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PSYCHOLOGICAL WELL BEING AMONG PREGNANT TEENAGERS ATTENDING BPKIHS

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ABSTRACT

Background: The incidence of teenage pregnancy is on rise recently. With adolescent period already being a period of transition and identity confusion, added responsibility of motherhood might be overwhelming to the teen and thus affect the psychological wellbeing of the teenagers. **Objectives**: The objectives of the study were to find out the psychological well being of pregnant teens attending BPKIHS and to find out the association between selected socio-demographic variables and psychological well being of the respondents. **Materials and methods:** A hospital based mixed method study was conducted among 88 pregnant teenagers visiting BPKIHS OPD. Data collection was done using pretested questionnaire and interview guide for socio-demographic characteristics and interview while Psychological General Well Being Index (PGWBI) was used to assess the psychological wellbeing. MS Excel and SPSS were used to analyze quantitative data whereas interview was recorded, translated, major themes identified, and transcribed to analyze qualitative data. **Results:** The mean score for psychological wellbeing was 63.72 with a standard deviation of 12.764 indicating that majority (80.7%) of the respondents were in some form of distress. Qualitative analysis found that the support received by the respondents from family and spouse were low as compared to their expectations. **Conclusion:** Majority of the pregnant teenagers were in psychological distress. Excerpts from the respondents suggest that early marriage itself might be a cause for early pregnancy. Qualitative analysis concluded that being pregnant at an early age corresponds to lack of self esteem in terms of career and education and also issues with fulfillment of basic needs like foods and clothes as per their wish.

KEYWORDS: Pregnant teenagers, Psychological well being, Distress, Nepal.

INTRODUCTION

Psychological well-being (PWB) refers to how people evaluate their lives. In other words, it refers to subjective well-being by which an individual subjectively assesses one's life. It is the combination of feeling good and functioning effectively. By definition, therefore, people with high PWB report feeling happy, capable, well-supported, and satisfied with life.[1]

Adolescence is the period following the onset of puberty during which a young person develops from a child into an adult which as per World Health Organization is between the age of 10-19 years of age. World Health Organization estimates that approximately one in five young people under the age of 18 experience some form of developmental, emotional or behavioral problem, and one in eight experiences a mental disorder.[2]

Motherhood in adolescent population is formally defined as a pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends, regardless of whether the woman is married or is legally an adult.[3] In Nepal, adolescents comprise more than one fifth (22%) of the total population. Nearly half (50%) of 15-19 year old adolescents girls and a fifth (20.6%) of the adolescents boys aged 15-19 years are married. According to Family Health Survey (NFHS), one fourth (24%) of the adolescents are already pregnant or mothers with their first child. Out of all reproductive age suicides, 27.5% were found in adolescent age group.[4]

Pregnancy in teenage is a global health issue with rise in teenage pregnancy despite increasing awareness and education. It has been considered as a psychosocial problem found in both developed and developing countries.[5] The adolescence period is considered as the transitional stage from childhood to adulthood[6] which can be a time of both disorientation and discovery. Adolescence is a time of mental and psychological adjustment and it is a situation of being no longer a child,

but not yet an adult either which ultimately can bring up issues of independence and self-identity.[4]

There has to be a proper awareness that motherhood is a twenty four hour service per day, seven days a week and three hundred and sixty five and quarter days a year. The roles and responsibilities of motherhood start from conception until eighteen years at minimum.[3,7] Such context leads to pregnant adolescents facing the difficult task of continuing their physical, emotional, and identity development while preparing for their role as parents.[8] It is recognized that the stress of adjusting to the demands of raising a baby, in addition to navigating the normal developmental tasks of adolescence, may exacerbate or contribute to psychological distress.[9]

Teenage pregnancy has effects on various aspects of the mothers' life including educational advancement, socio-psychological well-being, reduced self-esteem, serious health challenges and ineffective coping skills among many.[5] Additional risks may be associated with socio-economic factors as the girl has to be financially dependent on her family members. As a result, life plans and career goals are disrupted. In addition, due to difficulty in pregnancy, emotional experience could lead to: disappointment, anger, depression,[9] feelings of being trapped, loneliness, anxiety and insecurity.[3,10]

Various problems encountered during pregnancy not only affect the physical and mental health of adolescents but their long term emotional, economic and social well being. Hence, psychological well being of teenagers is essential to assess to prevent future complications and promote health of both mothers and children.[3,11] Substantial evidences have been found that anxiety, depression,[12,7] and stress in pregnancy are risk factors for adverse outcomes for mothers and children. More specifically, anxiety in pregnancy is associated with shorter gestation and has adverse implications for fetal neurodevelopment and child.

