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# **PSYCHOSOCIAL IMPACT OF TEENAGE PREGNANCY (IN THE CASE OF MAHTMA GANDHI MEMORIAL HOSPITAL)**

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**A RESEARCH THESIS**

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This is to certify that the thesis prepared by Hanna Alemayehu, entitled *Psychosocial impact of teenage pregnancy, in the case of Gandhi memorial hospital* submitted in partial fulfillment of the requirement for the degree of Masters of Art ( social work) complies the regulation of the university and meets the accepted standards with respect to originality and quality.

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## DECLARATION

I Hanna Alemayehu Lemma, with registration number I.D Number GSR/7348/09, declare that this thesis is my original work and that it has not been submitted partially or fully by any other person for award of degree in any other university/institution.

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## **ACRONYMS**

- WHO - World Health Organization
- UNFPA - United Nation Population Fund
- HIV - Human Immune Virus
- STI - Sexually Transmitted Infection

## **Abstract**

*The objective of this study is to assess and understand the psychosocial impact of the teen pregnancy. The study was conducted in Mahatma Gandhi Memorial hospital which is located in Addis Ababa, Kirkos sub city, it has long term experience in managing gynecological and obstetrics issues known for its service. Estimated saturation size of 30 respondents whose age range is 13 to 19 were selected for the inquiry using convenience sampling technique. Cross-sectional, descriptive survey design was used making the study predominantly qualitative in nature with some quantitative data to substantiate the discussions and findings of the study. The analysis was done according to the already established thematic areas for the qualitative section. For the quantitative section frequency, mean and percentage were calculated. The thematic areas are psychological impact, social impact and emotional impact. Based on the data collected from the participants additional categories were created and analyzed. Finding of the study indicates that they experience different kind of impact in different many ways. Hence the biggest impact they experience is found to be more related with how the pregnancy happened and how it was managed. Those who managed the pregnancy without the awareness of their family via abortion and continue school thinks as they are fine excepts for some indicators but those who had their first sex forcefully, who were obliged to give birth and quit school reflect the damage they have to deal with and its effect. Feeling of sadness, irritability, disturbed sleep pattern, lack of concentration and hopelessness are among the major effects experienced in the psychological thematic area. As most of the participants parents/families didn't know about the situation the teenagers reveals as they are closer with their friends and those who disclose their pregnancy have loosen connection with their parents/family.*

*Key words: adolescent, teen pregnancy, psychosocial impact*

# CHAPTER ONE

## 1. Background of the study

The World Health Organization (WHO) has defined adolescents as the population group age 10-19 (WHO 1999), while teenage fertility refers to women age 15-19. Teenage pregnancy is defined as pregnancy carried by girls aged between 10 to 19 years. It is one of the emerging sexual and reproductive health problems among adolescents almost in many countries (Georges, 2012).

Adolescent psychology is associated with notable changes in mood sometimes known as mood swings. Cognitive, emotional and attitudinal changes which are characteristic of adolescence, often take place during this period (Institute, 2010). Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality (WHO 2003). Sexuality and sexual desire usually begins to intensify along with the onset of puberty.

Adams et al (1989) indicated that it was not the behavior that was problematic, but the timing and the implication that teenage pregnancy had on the teenager's future. Pregnancy before age 20 deters the growth of the mother into full adulthood. Pregnancy among those who themselves are children can also result in pregnancy complications. Early pregnancy before girls' physiological maturity can damage their reproductive and excretal organs and can lead to increased prenatal and maternal mortality in communities where there is low coverage of maternal and child health services (Wubegzier, 2014).

In addition to the visible physical health problem pregnant teenagers obliged to pass through serious mental health problem. They are at risk of depression, social isolation, stigma, school dropout, poor education attainment, limited job opportunities, poverty, drug use and repeated pregnancy (Georges, 2012). Most studies usually focus on the contraceptive use, prevalence of abortion, health facility utilization and related aspect of physical health problem of teenage pregnancy.

So the aim of this study is assessing the psychosocial effect of teenage pregnancy which encompasses psychological, social and emotional aspect of the pregnant teenager. Girls at this age

group are not mature enough to handle the pregnancy during and after birth (if they give birth) even if they were only physically able to conceive.

## **1.2 Statement of the problem**

Pregnancy among adolescents is a worldwide health problem that affects girls, their families and society. Teenage pregnancies are of concern because they have negative physical and psychological health and socioeconomic consequences for parents, children and for the community as a whole. Because of physiological and psychological immaturity, pregnancy can cause complications to young mothers.

In urban areas where adolescents are expected only to focus on their school, due to fear of cultural, societal and family influence on being pregnant at early age and without getting married most teenagers will terminate the pregnancy which has both physical and psychological side effect. In rural areas where girls are pushed to get married and give birth before 20 years they are obliged to end up in more complications. The physical complications include unsafe abortions, anemia, pregnancy-induced hypertension, pre-eclampsia, and pre-term delivery etc.

Teenage pregnancy is a worldwide issue with different rate of occurrence and acceptance based on the culture, norm and perception of the society. Worldwide 13 million children are born from women under 20 and 90% occur in developing country (Edzisani, 2009). The highest rate of teenage pregnancy in the world 143 per 1000 girls aged 15-19 years is in sub Saharan Africa. A save the children report identified where motherhood carried the most risks for young women and their babies. The increased prevalence of teenage pregnancy in the area is related with the cultural trend of early marriage. Mostly they are obliged to get married and give birth before 20 years.

Hence as a sub Saharan African country Ethiopia also contributes to this high number of teenage pregnancy. This high number of teenage pregnancy contributes to the high rate of maternal death and infant death (one in seven babies die before 1 year old). Even if the physical health problem and death is what is visible and recorded but the psychosocial effect of pregnancy on the teenagers is the other dimension to be given a due attention. This age group is an age group expected to be under the care of their parents or care givers since they don't legally reach on adulthood. So being

pregnant will make them under huge pressure from different perspective. If they have to give birth they have to quit school and look for job either as single mother or couple. If they have to continue school they have to undergo through abortion either safe or unsafe. So the process of this decision making and related stress of pregnancy will affect their psychological wellbeing and social relation.

According to Molborn and Morningstar (2009), high level of stress among pregnant adolescents might not just be caused by childbearing since they already suffered from the stress since the occurrence of the pregnancy. This emotional problem is thought as it will extend to the level of suicidal ideation, depression, school dropout and other related psychological and social wellbeing. Adolescents who are pregnant are considered under a crisis. Low resiliency in coping with this crisis is believed to be responsible for this psychosocial problem.

Considering the above mentioned problems as social worker the study is interested to assess the psychosocial impact the pregnancy impose on the teenagers as the prevalence is increasing, stated on most studies. In addition the service at the health facilities for pregnant teenagers is the same as the service given to the adult pregnant. Hence the service provision to the pregnant teenagers will mainly focus on the physical problem treatment, but beyond the physical aspect they also are thought to face psychosocial problem which the study is interested on to assess. The way of service provision implies as there is a gap in due attention given to the psychosocial impact of the pregnancy on the teenagers. The psychosocial effect needs intense assessment, coping strategy and further follow up in line with the pregnancy service. Assessing the psychosocial aspect of the problem and presenting is the study major interest as it can give insight to inclusive service provision.

### **1.3 Research questions**

This study attempt to address the following question

1. What are the psychological problems the pregnant teenagers experience?
2. What are the emotional and social related problems the teenage pregnant face while being pregnant or afterwards?
3. What were the predisposing factors in relation to the sexual background?

## **1.4 Objective**

### **1.4.1. General objective**

To examine the psychosocial impact of teenage pregnancy from teenagers who were pregnant and/or who are currently pregnant

### **1.4.2. Specific Objectives**

- To assess the effect of pregnancy on the teenagers psychological and emotional being
- To assess the effect of the pregnancy on their social life
- To assess sexual and predisposing factors of the teenagers

## **1.5 Significance of the study**

Social work practice isn't that common in Hospitals (according to the pre assessment made) in terms of providing psychosocial support for clients in the health facilities. The health facilities are observed as they are being focused on the provision of the treatment and support for the physical problem. Hence the service provision even in the adolescent reproductive health the focus is mainly on abortion and its complication, contraceptive use and prevention of delivery related infections which are physical health services. So the area needs more research, attention and contribution from psychosocial aspect to provide a comprehensive service for the clients.

Through research and indicating the situation the role of social workers in such areas has to be magnified in terms of supporting and empowering the girls for their next life since they have a long upcoming future way to walk after what happened. So the fact that the study is particularly focused on showing the different form of psychosocial impact that the teenage pregnant experience in addition to the physical reproductive health will provide important details about the subject matter. The study expects to give insight to the low service coverage of psychosocial effect and contribution of social workers.

Hence as the study mainly revolves on the psychosocial impact of teenage pregnancy, it will deliver a better and detail understanding on the effect pregnancy imposes on teenagers from psychological and social aspect. So this understanding can be an input for policy makers, health professionals, and CEO of Hospitals, women and children affair to take consideration of the psychosocial aspect. In addition to this it will provide insight for researchers for further more study, for social science students like social work, sociology, psychology and other who are interested to work on social problem, academicians and so on.

## **1.6 Scope of the study**

The study was conducted on girls who are and were pregnant and go to Mahatma Gandhi Memorial Hospital. This Hospital widely provides service for gynecology and obstetrics cases for all age group and it relatively has a huge number of service users. It serves as referral center for different health centers of Addis Ababa and from other regions. So the study is conducted on teenagers who come to seeking service from the Hospital.

## **1.7 Challenges and Limitation of the study**

In Ethiopia mostly sexuality and reproductive health is issue not to be discussed openly, so it needs patience and intense explanation of the objective to the participants. Due to the sensitivity of the issue, reassuring and persuading of the girls as the study doesn't need their identification and also as it will only be used for study purpose was the hardest part. They were still resistant to tell the exact situation happened or how they manage it, their feeling in relation to the pregnancy and so on, so the reassuring was done on every sensitive question.

