Resilience of adolescents against teenage pregnancy in urban Ghana

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Outline
Introduction
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Findings and discussions
Background: Teenage pregnancy

High teenage pregnancy rates in Ghana (12.2%; 2009) which poses health and socio-economic threats to adolescents girls

However: some adolescents do not develop the problems of early parenthood while others also cope well with it. What can we learn from these cases?

Resilience against teenage pregnancy is the capacity to successfully deal with the risk of or successfully cope with teenage pregnancy in a specific context
Research objectives

Identify how social actors (peers, parents etc.) Institutions (Schools, religious movements etc.) and organizations (interventions) can contribute to building adolescents’ resilience against teenage pregnancy.
Study population and sampling

- Focus on female adolescents aged 15–19 yrs:
  - those who were pregnant/young mothers
  - those who were not yet pregnant
- Cross-sectional survey using a multi-stage cluster sampling approach.
- With estimated teenage pregnancy rate of 10% we need a sample size of 750 to be able to get at least 75 pregnant/mothers for analysis.
- Randomly selected 3 sub-metropolitan areas
  - Randomly selected 18 enumeration areas (6 per sub-metropolitan area) in order to cover at least 42 respondents per enumeration area
Results

- 820 adolescents aged 15–19 were interviewed
- 128 (15.6%) of them were either pregnant or mothers already

Resilience score (4th quartile)

- There was no significant difference between Never pregnant (36.8%) (resilience against teenage pregnancy) & Ever pregnant (28.9%) (resilience to cope with pregnancy and neonatal care (P = 0.106)
• 62% (never pregnant) have someone to turn to for information related to pregnancy prevention
• 68% (ever pregnant) have someone to turn to for information related to pregnancy and neonatal care (No significant difference)

• 38 (never pregnant) have someone to turn to for money for protection against pregnancy (Contraceptive)
• 79% (Ever pregnant) have someone to turn to for money for pregnancy and neonatal care (Antenatal) \( (P=<0.001) \)
• 87% (Never pregnant) and 79% (Ever pregnant) have access to various sources of information \( (p=0.021) \)
Support and information related protection from and coping with pregnancy and neonatal care
Money for protection against pregnancy (Contraceptive) and Money for pregnancy and neonatal care

Ever pregnant (\%)

Never pregnant (\%)

- Peers
- Husband/partner
- Parents
- Other relatives
- Peer educators
- Religious leaders
- Teachers
- Initiators
- Nurses/doctors
- Other
Sources of information available to adolescents

- Radio
- Music songs
- Magazines
- TV
- Cell Phones
- Books
- Information brochures
- Billboards/posters
- Other

- Never
- Ever pregnant

(%)
Resilience score (fourth quartile scores)

There was no significant difference between Ever pregnant (28.9%) and Never pregnant (36.8%) $P = 0.106$, when it comes to resilience building.
Discussion

• Key actors that can contribute to build Resilience against teenage pregnancy:

1. Media (TV, Radio, magazines and internet)
   → Strengthen existing media related interventions to involve the youth to influence topics on adolescent reproductive health in general but teenage pregnancy in particular

2. Parents
   → Sensitize parents about positive parent-child communication related to sexual matters as parents are becoming more important source of sexual and reproductive health related information
Thank You!