

Knowledge and Problems Encountered During Teenage Pregnancy in Afgoi District, Somalia: A Descriptive Cross-Sectional Study



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ABSTRACT: Pregnancy in a female under the age of 19 is referred to as teenage pregnancy or adolescent pregnancy. Due to the detrimental effects on the prospective bride and her offspring, teenage pregnancy has been referred to as a breach of human rights and a destructive practice. This paper investigates the knowledge and problems encountered during teenage pregnancy in Afgoi District, and the important implications for effective teenage pregnancy interventions. In the Afgoi District, this cross-sectional study was carried out. Information was gathered from 150 teenagers. The data that was gathered through the use of the questionnaires that the respondents answered comprised determining the characteristics of the respondents, the extent of knowledge on early pregnancy among the respondents, and problems encountered about the experience of adolescent pregnancy. After analysing our data, we found; In about (PS=47.33) of the respondents were moderately knowledgeable about knowledge of Pregnancy and problems encountered. The current study found; (PS=45.33) of the respondents were moderately knowledgeable of Teenagers are more susceptible than mothers of average age to high blood pressure associated with pregnancy and its complications. However, the majority of the respondents are slightly knowledgeable that Smoking during pregnancy has been found to diminish birth weight and result in premature birth in babies (PS=20.67), while drugs and alcohol can have highly harmful effects on a mother and her unborn child (PS=22%). We found that most of the respondents sometimes encounter physical problems namely bleeding (WM=3.18); low Birth Weight (WM=2.99); premature birth (WM=2.93); miscarriage (WM=2.84); and hypertension (WM=2.62). Age, marital status, educational attainment, and source of income were positively correlated with the knowledge and Problem encountered in Teenage Pregnancy. Teenagers knew moderately about pregnancy and the issues that can arise during it. The majority of respondents also had a basic understanding that smoking during pregnancy has been found to lower birth weight and result in premature birth in babies, as well as the severe impact that drugs and alcohol may have on a mother and her unborn child. Age, marital status, educational attainment, and source of income were positively correlated with the knowledge and Problem encountered in Teenage Pregnancy. Therefore, in order to increase young teenagers' understanding of pregnancy, it is crucial to design a policy that outlines the promotion of educational awareness and improve their awareness of it through health education programs.

KEYWORDS: Pregnancy in Adolescence, Abortion, Human Rights, Female, Pregnancy Complications, Early Marriage

INTRODUCTION

As of 2019, adolescents aged 15–19 years in low- and middle-income countries (LMICs) had an estimated 21 million pregnancies, of which approximately 50% were unintended and which resulted in an estimated 12 million births [1]. The most prevalent is in Sub-Saharan Africa and South Asia and disproportionately affects girls. Child marriage has been called a human rights violation and a harmful practice, due to the negative consequences for the girl bride and her future children, including low educational attainment, early pregnancies, increased risk of maternal and infant mortality, heightened risk of child malnutrition, and perpetuation of the poverty cycle, to name but a few [2]. In Somalia, the 1975 Family Code made marriage before age 18 illegal (but note that marriage at age 16 with parental consent was still permitted), and the Constitution (2012) states that marriage is legal once a man and woman reach the 'age of maturity' [2]. According to Somalia Multiple Indicator Cluster Survey data from 2006, 45% of 20 to 24-year-old women married before 18. More recent data from 2013 suggest this proportion remained relatively stable (47.2%). Data for Somaliland and Puntland, the study was conducted, suggesting a lower prevalence of child marriage

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compared to the national average. In 2011, the proportion of 20 to 24-year-old women married before 18 was 24.1% in Somaliland and 35.2% in Puntland [2]. The following factors may account for the rising trend in teenage pregnancy in this area: family-related problems, sociocultural factors, low education level, and the lack of adequate knowledge of reproductive health. Teenage pregnancy caused several issues for themselves and their family members [3]. Lack of parent-daughter communication, the taboo on discussing sex-related issues in households, and weak financial autonomy was considered to be the main contributing factors to the high early adolescent pregnancy rates in the community [4]. Therefore, the purpose of this study is to ascertain the knowledge and problems encountered during teenage pregnancy in selected communities of the Afgoi District, offering essential implications for effective teenage pregnancy interventions.