Most of them manage it secretly if not with their friends so they don't want to disclose as even they have been through that. Some of them especially who do abort previously prefer to deny the experience. Some of them prefer to give short reply for question that needs explanation for the sack of keeping their detail.

Even if teenage pregnancy is a world and nationwide problem, studies conducted on reproductive health in Ethiopia usually focus on prevalence, health facility contraceptive utilization, abortion, and related complication. There is limitation of references that are specially conducted on psychosocial aspect of teenage pregnancy.

## CHAPTER TWO

### RELATED LITRATURE REVIEW

#### 2.1 What is Adolescence?

It is the transitional age from childhood to adulthood, a period where physical, biological, emotional and cognitive change occurs. World health organization (WHO 2003) defines adolescents as a period between 10 – 19 years while Dania and Jacques divide the period into three groups like early adolescence (10-13 years of age) middle adolescence (14-16 years of age) and late adolescence (17-19 years of age) (Institute, 2010).

Cognitive, emotional and attitudinal changes which are characteristic of adolescence, often take place during this period, and this can be a cause of conflict on one hand and positive personality development on the other (Institute, 2010). Because of peer pressure, they may sometimes indulge in activities not deemed socially acceptable, although this may be more of a social phenomenon than a psychological one (Kebede et al., 2005). The thoughts, ideas and concepts developed at this period of life greatly influence one's future life, playing a major role in character and personality formation (Catheryne, 1998).

During these processes of growth they pass through different kind of changes in which rapid physical growth and psychological changes occur, culminating in sexual maturity. Every individuals time of experiencing these changes mainly depend on heredity, diet, exercise and environmental factors. Some experience it faster while some may delay based on the factors mentioned. For girls that reach sexual maturation early are more likely than their peers to develop eating disorders (Jacqueline, 2016). In addition, girls may have to deal with sexual advances from older boys before they are emotionally and mentally mature (Institute, 2010).

Early maturing girls are more exposed to early sexual experience, unwanted pregnancy since they are not aware how to protect themselves, alcohol and drug abuse and less perform in school than late mature girls.

## **2.2 Adolescence sexuality and Reproductive health**

By ages 15-17, girls have usually reached full physical development. So Sexuality and sexual desire usually begins to intensify along with the onset of puberty. Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality (WHO 2003).

Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (WHO 2001). Reproductive health care is a comprehensive reproductive health program that might include the following elements as part of primary health care (with appropriate referrals) (UNFPA 2005): Family planning information and services, including counselling and follow-up, aimed at all couples and individuals.

Sexual experience begins early in Ethiopian society. One in two young women are sexually experienced, that is, they have had sex at some time compared with one in three young men. The median age at which women age 25-49 first had sexual intercourse is 16 (Aklilu & Hailom, 2002). Poor living conditions often lead young people to engage in sex at an early age. Many young women were forced to practice sex for money. In a survey conducted among high school students in Addis Ababa, 38 % reported that they were sexually active (Kebede et al., 2005).

## **2.3 Teenage pregnancy, cause and Multi directional consequences**

Teenage pregnancy is defined as pregnancy carried by girls aged between 10 to 19 years. Teenage pregnancy is one of modern society's evils and is a rather alarming situation (Edzisani, 2009). In most countries it is legal for a young lady or teenager who is 18 years and above to get married and give birth. What is worrying is illegal and immoral pregnancy where students or young adolescents indulge in sexual activities and gets untimely and unwanted pregnancy (Maxwell K, 2017).

Studies pointed out different contributing factors for teen pregnancy like poverty or low economic status, which means the state of being poor make teenage girls to be trap by their age mates' males or older people.

Broken home which refers to a family that is either poor or there is lack of control. It may also refer to a home that the couples are not staying together either by divorce or separation or death of one as cause. The rationale behind is explained as teenagers in such a home suffer a lot, there is no or little parental love and affection, no control and the poor girl may be a prey to her school mates, some irresponsible men and at the end get pregnant (Maxwell K, 2017). Single parenting when one parent is taking of the girl being busy with different life parts wouldn't have enough time to control or coach the child.

Even being in good parental control adolescents can get involved into unsafe sexual activity and pregnancy due to peer pressure or influence. Those teenagers who get pregnant in their teens may be a friend's influence. Most young teenagers who are in boy – girl relationship laugh at their peers who are not. At the end they also get into it and may get pregnant. Some teenagers get into sexual relationships because of lust. In adolescent stages both males and females go through some psychological and physical sexual feelings and may put into reality or act on it (Maxwell K, 2017).

In most rural setup getting married and being pregnant early is the first purpose for a girl expected from her family. In some communities, the moment the girl child gets her first menstruation, she can get married. They may not even send her to formal education after some limit due to their high interest for her to bear child as early as possible. Some teenagers get pregnant as a result of rape or may be sexually abuse by some of their teachers, or an elderly person.

Drug and alcohol abuse can be another contributing factor for teen pregnancy as the drunkards usually indulge in casual sex and hence many young girls get pregnant. Many students are found of taking in alcohol and hard drugs. Pornography videos and photos available on the internet, magazines, newspapers, books, and other media house lure teenagers into indiscriminate sex and may leads to teenage pregnancy. Many young girls lack knowledge of pregnancy. The uneducated are the most victims. They just enter into relationship without any caution how to prevent unplanned pregnancy, HIV and STI.

Teenage pregnancy is mostly unplanned; and as a result, people react to the experience differently. The teenager has to come to terms with the unexpected demands of being an adult,

and in some cases, she may also have to deal with disapproval and dissatisfaction shown by significant others like parents and relatives (Edzisani, 2009)

Too often, teens do not seek adequate medical care during their pregnancy, which can result in moderate to severe complications. The more common medical complications that may occur during a teen pregnancy include anemia, toxemia, high blood pressure, placenta previa and premature birth of the baby (Jinwook, Y Sung-cheol, Yumi-kim, & Young-ho, 2015). Teenage girls usually make the attempt to abort their babies. Abortion is not accepted in many nations and also immoral according to the bible. The effects of abortion are childlessness in future, death, deformities of the teenager or the baby etc.(Katherine, Maggie, Maria, & Claire, 2017).

Uncertainty about the future may arise when a teen is pregnant. A teenage mother has to face several social obligations like not getting a good job, not getting respect from friends and family members. The entire social life of the teen mother gets ruined due to her early and unexpected pregnancy, and she has to spend her life in emotional trauma (Jacqueline, 2016). Usually teenage pregnancy results in conflicts between the girl's parents and the guy or boy's parents. This may be due to tribal issues, finances, religious beliefs, etc.

Most countries, developed, and underdeveloped, consider teenage pregnancy a social stigma and, it can have devastating effects on the teen's social life. Teenagers getting pregnant at an early age cannot pursue their higher education due to extra responsibility, which increases the rate of literacy in society. The education of the teen mother remains on hold during pregnancy, and some teens even decide to drop out of their high school and find a job to supplement themselves. Teenage mothers or parents and babies put their burden on their relatives hence adding to the relatives' problems. This leads to decreased economic opportunities and earnings throughout their lifetime (Jacqueline, 2016).

## **2.4 Theoretical Framework**

### **2.4.1 Neo-cognitive Theory**

One approach used to examine teens' personality and behavior is to look at the individual's cognitive framework and his/her feelings of self. According to Piaget, cognition is the way in which a person learns to perceive and interpret the environment and the way in which the person acts upon the environment. Thomas (1985) believes that Piaget's cognitive development theory does not address certain childrearing issues that parents face, such as poor self-concept, lack of friends, influences by undesirable peers, and lack of significant goals or purpose in life (Catheryne, 1998).

Neo-cognitivists, however, have revised the original theory in an attempt to explain some of these negative behaviors. Neo-cognitive theory states that high-risk youth develop a cognitive framework, or a frame of reference, of negative attitudes and negative beliefs about themselves and their environment (Mills, Dunham, & Alpert, 1988). The theory further states that deviant youth view themselves in a negative framework in relation to social institutions; this negative framework leads to a learned insecurity in the youth.

Youth who are at risk or who have experienced an early pregnancy often were reared in dysfunctional environments that may have resulted in learned insecurity. As a result of the dysfunctional environment, the youth may believe she is inadequate. This cognitive model of learning from the environment and experiencing increased degrees of alienation thus predicts school failure, delinquency, and health-damaging behaviors (Mills et al., 1988).

The theory stated there is a connection between a teenage pregnancy and their background environment. It claimed as the environment they have been through contribute for their early pregnancy and so as for the consequences following the pregnancy. Hence the study also assesses background of the participants while the main objective is the consequence from the perspective of psychosocial impact.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Research Paradigm**

The study follows realism paradigm as the study work on assessing the existing psychosocial impact of teenage pregnancy. Phillips (1987:205) defines the view that entities exist independently of being perceived, or independently of our theories about them. The study on teenage pregnancy and its psychosocial impact fit with a conception of truth that goes beyond mere internal coherence, and a commitment to the existence of stable knowledge of the world.

#### **3.2 Research Design**

The study used concurrent mixed method approach in which both qualitative and quantitative data were solicited simultaneously to have an in-depth understanding of the psychosocial impacts of pregnancy on adolescents whose age group is between 13 and 19 years. (Creswell, Clark, Gutmann, & Hanson, 2003) stated as concurrent triangulation design is the closest form for such mixed method approach that collect qualitative and quantitative data in one phase concurrently. Phenomenological qualitative study was applied as lived experiences of participant teenagers were assessed.