Such an alarming high rate of pregnancy despite continuing education and different strategies adopted by the government necessitates the need of mental health facilities addressed to the adolescent groups.[4] There also remains a need for a broad range of research to more fully elucidate how health professionals can contribute to improved mental health outcomes for teen mothers and their children.[7] This study, "Psychological Well Being among pregnant teenagers attending BPKIHS" is one of the novice researches to be done in this population in the given setting given that no such studies have been published in this context till date, making it a baseline for future investigations and researches. This study also aims to investigate the level of psychological well being among pregnant teenagers and identify the consequences of teen pregnancy.

METHODOLOGY

Mixed method as "concurrent QUANT_qual" was used for this study conducted in Gynae OPD of B P Koirala Institute of Health Sciences (BPKIHS) which is a 700 bedded tertiary health care centre located in eastern province of Nepal. Non purposive probability sampling technique (n=88) was used for both quantitative and qualitative study with the relationship between the two data being nested i.e, ten percent of the sample from quantitative data were taken for qualitative study (n=9). Self developed semi structured questionnaire was used to assess socio-demographic profile of the respondents and their spouses whereas psychological well being was assessed using Psychological General Well Being Index © 1984 Harold J. Dupuy, which consists of 22 self administered items, rated on a 6-point scale. Each item has six possible scores (from 0 to 5), referring to the last 4 weeks of the subject's lifetime. The sum of the items creates the total score with a possible range of 0 to 110, with some items being reverse-scored. Higher scores represent higher levels of psychological well-being.[13] Scores less than 60 indicate severe distress, 60 - 72 represent moderate distress and scores above 72 represent psychological well being of the client. In-depth interview was conducted using semi structured open ended questionnaire containing four open ended questions for qualitative study, in a separate room in Gynae OPD without breach of confidentiality of the respondents. All interviews were audio taped with permission from the respondents and transcribed later. All data collection was done between January-February 2019.

Validity and reliability of demographic profile and interview guide were maintained by the extensive review of related literature, consulting experts, and pre-testing the tools in 10% of the estimated sample. Forward and backward translation was done by Nepali and English experts and the internal consistency (Chrohnbach's alpha) of the PGWBI after translation was calculated which ranged from 0.80-0.83. Data was first entered in Microsoft Excel 2010 and statistical analysis was done through SPSS v11.5. Descriptive statistics was used in frequency, percentage, mean and standard deviation to describe the various socio- demographic variables. Inferential statistics such as Chi square was used to illustrate the association between the outcome variable with various independent variables. All in depth interviews were audio-taped; verbatim were transcribed into a diary first. Major and common themes were identified. After analyzing each transcription thoroughly, they were classified and translated.

Ethical clearance was obtained from the Institutional Review Committee of BPKIHS. Informed verbal and written consent was obtained from each participant before enrollment. Participants demonstrating any form of distress were provided psychoeducation and referred to a psychologist. The permission to use PGWBI has been obtained from Mapi Research Trust which holds the copyright of the tool.

RESULTS

Table 1: Socio-demographic characteristics of participants.

