and the pregnancy gave an impact on their lives but huge negative consequences were not observed in this study because of the school systems and supportive families. Since education was the biggest matter for them, their families or their partners took responsibilities for child care or living expenses. Thus, once they are ensured the educational opportunity after delivery, they could be comfortable to think about their future plan.

Regarding the usage of family planning methods, most of the cases choose specific methods such as five years of implant contraceptives after delivering the to first child to concentrate on studies. It could be possible that they started trying to concentrate on their study avoiding making another child due to the negative perceptions of being pregnant at an early age.

There were three points that should be discussed. The first was that the adolescents might think pregnancy didn't have any impact on their careers due to the Re-entry policy and other services which enable teen mothers to continue their careers without any difficulties. The second was the low awareness of health risks that the teen mothers were not concerned about maternal death or still-birth. Since the maternal condition is the leading cause of death among adolescents globally, the awareness of this issue should be raised by sensitizations. Lastly, regarding the usage of family planning methods, family planning for adjusting numbers of children can be required for them to think about because most of the participants were mentioning about spacing.

Limitations of this study are still under discussion, though one of them can be about methodology. The remote interviews were conducted this time, there were difficulties to obtain the emotions of the participants because their facial expressions could not be seen. In some cases, the assistant in Zambia tried to suggest me to stop in the middle of the

interview, because the person seemed to be tired. In this case, the relations between the research assistant and the researcher was the key to success and it might be better if there would be more time to build relationship.

Acknowledgement

This study was funded by the United Nations University Institute for the Advanced Study of Sustainability (UNU-IAS). I would also like to show my greatest appreciation to Dr. Masinja Jewete, Department of Metallurgy and Material Processing, University of Zambia, and Dr. Bellington Vwalika, Associate Professor and the Dean of Obstetrics and Gynecology, University of Zambia School of Medicine, and Dr. Ken Masuda in Nagasaki University. The support of Planned Parenthood Authority of Zambia (PPAZ) in terms of arranging my interviews is also highly appreciated.

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II. Reflection to the GLTP in Africa

It was honored to be granted GLTP fellowship. The fact that teenage pregnancy is one of the greatest public health burdens in Zambia was confirmed through field activities. Due to COVID-19, the research activities that were originally scheduled to be carried out in the field were conducted remotely, but I had been in Zambia for about six months prior to the research activity. In this report, I would like to include the duration of the stay as field work.

Having spent time in Kenya in 2014 as a Japan Overseas Cooperation Volunteers (JOCV), this field work was to some extent predictable. However, there were many differences between Kenya and Zambia, such as the level of economic development and cultural practices. When I first arrived at Zambia, it took me a while to adjust to the lifestyle in Zambia. Especially for the local language, it was more difficult than I expected. When I collected information before the fieldwork, I found that some expressions were very similar to the Swahili language used in Kenya, so I was able to imagine that it would be easy to remember, but in reality, the similarity was a source of confusion. In Bemba in Zambia and Swahili in Kenya, some of the nouns and words were similar to each other, while others were pronounced the same and had different meanings, and they were mixed together to the point that eventually it was impossible to tell which language was which. As the situation was like that, I couldn't remember most of the local language, but I could learn simple greetings and tried to use them, which gave me an opportunity to learn other expressions, and I could use them as a conversation starter.

One of the most surprising differences between Kenya and Zambia was public transportation. In Kenya, people normally use bicycle or motorbike taxis for short-distance travel and cares were used for long-distance travel, such as inter-city travel. In Zambia, on the other hand, there were no bicycles or motorbikes at all, and everything was either a large bus or four-seater taxis were the cheapest way of transportation. I didn't have any trouble with it because I lived in a city, but in rural areas, it seemed to be a challenge that there were no buses running and people had no other ways of getting to the main street except walking. They sometimes luckily get a ride in a private car coming through, though most of the people didn't have own cares. Therefore, most of the time, they would walk for several hours under the sun to ride for buses which only go a few times a day. I thought if there were bicycle taxi or motorbike taxi, those people would not need to work for that long and that better access would improve economic activities.

Another thing that surprised me was the memory of the local people. I think many Japanese people tend to take detailed notes when they work, but in Zambia, taking notes was not a part of their routine, and everything seemed to be memorized in their mind. A clinic where I was had hundred or more community volunteers and they normally come to pick monthly allowance in the end of month. When the volunteers come, staffs just saw their face and identified their names and address, then started recording. They said no matter how long they worked, they can remember once they saw the person. It may be a

bit of an inefficient way to perform the job, but it was an experience that showed the Zambian's warmth, which is unique to Zambians who don't neglect everyday conversation.