The data was analyzed and combined to reach to the interface. A realist alternative to the dominant regularity model of causality can provide a way out of the somewhat polarized confrontation between qualitative and quantitative researchers on this issue of causal investigation. It recognizes the explanatory importance of the context of the phenomena studied, and does so in a way that does not simply reduce this context to a set of extraneous variables (Maxwell K, 2017). Cross-sectional, descriptive survey design used making the study predominantly qualitative in nature with some quantitative data to substantiate the discussions and findings of the study. The method helps to show current situation and related problems of the issue under consideration.

### **3.3 Study Area**

The study was conducted in Addis Ababa, capital city of Ethiopia which accommodates an estimated 7.82 million people (populationof2019.com). Mahatma Gandhi Memorial hospital is a district/regional hospital found in Addis Ababa, Kirkos sub city committed to providing a comprehensive, sustainable, co-coordinated and integrated service to the community. The hospital primarily cares for mothers and pediatrics with a need for medical treatment and support. Currently it renders surgery, orthopedics, general outpatients and crisis center at district level. Internal medicine, obstetrics and gynecology, neonatology and pediatrics are rendered at regional level. (Hospital's CEO)

### **3.4 Study Participant**

Adolescent girls whose age range is 13 to 19 were the study population, for this study due to the increased prevalence of teenage pregnancy in our country in the corresponding age group. Another reason for choosing this age group is that girls at this age group are more prone to either intentional or pushed sexual activity due to their visible physical change. Even if they look physically mature they are not psychologically mature enough to handle the pregnancy and its complication so the psychosocial impacts are expected to be more intense on them.

### **3.5 Sample Size and Sampling Technique**

As the study is dominantly qualitative, the sampling procedure was done accordingly. So the sample sizes used in qualitative research are not justified even though researchers are concerned about using the right sample size (Marshall, Cardon, Poddar, & Fontenot, 2012). The need in qualitative study sampling is to ensure as there is enough but not too much, as data >30 is too large (Boddy, 2014). One review identified that samples of 20 and 30 (and multiples of 10) were most common, with 25-30 being a typical recommendation (Dworkin, 2012).

So Convenience sampling method was used with an estimated saturation sample size of 30 among age group of 13 to 19 adolescents who were at the hospital being currently or were previously pregnant and seeks service from the Mahatma Gandhi memorial hospital. Convenience sampling is chosen, deliver accurate results when used on homogenous population and for its quick, inexpensive and easy to use approach.

### **3.6 Data Collection tools**

Data was gathered from respondents through in-depth interview and structured questionnaires questioning on the impact and unexpected changes of life resulted due to the pregnancy. To begin with, relevant literature was reviewed and instruments of data collection were developed through modifying other questionnaires and studies in a way that suits this study. The structured questionnaire was taken and modified from a study conducted on Adolescent girls and young women on HIV/AIDS and STI vulnerability pilot study by John Hopkins University and the interview guide for the in-depth interview was modified from a finding of a study conducted in Malaysia on Psychosocial Impact of teenage pregnancy as it's on the reference.

The in-depth interview questions are developed to help in directly assessing the impact of the pregnancy on their psychological, social life and related emotional impact as stated on the objective. The structured questionnaire is intended to assess their background information. The interview was conducted with one session of estimated duration of 45-60 minutes for a single interview. Data gathering tools were administered to participant with the aim of achieving qualitative and quantitative data using the in-depth interview and questionnaire respectively. For the qualitative section with the interview guide provocative way of questioning was used.

### **3.7 Data collection procedures**

After data gathering tools were developed and tested by the researcher with the aim of checking for the clarity and understandability of quests they were forwarded to be answered. Based on the developed questionnaire the actual data collection process took place in Gandhi Memorial Hospital where the girls undertook for gynecological and obstetrics service.

Few of them were found while they were in the Hospital to get the service (follow up and abortion). Due to hard to find situation of teenage pregnant, checking registration book of ante natal care department to find their address was also done. So after finding the address of the pregnant teenagers who were there for follow up and abortion tracing them was the next step. With the help of the health professionals at the department and card room staffs through providing their phone number from the registration, it was managed to find the teenagers in person for the

interview. Hence most of the interviews were done by actually going to their place. So somehow it makes the process comfortable for the girls.

### **3.8 Data Analysis**

The qualitative and quantitative data obtained from the in-depth interview and structured questionnaire respectively were transcribed by the investigator and fed to computer. As the steps to be followed are organizing the data, identifying framework, sorting the data into the framework and use the framework for descriptive analysis (Sunday, 2003) was done. But in the case of this study the thematic areas were already established before the data collection and the data collection is done accordingly. Hence organizing the response in the categories for the flawless analysis was done.

For the qualitative part of the study the major themes were psychological impact (like lack of interest and energy to do things, feeling of hopelessness, failure and down, feeling of guilty, sad, irritable or anxious and concentration towards things), social problem (treatment from family, friends/peer and community, poor peer relation, school attendance) emotional impact (like sleeping problem, self-care problem and) (Medicine, 2014).

So finally using these thematic areas for the basis of analysis with addition of categories employed taken from the participants' response, writing of the responses was done.

### **3.9 Quality Assurance**

In the case of qualitative data Triangulation is typically a strategy (test) for improving the validity and reliability of research or evaluation of findings. To acquire valid and reliable multiple and diverse realities, multiple methods of searching or gathering data are in order. The methods chosen in triangulation to test the validity and reliability of a study depend on the criterion of the research (Golafshani, 2003). But in the case of this study what is assessed is their lived experience (phenomenological) so no ground to compare with. Validity and reliability test was done for the quantitative part of data.

### **3.10 Ethical Consideration**

At the very start permission letter from Addis Ababa University was obtained to be submitted to Addis Ababa Health Bureau. As per the procedure Addis Ababa Health Bureau evaluates the proposal and writes a permission letter to Mahatma Gandhi Memorial Hospital.

Many researchers working with children and young people recognize the need to view them as autonomous individuals, capable of making their own decisions. However, in practice this is constrained by legislation which states that those under 18 are not legally competent to provide consent and that their decisions are often shaped and influenced by parents and other adult gatekeepers, such as teachers and social workers (Greig, Taylor, & MacKay, 2007).

So while the actual data collection started informed consent (active consent) was provided to the participants directly to understand objective of the study and confidentiality of the information gathered.

When working with children and young people, researchers have a duty to ensure the method is appropriate and will not cause participants any physical or psychological harm (Alderson & Morrow, 2011). Hence for this study the adolescents were told as they will only share their experience and as no physical checkup or procedures will be done. In addition as they have the right to stop the interview or the study process when they are interested or feel bad due to memory or any reason.

Hence during the data collection significant emotional disturbance in relation to memory doesn't happen except some long silence moments. As it was mentioned on the challenge faced as there was some preservation to share their experience and feeling, they were reassured almost on all the questions they found uncomfortable to share for the sack of confidentiality.

## **CHAPTER FOUR**

### **ANALYSIS AND INTERPRETATING DATA**

This part of the thesis presents the findings from the in depth interview and structured questionnaire. The finding from the structured questionnaire analyzed according to frequency, percent and mean. Finding from the in depth interview were analyzed according to the thematic areas already settled on the methodology part like psychological impact, social aspect impact and emotional impact. In addition to the already established thematic areas categories have been created based on participants' response.

#### **4.1 Description of participants' demography**

The demographic data collected for this study includes age, place of living, with whom they are living, if both their parents are alive, if they are living together, highest grade completed, current school enrollment, source of income and earn per week. The findings are summarized with table as follow.

Table 1 summary of participants' demographic data

Characteristics	Category	N	%	Mean
AGE	14	2	6.6	16
	15	2	6.6	
	16	7	23.3	
	17	8	26.6	
	18	9	30	
	19	2	6.6	
LIVING AREA	Urban	26	86.6	
	Semi-urban	3	10	
	Rural	1	3.3	
	Remote area	0	0	
LIVING WITH	Parents	16	53.3	
	Care taker	0		
	Relatives	4	13.3	
	Husband/ boyfriend	7	23.3	
	Friends	2	6.6	
	Alone	1	3.3	
ARE BOTH PARENTS ALIVE	Yes	24	80	
	No	6	20	
ARE THEY LIVING TOGETHER	Yes	15	62.5	
	No	9	37.5	
HIGHEST GRADE COMPLETED	Grade 4	1	3.3	8
	Grade 7	6	20	
	Grade 8	10	33.3	
	Grade 9	4	13.3	
	Grade 10	6	20	
	Grade 11	3	10	

CURRENTLY ENROLLED IN SCHOOL	Yes	15	50
	No	15	50
SOURCE OF INCOME	No income	3	10
	Parents	13	43.3
	Boyfriend/husb and	7	23.3
	Self employed	1	3.3
	Employed	5	16.6
	Someone whose sexually engaged with	1	3.3
INCOME PER WEEK	0 - 49	7	23.3
	50 - 199	15	50
	200 - 399	6	20
	400 - 600	2	6.6

(Income per week was classified based on the response from the participants)

The demographic data shows as mean age of the research participants is 16 years of age. Among the 30 participants 26 (86.6 %) of them live in urban area. In terms of living situation 16 (53.3 %) of them live with their parents, 4 (13.3%) with relatives, 7 (23.3%) with their boyfriend/husband, 2 (6.6 %) with their friends and 1 alone.

Among research participants 24 (80%) of them have their both parents alive while 6(20%) don't have both. From both alive parents, 15 (62.5%) of participants' parents live together and the rest 9 participants' parents live separately. The mean highest completed grade of participants is grade 8. Participants who are currently enrolling in school recorded 15 and 15 quit school.

Most of research participants' source of income is recorded to be their parents as it takes 43.3% (13) of respondents followed by boyfriend/husband 23.3% (7) of respondents, 5 are earning money from employment.