n=88

Characteristics	Categories	Frequency	Percentage
Current age (in years)	≤18	45	51.1
	>18	43	48.9
	Mean ± SD = 18.36 ± 0.714		
Age at marriage (in years)	Below 16 years	17	19.3
	Above 16 years	71	80.7
	Mean ± SD = 17.32 ± 1.170		
Duration of marriage (months)	≤ 12	63	71.6
	>12	25	28.4
Religion	Hindu	70	79.5
	Others	18	20.5
Education	Literate	88	100
Occupation	Homemaker	79	89.8
	Student / Job Holder	9	10.2
Family structure	Joint	82	93.18
	Single	6	6.82
Type of pregnancy	Planned	64	72.7
	Unplanned	24	27.3
Gravida	Primigravida	83	94.3
	Multigravida	5	5.7
Period of gestation	1st trimester	29	33.0
	2nd trimester	19	21.6
	3rd trimester	40	45.5
	Mean ± SD = 23.66 ± 11.870		
Presence of existing Physical illness	No	83	94.3
	Yes	5	5.7
Presence of existing psychiatric illness	No	88	100
Age of spouse (in years)	Less than 20 years	9	10.2
	21 – 25	45	51.1
	26 – 30	32	36.4
	Above 30 years	2	2.3
	Mean ± SD = 24.61 ± 3.101		
Education of spouse	Literate	88	100
Per Capita income	Below poverty line (≤1.95$)	49	55.7
	Above poverty line (>1.95$)	39	44.3

Table 1 depicts that nearly half of participants (51.1%) are below 18 years of age, majority (80.7%) of them were at least 16 years at the age of marriage and had married within a year (71.6%). Most of the participants (79.5%) were Hindu by religion, and had education up to secondary level (75.0%). Majority of the participants (45.5%) were in 3rd trimester. The table also depicts that majority (94.3%) of the respondents were primigravida, having planned pregnancy (72.7%) and came from a joint family (93.18%). Similarly, majority of the respondents had no presence of any medical/surgical (94.3%) and/or psychiatric (100%) illness.

Similarly, it also reflects that majority (51.1%) of the spouse of the participants were within the age range of 21 – 25 years. All (100%) the spouse were literate and majority (77.3%) of them had been educated up to secondary level. Majority (55.7%) of the participants lay under poverty line.

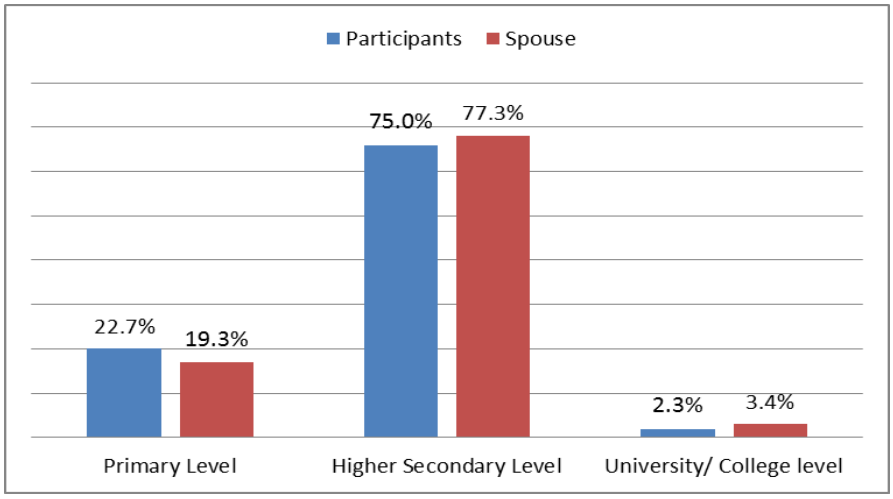

Figure 1: Education level of participants and their spouse.

Figure 1 shows that majority of the participants (75.0%) and spouses (77.3%) were educated up to secondary level

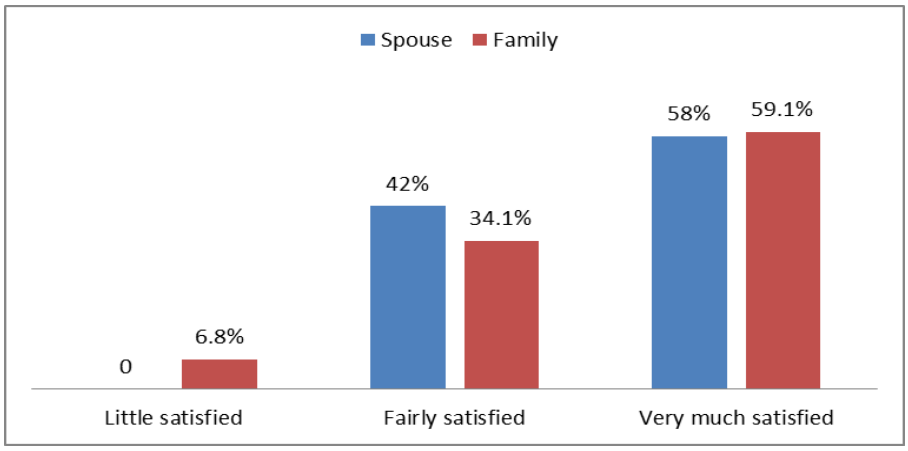

Figure 2: Satisfaction of the respondents to their spouse and family support.