MATERIALS AND METHODS

Study Area: This study was carried out in Afgoi, a Somali town located in the lower Shebelle region of southern Somalia. The city is about 25kilometres west of Mogadishu, the country's capital and the Shebelle River runs through the city center. The city of Afgoi has beautiful landscapes and vast green lands and most of the Somalis work in agriculture and grow fruits such as mango, papaya, and bananas there. Afgoi City is one of the major cities in the Lower Shebelle Region Somalia. People living in this city, speak officially the Somalian language with two different accents. Men and women of the Afgoi district usually engage in farming, while others also engage in white-collar jobs. Furthermore, others engage in trade and some politics.

Study Design: A cross-sectional survey was used for this work.

Sampling technique and sample size: The researchers employed a random sample method to generate particular data while selecting respondents because the study's respondents were dispersed throughout the province and district. Using the random sampling method, the researcher divided the population into a set of different areas, then the researchers randomly selected the areas of villages were chosen and a defined number of teenagers who were pregnant in the selected villages. 150 sample respondents ranging from 12-19 years old. In order to determine the sample size (n) at a 95% confidence interval with an 8% margin of error, the formula was employed. $n = N / (1 + N(e)^2)$

n = minimum sample size.

N = Represent the population size.

e = Represent the margin error/precision level which is assumed to be 8%.

Data Collection Instrument: To gather the data, the survey method of quantitative research was the three parts of questionnaires answered by the respondents comprises the following: Part 1 of the questionnaire determined the characteristics of the respondents, which includes age, marital status, educational attainment, and source of support. Part 2 of the questionnaire is the extent of knowledge on early pregnancy among the respondents. Part 3 of the questionnaire focused on problems encountered concerning the experience of adolescent pregnancy.

Tools for Data Analysis: Concerning the data that were gathered through the use of the questionnaires in Afgoi District, the researcher tallied and collected with the use of appropriate statistical tools for each problem: Sub - problem number 1 was treated using percentages with the subsequent formula = $f/n \times 100$ P = percentage of the respondents f = frequency counts of respondents n = total no. of respondents

Sub–problem number 2, Mean Score Percentage was utilized to answer the extent of knowledge on teenage pregnancy. The knowledge of the respondents was calculated by counting the number of accurate answers to the knowledge component of the questionnaire. The Mean Score Percentage was interpreted based on the Knowledge Interpretation from the Transmutation Table of Valentin (2009) were a mean score percentage of 70% - 100% was rated highly knowledgeable, 50% - 69% as knowledgeable, 30% - 49% as moderately knowledgeable, and 1% - 29% as slightly knowledgeable.

Transmutation Table of Knowledge (Valentin 2009)

| Percentage | Descriptive Equivalence | Symbol | Descriptive Interpretation |
|------------|-------------------------|--------|---|
| 70% - 100% | Highly Knowledgeable | HK | At this level, the respondent is capable of transferring essential understandings automatically and flexibly through real-world tasks. |
| 50% - 69% | Knowledgeable | K | At this level, the respondent has mastered the necessary foundational information, abilities, and core understandings and, with minimal |

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| | | | |
|-----------|--------------------------|----|--|
| | | | <i>assistance, is able to translate these understandings through real-world performance tasks.</i> |
| 30% - 49% | Moderately Knowledgeable | MK | <i>The respondent at this level possesses the bare minimum of abilities, knowledge, and fundamental understandings, but requires assistance while performing real-world tasks.</i> |
| 1% - 29% | Slightly Knowledgeable | SK | <i>At this level, the respondent struggles with understanding, prerequisite knowledge, and essential abilities that haven't been picked up or sufficiently developed to support understanding.</i> |

