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Early Pregnancy: Experiences and Perceptions of Girls in Calanga, Manhiça District, Maputo

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ABSTRACT

Mozambique, the high fertility rates in adolescence are a public health problem. This article analyzes experiences and perceptions of early pregnancy among girls in Calanga, district of Manhiça-Maputo. Through semi-structured interviews and focus group discussions, the results of this study suggest that unsafe sexual behavior plays an important role in teenage pregnancy, as it is a direct cause of many pregnancies in the Calanga area; most sexually active teenagers use contraceptives irregularly; being in a serious relationship and social difficulties (poverty and lack of money) are important requirements for the occurrence of teenage pregnancy. Another important factor is age. The study concludes that different factors have been discussed that influence the prevalence of teenage pregnancy. However, in Calanga, he notes that poverty and the early onset of sexual activity, as well as family pressure. Each of these factors, in some way, plays a role in explaining the prevalence of teenage pregnancy in Calanga.

Keywords: Adolescence; pregnancy; girl; fertility rates.

INTRODUCTION

With regard to reproductive and sexual life, a recurring phenomenon on the world stage and especially in Mozambique, which is teenage pregnancy, can be put on the agenda. This phenomenon can disrupt the lives of millions of mothers, their children, partners and families and can negatively impact communities and national health and socioeconomic indicators (UNPF & UNICEF 2013; WHO, 2011; Presler-Marshall, Jones, 2012; Udofia & Alexander, 2017). In sub-Saharan Africa, specifically in Mozambique, high fertility rates in adolescence are a public health problem. It is still a problem given

that the number of adolescents (10-19 years old) is still growing rapidly (Matsinhe, 2011; Norte, et al., 2013; Udofia, 2021). According to Kudlowicz & Kafrouni (2014), unplanned pregnancy in adolescence is most often considered a problem, as in addition to being related to biological and social risks; it is also associated with the spread of Sexually Transmitted Infections (STIs). According to Silva (2012) pregnancy in this population group is considered a public health problem, considering that it can result in obstetric complications, with repercussions for the mother and the newborn, in addition to psychosocial and economic difficulties, thus emphasizing, the importance of actions that make prevention possible.

Teenage pregnancy is a public health problem all over the world, both in developed and developing countries (Lourenço, 2003). On the other hand, the study by WHO (2004) reveals that one in five teenagers gives birth each year. Thus, a significant proportion of women have experienced pregnancy by the time they reach their 20s. In sub-Saharan Africa, the birth rate of children is 143 per 1000 women aged between 15 and 19 years. Moreover, premature unions constitute one of the main social problems in southern Africa, which, due to their chain of negative consequences (early pregnancy, chronic malnutrition, obstetric fistula, school dropout), has become an equally economic problem and a barrier to socioeconomic development. According to UFP (2018), teenage pregnancy is a very serious public health problem in Mozambique. The problem affects about half of girls under the age of 18, which makes the country one of the five most affected in the Community of Southern African Countries (SADC) (Selemane, 2019). Data from the National Health Survey (2003) reveal that 41% of adolescents between 15 and 19 are already mothers or have at least had a pregnant woman. Furthermore, the most recent national health survey shows that 38% of adolescents between 15 and 19 are already mothers or have at least had a pregnant woman (MISAU, INE & ICF, 2013). On the other hand, the study by Mitano *et al.* (2015) shows that in Mozambique, it is estimated that 40% of young women aged 20–24 had children before the age of 18. The frequency of pregnancy among adolescents is directly linked to premature marriage since many girls in this age group are married before the age of 15, i.e., they were married before reaching the age of 18 (Mitano *et al.*, 2015).