### 4.3 Personal information

This part of the questionnaire tries to their personal life and alcohol/drug use through asking about the number of close friends they have, way of chilling and alcohol and khat/drug use. The questions related with their personal way of living from the structured questionnaire also presented in detail with table.

**Table 2 summary data of participants' personal information**

characteristics	Category	N	%	Mean
Number of close friends they have	0	8	26.6	1.9
	1	2	6.6	
	2	15	50	
	3	4	13.3	
	4	1	3.3	
Among their close friends how many of them are in opposite sex r/ship	0	15	50	1.2
	1	9	30	
	2	5	16.6	
	3	1	3.3	
Participants current opposite sex r/ship status	Marriage	7	23.3	
	Relationship	6	20	
	Open relationship	3	10	
	Not at all	14	46.6	
Where they will go to enjoy with friends	Café	8	26.6	
	Bar	6	20	
	Travel	0	0	

	Sitting together	10	33.3	
	other	6	20	
Frequency of alcohol intake	Not at all	20	66.6	
	Monthly or less	4	13.3	
	Two or four times a month	6	20	
	Two or three times a week	0		
	Four or more times a week	0		
	Unknown frequency	0		
Frequency of taking khat or other drug intake	Not at all	24	80	
	Monthly or less	5	16.6	
	Two or four times a month	1	3.3	
	Two or three times a week	0	0	
	Four or more times a week	0	0	
	Unknown frequency	0	0	
Frequently watch pornography	Yes	6	20	
	No	17	56.6	
	Have never seen	7	23.3	

Among research participants 15 (50%) of them have 2 close friends and 13 (26.6%) claimed as they have no close friends, on average they have 1.9 close friends. Fifteen (50%) of their close friends are not in opposite sex relationship and 9 (30%) of them claimed as 1 of their friends are in opposite sex relationship, among their close friends on average 1.2 of them are in opposite sex relationship. In terms of their own opposite sex relationship 14 (46.6%) of respondents currently

are not in any kind of opposite sex relationship while 7 (23.3%) and 6 (20%) are in marriage and relationship respectively. Most of participants enjoy sitting together like 10 (33.3%) of them while 8 (26.6%) and 6 (20%) of them go to café and bar respectively.

The trend of their alcohol intake reveals as 20 (66.6%) of participants don't take alcohol at all and 4(13.3%) and 6 (20%) takes alcohol monthly and two or four times monthly respectively. When it comes to khat / drug use 24 (80%) of them don't totally take khat/drug) while 5 (16.6%) and 1(3.3%) take khat monthly and four two times monthly respectively. Among research participants 17 (56.6%) of them don't frequently watch pornography, 6 (20%) watch frequently and 7 (23.3%) of them claimed as they have never seen pornography.

### **4.3 Sexual practice information**

This part of the questionnaire assess their background in relation to their age while they first had sex, age while first get pregnant, how they manage the pregnancy, as it was planned or not and if they have given live birth and so on. The following table summarizes it as follows

**Table 4 summary of participants sexual practice data**

characteristics	Category	N	%	Mean
Age at first sex	13	1	3.3	15
	14	6	20	
	15	4	13.3	
	16	11	36.6	
	17	7	23.3	
	18	1	3.3	
Was it forced or willing	forced	11	36.6	
	willing	19	63.3	
Reason if it was willing	love	12	63.1	
	To get money	1	5.2	
	Peer pressure	5	26.3	
	curiosity	1	5.2	
Forced to get married by religion / culture	Yes	5	16.6	
	No	25	83.3	
Age at first pregnancy	14	3	10	16
	15	5	16.6	
	16	8	26.6	
	17	9	30	
	18	4	13.3	

	19	1	3.3	
Did you plan the pregnancy	yes	7	23.3	
	No	23	76.6	
Management of the first pregnancy	Give birth	7	26.6	
	Spontaneously aborted	1	3.3	
	Intentionally abort it	16	53.3	
	Currently pregnant yet	6	16.6	
Number of live birth given	0	22	73.3	
	1	8	26.6	
Is your child under your care (for those who gave live birth)	Yes	7	87.5	
	No	1	12.5	
Number of terminated pregnancy	0	10	33.3	
	1	15	50	
	2	4	13.3	
	3	1	10	
Currently pregnant	yes	6	20	
	No	24	80	

The mean age for first sex encounter is recorded 15 years of age. More than half of the participants 19(63.3%) had their first sex willingly while 12 (63.3%) of them did it for love, 5(26.5%) due to peer pressure and the rest 2 claimed as they do it out of curiosity and to get money. The rest 11 (36.6%) encounter their first sex forced (rape).

The participants were also asked their experience if they have been forced to get married based on their culture/region. Accordingly 25 (83.3%) replied as they don't have this experience and the rest 5(16.6%) claimed as they have been forced.

The mean age of participants to get pregnant for the first time is 16 years of age. Twenty three (76.6%) claimed as they didn't plan to get pregnant at that time and 7 (23.3%) reveal as they planned the pregnancy or know as it will happen. Intentional abortion of the pregnancy takes 16 (53.3%) as a management of the first pregnancy. So among the rest 14, 8 (26.6%) give birth, 5 (16.6%) currently pregnant for the first time and 1 (3.3%) claimed as it was spontaneously aborted. So 8 of them are recorded as they have given live birth. Among those who gave live birth 7 of them are taking care of their child and 1 give the child under her mother's care.

The study also analyzes the number of abortion they undergo, hence 15 (50%) of them abort pregnancy once, 4 (13.3%) of them done twice and 1 participant abort 3 times. During the assessment 5 (16.6%) of them were pregnant and the rest weren't currently pregnant.

## Findings from the in-depth interview

### 4.4. Psychological impact

In this cluster the collected data through in depth interview are discussed based on their themes. This cluster has five thematic areas includes lack of interest and energy to do things, feeling of hopelessness, failure and down, feeling of guilty, sad, irritable or anxious and concentration towards things as they are stated on different articles having direct relation with psychological status (wellbeing). For the purpose of confidentiality pseudo name is given for all the participants.

#### 4.4.1. Lack of interest and energy to do things

Under this theme three kind of expression has been experienced like having normal/good interest energy towards doing things, being situational and total loss of interest to do thing.

Related with good interest and energy Martha said about her experience;

*I didn't experience something different with relative to other time.*

And as of Lily;

*I do things as the way they are like helping my mother on home stuffs but the thing is if I do something wrong I don't want to fix, prefer to leave it, due to that I usually fight with my mother.*

The other experience for interest and energy is being situational, like it's been expressed as follow by Samrawit

*My interest to do things usually fluctuates. Sometimes I am moody to do things and sometimes not at all. My interest depends on the actual mood of mine.*

Yordanos also explained it like this

*I do things when someone is around; I mean my interest of doing things depend on the person around me, especially am good when my friends are the one around*

The last one is total loss of interest and energy to do things, as it is repeatedly explained by participants like Selamawit said

*I don't have any interest of doing things or I have limited interest towards doing things.*

These three different experiences towards interest and energy are emerged from their way of managing the pregnancy those who gave birth are interested towards doing things or feel obliged for the purpose of their children. One of the participants Medanit said

*Am obliged to work because I have to raise my child, I am interested to work because I have to.*

Few participants think as they have interest which can be invested on them like Edom said

*I am good to go to school and chill with my friends and boyfriend.*

Their interest mainly linked with the current situation they are, those who managed to undergo abortion and continue their life perceive themselves with good interest whatever the interest is up to. Those who gave birth are interested to do things that can earn money to scale up their living standard and fulfill their child's need. Those who are situational are confused they didn't yet confirm their status.

#### **4.4.2 Feeling of hopelessness, down, failure**

On this theme of psychological assessment the research participants get categorized in four parties like one party explained as they really have feeling of hopelessness, down or failure, one part of the participant explained it as they don't have those feelings since they already manage the pregnancy without interrupting their routine, one party explained as they use to have the mentioned feelings but now not anymore and the last party is those who are confused and looking for a solution not to feel this way.

#### **Those who currently feel hopelessness, down, failure**

Participants under this party are actually feeling those symptoms; in fact their reason is different even if experience of pregnancy takes the great percentage. Those who were obliged to quit school feel this more than those who are still at school.

Like it has been explained with one of the participant Medanit as follow

*I feel down because am not where my friends are, like in school. I don't know how I will fix things and go back to school or live properly.*

This feeling is also more manifested on those who were forced to have sex or those who have been betrayed trusting their boyfriend.

*Yes, I feel hopelessness because I don't know where my life is taking me. Once I have been pushed to have sex and then by the time I do it willingly it turns out to ruin my life through pregnancy.* Said Nanny, who had her first sex forced and start an affair with her boyfriend after two years of the incident (being rape).

Roman, who were raped and forced to get married by the time her family realize she is pregnant with the fear of her future explained this way

*I feel hopelessness mainly I feel bad since I quit my school and obliged to live with someone who raped me because I get pregnant.*

The other expression of feeling hopelessness is about their future relationship those who experienced forced sex. Like Frehiwot explained it,

*I was forced to have sex with the boys I use to know or consider like friends and end up pregnant; my perception towards such relation is really distorted.*

### **No feeling of hopelessness, down or failure**

This part of the research participants feel this way because they think they managed the pregnancy to continue their routine life. Those who had manage the pregnancy through abortion or getting married express as they are not feeling this way because they think even if the pregnancy happened they manage it to precede their life.

As it is expressed like this from one of the participants, Genet

*As long I managed the pregnancy properly and continue my school I don't have such feeling.*

Hanan, also said

*No I am feeling like a married woman*

As the finding above implies as most of the participants managed it through abortion, the ease access of abortion at health facilities makes them to consider as the pregnancy is easily and

anytime manageable. Those who are married think that as they even start a new way of life due to the pregnancy except those who pushed to it without believing in it.

