

Assessing the influence of teenage mothers marital status on their essential maternal health care practices and outcomes

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WHO scholarship

What is currently known?

- *Marital status is one of the social determinants of Health of an individual.*
- *Adolescents are also individuals, therefore they are not an exception, they are a vulnerable group due to restrictive social- cultural norms, economic, gender, age and marital status.*
- Globally, each year, 16 million adolescents give birth.
- In Uganda, early Marriage (before age 18) is common and premarital pregnancy is also common.
- By age 18, 41% of the adolescents have begun child bearing in Uganda.
- About a half of women deliver under unskilled attendance (53%), 50% do not make 4 ANC visits. PNC is at 26%.

Problem statement

- Some studies have indicated that adolescent mothers are not significantly different from adult mothers in maternal care seeking.
- However, there is no sufficient evidence on the influence of marital status on teenage mothers maternal care seeking behavior and outcomes in Uganda, except for family planning.
 - Marital status data not collected from maternal care clients, HMIS, Health Facility records. UDHS report which is our reference for policy and planning doesn't show marital status and age for most Maternal health variables except FP.

Goal and study objectives

Goal

- To assess marital status of adolescents as a determinant of utilisation of essential maternal and family planning services by adolescents.

Specific objectives

- To compare utilisation of essential maternal health and family planning services by unmarried and married teen mothers.
- To assess influence of marital status influence on knowledge, attitudes perceptions of the teen mothers towards maternal health and family planning services.
- To assess health providers care strategies and barriers in provision of essential maternal health and family planning to unmarried and married teen mothers.
- To identify gaps in policy on essential maternal health and family planning services for unmarried teen mothers.

Hypothesis

- Adolescent's marital status is an essential determinant in the utilisation of essential maternal and family planning services in Uganda.

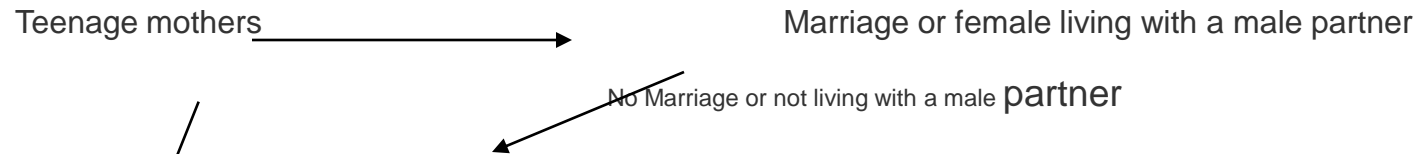
To answer this hypothesis,

- *analysis of different indicators on married and unmarried teenage mothers*
- compare their views on MH/FP, premarital motherhood
- analyse delivery of services.

The study design

Study population

Exposure



Outcomes to be measured/analyzed are:

The difference in the

- Proportion of pregnant adolescents attending antenatal care (ANC) 4 visits.
- Proportion of adolescents who have had unsafe abortion.
- Proportion of adolescent mothers attending postnatal care (PNC) (6weeks).
- Contraceptive prevalence (CPR).
- Proportion of teenage mothers with low birth weight babies at birth.
- Proportion of pregnancy complications (obstructed labour) among teenage mothers.
- Proportion of teenage mothers delivering under skilled attendance.
- Proportion of adolescent mothers with stillbirths.
- Difference in knowledge, perceptions and attitudes towards family planning (FP), maternal health services.
- General attitude towards premarital pregnancy.
- Strategy, policy and training content on unmarried pregnant adolescents.
- Attitudes and practices program officers and youth providers in addressing FP and essential maternal health (EMH) needs of unmarried pregnant adolescents.

Methodology cont...

Review

- Reproductive health policy guidelines and training manuals content.
- Health facility records, health management information system (HMIS)
The Health providers will record marital status of ANC, FP, maternity, PNC and post abortion care clients for 6 months in the registers.
- The UDHS 2006.

Key informant interviews will be administered on;

- Reproductive Health program managers and reproductive health service providers of the selected health facilities.

Focus group discussions (FGDs)

- Married adolescents FGDs – (1 per district)
- Unmarried adolescents – (1 per district)
- Parents and community Leaders - (1 per district)

Study area selection

- Will be a national study.
- Purposively select 8 regions based on ethnicity with consideration for urban and rural settings .
- Randomly select one district from each ethnic region. Priority to districts with high teenage pregnancy basing on HMIS reports.
- Review all policy documents, training manuals on adolescent health and Development.

Note Data will be analysed using both qualitative and quantitative techniques.

Contributions of the study

- Will provide further information to understand determinants of adolescent health seeking behaviour, and identify further areas for research.
- The participating communities will benefit from the shared knowledge during FGDs.
- The data will be used as evidence for policy and planning for MH/FP service delivery to different categories of teenage mothers.

Ethical considerations

- **Voluntary** participation of all adolescent mothers and other respondents.
- **Inconvenience-** respect for cultural values, minimum financial inconveniences, reimburse transport fees incurred.
- **Confidentiality-** keep records anonymous, locked up.
- **Benefit-** Health education for participants, advice and referral for reproductive health conditions.
- **Consent**
 - To use tape recorders and cameras.
 - From participants, guardians, parents, relevant authorities in the community. They will be briefed about the purpose of the study, its benefits, its design and how confidentiality will be observed.

Estimated cost

Only

UGX 11,697,500

US \$ 6,092

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Thank you for listening to me!

I would like to thank

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- WHO for the financial assistance
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