In the case of the Manhiça district, specifically the administrative post of Calanga, the reality shows that unwanted pregnancies reach a higher proportion among teenagers; thus, the local authorities have considered, in addition to a social problem, an important public health problem, to the extent that, in addition to the increase in the number of pregnancies, there is a concomitant decrease in the age of pregnant teenagers and the perpetuation of the cycle of poverty. Therefore, studies show that several factors contribute to a teenage pregnancy, including: belonging to a disadvantaged group (Mitano *et al.*, 2007); having a low status in the social hierarchy; greater dependence of the adolescent on her parents; promiscuity; a lack of correct information on how to avoid pregnancy (MISAU, 2001; Alegria *et al.*, 1989; Kudlowicz, & Kafrouni, 2014); a lack of knowledge about the risks of teenage pregnancy; and practices and customs that lead to premature marriages (MISAU, 2001). In order to face the problem of premature unions, as well as the prevention and combat of premature marriages, in almost the whole country, several actions have been carried out by the government in coordination with civil society and religious institutions. Among awareness campaigns are rescue programmes for girls in early marital life, advocacy to strengthen the

institutional and legal framework, studies to better inform the referred actions, and free family planning services that include oral and intravenous contraceptives, intrauterine devices (IUDs), and male condoms, as well as female condoms and sterilization (MISAU, INE & ICF, 2013). And since the administrative post of Calanga has benefited from these services, this research sought to understand the experiences and perceptions of the use of different contraceptive methods for the prevention of early pregnancy in girls in Calanga, district of Manhiça. How did you try to investigate how family planning awareness campaigns have contributed to reducing teenage pregnancy?

At the administrative post of Calanga, teenage pregnancy drew attention during fieldwork, the objective of which was to plan and evaluate the health actions of that population in 2019. According to the information obtained in the field, the number of pregnant women under the age of 18 has been increasing over the years in the administrative post of Calanga. Thus, the problem of teenage pregnancy was chosen for this study due to the high average number of pregnant women: a total of 19 pregnant women in 2019. Also, the difficult access to health services in rainy weather was also an important reason for carrying out the present study. These facts led to an interest in collecting perceptions and experiences on this subject in order to deepen knowledge about adolescence and the factors correlated to the problem. The analysis of the existing literature on the subject helped to identify the main causes that lead adolescents to become pregnant and their main causes, which are a matter of concern not only for the team but also for the community as it is a public health issue and a social problem. The analysis and reflection on the subject may contribute to the future development of strategies to solve the problem.

METHODOLOGY

This work discusses the research design and setting. This research is essentially qualitative. Qualitative research involves research methods that are concerned with the collection, ordering, description, and interpretation of data that are generated from lectures, observations, or documentation (Kitto et al., 2008; Malterud, 2001). In order to capture the interpretations in the best possible way, various research methods were used. In this case, semi-structured interviews and focus group discussions were applied in this study; one of the main sources of data for this research was the qualitative, semi-structured interview. The study population consisted of adolescents that included pregnant and never-pregnant girls, drawn from an intentional subsample where participants who met the following criteria were selected: being a girl between 15 and 19 years old and reporting sexual activity in the last 12 months ($n = 12$). However they were, we conducted 12 interviews with pregnant girls or young mothers. From the sample of 12 adolescents, 4 were never pregnant and 8 were pregnant. The interviews were carried out in the girls' homes and at the health center. Interviews at the public health clinics were held on designated days to address reproductive health and family planning that each health center schedules on a certain day during the week.

During the interview process, the consent of the girls was considered the most important and sufficient to allow them to participate in the research. Stakeholders were very helpful and provided me with very useful information to understand teen pregnancy in context and share their knowledge and insights about teen pregnancy and related issues. We opted for focus group discussions, primarily due to time constraints. The focus group discussion allowed for the inclusion of more people. The second reason

why we preferred group discussions was because of the greater possibility for participants to give personal opinions. During the interview, we are concerned with knowing the source of information that was measured, asking where you get information about sexuality; the history of sexual behavior was measured by asking about safer sex or whether or not they used contraceptives regularly; the role of contraceptives was also measured by asking what is known about contraceptives; we approach beliefs and attitudes about youth sexuality to gather sexual experience; social norms and gender were measured by questioning the important aspects of a relationship. Meanwhile, three groups were formed, consisting of two groups of girls aged 15 to 19 years. Both groups had a minimum of three participants.

