

Abstract

Introduction: Teenage pregnancy is defined as a pregnancy in a young woman who has not reached her 20th birthday when the pregnancy ends. In Sri Lanka a range of 5.8 % to 16.1% of teenage pregnancies are reported from 25 administrative districts. The Batticaloa district showed the highest incidence of teenage pregnancy of 16.1%. The negative obstetric and fetal outcomes as well as social consequences associated with teenage pregnancies are well documented globally. In Sri Lanka, teenage pregnancies are becoming a major health concern for the provision of care during pregnancy and childbirth.

Objectives: The present study was undertaken with the objective of developing a causal model to determine the mechanism of teenage pregnancies and identify the risk and protective factors and compare antenatal events and circumstances in the Batticaloa District.

Methodology: This community based study includes two components. The first component is qualitative study to develop a causal model that portrays circumstances mechanisms, processes and outcomes by using In-depth interviews and case studies of teenage mothers, Focus group discussion with care takers and service providers and Key informant interview with leaders of the community. The second component is case control study to identify risk, protective factors and selected part of the process of teenage pregnancy. Case control study was carried out with 249 teenage primi mothers and 498 adult primi mothers in their third trimester and attending ANC clinic in all fourteen MOOH in the Batticaloa district.

Result: Qualitative component findings presented as poor living standard, parental relationship, educational back ground, affinity on early pregnancy, cultural acceptance and negative attitude on contraceptive measures are directly contribute to the teenage pregnancy in the Batticaloa district.

Case control study identify factors, which are involving as risk factors of teenage pregnancy such as, educational status, family monthly income, standard of living index, marital status, sister having teenage pregnancy, religious and family pressure

on early marriage and postponement of pregnancy, violence, psychological status and family background($P < 0.05$).

War related problems, use of contraceptives, knowledge on reproductive health and socio demographic factor are not shows any significant association with teenage pregnancy ($P > 0.05$).

Conclusion: Univariate analysis shows that more than 15 factors are significantly associated with teenage pregnancy. These factors are presented as risk factors or protective factor for teenage pregnancy. Multivariate logistic regression shows only three factors contribute to teenage pregnancy. The final model of goodness of fit test (Hosmer and Lemeshow) shows 74.9% of dependant variables is associated with teenage pregnancy (Independent variables).

Recommendation: Causal model was prepared on identified risk, protective and circumstances of teenage pregnancy in this district. When service providers implementing of preventive programme for the teenagers in this set up, this causal model can utilize as a tool for identify the contributing factor and prevention of teenage pregnancy.