

Adolescent Marriage and Pregnancy: Sample of Eastern Black Sea

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ABSTRACT

Objectives: The aim of this study was to evaluate demographic features among married adolescent girls.

Methods: A descriptive study was conducted in the period March 2010 to May 2012 in Trabzon, Turkey using face to face constructed questionnaire administered to 101 subjects (registered in the Marriage Book of Municipality of Trabzon) which came to the marriage center of the municipality. The study protocol was approved by Rural Ethics Committee of the city.

Results: The participants were adolescent women who married between the age of 15-18. 42.5% of these were elementary school graduates, and none of the subjects were high school or university graduates. 65% of these adolescents did not want to have pregnancy in the first two years of marriage. 94% of them had a baby during the first year of their marriages. 98% of them did not have knowledge about the responsibilities of marriage prior to being married, 42% of those women did not have health insurance and 73% do not use any methods of family planning. There was correlation between the marriage age of the women and the age at which their mothers married ($r=2.25$).

Conclusion: Adolescents need to have knowledge about marriage, sexuality, pregnancy and baby care issues. In this city, an intensive educational program should be designed to teach all the adolescents in primary health services.

Keywords: Adolescent, marriage, pregnancy in adolescence, Turkey

ADÖLESAN EVLİLİK VE GEBELİK: DOĞU KARADENİZ ÖRNEĞİ

Amaç: Bu çalışmanın amacı adölesan evlenmiş kızlar arasında demografik özelliklerin değerlendirilmesidir.

Yöntem: Mart 2010-Mayıs 2012 dönemi içinde Trabzon'da yapılan tanımlayıcı bir çalışmadır. Belediye evlendirme dairesine gelen 101 kişi (Trabzon Belediyesi evlilik defterine kayıtlı) ile yüz yüze görüşme tekniği ile anket uygulaması yapılmıştır. Yerel etik komiteden uygulama izni alınmıştır.

Bulgular: Çalışma 15-18 yaş arası evli ergen kadınları kapsamaktadır. %42.5'i ilköğretim mezunu ve yüksek okul veya üniversite mezunu bulunmaktaydı. Bu adölesanların %65'i evlendikten sonra iki yıl boyunca gebelik istememişlerdi. Bunların% 94'nün evliliklerin ilk yıllarında bir bebekleri vardı. %98'inin evlilik öncesi, evlilik hakkında bilgisi yoktu, bu kadınların %42'sinin sağlık sigortası bulunmamakta ve %73 herhangi bir aile planlaması yöntemi kullanmıyordu. Çalışmaya katılan kadınlar ve onların annelerinin evlenme yaşı arasında ilişki saptanmadı ($r = 2.25$).

Sonuç: Adölesanların evlilik, cinsellik, hamilelik ve bebek bakımı konularında bilgiye gereksinimleri vardı. Bu şehirde tüm adölesanlara özellikle birinci basamak sağlık hizmetlerinde çok yoğun bir eğitim programının planlanması gerekmektedir.

Anahtar kelimeler: Adölesan, evlilik, adölesanlarda gebelik, Türkiye

The adolescent years signify the phase of changing of biological and psychological development (1). The adolescent goes through phases of changing personality and physical characteristics while achieving adult maturation. Sexuality development is a major component of adolescence (2). Marriage and pregnancy in adolescence may alter the developmental trajectory to adulthood. The rate of adolescent marriage is higher

in developing countries when compared to the rates in more developed nations (3,4). In 2008, there were 16 million births to mothers aged 15-19 years, representing 11% of all births worldwide. About 95% of these births occurred in low and middle income countries (5). According to the demographics, in 2008, in our country adolescent marriage increased and while income and educational levels decreased (6). Likewise, Most people initiate sexual activity between 15 and 19 years of age,