DATA ANALYSIS

During and after data selection, all interviews were transcribed. Thereafter, several steps were taken to create a good overview of the girl's and other stakeholders' perceptions of different aspects of teen pregnancy and various factors that lead to teen pregnancy. The first step was a structured reading of transcripts of interviews and focus group discussions and a review of important notes collected during observations and informal meetings. The identification of central themes and important contextual factors was the second step taken to prepare a more structured scheme that ended up helping to analyze the collected data. Through the schema created and the re-reading of the collected data, we decided which topics to discuss more extensively than others. Important and useful quotes from different interviewees were also selected.

RESULTS AND DISCUSSION

Sexual Behavior in Calanga

The results of this study present important findings about the experience and perceptions of teenage pregnancy in Calanga. This study shows that unsafe sexual behavior plays an important role in teenage pregnancy as it is a direct cause of many pregnancies. Teenage pregnancy as a result of unsafe sexual behavior is a phenomenon that we also find in the Calanga area. Before addressing sexual behavior, it is first worth mentioning that of the interviewed adolescents, a total of 12. Of which 4 were never pregnant, 5 were pregnant, and 3 had a child. Furthermore, 5 lived with their mother and father together, 3 with their partner, 2 with their father alone, and 2 with other family members. With regard to the age at which girls have their first sexual experience, different studies suggest that at least 50% of adolescents are sexually active by age 16 and probably 80% by age 20 (Eaton et al., 2003). These findings roughly correspond to the findings of this study, where all girls had their first sexual experience between the ages of 11 and 18. The average age at which girls have their first sexual experience is 15 years old. Regarding the use of contraceptives, the results of this study show that in Calanga, the majority of sexually active adolescents use contraceptives irregularly, given that a greater number of respondents, about eighty percent of these adolescents, do not use contraceptives in all sexual relations. On the other hand, this survey shows that most girls (10 out of 12) did not use contraceptives regularly or did not use them at all. Four of the girls reported that during sex, the boyfriend had removed the condom without the girl's permission, and two girls told me that the condom broke during sex. And three reported that they asked their boyfriend to remove the reserve because they did not feel pleasure.

These findings correspond to national patterns of sexual behavior and contraceptive use. This result is in line with the study by Eaton *et al.* (2003), which shows that a general estimate of 50 to 60 percent of adolescents in South Africa who are sexually active between the ages of 14 and 35 report never using contraceptives. Among the group of non-pregnant girls who participated in the focus groups, we noticed that a small group (about five or six out of about twelve girls) were sexually active. However, they do not have enough information about the exact age of initiation of sexual intercourse and do not know whether they used protection or not. Only two girls spoke openly about their sexual experiences. At 14 and 15, they became sexually active, and both girls were involved in relationships. The two also used condoms; this was the only contraceptive they used. Another source was boys who spoke openly about their personal sexual experiences, and none of them regularly used contraceptives. Even with information from different teenagers, looking at the number of early pregnancies, and based on conversations with (sexually active) teenagers, it is fair to conclude that many teenagers in Calanga practice unsafe sex. However, research shows that premarital sexual activity among teenagers is quite common. Although precise data are lacking, many studies agree that sexual activity begins in mid-adolescence (Marteleto *et al.*, 2008; Eaton *et al.*, 2003).

Knowledge and Use of Contraceptives

The role of contraceptives in the discussion of teenage pregnancy is crucial. Contraceptives are essential in the practice of safe sex, and, therefore, it is very important to understand not only what is known about contraceptives but also how adolescents negotiate and perceive their use in certain situations. Knowledge about the risks of unsafe sex and about preventing pregnancy is important because it can affect their individual behavior and empower them to make careful decisions. However, in this section, we discuss the amount of (correct) knowledge girls have about contraceptives. Different studies on unsafe sexual behavior among young people state that lack of knowledge and the existence of taboos and misconceptions about contraceptives are the main practical problems that cause low contraceptive use (Jewkes *et al.*, 2001; Swart-Kruger & Richter, 1997). Also, lack of access is seen as an important factor (MacPhail & Campbell, 2001). During the interviews, we noticed that the girls' knowledge levels varied a lot. On the one hand, an adequate number of respondents (adolescents and adults) stated that girls' knowledge levels are quite inaccurate. Respondents not only thought that there were enough opportunities to gain knowledge but also stated that often when girls engage in unsafe sex, it does not necessarily mean that they are unaware of the risks. Two types of contraceptives that were mentioned repeatedly during the interviews by the girls, as well as by the other interviewees, were condoms and injectable.