### **Those once feel that way but not anymore**

These participants once feel hopelessness while they first encounter the pregnancy and they think as their life will be ruined due to the pregnancy and no hope for future. But after a while when they realize there is a way out and do the procedure they feel relaxed.

One of the participants, Yodit said

*By the time I know I am pregnant I was feeling dark, hopelessness and really feel bad. I was even depressed for days but after the abortion and know am free again I feel relieved. I don't think I will feel that way again.*

Tigist also share this idea as she explained as follow

*Actually now i am feeling good because of my child. But I use to feel that way when I first get raped and pregnant. I was worried as I won't get married and get pregnant again when I abort the first pregnancy. But now am married and have child. She encounters forced sex for the first time and get pregnant. She was feeling hopelessness because she use to think as she won't get married since she once get pregnant and abort the pregnancy but now she think she is relieved.*

The situation here is the worry the pregnancy brings them is different, some worried about quitting school, some about their future relation like getting married and some about their family.

### **Those who are confused of their feeling**

Here the participants can't exactly tell about their feeling of hopelessness or down. They are afraid of the future, their family if they heard about it, how they will cope up or escape the current living situation other than the pregnancy. In this category their existing situation keeps them confused, that if they can manage it (their current situation) feeling related with pregnancy will be manageable.

Lily said

*To be honest, I usually feel insecure and scared what if my mother knows about what happened with me like as I was pregnant and abort it since she always curse such things.*

Adanech also express her concern about being confused like this

*Am scared of the future, now living with my relatives and i also get pregnant from someone mentioned relative. In fact once I aborted the first pregnancy but what will be the future if I am still living here.....she has been abused by her relative who she live together, for her the pregnancy already happened and managed but she is afraid of the future.*

Shewit said

*I don't know how to explain that but I think I will be better if I managed to get married...*

This girl left her family and start living with her friends with the support of her boyfriend, she hopes as he or someone else will marry her and be a house wife.

#### **4.4.3 Feeling of guilty/sad/irritable/anxious**

In this theme research participants also express their feeling towards the mentioned psychological aspects relative to their current situation and what they have been through. Like the other thematic areas will discuss this in different categories. Here four categories are classified like those who feel mostly sad, who feel irritable (mainly easily irritable), who feel guilty and those who don't have such feelings at all.

##### **4.4.3.1 Feel mostly sad**

Participants in this category feel sad due to number of reasons like due to the pregnancy itself,

Nanny said,

*I feel sad due to the things happened... (She can't say more than this)*

The other feels sad because of the guys they use to date, in relation to this Tsigereda said

*I feel sad due to my previous relationships that make me to abort two times. They both left me when I get pregnant, pregnancy always ruins my relationship. (Long silence)*

Mulu also mentioned her sadness feeling like this

*I feel sad because father of my son is not with me now. I am afraid for my son not to grow without a father like that of me.*

The others feel sad because of their actual current situation, like Rahel

*I always feel sad about my family that they are poor and am living with relatives. So the guys I hoped to marry me left me when am pregnant... She was dating someone with the intention of leaving her relatives home and starts her own life.*

Adanech also said,

*I feel sad very sad that I have been sexually abused with someone who my relative is. I can't share it with someone even since he scared me as he will give me back to families where its rural... she currently lives with her relatives to precede her school and abused by one of the residents of the house as relative too.*

And some of them feel sad because they are not going to school like Sosina,

*I feel sad when I think of my school... quitting*

#### **4.4.3.2 Feel guilty**

In this case participants express their feeling of guiltiness from different aspect. But feeling of guilty is the least expressed as most of participants experienced sadness. The reason to feel guilty expressed as follow

Netsanet said,

*I feel guilty to hear my friends to do something I don't believe in and wasn't interested. I feel guilty at least I wasn't careful..., she started sex due to peer pressure even if she managed to undergo abortion.*

Lily also mentioned it like this,

*Since my mother accuses such girls who get pregnant and done abortion, I always feel when my mother says such related issues. I easily feel irritable after then.*

Medanit said

*I usually feel guilty for leaving my family and school to live with my boyfriend since I get pregnant...she chooses to live with her boyfriend and give birth.*

As stated above they feel guilty for different reason one for leaving the family, one for the abortion they undergo and other due to their familiar moral background. Their ground to feel guilty in relation to the pregnancy depends on current situation, background or way of management.

#### **4.4.3.3 Feel irritable**

Here on this category those who are forced their first sex and who has been betrayed or feel betrayed are included. Participants in this category experience communication problem on their daily life due to this. As stated like this below

Worke said

*I feel irritable easily irritable especially at work. I usually fight with my supervisor after that all I want is to stay quiet for long time... she is currently pregnant and have history of two abortions. She doesn't know what to do with the current one even if she is in relationship.*

Mulu who has been raped and get pregnant said

*I feel irritable and anxious when i think of the first incident than the pregnancy.*

#### **4.4.3.4 No such feeling**

Few claimed as they didn't experience such feelings.

#### **4.4.4 Concentration**

In this category we have two groups those who don't have concentration problem and those who do experience concentration problem.

### **Participants with concentration problem**

Research participants who have been pregnant and who are still in school express their concentration problem while attending class. Few also state their problem of concentration in relation with handling their child.

Meron who is among those didn't quit school said

*Especially in the class on some subjects which I don't like previously now I don't want to listen at all. I prefer to keep myself busy doing other things, it could be even drawing.*

Bethlehem also said

*In the class room I usually lost concentration to hear the teacher. I even get lost while talking to you...*

Nanny,

*...these days am not attending class because I can't concentrate and can't even sit long listening to someone or something.*

Tigist who has her child under her care explained it like

*I usually lost memory of what I even plan to do; especially having a baby is hard. All my focus is on my baby. I get lost most of the time.*

Participants in this category clearly reflect their feeling in relation to the pregnancy. Even if they managed to get rid off the conception but still while its quiet and nothing to distract them they start to think what they have been through in relation to the pregnancy. They think as they managed the pregnancy and continue their school they get lost when they have to focus.

### **Participants with no concentration problem**

Here participants think or express as they don't experience concentration problem.

### **4.5 Social life related impacts**

This thematic area of the study assesses the participants' social relation considering the context, the fact that they are under age and related issues starting from their family, friends and

community and way of school attendance after the pregnancy happened. From the finding most teenage parents don't know or have no clue as what's going on with their daughter. The girls prefer to manage the pregnancy with their friends since the management at the facility gets so easy. The families will be aware if the girls decide to get married or give birth following the pregnancy. Hence this thematic area includes treatment/relation with their family and the approach from their friends and community.

#### **4.5.1 Treatment / relation from family**

In this category of this theme the study assess the change and challenge they face with their family afterward. Based on the participants' response here this category will also be classified and analyzed accordingly. The categories are, those their family didn't totally know what happened, who are totally separate from their family, those who have limited contact and those who have good contacts.

##### **Participants who said their families didn't know**

This category of the theme takes the highest share of the response. Most the study participants replied for the question "how do you felt about the treatment from your family afterward", as their families didn't know from the start. The research participants' response implies that the ease management of pregnancy at the health facility level via abortion makes them to deal with it simply with their friends without their family awareness. In fact they mentioned as they are insecure with the fear of what if they know about it by any means once up on a time.

Lily replied as

*My families didn't know about this at all, like nothing. But sometimes when am anxious unusual of like me my mother asks me as what's going on this new feature of me intensively....even if she can't exactly tell.*

Kalkidan said

*My families don't know anything about me, I go to school, I go home after school and so on.my mother is busy since she is the one to earn money for living... so we are good as usual.*

Rahel who is living with her relatives

*As I told you I live with my mother's relative and my families are a bit far so they didn't know. And also the relatives am living with if they hear about this will throw me away, so didn't tell or they didn't know.*

Nanny who have had her first sex forced and then started affair then get pregnant

*...my mother knows as I have been raped but she didn't know as I start another sexual affair and get pregnant. So no change plus she doesn't even want to talk about that moment also told me not to tell to anyone for the sack of my future.*

### **Participants who totally separate**

This category presents the response of participants who are totally detached from their family due to their decision to quit school to live with their boyfriend or friends after the pregnancy happened even if they didn't give birth or decide to give birth. They explained their experience as follow

Wubalem who lives with her friend

*...I left from home and as I told you I am living with my friend. I quit school and have no connection with them, currently I am totally detached. May be in the future I want to get closer even if I can't live together as before.*

Medanit who lives with her boyfriend and have one child

*By the time I started living with my boyfriend they told me not to consider them as a family anymore. I am separated from my family.*

### **Participants with limited contact**

Participants in this category have limited contact with their family that it could be their mother who contact them while other family members not. Participants also mentioned as the already existing rough connection with their family makes them to end up on pregnancy. As different participants explained it as follow

Lemlem who gets pregnant to leave her home and live with her boyfriend

*...that makes me to get pregnant and think of getting married is the fact that I wasn't good with my families. So now my pregnancy is at its start stage and I don't decide either I have to abort it or keep it. I have to decide before they recognize... because it will get worse.*

Ruth participant who gave birth says

*Only my mother sometimes tries to reach me and provides me something. My father and brother don't want to contact me at all, since I have left the home we haven't communicated.*

### **Participants who have good contact with families**

In this category we find those that are in good relation with their family even after the pregnancy. In this case the families managed to be in good state since at least they managed to get married when they get pregnant. So even if the parents/families aren't happy with the fact that they quit school but at least context wise (Ethiopian context) they accept that they will give birth with their partner. Participants explained it as follow

Hanan who is currently pregnant and live with her partner says

*At least am married, so my families don't object much. They are more worried about my pregnancy.*

Zinash said

*Now they consider me as a married woman whatever they are feeling. The attachment we have is not that close or detached.*

Mulu who give birth at 16 and who lives with her mother (her mother gives birth to her at age 14)

*I live with my mother, don't have sister or brother. My mother was happy to have grandson, she also gave birth first at the age of 14 or around. She always wishes to have a son but she doesn't manage to start an affair after giving birth to me.*

#### **4.5.2 Approach from friends and community**

This part of the in-depth interview assesses research participants' relationship with their friends and the community at large in relation to the pregnancy. As that of other parts this also categorized based on the participants response like who have good communication with friends and who got separated and/or who already haven't much friends. Concerning community relation they don't mention much except few who live alone state as they sometimes face some critics from their surrounding neighborhood.