Figure 2 shows that majority (58.0 %) and (59.1%) of the respondents were very much satisfied to the support provided to them by their spouse and family respectively.

Table 2: Psychological Well Being.

Characteristics	Categories	Frequency	Percentage
Psychological Well Being	Severe distress	17	19.3
	Moderate distress	41	46.6
	Psychologically well	30	34.1
Mean ± SD = 63.72 ± 12.764			

Table 2 shows that majority of the participants (46.6 %) were found to be moderately distressed, one fifth (19.3%) were in severe distress and one third (34.1%) were found to be psychologically well. Qualitative analysis shows concurrent findings where the participants expressed dissatisfaction as they had to suppress their desire in various aspects like eating, grooming and outings. ID 7,8,9 reported that they were unable to dress as per their age and wish due to this pregnancy. Another proportion reported that the desires to eat were not fulfilled as per their wish since they had limited choice of food and limited money in hand. One of the respondents directly attributed the reason for her low mood to be pregnancy at an early age. "I would not feel this sad had I planned pregnancy later." It was found that all the respondents agreed that pregnancy was better postponed to at least an age of 20 years. Majority of them pertained to the fact relating to the issues of mother's physical and mental health, education and career goals. All the participants focused that a child should focus on her mental and physical growth, educational growth and thereafter plan pregnancy. "Teenage pregnancy is a child caring for a child" (ID - 6)

Table 3a: Association of PWB with respondent's socio-demographic characteristics. n=88

Categories	Psychological Wellbeing		P-value
	Psychologically Well n (%)	Psychological distress n (%)	
Age (in years)			
≤ 18	11 (36.7%)	34 (58.6%)	0.051
> 18	19 (63.3%)	24 (41.4%)	
Age at marriage (in years)			
Below 17	15 (50.0%)	33 (56.9%)	0.538
Above 17	15 (50.0%)	25 (43.1%)	
Duration of marriage			
≤ 12 months	21 (70.0%)	42 (72.4%)	0.812
>12 months	9 (30.0%)	16 (27.6%)	
Religion			
Hindu	26 (86.7%)	45 (77.6.0%)	0.306
Others	4 (13.3%)	13 (22.4%)	
Education level			
Primary level	4 (13.3%)	16 (27.6%)	0.181
Secondary level and above	26 (86.7%)	42 (72.4%)	
Occupation			
Homemaker	25 (88.3%)	54 (93.1%)	0.264 [a]
Student/ Job holder	5 (16.7%)	4 (6.9%)	

Note: a: Fischer's Exact test

Table 3a shows that there was no significant association of psychological well being with socio-demographic variables such as current age of the participants, age of the participants at marriage, duration of marriage, religion, educational level, occupation etc.

Table 3b: Association of PWB with respondent's socio-demographic characteristics.

Categories	Psychological Wellbeing		P-value
	Psychologically Well n (%)	Psychological distress n (%)	
Gravida			
Primigravida	28 (93.3%)	55 (94.8%)	1.000 [a]
Multigravida	2 (1.7%)	3 (5.2%)	
Type of Pregnancy			
Planned	24 (80.0%)	40 (69.0%)	0.271
Unplanned	6 (20.0%)	18 (31.0%)	
Period of gestation			
1st trimester	9 (30.0%)	20 (34.5%)	0.827
2nd trimester	6 (20.0%)	13 (22.4%)	
3rd trimester	15 (50.0%)	25 (43.1%)	
Satisfaction to husband support			
Fairly satisfied	9 (30.0%)	28 (48.3%)	0.100
Very much satisfied	21 (70.0%)	30 (51.7%)	
Satisfaction to family support			
Fairly satisfied	8 (26.7%)	28 (48.3%)	0.051
Very much satisfied	22 (73.3%)	30 (51.7%)	
Presence of Physical illness			
Absent	28 (93.3%)	55 (94.8%)	1.000[a]
Present	2 (6.7%)	3 (5.2%)	

Note: a: Fischer's Exact test

Table 3b shows that there was no significant association of psychological well being with socio-demographic variables such as type of pregnancy, period of gestation, satisfaction to spouse and family support and presence of physical illness.