Among adolescents, these were the most commonly used and known contraceptives. Also, the observations we made during our visit to the health center gave us an impression of the level of knowledge about the use of contraceptives. These results are in line with the results of a study by INE, MISAU, & ICF (2013), which shows that in Mozambique, among sexually active but unmarried women, the male condom is the most frequently used method, presumably because it offers double protection against pregnancy and against sexually transmitted infections. Thus, 16% of these women use the male condom, while 9% use the pill. Allied with this, the results of this research

show that many adolescents from Calanga are well informed and that awareness of the risks of unsafe sex (not only pregnancy but also HIV/AIDS and other STDs) is present.

Beliefs and General Attitudes about Sexuality in Adolescence

Non-pregnant girls who participated in focus groups in schools were often shy and reluctant to talk about their sexual experiences. Only three girls opened up and talked about their personal sexual experiences with their boyfriends. Before admitting that they were sexually active, they described their relationship in detail and thus justified their choice to have sex with their boyfriends. Below are the tales of some of the young person interviewed:

I got tired very early, due to my family's situation, it's poor. So I was forced to get involved with the man who married me very early. The family told me that the men who work at the Marragra sugar factory and other owners of some fields and also the returnees from South Africa are important and I should get married (16 year old girl, pregnant in the first group).

I had sex, but it was unprotected sex, because the condom is uncomfortable and not pleasurable. That's what we both decided when we decided to have sex. Also because I like my boyfriend, he did everything for me, he supports me when I need him and he is always there for me and that's why I decided to have sex with him. Despite being a quick decision (17-year-old girl, pregnant in the first group).

For me, I got pregnant because my father mistreated me, since I lost my mother when I was only 4 years old. My father talked too much and I couldn't take it anymore. I got pregnant to leave her house (pregnant 16-year-old girl in the third group).

It became clear that different considerations and requirements play a role in the decision-making process. During the interviews, but also listening to the way teenagers generally talk about sexual relationships, we noticed that trusting the partner, being in a serious relationship, and social difficulties (poverty) are important requirements for the occurrence of teenage pregnancy. Another important factor is age. Most girls interviewed agreed that girls are too young to become sexually active. Some girls, both future young mothers and non-pregnant girls, had strong opinions about when it was the right time to become sexually active with their partner.

Having sex at a young age is a negative thing, girls aged 13, 14, 15, they don't realize what they're doing (Young mother, 17 years old).

Another pregnant woman said: I find it disgusting when a girl has sex with someone she doesn't know. You have to at least know the person you have sex with. But it's better to be in a relationship (Young mother, 18 years old).

Sometimes, we don't get involved of our own free will; we pass needs and let ourselves be enticed with money ranging from 100 to 200 Mt (Single young woman, 17 years old).

As we can see, girls have clear ideas about when it is appropriate to engage in sex. A commonly heard minimum age was the age of 21, because before that age, it will distract them from what's important, in this case, school. However, most of them stated that their actual behavior regarding sexuality is not always in line with their personal standards. The difficulties they face force them to become sexually involved in exchange for money. There is a gap between expressed ideas and norms about whether and when to initiate sexual relations as a girl and what they practice. Looking at the theory that conducts this study, it is possible to verify that this phenomenon has to do with the microsystem that is related to the interaction of a child with the family; it is the ecosystem, given that decisions that are related to the person have no participation in decision-making processes according to Bronfenbrenner (1979).

Social Norms (Gender)

Many teens are involved in a relationship, either publicly or secretly, and there's been a lot of talk about it. I realized that within peer groups, it is very important to be involved in a relationship, and once committed, it is important as a girl to maintain your relationship. All young people described aspects such as trust, respect, sharing, communication, and love as important ingredients of a good and serious relationship. These descriptions embody the much-mentioned concept or desire for good behavior that was expected of both boys and girls. Many girls emphasized being faithful and being serious as important aspects of a relationship and their expectations of boys. Below are the tales of two girls:

You need a guy who is on his best behavior, someone you want to bring into your family when the time is right. I want my parents to think: this is the right man for my daughter; he will give her a good life (Young mother, 18 years old).