Sub-problem number 3 Average Weighted Mean was employed to identify the issues encountered during teenage pregnancy. To interpret the attitudes and practices, the Likert Scale was employed.

$$WM = \frac{\sum wf}{N}$$

WM = Weighted Mean

w = weight

f = frequency

$\sum wf$ = summation of weight times frequency

N = total number of respondents

Descriptive Equivalence on Problems Encountered on Teenage Pregnancy

| Numerical Rating | Statistical Rating | Descriptive Equivalence | Interpretation |
|------------------|--------------------|-------------------------|--|
| 5 | 4.21-5.00 | Always | <i>An indicator that teenage pregnancy practice has a pretty extensive</i> |
| 4 | 3.41-4.20 | Often | <i>An indicator that teenage pregnancy practice has a great extent</i> |
| 3 | 2.61 – 3.40 | Sometimes | <i>An indicator that teenage pregnancy practice has a moderate extent</i> |
| 2 | 1.81 – 2.60 | Seldom | <i>An indicator that teenage pregnancy practice has a limited extent</i> |
| 1 | 1.00 – 1.80 | Never | <i>An indicator that teenage pregnancy practice has a poor extent</i> |

Sub-problem 4 and 5 utilized Pearson r Correlation to find the connection between the respondents' demographic profile and the extent of knowledge and problems encountered during teenage pregnancy.

$$r = \frac{n \sum xy - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2] [n \sum y^2 - (\sum y)^2]}}$$

n = number of data $\sum x$ = sum of all x values

$\sum XY$ = sum of each x value multiplied by its corresponding y value

$\sum y$ = sum of all y values

r = degree of relationship between x and y

Utilizing statistical software, all statistical analyses were computed automatically. The level of significance set at 0.05 was compared to the significance (p) value, where rejection is inferred when p 0.05, to help decide whether to accept or reject the null hypotheses.

RESULTS

This descriptive study dealt with knowledge and problems encountered in early teenage pregnancy. Teenagers in the study were located in Afgoi District Lower Shebelle Region Somalia. Afgoi District was used as the locale of study. This study was designed to

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have a thorough knowledge of the related impact of early marriage on adolescents in the Afgoi district. we extracted from the results of the data analyses the following findings:

1. **Table 1 the respondents' demographic profile**, most responders were aged 18-19 years old (45, 30%); followed by those 16-17 years old (42, 28%); 14-15 years old (32, 21.3%); and 12-13 (20.7%). As to marital status, the majority of the respondents are separated (63, 42%); married (25, 16.7%); single (32, 21.3%), and widower (30, 20%). In terms of educational attainment, the majority of the respondents finished vocational education (34, 22.7%) did not finish elementary (31, 21.3%); did not finish high school (28, 18.7%); elementary graduate (16, 17.3%); high school graduate (18, 12.0%); and college level (12, 8%). With regards to the source of support, the majority of the respondents depend on their spouse/partner (63, 42%); own job (32, 21.3%); other relatives (30, 20%); and parents (25, 16.7%).

| | FREQUENCY | PERCENTAGE |
|-------------------------------|-----------|------------|
| AGE | | |
| 12-13 | 31 | 20.7 |
| 14-15 | 32 | 21.3 |
| 16-17 | 42 | 28.0 |
| 18-19 | 45 | 30.0 |
| Total | 150 | 100.0 |
| The MARITAL STATUS | | |
| Single | 32 | 21.3 |
| Married | 25 | 16.7 |
| Separated | 63 | 42.0 |
| Widower | 30 | 20.0 |
| Total | 150 | 100.0 |
| EDUCATIONAL ATTAINMENT | | |
| Elementary Level | 32 | 21.3 |
| Elementary Graduate | 26 | 17.3 |
| High School Level | 28 | 18.7 |
| High School Graduate | 18 | 12.0 |
| College Level | 12 | 8.0 |
| Vocational | 34 | 22.7 |
| Total | 150 | 100.0 |
| SOURCE OF SUPPORT | | |
| Own Job | 32 | 21.3 |
| Parents | 25 | 16.7 |
| Spouse/Partner | 63 | 42.0 |
| Other Relatives | 30 | 20.0 |
| Total | 150 | 100.0 |

2. **As shown in Table 2 Extent of Knowledge**, the Majority of the respondents were moderately knowledgeable that at any age after starting to have regular monthly periods, a woman can become pregnant if she engages in vaginal intercourse with a male.