INTEGRATIVE INTERPRETATION

Table 3a shows that though there is no significant association of age at marriage with psychological well being, the participants who married before they turned 17 years were found to be more distressed than those who married later implying that age at marriage can be a

predictor of psychological well being of a female. Result from qualitative analysis aids to this as many participants responded that they felt ashamed of marriage at an early age which had resulted in early pregnancy. "When I go to my mother's home, my friends tease me. They point towards me and say "Oh look she is pregnant so fast and laugh. I feel ashamed that I married and got pregnant while my friends are still studying" (ID 9).

Table 3a shows that majority of the pregnant teenagers who were involved in household chores (93.1%) rather than studying or job were found to be distressed which was justified as one of the themes that emerged when participants described the effect of early pregnancy in their lives was being school dropouts. Six out of nine participants reported that they had to stop studies due to their pregnancy. The effect of the pregnancy on their studies was also attributed to job insecurity and inability to brag important jobs in the future. Seven out of nine participants responded that they would have been independent to fulfill the child's basic care needs and bragged "good job" had they been well educated before giving birth to a child. Adding further insight into the issue another participant reported; "I feel that I had to transition to womanhood very soon. I thought I was still a child but I had to act like a woman. My heart wrenches when I can't go to school but see my sister – in – laws go to school." (ID 9).

Table 3b shows that though there is no significant association of period of gestation with the psychological wellbeing of the patient it is seen majority (43.1%) of the respondents in distress were in the 3rd trimester. Physical symptoms such as feeling lazy, weak, anorexic and nauseated or vomiting were the most reported incidences that the respondents reported. 8 out of 9 respondents confirmed that these were the physical issue they were going through during this pregnancy. Three out of nine respondents in the qualitative study who reported physical difficulties were in the third trimester. Another issue reported by the respondents in the in– depth interview was emotional turmoil. All the patients reported that they felt they were more labile to varieties of emotions than they were in their non – pregnant state. 5 of 9 respondents who reported this were in the third trimester of their pregnancy. These findings expressed in the respondent's words would be:
"I get angry very easily lately which usually results in me either getting irritated with my husband or beating my first born child" (ID - 1)

Qualitative findings show the need for continuous family and partner support of the pregnant teenagers throughout the pregnancy. The support; as identified by the patients were to be given adequate attention in terms of time, fulfillment of basic needs, permission to take adequate rest and provision of help in household chores and finally they wanted to be free from any kinds of judgment from both the family as well as the health care providers. The help expected from the health workers was not to be mistreated or misjudged owing to their juvenile age at pregnancy.

Table 4: Association of PWB with Spouse characteristics.
n=88

Socio-demographic characteristics	Psychological Wellbeing		P-value
	Psychologically Well n (%)	Moderate – Severe distress n (%)	
Age (in years)			
≤ 25	20 (66.7%)	34 (58.6%)	0.462
> 25	10 (33.3%)	24 (41.4%)	
Education level			
Primary level	4 (13.3%)	13 (22.4%)	0.306
Secondary level and above	26 (86.7%)	45 (77.6%)	
Type of family			
Single	2 (6.7%)	4 (6.9%)	1.000 [a]
Joint	28 (93.3%)	54 (93.1%)	
Per Capita income			
Below poverty line (≤1.95$)	17 (56.7%)	32 (55.2%)	0.894
Above poverty line (>1.95$)	13 (43.3%)	26 (44.8%)	

Note: a: Fischer Exact test

Table 4 shows that none of the spouse characteristics were found to be significantly associated with the psychological well being of the pregnant teenagers.