Boyfriend needs to take you seriously. He should listen to the things you have to say and respect the things you want (Pregnant, 19 years old).

Based on the excerpts above, it is noted that during the discussions about the sexual part of the relationship, the girls, especially the non-pregnant ones, remained reserved. It seems that in a context of strict rules about sexual behavior and relationships, where both boys and girls prefer not to be involved, teenagers are quite reluctant to talk about it. During focus group discussions, sex was initially not described as a necessary component of a relationship. According to Bronfenbrenner (1979), this fact has to do with the mesosystem, which consists of the interactions between the different parts of a person's microsystem.

Role of Parents

In this section, I want to describe teenage pregnancy and sexual decision-making regarding the relationship a girl has with her parents in Calanga. Parents often play an

important role in the lives of girls in Calanga. The girls spend much of their time in and around their homes and often stay there until they are married. Many of the interviewed girls mentioned their parents (or mother or father in the case of single parents) as important actors in their lives and as the first (and sometimes the only) people to turn to in difficult circumstances, so when they decide on something, they must obey. Therefore, in relation to teenage pregnancy or sexual decision-making, parents can play an important role. The prevalence of teenage pregnancy needs to be explained and understood within its context. Regarding the family situations in which girls grow up, several factors were mentioned by girls as well as adults that they thought could influence the prevalence of teenage pregnancy. Factors such as single parents, having a mother who was a teenage mother, or having a teenage child with a sister mother were also mentioned. Also, the lack of love and attention from parents due, for example, to long working hours was perceived as an influencing factor. In different studies carried out on the role of the family or parents in relation to teenage pregnancy (and sexual behavior), these family characteristics are in fact mentioned as factors that increase the chances of teenage pregnancy within the family (Macleod, 1999).

In this survey, just under fifty percent of young (to-be) mothers (5 out of 12) grew up in a single-parent household (mostly without a father), and the other half of girls (7) live with both their father and mother. Six of the 12 girls were born to teenage mothers or fathers, and seven of the girls had a brother who had a child during adolescence. A stable or secure home environment is more conducive to a child's growth at any given time. Due to single or early parenthood, for example, fathers are less likely to have time to communicate with their children regularly because of work, or a mother's social messages become less convincing in her daughter's eyes because she became pregnant at a very young age. Therefore, within a context where girls' perceptions of sexuality are often influenced by existing social (gender) norms and where sexual decision-making is guided by these same norms and expectations, sexual action is very important. This constitutes a microsystem since it is related to the interaction of a child with the family. Thus, considering the care relationship between the adolescent and her family can influence the development of a healthy personality. Furthermore, some parents reported that boys generally live with their husbands from the age of 16 in the district of Calanga.

CONCLUSION

This study sought to investigate the experiences and perceptions of early pregnancy among girls in Calanga, Manhiça district, Maputo Province. Presents important findings. In this case, knowledge and access to contraceptives are very important factors for girls or young people in general, to practice safe sex. Knowledge levels among my respondents were accurate; however, there are still misconceptions about its functioning and use. Not much difference is noted between the knowledge levels of younger and older girls. However, it is not always easy for girls to obtain knowledge of contraceptives, and in a context where girls' sexuality is still perceived as taboo, such issues are often not openly discussed. Furthermore, girls are confronted with attitudes of rejection and disapproval when their sexual activity is open. This makes it difficult for them to learn about safer sex and actually obtain and use contraceptives. Different factors have been discussed that influence the prevalence of teenage pregnancy. However, in Calanga, he notes that poverty and the early onset of sexual activity, as well

as family pressure, play a role in explaining the prevalence of teenage pregnancy in Calanga.