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boys earlier than girls, and there was no universal trend towards earlier sexual debut (1). However, especially in muslim countries, sexual activity for girls is often initiated within the context of marriage. In most developing countries, in the majority of sexual activities, female adolescents are married (7,8). The frequency of sexual activity is higher in adolescents who have stable relationships-marriage or union- than in those who are not, hence the greater likelihood of pregnancy in the absence of contraception. The rates of contraception use by adolescents are often low in the world (5). Use of any contraceptive method in women aged 15-49 years who are married or in union has risen from 55% in 1990 to 63% in 2007 in the world (5). Among adolescents it is lower, but with large regional and national differences. A study of contraceptive use in married and unmarried adolescents in Latin American, European and Asian countries showed rates ranging between 42% and 68%. African countries have the lowest rates, ranging from 3% to 49%. In our country there are no statistics on the use of effective contraceptive methods among adolescents (5). Lack of knowledge about sex and family planning and lack of skills to put that knowledge into practice put adolescents at risk for pregnancy. Lower education levels are also associated with higher risks of maternal mortality: women, all ages, with no education have a 2.6 times higher risk of maternal mortality than women with post-secondary education (5).

The aim of this study was to evaluate demographic features among married adolescent girls.

Materials and methods

This study was planned and carried out as a descriptive and sectional study. The statistics of marriage for the period March 2010 to May 2012 were obtained from the Marriage Book of Municipality of Trabzon, Turkey. During this time, 1604 women were married and among these women, there were 101 adolescent girls (adolescent men were not included). The researchers obtained their contact information and phoned them. The researchers explained everything about this study to the adolescents and had an appointment with the ones that volunteered. The survey questionnaire covered data regarding demographic information education level of the adolescent and her mother, reason for marriage, age at time of marriage, age at time of pregnancy, problems during pregnancy, interest in for prenatal education and family planning methods used.

Table 1. The distribution of demographic features of adolescent women

Demographic Features	n	%
Age		
15-17	76	75.2
18-20	25	24.8
Health insurance		
Yes	59	58.5
No	42	41.5
Education		
Primary School	43	42.5
High School	49	48.5
University	-	-
Literate	9	9.0
Father's education		
Primary School	41	40.5
High School	22	21.7
Literate	38	37.8
Mother's education		
Primary School	44	43.5
High School	19	18.8
Literate	38	37.7
Child number		
1th	76	75.2
2th and above	25	24.8
Working		
Yes	13	12.9
No	88	87.1
The age at marriage		
15-16	34	33.6
17-18	67	66.4
Why she married?		
On her wish	48	47.6
On her family's wish	53	52.4
Knowledge of marriage responsibilities		
Yes	2	2.0
No	99	98.0
Family planning methods		
IUD	6	5.9
Pill	18	17.8
Condom	4	4.1
Coitus interruptus	73	72.2

Statistical Analysis

Data were analysed using the descriptive statistics available in the Statistical Package for Social Sciences Software (SPSS 18.0). Descriptive statistical methods were used to analyse the data. In evaluating the data, means, standard deviation and percentage values were examined. A value of $p < 0.05$ was considered as an indicator of significance.

Ethical Considerations

Approval for the study was taken from Numune Hospital Ethical Committee (2012-2) before the study began. Then,

Table 2. The distribution of pregnancy features of adolescent women

<i>Pregnancy Features</i>	<i>n</i>	<i>%</i>
Having the first baby in marriage years		
First year	95	94.0
Second year	6	6.0
Willingly pregnant?		
Yes	36	35.7
No	65	64.3
Problems during pregnancy		
Nausea	89	88.1
Anorexia	24	23.7
Weight loss	12	11.8
Bleeding	32	31.6
Fear	98	97.0
Stress	99	98.0
To be educated during pregnancy?		
Yes	2	2.0
No	99	98.0
Do want to take education?		
Yes	101	100
No	-	-
What kind of education topic?		
Family planning	98	97.0
Baby care	99	98.0
Family communication	100	99.0
Hygiene	56	55.4
Preferred educator		
Doctor	14	13.8
Nurse/midwife nurse	67	66.3
More than one person	20	20.9

a written permission was obtained from the Municipality. The adolescent women, who refused to participate in the study, were excluded from the study.

