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## Prevalence and predictors of teenage pregnancy among women attending antenatal care at Gulu Regional Referral Hospital: a facility-based cross-sectional study

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**Background:** Teenage pregnancy is defined as a pregnancy in a girl who is 13-19 years of age. Globally, 21 million pregnancies occur annually among adolescents aged 15–19 years, with half unintended, leading to an estimated 12 million births. Complications resulting from these pregnancies and childbirth are among the leading causes of death for girls aged 15–19 years. Sub-Saharan Africa bears the highest burden globally, and Uganda has one of the region's highest rates, with 25% of adolescents aged 15–19 having begun childbearing (UDHS 2016). Despite government and NGO interventions, prevalence persists, driven by individual, household, and community factors. This study examines prevalence and predictors in Northern Uganda.

**Method:** We conducted a facility-based cross-sectional study among 286 mothers attending Antenatal Care at Gulu Regional Referral Hospital in March 2024. Ethical approval was obtained from the Gulu University Research Ethics Committee. The dependent variable in this study was teenage pregnancy, and independent variables included socio-demographic characteristics, family-related variables, and reproductive behaviors. Data were collected using a research assistant-administered questionnaire with an online Kobbo Toolbox, downloaded in Microsoft Excel, cleaned, and exported to Stata version 18.0 for further analysis. Prevalence of teenage pregnancy was calculated as the proportion of mothers less than 20 years of age. We used logistic analysis at both bivariate and multivariate analysis to test for predictors of teenage pregnancy. For multivariate analysis, we involved all variables with a P value less than 0.2 in bivariate analysis, and the level of significance was set at  $P < 0.05$ .

**Results:** We interviewed 286 pregnant mothers, the median age of all respondents was 25 (IQR: 18 - 39 years), Catholic was the dominant religion 130/266 (45.5%) followed by Anglican 80/286 (28.0%). The majority of the respondents were Acholi by ethnicity 225 (78.7%), married 221 (77.3%) and residents in the urban 162/286 (56.6%) and Peri-urban 85/286 (29.7%) areas. More than half of pregnancies among teenagers 24/43 (55.8%) were unplanned, however, 30/43 (69.8%) were happy about their pregnancy. The prevalence of teenage pregnancy among pregnant mothers attending Antenatal Care at Gulu Regional Referral Hospital was 43/286 (15.0%) [95% CI: (11.1% - 19.7%)]. At multivariable analysis, factors that are protective for teenage pregnancy included being employed (aOR: 0.19, 95% CI: 0.06, 0.63,  $P = 0.007$ ) and earning more than 100,000 UGX (aOR: 0.24, 95% CI: 0.08, 0.78,  $P = 0.018$ ).

**Conclusions:** The prevalence of teenage pregnancy among pregnant mothers attending Antenatal Care at Gulu Regional Referral Hospital was high at 15.0%, though lower than in other regions of Uganda and Africa. Significant protective factors for teenage pregnancy included employment and higher monthly income. There is need to address employment and income disparities to reduce teenage pregnancy rates. Future research with larger sample sizes is needed to further understand the predictors of teenage pregnancy and inform targeted interventions.

**Author:** OKELLO, Morrish Obol (Gulu University)

**Co-authors:** Mr TUKEDE, Clement (Gulu University); PEBALO PEBOLO, Francis; Mr OPIO, Joel (Gulu University); MUJUNI, Raphael

**Presenter:** OKELLO, Morrish Obol (Gulu University)

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