##### **Those who have good communication**

This category is inclusive of participants with different situation while most of them are those who are still in school. Most of them deal with the pregnancy with their friend due to that their bond becomes stronger. Those who shares secret will try to have back of one another, even when it comes to this issue they are closer to their friends than family. As it is mentioned above most of the parents or families didn't know about the situation since they are dealing with their friends. Plus since there is peer pressure the other one also experienced it.

Meron said

*I have good friends I didn't see change on them. We go to school and also have fun together.....*

Lily said

*The connection with my friends is still the same because necessarily am not the only one who have done this, so of them. So they were supportive of during that period*

Frehiwot said

*In fact my close friends were supporting me during that time but school friends that we aren't much close gossip about me to the extent pushing me to hate school...*

Shewit said

*I only have two friends afterwards since I start a new life (quit school and live with my boyfriend to raise our child) so can't communicate with my old friends.*

### **Those separated and/or don't have much friends**

This category consists of participants who are separated from their friends when they quit school and those who don't have many friends even to share. Participants who are separate while quitting school reflect their sadness to be detached from their friends. It was explained as follow

Hiwot said

*After I gave birth I totally get detached from my close school friends. They don't want to be seen with me.*

Medanit said

*My friends don't communicate me like before since now we are on different way of life...*

Mulu said

*I lost my school friends; I don't have contact at all with them. I have new friends from the village now*

Genet said

*Actually I don't have much close friends who can share such private issue...*

### **4.5.3 School attendance**

Here participants mainly who are enrolling in school were asked about their way of attending class, their initiation and related. Those who claimed as they quit school in the earlier part of the questionnaire weren't asked for this. So those who are currently enrolling in school categorized in two groups like who claimed as they attend properly and who aren't attending properly.

#### **Those attending properly**

In this group few said as they attend school properly with the fear of someone from the family those who are in close follow up of their families. Others claimed as they attend class properly they didn't mention as they are doing it with fear of someone. This was explained as

Frehiwot said

*...I properly attend class in terms going to it with the fear of my father.*

Selamawit said

*I properly attend class, since my mother usually wants to make sure my attendance....*

Yordanos said

*I attend class properly as much as possible, I think*

### **Those not attending properly**

These participants clearly reflect their interest towards attending class. They are not totally interested to attend class. They claimed as they always look for an excuse not to attend even physically. They explained it as follow

Meron said

*I prefer if I didn't go to school at all. So sometimes me and my friends will go somewhere and spent time simply sitting together. When I am in the class I usually get carried away with different thoughts as I mentioned earlier, especially those subjects I use to hate before now its worse....*

Nanny

*Sometimes I bunk on some periods with my friends....*

Tsigereda said

*As much as possible I will find a reason not to attend class*

### **4.6 Emotional related impacts**

Under this category three areas are included which are self-take care, sleep pattern and appetite. These physical indicators help to show the psychological wellbeing and stress they have in another way. Those who claimed as if they are fine, here they were reflecting their problem with taking care of themselves or sleeping problem. They are separately analyzed as follow

#### **4.6.1 Self-care**

In this category research participants reflect what they feel in relation to their living situation, friends and their interest towards taking care of themselves. Some of them explained as they don't have interest to take care of themselves due to what they have been through and what they actually are. Some of them are interested to care of themselves for different reason. Few even explained as they take care of themselves not to reflect or to hide their bad feeling. Some of them take care of themselves to look good for school or work place.

##### **Those don't take care of themselves**

It is more reflected on participants who gave birth and take care of their children, even if they don't gave birth those who quit school also reflect this. In fact those who gave birth said as they have interest but their situation don't allow them. Participants explained like this

Tigist said

*I don't even think about it after I get pregnant, am stressed mostly. So no intention of taking care of myself...*

Frehiwot said

*I totally lost that part of me, because the incident makes me to feel the fact that looking good will make you vulnerable. So as much as possible I don't want to do self-caring things....*

Medanit said

*Actually even if I am interested to take of myself I don't have time, I spent most of my time taking care of my kid. Plus I also not interested to spent time to take care of myself after sometime*

Yordanos said

*I easily get annoyed when things don't happen timely when I need, or if I don't get something I want. So by then I don't even want to look after my hygiene....*

Bethlehem said

*All I need is to be clean if possible especially when I go to school but except that I don't think about taking care of myself*

### **Those who take care of themselves**

These groups of the research participant claimed as they take care of themselves for different reasons. Some of participants' reason reveals as they take care of themselves to be similar with their friends or look good for their partners. Some of participants' respond as follow

Selamawit said

*I take care of myself because I want to look good to my boyfriend*

Meron said

*Since I don't want to look loser I take care of myself more than even before. I mean I don't want to show change... want to act as if nothing new happened*

Lily said

*I properly take care of myself while going to school with friends and so on.*

### **4.6.2 Sleep pattern**

As sleep pattern was taken as one indicator of wellbeing, participants were examined about their sleep pattern. Their response also classified in two for ease and detail analysis of it. More than half of the participants complain about having sleep disturbance and the rest claimed as they have normal sleeping pattern.

### **Those having disturbed sleeping pattern**

Here participants claimed as they have sleep disturbance due to many reasons. It is mentioned by both participants who are currently enrolling in school or quit, also by participants who had their first sex forced or willing, by who give birth. In fact their different way of expression and reason will be presented as follow

Hanan said

*Since I get pregnant and give birth my sleep is totally disturbed. I don't usually sleep properly. 2 or 4 hours I sleep long except that it's on and off*

Tigist said

*I am not totally sleeping since the day I have been told as I am pregnant and my boyfriend hesitate about living together... (Was really quite for long)*

Frehiwot said

*I get forced to have sex with boys I use to know or consider friends, so for long period of time I use to have night mare of the incident. Even the last thing I think about before falling asleep is that moment. Sleep disturbance is the biggest problem of me...*

Rahel said

*I usually prefer to sleep in the day time but at the day time I am in school so I feel dizzy sometimes. When I come home I have things to do... as a whole it is disturbed.*

Nanny said

*I sleep early sometimes, sometimes I stay late, sometimes I can sleep the whole night, sometimes I sleep for few hours and get awake, I don't know it depends....*

### **Those with normal sleep pattern**

This part of the research participants claim as they don't experience much change on their sleep pattern. They sleep well.

### **4.6.3 Appetite**

Finally research participants were assessed for their appetite status to have another point in relation to stress. Here also participants' response was classified into two for the analysis. It is classified as those who experience appetite problem and those who don't.

### **Those having appetite problem**

Appetite problem is seen as loss of appetite or over eat, so participants claimed both kind of appetite problem. Among those who are currently pregnant in relation to it they complained as they are unable to eat. Those who lived with friends or spent more time with friends claimed as they eat at any time they get the chance. Some replies are presented as follow

Frehiwot said

*I don't think I have appetite problem that especially while am with my friends I eat much. I eat as I get the chance....*

Wubalem said

*I even eat too much with my friends while cooking for ourselves. We eat most of our time could be anything...*

Adanech said

*I don't usually have appetite to eat...*

Kalkidan said

*I don't usually have feeling of hunger, so I eat when I feel hungry. Then that could be once per day or less...*

### **Those having good appetite**

Participants classified under this claimed as they eat properly and they don't experience any change on their appetite. Explained as

Mulu said

*I properly feed when it is meal time...*

Hiwot said

*I don't think as I have experience such feeling significantly... I usually eat properly*

## **CHAPTER FIVE**

### **5. DISCUSSION**

This section discussed finding of the study based on the established thematic areas and few related studies since there is shortage of studies that directly work on the psychosocial aspect of teenage pregnancy. The thematic areas are psychological impact which includes interest and energy to do things, feeling of hopelessness/failure and down, feeling of guilty, sad, irritable or anxious and concentration towards things. Social aspect of the thematic area includes treatment from family, treatment from friends and community and school attendance. Physical aspect includes self-care, sleeping pattern and appetite condition. The demographic, personal and sexual related part of the study will be discussed.

#### **5.1 Participants' demographic data discussion**

The data indicates as the mean age of respondents is 16 years old, the median 15.5 years old and the mode is 18 years old. As it is defined as pregnancy carried by girls aged between 10 to 19 years. Its exact prevalence is difficult to determine due to under-reporting and abortion (Medicine, 2014). Under-reporting and abortion hampers the data related with the most specific age range except categorizing as teenage pregnancy with slight age difference.

Respondents higher source of income are parents 13/30 (43.3%) as most of them live with their parents and still in school. The next significantly mentioned source of income are husbands/boyfriend with whom they are living. These are those who are not totally under their parents control and quit school due to their living situation. Almost all of the seven teenagers claimed as they quit school.

#### **5.2 Participants' personal data discussion**

Those who are not in any kind of opposite sex relationship takes the higher share 14/30 (46.6%) as it would be hard for teenagers to keep sustainable relationship. Early teenage relationship often involves exploring physical intimacy and sexual feeling (raisingchildren.net.au). 8/30 mentioned

as they will go to café to enjoy with their friends and 6/30 (20%) go to bar to enjoy, if its sum up almost half of the respondents go out somewhere to chill. It clearly reveals as it will increase their relation with each other and out siders. In fact we realize it even if café has no user age restriction but bars have restriction while the teenagers access it.