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(PS=51.33); Teens who are pregnant are also more likely to have anemia, which is a reduction in the quantity of red blood cells (RBCs). This may leave you feeling run down and exhausted and may harm your child's growth (PS=47.33); Do not think you are not pregnant if you experience a very light period around the time, you anticipate it. In the first few weeks of pregnancy, very little bleeding is possible. (PS=46); Teenagers are more susceptible than mothers of similar age to preeclampsia and associated complications during pregnancy. Premature birth and low birth weight are risks for the infant. Preeclampsia can also damage one's kidneys and even be fatal to a mother or her unborn child. (PS=45.33); Premature infants frequently have low weights. Infants that are underweight may have difficulties breathing and feeding. (PS=39.33); Pregnancy in a woman who is 19 years of age or younger is referred to as a teenage pregnancy. (PS=38.00); you are pregnant when you skip a regular period (PS=34.67); and the development of the brain is also impacted by low birth weight. Learning challenges have been noted in newborns who were underweight. (PS=32). However, the majority of the respondents are slightly knowledgeable that the effects of drugs and alcohol on pregnant women and their unborn children can be extremely harmful (PS=22%), and smoking during pregnancy has been linked to lower birth weight and premature birth (PS=20.67). Overall, the respondents were moderately knowledgeable (MPS=37.67) on teenage pregnancy.

| | Correct Answer | PS | DE |
|--|----------------|--------------|-----------|
| 1. Pregnancy in a woman who is 19 years of age or younger is referred to as a teenage pregnancy. | 57 | 38.00 | MK |
| 2. At any age after starting to have regular monthly periods, a woman can become pregnant if she engages in vaginal intercourse with a male | 77 | 51.33 | K |
| 3. You are pregnant when you skip a regular period. | 52 | 34.67 | MK |
| 4. Do not think you are not pregnant if you experience a very light period around the time, you anticipate it. In the first few weeks of pregnancy, very little bleeding is possible. | 69 | 46.00 | MK |
| 5. Teenagers are more susceptible than mothers of similar age to preeclampsia and associated complications during pregnancy. Premature birth and low birth weight are risks for the infant. Preeclampsia can also damage one's kidneys and even be fatal to a mother or her unborn child | 68 | 45.33 | MK |
| 6. Teens who are pregnant are also more likely to have anemia, which is a reduction in the quantity of red blood cells (RBCs). This may leave you feeling run down and exhausted and may harm your child's growth. | 71 | 47.33 | MK |
| 7. Premature infants frequently have low weights. Infants that are underweight may have difficulties breathing and feeding. | 59 | 39.33 | MK |
| 8. The development of the brain is also impacted by low birth weight. Learning challenges have been noted in new-borns who were underweight. | 48 | 32.00 | MK |
| 9. smoking during pregnancy has been linked to lower birth weight and premature birth | 31 | 20.67 | SK |
| 10. The effects of drugs and alcohol on pregnant women and their unborn children can be extremely harmful | 33 | 22.00 | SK |
| MPS | | 37.67 | MK |

Legend: 70-100% - Highly Knowledgeable (HK); 50-69% Knowledgeable (K); 30-49% Moderately Knowledgeable (MK); 1-29% - Slightly Knowledgeable (SK); DI – Descriptive Interpretation; MS – Mean Score

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3. Table 3: describes Problems Encountered in Teenage Pregnancy A. Physical Problems

Respondents sometimes encounter physical problems namely bleeding (WM=3.18); low Birth Weight (WM=2.99); premature birth (WM=2.93); miscarriage (WM=2.84); and hypertension (WM=2.62).

