CHAPTER 1. INTRODUCTION

BACKGROUND

Teenage pregnancies are still a global problem, particularly in Low-middle income countries. Around 16 million adolescents give birth to their babies every year worldwide. The majority of them were born in low- and middle-income countries (Cook & Cameron, 2015). Teen pregnancies contribute to around 11% of all births worldwide per year, with 95% occurring in developing countries (World Health Organization, 2023a). According to the World Health Organization (2023b), young people are individuals in the 10 – 24 years age group, this group is divided into adolescent and youth. Adolescent is between 10 and 19 years old and youth is between 15 – 24 years old. Teenage pregnancies commonly occur in age of 15 to 19 years old, accounting for 64 percent to 76 percent of all adolescent pregnancies (Leftwich & Alves, 2017) Research conducted globally in developing countries indicated that approximately 21 million girls aged 15-19 years are pregnant and 12 million of them give birth each year (Sully et al., 2020; Daroch et al., 2016). Sub-Saharan African as well as Eastern Asian countries have had highest incidence, while European countries had the least (World Health Organization, 2023a).

In sub-Saharan Africa, 28% of teenagers give birth before the age of 18 (World Health Organization, 2014) By the time they are 18, 28% of girls in West and Central Africa and 25% of those in Eastern and Southern Africa had given birth to living children(World Health Organization, 2014). In Uganda for example, one in four teenagers (15–19) become pregnant, with rates higher (27%) in rural than in urban areas (19%) (Uganda Bureau of Statistics, 2018). Although it appears low in comparison to Sub-Saharan African countries in West and Central Africa, Uganda's average adolescent pregnancy rate of 25% is concerning. In Uganda young mothers face the risk of experiencing poor maternal and child health, social isolation, unsafe abortion attempts, dropping out of school, and poverty (Nabugoomu et al., 2020). Similar to the situation in the sub-Saharan African countries, the rates of teenage

pregnancy in South Asia and South East Asia is also significant. The highest recorded teenage pregnancy rate in South Asia is in Bangladesh (35%) followed by Nepal (21 %) & then India (21%). In South-East Asia, According to the Indonesia National Population and Family Planning Board, Indonesia is ranked 37th in the globe and 2nd between many South-east Asian countries in terms of teenage marriages and childbearing (Indonesian Population and Family Planning Board (BKKBN), 2018; National Population and Family Planning Board (BKKBN), 2018)

Teenage pregnancy can have serious effects for mothers, babies and community. The effects are not only in health but also in social and economic aspects (Gray et al., 2013). Teenagers who were pregnant had a higher risk of developing maternal problems, although their caesarean delivery rate was lower than that of the overall population. Premature birth, low birth weight, and hypertensive disorders of pregnancy were the main complications for both mothers and newborns (Azevedo et al., 2015).

Adolescent mothers are likely to face complications of pregnancy including unsafe abortion and more likely to become young mothers a second time (Chandra-Mouli et al., 2013; Ganchimeg et al., 2014; World Health Organization, 2014). Teenagers' limited awareness of sexual and reproductive health was a major factor in their lack of access to safe abortion and contraception options, particularly among those who were not married (Munakampe et al., 2018a). Furthermore, in order to meet the demands of pregnancy and childbearing, adolescents develop psychological problems as a result of social stigma and are subjected to physical and domestic violence (Hodgkinson et al., 2014). Moreover, Low and middle-income countries' insufficient resources would have to be channelled to fulfill the health requirements of pregnant and teen mothers, as well as their kids (Ganchimeg et al., 2014). Economic chances for adolescents are limited because of the lack of appropriate education due to unwanted pregnancies This could be the start of a never-ending cycle of poverty in spouses and children; but even so, a few can overcome the dilemma by becoming successful later in their lives.

In comparison to peers whose moms were older at the time of birth, children born to the youngest adolescent mothers also have statistically significant disadvantages in terms of cognitive development and academic accomplishment. Children of the youngest teen moms are less likely to have had well-baby care in their first year of life, to live in homes that are less cognitively stimulating and caring, and to achieve cognitively less well overall. Children of younger mothers typically have worse health than those of older mothers (Gavin et al., 2010).