Results

The distribution of demographic features of adolescent women is presented at Table 1.

Table 3. Marriage age of adolescent girls and their mothers

<i>Marriage age</i>	<i>Adolescent Women</i>		<i>Adolescent' Mother</i>		<i>X²</i>	<i>p</i>
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>		
15-16	23	22.8	10	9.9	11.98	<0.05
17-18	64	63.4	71	70.2		
19-20	14	13.8	24	19.9		

The distribution of pregnancy features of adolescent women is presented at Table 2.

When the marriage age of adolescents and their mothers are examined, it is seen that 64% of the adolescents got married at the age of 17-18 and 71% of their mothers also married at the same age (Table 3). There was no significant difference between marriage age of adolescents and their mothers.

Discussion

Reproductive and maternal health emphasize the right of all couples to have access to safe, effective, affordable and acceptable methods of fertility regulation and the right of women to access appropriate health-care services that enable them to go safely through pregnancy and childbirth (5,9). However, in this study, adolescents did not use effective family planning methods as these adolescent women did not take any courses about planning methods. Almost all of them used coitus interrupter methods; therefore, most of these adolescents had a baby during the first year of marriage.

Education and income are major protective factors for early marriages (10). In this study, birth rates among adolescents with low education level are higher than the ones with higher education level. Marriage at an early age is associated with increased incidence of pregnancy. In addition to preventing early pregnancies, education courses about marriage, family planning or baby care contribute to the improvement of the quality of adolescent marriage life (9,11). Especially religion is very important in sexual life. In Muslim countries, girls are ashamed to talk to their mothers about sexuality. Therefore, adolescent girls need to reeducated on responsible sexuality. Influence of family and community norms are related to delayed marriage of adolescents (12). Hence, governments have to support education program for families especially for women.

The frequency of sexual activity is higher in adolescents who are in stable a relationship-marriage or union-than in those who are not, hence the greater likelihood of pregnancy in the absence of contraception. Use of any

contraception method in women aged 15-49 years who are married or in a union has risen from 55% in 1990 to 63% in 2007 (5). The rates of contraception use by adolescents is other low. In Turkey, it is not common to use contraception methods among adolescents.

Adolescent pregnancy is also dangerous for children (13,14,15). The rates of preterm birth, low birth weight and asphyxia are higher among children of adolescent girls (16). The present study showed that after one year of adolescent marriage these girls have a baby who had at least one dangerous situation. The analysis indicated that the youngest adolescents were at great risk for negative birth outcomes including extreme preterm delivery, low birth weight, small for gestational age and natal mortality.

The beliefs of mothers about marriage has effect on adolescents. Different studies showed that marriage ages of girls are close to marriage ages of their mothers (17,18). In this study, it was found that 87% of marriage age of mother and marriage age of adolescents are the same.

Conclusion and Recommendations

This study showed that none of the married adolescents were university graduates. Adolescents had babies in the first year of their marriages. They wanted to take courses offered by a nurse or midwives. They desired to take courses about family planning. The mothers of

these adolescents were married at the same age as their daughters.

An education program for adolescents in our city, region or our country should be developed and implemented by public health services. Adolescent girls need to be informed and empowered to prevent pregnancy especially in the first 3 years of marriage.

Conflicts of interest

The authors had no conflicts of interest to declare in relation to this article.

Key points

1. Adolescents had babies in the first year of their marriages.
2. They wanted to take courses offered by nurses or midwives.
3. They desired to take courses about family planning.
4. The health sector needs to implement interventions to improve the delivery of health services to adolescents as a means of facilitating their access to and use of contraceptive information and services as well as skilled antenatal and childbirth care.
5. The awareness of adolescents, their families and communities should be raised regarding the importance of skilled antenatal and childbirth care.

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