As I mentioned above, I had to conduct my research activities remotely due to COVID-19. Although I thought it would be almost impossible to conduct interviews, thanks to the efforts of the research assistants and other local collaborators, I was able to conduct the individual interviews as planned. However, there were some difficulties that I did not anticipate while conducting the survey.

The first point was the lack of information available from everyday life. When I was there, I had many opportunities to learn more about the cultural background during travels and in everyday conversation. This information sometimes provided hints for research in unexpected ways.

The second point was that I had to start the interview before I completed the preparation. When conducting the interviews, I asked my assistant to contact me three times: when she left the nearest bus station, when she arrived at the clinic and when she found the interviewee. We were always not sure if interviewees were there or not, we sometimes had to wait for some hours. While I was waiting, because I was at home and I couldn't know how long I had to wait, I sometimes started doing other report work or making a transcription of previous interviews. In this case, it was difficult to change my mind when I suddenly got a phone call and started the interview. If I were there, I could also ask small questions to someone who was around or observes clinic operation instead of just waiting, so that I could at least be ready for the interviews.

The third point was the financial problem. Before I returned to Japan, I calculated all the expected expenses based on the price at that time and I left my money with my mentor. However, Zambia is experiencing a low Kwacha price and public transport fares are increasing due to the rising cost of fuel, therefore, I was so afraid that if the money was not enough.

Although there were many problems as I described above, I was able to proceed to the end of the research activity by giving up things that could not be done only on site.

Through this research activity, even though I couldn't experience a formal style of a qualitative survey in the field, there are two major things that I thought I needed to remember in my future career. The first point is to doubt what is commonly said. In the case of my research, young pregnancies are generally considered to be a barrier to women's employment and learning opportunities, but in the case of Zambia, where I was doing my research, government initiatives had been enabled women to return to school after becoming pregnant. In addition, as I mentioned above, from a medical perspective, such as the increased risk of maternal death and other risks of pregnancy at an age when the body is not yet functioning well as a teenager were concerned as a problem, the students who became pregnant were not worried about such, but about family opposition. It seems to me that not only the students themselves, but also the medical professionals and parents around them, are often unable to properly grasp the challenges that occur on a daily basis on the ground. Although this is a completely different topic, I think the same thing is happening in the Japanese culture, what the Japanese do in the ordinary course of events can be strange

or admirable to foreigners. While it is important to be discussed involved in the people who are closely related to the issue, in terms of bringing in a new perspective, I felt that it is also necessary to include people who may not be related to the issue, though it does not have to be a foreigner.

Another thing needed to be considered to doubt what commonly said was about SDGs. As known widely, the most different point compared to MDGs is that the targets are recognized as global issues not as issues only in the developing countries. However, the system which the developed countries invest to the developing countries is not changed, and it could not be said this is sustainable activity. For example, in a clinic where I was working as an internship, there were plenty of donated condoms and these distributed to the community people. This activity is to improve universal access to sexual and reproductive health-care services in the context of SDGs, but few of them used when we see the actual usage of condoms, and HIV/AIDS is still the highest cause of death in Zambia. Besides, there were many trainings held by several institutions for the health staffs to develop the human resources, but the outcome of the training seemed not always to meet what they were expected. Most of the health facilities in rural areas are organized by only a few staffs covering lots of patients in villages, therefore, attending the training might have challenge for them. Due to the same reason, it might be difficult for them to share properly what they learnt during the trainings, and as a result, effectiveness of the training would be doubtful. It is not the criticism against developmental assistant, but we should notice that donations or global assistance are sometimes justified because of the contribution of SDGs and we should more focus on the actual impacts to the people.

The second point is that solving problems requires both academics and practice. The situation may be the same in a typical Japanese company, but it sometimes happens considering approaches without the preliminary research. This is partly due to the lack of adequate funding for research, but also due to the lack of understanding of the importance of analyzing previous research, and I think I will not be able to solve the problem unless I find the holes in current approaches.

I would like to conclude my field report by encouraging other students who are willing to study in Africa. In the case of my few experience, I thought my mind had been opened since I went to Africa first time. I felt everything I saw before was just a small and tiny thing in this world, and at the same time, I realized that even within Japan, there was a range of personalities and ideas which needed to be accepted in our society. In addition, I would like to emphasize to say that just a few months is too short to understand about the field, therefore it is recommended to stay or live long there as much as possible. I think this can be also explained just as differences between living and traveling. Africa is still a distant and unknown world for us Japanese. It may be true that there is poverty and conflict as broadcasting in the media, but I want you to see with your own eyes not only what kind of things are happening there, but also what kind of people are living there. Finally, I would like to thank the Global Leadership Training Program (GLTP) in Africa for giving me the great opportunity to conduct a survey.