In relation to alcohol intake 10/30 (33.3%) take alcohol whatever the frequency, since the frequency was asked to ease way of asking of their alcohol intake. The researcher find it easier to ask the frequency than asking either they take alcohol or not as it will be more leading to "NO" reply. The data implies as they already have trend of alcohol intake while they are under age. As it is mentioned many times alcohol intake contributes for unprotected sexual practice. The same was done with their khat chewing trend so based on that 6/30 have trend of chewing khat. A substantial proportion of out-of-school youth engage in risky sex. The use of Khat and alcohol and other substances is significantly and independently associated with risky sexual behavior among Ethiopian youths (Kebede et al., 2005).

As its contribution to initiate sexual desire frequency of pornography watching was also one part of the personal information assessment question. 6/30 claimed as they watch frequently and 17/30 said as they don't frequently watch pornography. Those who mentioned as they watch frequently are those who live with friends and one of the respondents living alone.

### **5.3 Participants' sexual data discussion**

The mean age for first sex encounter is 15.6 years old. 16 years of age takes the highest share of age for first encountered sex 11/30 (36.6%) as it is relatively close to studies done on age of first sex in Ethiopia. Research done using data from the 2000, 2005, and 2011 Ethiopia Demographic and Health Surveys (DHS) across the three year survey reveals as the median age at first sex has remained relatively stable at 17 years.

19/30 (63.3%) had their first sex willingly, while most of them reasons was love 12/19 (63.1%). A similar data for having sex willingly was recorded from study done in Ambo on young women sexual initiation and associative factor as the main reasons for engaging in first time sex were

passionate love (30.7%), any substance use (25.7%), feeling maturity (18.7) and followed by desire for marriage (12.6%) (Digafe, Assefa, Shewaye, & Mesfin, 2018).

At this age as it mentioned earlier adolescents want to try new things, develop physical attachment and emotional intimacy with opposite sex. When it comes to adolescent girls they will also be provoked from men who are elder than age. As DHS, 2016 report reveals as Ethiopian women begin sexual activity before Ethiopian men. The median age at first sexual intercourse for women age 25-49 is 16.6 years, compared to 21.2 years among men age 25-49.

The mean age for first pregnancy of research participants was 16.3 years of age. The median age at first birth for women is 19.2 years. Nearly 4 in 10 (38%) women give birth by age 18 (DHS, 2016). The DHS data gives for all women while this study shows for participants (13-19 years of age). Still even from the overall women the age for pregnancy and birth is under age showing the prevalence of teenage pregnancy.

More than half of the participants managed their first pregnancy via intentional abortion which is expected as most or all of the pregnancy was unplanned and they are school girls. As Ethiopia is among few countries that have explicitly reduce barriers to safe and legal abortion for adolescent women. Abortion rates are also affected by adolescents' low level of sexual activity relative to that of older women. As of 2014, adolescents have an estimated 96,243 induced abortions per year (GuttMacher, 2018). Here we can also discuss the frequency of abortion done by single adolescent. 15/30 (50%) has done abortion once, 4/30 done twice those who give birth to their pregnancy are left. Even among who currently gave and currently pregnant encounter abortion.

#### **5.4 Participants' psychological data discussion**

The psychological situation of the participant teenagers examined through different indicators as it is separately stated on the result. Two third of the participants 24/30 claimed as they don't have interest to do things and as they mood usually fluctuates. Fluctuation of mood shows their emotional instability. They need something to push or initiate, as most of them mentioned as they are better when they are around their friends to do things. This is more reflected on school girls as their more attachment is with their friends.

Interest in doing things has different format among participants. Those who gave birth think they are responsible to their child and so they think as they are interested to do thing that can earn money. The burden they have become their push to do things. Even if they claimed as they have energy is the energy is burden based interest. Because even if they claimed as they have interest to do things they also complained about little energy to do things.

Low energy is also mentioned in relation to lack of interest. Most of participants with lack of interest stated as they also have little energy or feeling of weak without doing anything. The lack of interest will impose on the energy of doing things, they easily feel weak. Hence the energy is directly related with the interest.

Participants were also examined their feeling of hopelessness, down or failure under the psychological thematic area. Few among the participants 8/30 claimed as they don't have feeling of hopelessness or other related feeling since they manage the pregnancy via abortion without anyone knowing about it especially their families and managed to continue school as before. They relate this feeling of them with the management as if they didn't manage it this way as lots of things change on their life.

Some participants claimed as they feel such feelings on the day they find out they are pregnant and even after they are told as there will be solution. They are kind of relieved after they managed the pregnancy and precede their routine. Hence the feeling depend on either it's managed without distracting their routine life or not. The feeling of hopelessness or down and related feelings mainly reflected by participants who quit school. With regard to their age they think as they have to be in school but due to the pregnancy they were obliged to quit the school.

In addition to those who feel hopelessness or down due to their school quitting, those who had their first sex forcefully feel the same. The fact that they have been forced to do what they were not interested makes them to feel as things could happen even without their interest. It poses a doubt as anything they don't want could happen to ruin their life any time. So it implies as in spite of the pregnancy the way it happens and it is managed will be the one to provoke feeling of hopelessness or down.

Feeling of sad/guilty/anxious or irritable were clearly explained by participants. 16/30 participants feel sad for actually different reasons. This area gets inclusive of different groups like those who claimed as they don't have feeling of hopelessness here they reflect as they feel sad due to what happened previously. Some feel sad because they are sexually abused once which was main source their current situation. 23/30 feel sad due to different their own reasons the pregnancy being the core, as the way it happened or the way it is managed/end up.

Feeling of guilty is least reflected feeling as sad take the highest share. The feeling is mainly expressed in relation to family. Those who left their home after the pregnancy to live with partner express this feeling of guilty. Most of them who managed pregnancy with the help of friends without their families' awareness also reflect this feeling of guilty.

Few claimed feeling of irritability. The reason for being irritable in addition to the pregnancy revolves around their current situation as explained by the participants. Most among who say they have feeling of irritable it mainly related with the interaction they use to have with their partners. In addition, those who were forced their first sex also claimed as they feel irritable. It also imposes an effect on their daily life communication with their surroundings. They claimed as they easily get irritable.

Loss of concentration is reflected by those who are still in school, who gave birth and quit school. School girls explained as they mostly lost their concentration in class room to properly listen the sessions. Those who quit school to give birth and take care of their child lost concentration because their most focus is on their child. Being depressed can make it difficult to pay attention and focus, which can affect memory. Stress and anxiety can also get in the way of concentration. Stress caused by an emotional trauma can also lead to memory loss.

*(<https://www.webmd.com/brain/memory-loss>)*

## **5.5 Participants' social data discussion**

Here the discussion is about the participants' relation with their family, friends and community during and after pregnancy. Most participants family especially who managed the pregnancy via abortion secretly didn't know about the situation. More adolescents sought help from their peers (68.4%) compared to their parents (57.8%) (Medicine, 2014).

As it is revealed by studies most adolescents wants to make more time with friends than family so they will also deal with that with their friends. Except for those who officially start living with their partners 7/30 the rest participants claim as they keep it secret. In fact some of them mentioned their insecurity incase their family heard about it by one means.

In return families of those who gave birth and live with partners, somehow they managed to keep the relation fine. They mentioned as even if their families are not happy with their early pregnancy at least they are relieved with the fact that they give birth as a married woman. Since it is still considered taboo to have child without getting married at least they consider it as they didn't break rule and reputation among the community is safe. Even if they can't protect the pregnancy at least they managed it in somehow acceptable manner.

Few among those who live with their partners get totally detached from their family. They were considered as they disgrace their families to live with a man without their permission. These girls are sad with the relation they currently have with their families. Here even if they didn't gave birth few left home so they are detached from families.

Here participants relation with friends was also examined hence relatively they have good connection with friends. School girls who live with their parents claimed as they have good connection with friends especially when it comes to the pregnancy. In contrary those who mentioned as they are living with relatives 4/30 claimed as they don't have that close friends to share such issue. They explained as they come here to school so they don't manage to have close friend than being class mates.

In fact those who quit school don't have old friends after that. They feel bad to see their school friends. The sudden change in way of living also creates gap on the friendship.

Trend of school attendance was also assessed in detail for those who are currently enrolling in school. In fact the data related with lack of concentration reveals as most school girls face challenge to concentrate in the class. They mostly prefer to have time with their friends than quietly attending class, as by the time it's quite it gives a space to think more. Some will look for an excuse not to go school or bank from school. They claimed as they get lost in the class, few mentioned as they hate more those subjects they don't like before.

In fact some claimed as they are attending class properly with the fear of family. These parts of the participants consider themselves as they are attending class since they are going daily but couldn't more say about their concentration. Those who clearly explain as they class attendance is not good taken as they don't attend class properly it's because as they are not willing to appear physically. It reveals as pregnancy has significant effect on education. Since appearing in the school is not enough to properly effective for the long run.

### **5.6 Participants' Emotional data discussion**

The research participants' emotional related way of their situation also indicates participants' status towards their physical wellbeing. In fact the indications from here also will be generalized with the psychological aspect. Taking care of oneself usually relate with self-esteem.

The participants' way of self-care was examined as self-care is crucial as indication of emotional stability and self-esteem. The responses also reflect as they don't have interest of taking care of themselves for different reasons. Those who already gave birth reason out as they don't have time to take care of themselves even if they have they still want to have time with their child. School girls also claimed as they lost interest in taking caring of themselves.

As of sleep pattern was 19/30 have disturbed sleep pattern due to their current situation, due to their past, bad memories and so on. Girls who gave birth have difficulty of sleeping because they have to take care of their children. They are mostly carried away by following up their babies. It's obvious as women focus on their children after they gave birth, so here teenagers are taking that responsibility while even they are supposed to be under their parents care. Study conducted in Malaysia reveals as a consequence of emotional disturbances, some of the adolescents in the study suffered from sleep problem, known as adjustment sleep disorder that can result in chronic sleep deprivation. The latter may subsequently affect their emotional adjustment leading to a vicious

cycle. In addition, it impairs their cognitive functions and academic performance. So, these problems might cause them to lose their interest in academic and lead to their dropouts.