REFERENCES

- Alegria, F. V. L., Schor, N. & Siqueira, A. A. F. (1989). Gravidez na adolescência: estudo comparativo. *Revista de Saúde Pública*, São Paulo, 23 (6): 473-7.
- Bronfenbrenner, U. (1979). *Aecologia do desenvolvimento humano*. 2^a ed. Oxford: Elsevier.
- Eaton, L., Flisher, AJ, & Aaro, L. E. (2003). Comportamento sexual inseguro em jovens sul-africanos. *SocsciMed*, 56 (1), 149-165.
- Instituto Nacional de Saúde (INS); Instituto Nacional de Estatística (INE), ICF, (2013). *Inquérito demográfico e de saúde*. Resultados preliminares, Maputo.
- Jewkes, R., Vundule, C., Maforah, F., & Jordaan, E. (2001). Dinâmica de relacionamento e gravidez na adolescência na África do Sul. *Revista de Ciências Sociais e Medicina*, 52, 733-744.
- Kudlowicz, S., & Kafrouni, R. (2014). Gravidez na adolescência e construção de um projeto de vida. *Psico PUCRS*, 45, 228-238.
- Lourenço, M. A. (2003). *A Saúde da Mulher e gravidez na adolescência: estudo comparados sobre os percursos para a vida da jovem no rio de Janeiro, Brasil e Maputo, Moçambique*. (Dissertação de Mestrado). Universidade do Estado do Rio de Janeiro.
- Macleod, C. (1999). Gravidez na adolescência e suas consequências negativas: Revisão da pesquisa sul-africana. *South African Journal of Psychology*, 29.
- MacPhail, C., & Campbell, C. (2001). I think condoms are good, but, I hate those things: condom use among adolescents and young people in a Southern African township. *Social Science & Medicine*, 52, 1613-1627.
- Malterud, K. (2001) Qualitative Research: Standards, Challenges, and Guidelines. *The Lancet*, 358, 483-488. [http://dx.doi.org/10.1016/S0140-6736\(01\)05627-6](http://dx.doi.org/10.1016/S0140-6736(01)05627-6)
- Martelete, L., Lam, D., & Ranchhod, V. (2008). Comportamento sexual, gravidez e escolaridade entre jovens na África subsaariana. *Estudo em Planejamento Familiar*. 39, 351-368.
- Matsinhe J.M. (2011). *Investing in Youth: The story of a national SRH programme for adolescents and youths in Mozambique*. UNPF, 2011.
- MISAU. (2001) *Política e estratégia de saúde sexual reprodutiva de adolescentes*. Maputo, Versão Preliminar.
- Mitano, F., Bazilashe, Juvenal, B. & Sidat, M. (2015). Gravidez na adolescência: um Estudo Qualitativo Realizado com Utentes do Hospital Geral de Chamanculona. *Revista Científica da universidade Eduardo Mondlane*. Vol. 1 N^o1 (2015).
- Norte G, Molina P, Bant A, Nandja D, Zawangone A. & Miguel A. (2013). *Gravidez na Adolescência. Desafios e Repostas de Moçambique*. Maputo, Moçambique. United Nations Population Fund.
- Presler-Marshall, E. & Jones, N. (2012). *Charting the Future: Empowering Girls to Prevent Early Pregnancy*. London: Overseas Development Institute and Save the Children.
- Selemane, T. (2019). *O impacto das uniões prematuras na educação, saúde e nutrição em Moçambique*. Disponível em: <https://bettercarenetwork.org/sites/default/files/2021->

- Swart-Kruger, J., & Richter, L. (1997). *Conhecimentos, atitudes e comportamentos relacionados à AIDS entre jovens de ruasul-africanos: reflexões sobre poder, sexualidade e oeu autónomo. Ciências Sociais e Medicina*, 45, 957-966
- Udofia, C. A. (2021). Traditional African Values. *Brolly*, 4(1), 113-130.
- Udofia, D., & Alexander, C. (2017). Leadership in the Health Sector: A Discourse of the Leadsrhip Model of Utilitarianism. *Journal of Health Ethics*, 13(1), 6.
- UNPF e UNICEF (2013). *Casamento Prematuro e Gravidez na Adolescência em Moçambique: Causas e Impacto*.
- World Health Organization (2011). *Guidelines for Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries*. Geneva: WHO.
- World Health Organization (2014). *Adolescent Pregnancy Issues in Adolescent Health and Development*. Department of Child and Adolescent Health and Development World Health Organization, Geneva.