DISCUSSION

Available data at national as well as international level clearly show that the incidence of teenage pregnancy is on the rise both nationally and internationally. Adolescents, being a state of transition is already a difficult phase for them, and added burden of pregnancy might be more distressing to the child.

This study reports that majority of the pregnant teenagers are not psychologically well with majority (46.6%) of the respondents reporting to be in distress. Similar conclusion has been drawn in a study conducted in South Africa which reported that pregnant teenagers are not psychosocially well and not ready for motherhood.[3] This finding is also convergent with the qualitative analysis in that all the respondents reported that

pregnancy before 20 years of age is not good and that many of them had encountered various problems like being school/college dropouts, having to suppress of their desires and the feelings about fear and shame about being pregnant.

The mean score of psychological well being in this study was 63.72 ± 12.764. However, a study done among pregnant females (Mean age 24 years) in USA[12] reported the pregnant women to be psychologically well with mean ± SD ranges of 80.65 ± 16.62 and 75.54 ± 18.66 at two consecutive visits. This could imply that pregnancy at an early age is associated with psychological distress. However, comparative study in the similar sample in similar setting might be more suitable to point out to this assumption.

Approximately half (58.0%), (59.1%) of the respondents were very much satisfied to the support provided to them by their husband and family respectively (satisfaction to support received by the teen pregnant was measured as per the subjective response of the respondents). Similar reports have been found in a study conducted in Detroit, USA where majority (80%) of the respondents reported that the father of the baby was involved in their pregnancy.[12] However, the qualitative and quantitative analysis do not go hand in hand in this regard since majority of the respondents reported lack of time and adequate care from their partners and/or family members in the in-depth interview. As opposed to the quantitative finding and in concordance to qualitative finding a study conducted in South Africa reported that most of the teenage mothers had a negative relationship with their partner which could go as far as violence or even rape.[3]

Qualitative study showed that almost all the participants agreed that early marriage was one of the cause of mental stress. The quantitative and qualitative findings of this study converged on the aspect that majority of the respondents were found to be in psychological distress who also reported insufficient resources and early age at marriage as the reason for stress in the interview. The findings showed that fulfillment of issues like dressing, feeding and grooming could affect the psychological well being of the participants.

Studies have also revealed that teenage motherhood is associated with poor socio-economic background.[3] This study however shows no statistical difference in the psychological well being among pregnant teenagers falling above and below poverty line. This could be because of the inability of the teenagers to talk freely to their spouse and in-laws regarding their needs ultimately leading to frustration and distress.

One of the themes that emerged in the in-depth interview regarding the effect of early pregnancy was that of suppression of desires and shame of getting out in the public. A study conducted in Iran found similar results which revealed a positive and significant relationship between the scores of psychological wellbeing and body image satisfaction ($r=0.354$, $p<0.001$).[19] Another theme that emerged in the qualitative analysis was teenage pregnancy did affect education and occupation of the respondents where they reported that majority of them had to drop their studies owing to pregnancy and hence had hampered their chances of getting placed at better job opportunities.

The study also shows that pregnant teenagers above 18 years of age, who had achieved comparatively higher level of education, and were satisfied to their partner and family support, were less likely to be in distress. Similar findings have been reported in other studies conducted in various parts of the world.[20,21,7]

However, quantitative and qualitative findings were found to diverge in the aspect of perceived support of the family members and spouse. Majority of women in distress were the ones who reported that they were very much satisfied to the support provided to them by their husbands and/or family members while the finding in qualitative section shows that there are many unmet desires and expectations of the pregnant adolescents towards their spouse and family members. This could be because this study used the subjective response of the participants to assess the satisfaction of their spouse and family's support.

CONCLUSION

The study concludes that majority of the pregnant teenagers are in psychological distress. Excerpts from the respondents suggest that early marriage itself might be a cause for early pregnancy and it is also seen that majority of the pregnant teenagers had conceived within a year of marriage. Qualitative analysis concludes that being pregnant at an early age corresponds to lack of self esteem in terms of career and education and also issues with fulfillment of basic needs as per their needs like foods and clothes of the respondents. Further it is also seen that teenage pregnancy has detrimental consequences like cessation of education of the young population of the nation which will ultimately affect the productivity of the nation.

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