B. Personal Problems

Respondents often encounter drop-out from school (WM=3.46). They sometimes encounter parents' separation (WM=3.14); lack of family bonding (WM=3.05); conflict among family members (WM=3.05); and punishment from parents (WM=2.92).

C. Financial Problems

Respondents often encounter a lack of family support during my entire pregnancy (WM=3.68), and sometimes encounter can't afford to go to school (WM=3.07); financial problems during check-ups (WM=3.19); difficulty in applying for jobs (WM=3.05); and insufficient supply of vitamins and milk (WM=2.87).

D. Social Problems

Respondents sometimes encounter nobody wants to visit them, especially friends (WM=3.31); feeling of isolation and rejection from my family (WM=3.06); Teenagers who become pregnant might be reluctant to visit a doctor. (WM=2.99); afraid to go out of the house (WM=3.05); and experience bullying from people (WM=3.05).

Generally, the respondents sometimes encounter problems during teenage pregnancy.

| PHYSICAL | ALWAYS | OFTEN | SOMETIMES | SELDOM | NEVER | WM | DE |
|--|--------|-------|-----------|--------|-------|------|----|
| 1. Hypertension | 32 | 16 | 17 | 33 | 52 | 2.62 | S |
| 2. Miscarriage | 24 | 21 | 37 | 43 | 25 | 2.84 | S |
| 3. Bleeding | 26 | 30 | 47 | 39 | 8 | 3.18 | S |
| 4. Premature Birth | 22 | 23 | 45 | 43 | 17 | 2.93 | S |
| 5. Low Birth Weight | 22 | 23 | 43 | 55 | 7 | 2.99 | S |
| PERSONAL | | | | | | | |
| 1. Lack of family bonding | 22 | 21 | 52 | 52 | 3 | 3.05 | S |
| 2. Conflict among family members | 22 | 23 | 56 | 38 | 11 | 3.05 | S |
| 3. Punishment from parents | 32 | 16 | 33 | 46 | 23 | 2.92 | |
| 4. Parents' separation | 24 | 21 | 57 | 48 | 0 | 3.14 | S |
| 5. Drop-out from school | 26 | 30 | 61 | 33 | 0 | 3.46 | O |
| FINANCIAL | | | | | | | |
| 1. Lack of family support during my entire pregnancy | 26 | 30 | 60 | 61 | 0 | 3.68 | O |
| 2. Can't afford to go to school | 22 | 23 | 49 | 56 | 0 | 3.07 | S |
| 3. Difficulty in applying for jobs | 22 | 21 | 51 | 55 | 1 | 3.05 | S |
| 4. Financial problems during check-ups | 23 | 23 | 71 | 25 | 8 | 3.19 | S |
| 5. Insufficient supply of vitamins and milk | 32 | 16 | 29 | 46 | 27 | 2.87 | SE |

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| SOCIAL | | | | | | | | |
|------------|---|----|----|----|----|---|------|----------|
| 1. | The feeling of isolation and rejection from my family | 24 | 21 | 47 | 56 | 2 | 3.06 | S |
| 2. | Nobody wants to visit me, especially my friends | 26 | 30 | 58 | 36 | 0 | 3.31 | S |
| 3. | Teenagers who become pregnant might be reluctant to visit a doctor. | 22 | 23 | 43 | 56 | 6 | 2.99 | S |
| 4. | I am afraid to go out of the house | 22 | 23 | 48 | 55 | 2 | 3.05 | S |
| 5. | I experience bullying from people | 22 | 21 | 50 | 57 | 0 | 3.05 | S |
| AWM | | | | | | | 3.08 | S |

Legend: 1.81 to 2.60 = Seldom (SE); 1.00 to 1.80 = Never (N); 4.21 to 5.00 = Always (A); 3.41-4.20 = Often (O); 2.61 to 3.40; Sometimes; S; and 1.81 to 2.60; DE = Descriptive Equivalence; WM = Weighted Mean; AWM = Average Weighted Mean

4-Table 4 explains Age, marital status, educational attainment, and source of income were positively correlated with the knowledge of teenage pregnancy.