As it reveals their emotional instability school girls will look for a reason to care after their selves, they take care of themselves because they want to look good in front of their friends or boyfriends. But deep down they don't have the interest to take care of themselves. Few of course reflect it as they totally drop taking care themselves especially those who are not in school or even they are school who don't have close friends. Lack of interest to take care of one self implies low self-esteem and as a whole emotional deprivation.

Loss of appetite and over eating was also mentioned, teenagers who were pregnant, currently pregnant or give birth claimed as they have appetite problem. As they claimed they don't want to eat properly or prefer to eat anytime they get the chance as even way of enjoyment.

## CHAPTER SIX

### CONCLUSION AND IMPLICATION

#### 6.1 CONCLUSION

The study more emphasizes on the unseen impacts of teenage pregnancy. It reveals as pregnant teenagers are having hard time after the pregnancy even if they manage it via abortion or give birth. Even if most adolescents are living with their parents the attachment they have is distant as they more prefer to deal with their problem with their friends. As most of the countries also in Ethiopia getting pregnant at this age and even without being married are shameful acts, it makes hard to the teenagers to share it with their family but this thought of the society didn't hinder the teenagers from doing it so. Hence the number of teenage pregnancy worldwide and nationwide is increasing.

As alcohol is known for its high risk to unprotected sex, alcohol intake while being under age is also mentioned. In relation to the wide access to alcohol and weakened monitoring of underage alcohol consumers the increment of unprotected sex is expected with its contribution to unplanned pregnancy.

Sadness takes the highest share among the examined indicators of psychological impact. Lack of interest or being moody (having unstable mood) in relation to little energy to do things are what the teenagers experienced. They are easily irritable when communicating with people. They become easily fragile. Some Participants were trying to look fine especially those who abort and are still in school during interview even if the indicators reveal their disturbed psychological wellbeing level. In fact they have different reason for their sadness or irritability but the deep rooted cause is the pregnancy.

They are confused about their future; they frustrate when they think of being grown and having serious relationship with their stories. They feel guilty of their deed for different reasons. They confused to tell their feelings.

Especially those who quit school are feeling down or hopelessness. Seeing their friend strikes their regret, the impact the pregnancy impose is deep rooted and long lasting. The psychological

impact they are experiencing is different based on the current and previous situation. As hopelessness and feeling of failure is more reflected on those who quit school and sadness and irritability more reflected on school girls. Lack of concentration is also been obstacle for school girls to attend class even if they appear physically.

The connection they have with their families is distant. In relation to the already existing taboo of getting pregnant without marriage takes the lion share for this gap between parents and their children. Teenagers prefer their friends to share their secret and deal with the pregnancy. This good bond of teenagers is more reflected on those who are in school and manage the pregnancy via abortion. But those who were pregnant and obliged to quit school can't maintain the friendship bond anymore. In fact these groups are also facing pressure from the family as they are being considered as deviant. In this case they don't even have someone close to share their stress as it worsens their pressure.

The ease access of health facility abortion even if its safe looks like as it makes the teenagers reluctant on their sexual behavior. The only thing they are considering is as they can manage pregnancy easily and precede school without their family awareness. The concern here is the fact that it is managed secretly.

Low self-esteem and emotional instability is reflected by most of them even with those who claimed as they are fine for other indicators. As it is expressed they are facing challenge in taking care of themselves and even they do take care as they are doing it for such specific purpose than self-initiated energy. Sleeping pattern disturbance is also reflected highly almost on all girls who give birth, who are still in school and currently pregnant. It more reveals their emotional instability. Lack of appetite and over eating was also mentioned. Those who over eat claims as they have good appetite as they consider it normal but it is another implication of stress.

Generally pregnant teenagers are having hard time in terms of psychological, social and emotional problems as that was reflected through different indicator of the study.

## **6.2 IMPLICATIONS**

The consultation with the teenage pregnant as that of the adult pregnant is done with only health professionals even if it needs special support. If they are up to aborting or giving birth the same service provision will be processed.

### **6.2.1 Implication for Social Work**

As indicated above on the finding pregnant teenagers will have hard time in relation to the pregnancy. So they need psychosocial support to cope up with the situation at onset and after. This has to be done with social workers that can work in collaboration with the health professionals. The practice of social worker is significant in other departments mainly in rape victim center. But here the role of social work is more neglected. So the collaborated work for better management of the teenage pregnancy is required. The hospital has to consider working with social workers in this department while there are teenagers as that of the center for rape victims. As it is role of social worker, the social worker has to advocate the need for the psychosocial support for this age group pregnant.

### **6.2.2 Implication for research**

Studies related with teenage pregnancy are more focused on the prevalence of teenage pregnancy, safe abortion and its prevalence, contraceptive use and other related concepts. As there is shortage of studies on the psychological, emotional and social aspect of the teenage pregnancy initiations have to be taken to work on the area especially in Ethiopia.

### **6.2.3 Policy implication**

The policy related with abortion which stated as any women can get abortion if she claimed raped, relative pregnancy without even further request for confirmation contributes for the teenagers ease perception of the procedure. The fact that it is given at the health facility level increase the safety but still it has its own physical, psychological and social impact as even this study implies. So it is requiring some further research based adjustments on the policy.

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## **ANNEX I**

**Addis Ababa University School of social science Department of social work**

### **Graduate Studies**

#### Consent form

Hello, my name is Hanna Alemayehu graduate program student of Addis Ababa University, social work department. I am conducting research on the psychosocial impact of teenage pregnancy. This questionnaire will ask about the situations take place after the pregnancy happens from different aspect. So this will help me as the fulfillment of the graduate class. I would like you to share me the experience of yours that contribute to complete my study.

Your answer will be completely confidential. Your name is not needed. The information you give me will never be used in connection to you. All questionnaires may take 45 to 60 to be completely asked. You are free to stop at any time of the session if don't feel comfortable. So I will request your patience to answer them.

**THANK YOU.**

## ANNEX II

### Part 1- Questionnaire

#### Demographic

1. Age \_\_\_\_\_
2. Where do you live? \_\_\_\_\_
  - a. Urban(capital cities)
  - b. Semi urban
  - c. Rural
  - d. Remote area
3. With whom you are living? \_\_\_\_\_
  - a. Parents
  - b. Care taker
  - c. Alone
  - d. Relatives
  - e. Friends
  - f. Boyfriend / husband
4. Are both your parents alive?
  - a. Yes
  - b. No
5. If both alive, are your parents living together?
  - a. Yes
  - b. no
6. What is the highest grade you completed? \_\_\_\_\_
7. Are you currently enrolled in school?
  - a. Yes
  - b. no
8. Source of income
  - a. No income
  - b. Parents
  - c. Boyfriend / husband
  - d. Self employed
  - e. Employed (part time or full time)
  - f. Someone whose sexually engaged with
9. How much do you get per week? \_\_\_\_\_

### Personal and sexual history

10. How many close friends do you have? \_\_\_\_\_
11. How many of them are in opposite sex relationship? \_\_\_\_\_
12. Are you currently engaged in opposite sex relationship like?
- a. Marriage
  - b. Relationship
  - c. Open relationship
  - d. Not at all
13. How do you enjoy with your friends?
- a. Going to café
  - b. Going to bar
  - c. Going out from the city
  - d. Sitting together
  - e. Other/specify \_\_\_\_\_
14. How many times did you take alcohol?
- a. Not at all
  - b. Monthly or less
  - c. Two or four times a month
  - d. Two or three times a week
  - e. Four or more times a week
  - f. Unknown frequency
15. How many times did you and your friends chew khat or other drugs?
- a. Not at all
  - b. Monthly or less
  - c. Two or four times a month
  - d. Two or three times a week
  - e. Four or more times a week
  - f. Unknown frequency
16. Do you frequently watch pornography?
- a. Have never seen
  - b. Yes
  - c. No
17. At what age did you had your first sex? \_\_\_\_\_
18. Was your first sex forced or you were willing?
- a. Forced
  - b. Willingness
19. If it was willingness, what was you reason?
- a. Love
  - b. To get money
  - c. Peer pressure
  - d. Curiosity
20. Have you ever been forced to get married due religious or cultural rules?
- a. Yes
  - b. No

21. How old were you when you first get pregnant? \_\_\_\_\_

22. Did you plan it?

a. Yes

b. No

23. How did you manage it?

a. Give birth

d. Currently pregnant

b. It spontaneously get aborted

c. Intentionally abort it

24. How many children have you ever given live birth to? \_\_\_\_\_

25. Is there a child who lives under your care?

a. Yes

b. No

26. How many times have you terminated pregnancy?

27. Are you currently pregnant?

a. Yes

b. No

## **Part 2- In Depth interview guide**

### **Psychosocial information**

#### **2.1 Psychological related interview guides**

28. How do you explain your interest in doing things?
29. Can you explain me as how you feel down or hopelessness?
30. How do you find your energy like (easily feel tired or little energy)?
31. How do you consider yourself in terms of failure or related?
32. How do you explain your feeling of guilty, sad, irritable, and anxious, if you experience it?
33. How do you explain your concentration towards things?

#### **2.2 Social related interview guides**

34. How do you feel about the treatment from your family after wards?
35. How do see your friends and community approach after wards?
36. How do you consider your school attendance?

#### **2.3 Emotion related interview guides**

37. How do you explain your sleeping pattern / trouble?
38. How do you explain your eating trend like loss of appetite or over eat?
39. How do you perceive yourself in taking care of yourself?

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