The financial impacts of adolescent pregnancy are substantial for the community members (Lavin & Cox, 2012). Many adolescent mothers have limited education and skills which could limit their ability to find work. The teen moms may miss out on chances that would have been accessible to them otherwise (Utomo & Utomo, 2013). As a result, possibilities for the country to increase its yearly income will vanish (World Health Organization, 2014).

Adolescent pregnancies are more likely to happen in underprivileged populations around the world, often influenced by poverty, lack of education and work opportunities (Effendi et al., 2021; World Health Organization, 2014). A study conducted in African countries indicated that adolescent pregnancy was linked to a number of sociodemographic characteristics, including place of residence, marital status, educational level, parents' education levels, and parent-adolescent communication. Adolescent pregnancy can be decreased in part by interventions that focus on these characteristics (Kassa et al., 2018; Munakampe et al., 2018a).

Adolescent pregnancy rates are rising in developing nations, along with the likelihood of poor maternal and neonatal outcomes. The limited studies on adolescent pregnancy in developing countries such as in Africa and Asia have produced contradictory and ambiguous results regarding how prevalent the issues are. Therefore, looking for prevention methods considered critical to reduce adolescent pregnancy rates in the United States and worldwide (United Nation: The World Bank, 2014). there is a need for prevention approaches to address the multiple risk factors for adolescent pregnancy.

In the last decade, there were many studies had been conducted both in developed and developing countries investigating effective interventions the reduce the rates of teenage pregnancy (Arnold & Coyne, 2020 Daelmans et al., 2017; Richter et al., 2017). Several studies conducted in developed nations identify risk factors for adolescent pregnancy and developed programs to improve adolescents' academic readiness and positive social development. The link between programs for early childhood education and improved adolescent outcomes is quite well formed. Increased learning preparation can lead to improved academic achievement and fewer behavioral issues in school during adolescence including teenage pregnancy (Grantham-Mcgregor et al., 2014).

Other programs such as sex education in schools, which includes a variety of topics such as abstinence, contraception, and sexually transmitted diseases (STDs) (Bleakley et al., 2006; Canan & Jozkowski, 2017; Eisenberg et al., 2013; Herrman et al., 2013; Kershner et al., 2017) and providing easy access to contraception for adolescents have been proven as effective approaches to prevent teenage pregnancy in several developed countries (Canan & Jozkowski, 2017; Eisenberg et al., 2013; Herrman et al., 2013; Kershner et al., 2017). A systematic review of intervention studies to reduce teenage pregnancy in low- and middle-income countries conducted seven years ago by Hindin and colleagues (2016) also found that school-based intervention can be an alternative approach to reduce the incidence of teenage pregnancy. The fact that teenage pregnancy rate in the low- and middle-income countries is still significant, there is a need to update the evidence so that it can accommodate the current approaches to prevent teenage pregnancy in developing countries. Therefore, this study aims to explore potential intervention to reduce teenage pregnancy, particularly those that can be implemented in the Low-middle income countries like Indonesia.

REVIEW AIMS AND OBJECTIVES

1. Overall aim

   To investigate available interventions for preventing adolescent pregnancy in low- and middle-income countries.

2. Specific Objectives
   a. To describe the type/characteristics of interventions to be used in low middle income countries
   b. To describe the outcomes of the intervention programs
   c. To describe the strength and weaknesses of the intervention programs

BENEFITS OF THE LITERATURE REVIEW

1- For Patients and Families:

This study can provide information for patients and families prevention method for teenage pregnancy.

2- For Nursing Practice:

This study is expected to provide information for nurses about prevention intervention so that they can determine the appropriate intervention.

3- For Educational Institutions

This study is expected to provide additional references or teaching materials for education institutions such as Nursing education, Medical or Public health Education institutions about intervention to prevent teenage pregnancy.

4- For Other Researchers

This research is expected to be a reference source and provide information for future research about teenage pregnancy preventing intervention and can aid the development of experimental research or

implementation research of effective interventions to reduce teenage pregnancy in low middle income countries.

6. For policy markers

Results from this review can be used for policy makers or health services to create a program that could effectively reduce the rate of teenage pregnancy in low middle income countries particularly in sub–Saharan Africa and Asia.