| | | AGE | MARITAL STATUS | EDUCATIONAL ATTAINMENT | SOURCE OF SUPPORT |
|-----------|---------------------|---------------|----------------|------------------------|-------------------|
| K1 | Pearson Correlation | .930** | .912** | .910** | .890** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K2 | Pearson Correlation | .834** | .890** | .935** | .824** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K3 | Pearson Correlation | .926** | .953** | .924** | .901** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K4 | Pearson Correlation | .884** | .837** | .868** | .807** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K5 | Pearson Correlation | .890** | .839** | .869** | .812** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K6 | Pearson Correlation | .871** | .824** | .860** | .794** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |

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| | | | | | |
|------------|---------------------|---------------|---------------|---------------|---------------|
| K7 | Pearson Correlation | .905** | .837** | .857** | .863** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K8 | Pearson Correlation | .900** | .829** | .821** | .876** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K9 | Pearson Correlation | .925** | .761** | .788** | .897** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| K10 | Pearson Correlation | .920** | .768** | .794** | .899** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |

5-Table 5 explains Age, marital status, educational attainment, and source of income were positively correlated with the problems encountered.

| | | AGE | MARITAL STATUS | EDUCATIONAL ATTAINMENT | SOURCE OF SUPPORT |
|-----|---------------------|---------------|-----------------------|-------------------------------|--------------------------|
| PY1 | Pearson Correlation | .908** | .952** | .970** | .874** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| PY2 | Pearson Correlation | .942** | .946** | .946** | .907** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| PY3 | Pearson Correlation | .872** | .925** | .910** | .870** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| PY4 | Pearson Correlation | .735** | .857** | .846** | .686** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| PY5 | Pearson Correlation | .788** | .894** | .884** | .740** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| P1 | Pearson Correlation | .723** | .864** | .856** | .673** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| P2 | Pearson Correlation | .860** | .937** | .905** | .853** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| P3 | Pearson Correlation | .720** | .851** | .865** | .662** |

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| | | | | | |
|----|---------------------|---------------|---------------|---------------|---------------|
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| P4 | Pearson Correlation | .762** | .883** | .872** | .698** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| P5 | Pearson Correlation | .796** | .910** | .888** | .781** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| F1 | Pearson Correlation | .702** | .856** | .845** | .633** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| F2 | Pearson Correlation | .739** | .878** | .864** | .671** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| F3 | Pearson Correlation | .730** | .870** | .862** | .673** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| F4 | Pearson Correlation | .755** | .891** | .850** | .742** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| F5 | Pearson Correlation | .742** | .870** | .882** | .696** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| S1 | Pearson Correlation | .821** | .914** | .905** | .769** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| S2 | Pearson Correlation | .801** | .916** | .893** | .793** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| S3 | Pearson Correlation | .711** | .866** | .852** | .656** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| S4 | Pearson Correlation | .740** | .879** | .866** | .685** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |
| S5 | Pearson Correlation | .729** | .876** | .867** | .677** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 |

DISCUSSION

Due to the detrimental effects on the young bride and her unborn children, teenage pregnancy has been referred to as a breach of human rights and a destructive practice. This paper investigates the knowledge and problems encountered during teenage pregnancy in Afgoi District. Based on our analysis of the data, it revealed that the majority of respondents (PS = 47.33) had a moderate level of experience of pregnant adolescent girls are more likely to suffer from anemia. Comparatively to a study, about

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13.5% of pregnant women had high knowledge of anemia, while 58.4% and 28.1% had moderate and low knowledge, respectively. Less than half (39.1%) of the women adhered to anemia prevention strategies. There were significant associations between knowledge of anemia and where the pregnant woman resides in the district [5]. The results of the present study showed; (PS=45.33) of the respondents were moderately knowledgeable of teenagers are more susceptible than mothers of similar age to preeclampsia and associated complications during pregnancy. Premature birth and low birth weight are risks for the infant. Preeclampsia can also damage one's kidneys and even be fatal to a mother or her unborn child. Compared to research conducted at the University Hospital in Kumasi-Ghana; a high prevalence of inadequate knowledge of preeclampsia among our pregnant study population in Ghana (88.4%). Furthermore, among participants with adequate knowledge (11.6%), only 2.3% had high knowledge of PE based on Bloom's cut-off point. The inadequate knowledge of PE among the population can be linked to the fact that although most of the participants were aware of PE, largely because of knowledge of chronic hypertension [6]. However, the majority of the respondents are slightly knowledgeable that the effects of drugs and alcohol on pregnant women and their unborn children (PS=22%); and smoking during pregnancy has been linked to lower birth weight and premature birth (PS=20.67). A study was conducted Desiree Govender in Ugu, KwaZulu-Natal, South Africa; Alcohol and tobacco use during pregnancy is detrimental to the health of the unborn child. Persistent tobacco inhalation can cause preterm labour, low birth weight, intrauterine growth retardation, and spontaneous abortion. It is also related to fatal alcohol syndrome. The prevalence of fatal alcohol spectrum disorder (FASD) in South Africa ranges from 29 to 290 per 1000 live births. Many research studies have focused on the population's knowledge of the harmful effects of smoking and alcohol use among adult women of reproductive age. However, research data on knowledge of this threat among pregnant and parenting adolescent women are limited. This is a matter of grave concern, as this study found that only 19.6% of the participants knew that alcohol consumption results in low birth weight [7]. According to our research, most of the respondents sometimes encounter physical problems namely bleeding (WM=3.18); low Birth Weight (WM=2.99); premature birth (WM=2.93); miscarriage (WM=2.84); and hypertension (WM=2.62). Comparable to this study; Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years, and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal condition [8]. Concerning the issues of the personal and financial nature, most of the respondents often encounter dropout of school (WM=3.46). They sometimes encounter parents' separation (WM=3.14); lack of family bonding (WM=3.05); conflict among family members (WM=3.05); and punishment from parents (WM=2.92). When we consider that the study was carried out in KwaZulu-Natal, South Africa; Some adolescent mothers' partners were in denial and rejected them and the child while others' partners were happy and supported them during their pregnancy. Families' reactions to the pregnancies ranged between anger and disappointment to abandonment, silent treatment, and acceptance and forgiveness. They also experienced financial constraints, difficulty in returning to school, and stigmatization in society [9].

With regards to social problems, the majority of the respondents sometimes encounter nobody wants to visit them, especially friends (WM=3.31); feeling of isolation and rejection from my family (WM=3.06); Teenagers who become pregnant might be reluctant to visit a doctor. (WM=2.99); afraid to go out from the house (WM=3.05); and experience bullying from people (WM=3.05). A study by Siniša Franjić, 2018; Adolescent pregnancy can also have negative social and economic effects on girls, their families, and communities. Unmarried pregnant adolescents may face stigma or rejection by parents and peers and threats of violence. Similarly, girls who become pregnant before the age of 18 are more likely to experience violence within a marriage or a partnership [10]. Several limitations apply to this study. Somalia's Afgoi District, Lower Shebelle Region, was the only location where the study was conducted. Only participants ages 12 to 19 were included in this study. Future parents and mothers who are teenagers are the only populations taken into consideration in this study. The fact that this study was conducted in an urban environment means that its findings might not apply to other settings, especially rural ones.

CONCLUSION

Our research has shown that most of the respondents were moderately knowledgeable about Pregnant teens, encountered problems, and are more likely to develop anemia. However, the majority of the respondents were slightly knowledgeable the effects of drugs and alcohol on pregnant women and their unborn children and smoking during pregnancy has been linked to lower birth weight and premature birth. Age, marital status, educational attainment, and source of income were positively correlated with the knowledge and Problem encountered in Teenage Pregnancy. Therefore, it is essential to expand young teenager's understanding of pregnancy; through health education programs, and develop a policy that outlines the promotion of educational awareness, and raise their awareness of it.

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