



The Impact of Family Economic Welfare on Teenage Pregnancies a Case of Pallisa District Olok Sub-County

Joanita Nakazzi¹, Ssembajjwe Ben², Nicholas Matsiko³

Abstract: Teenage pregnancy is a serious public health and social problem which needs to be curbed if a nation is to achieve its Sustainable Development Goals. The study aimed at investigating the impact of economic welfare on teenage pregnancy in Pallisa district in Uganda. The main focus was on the economic factors influencing the level of teenage pregnancy and the challenges faced by teenagers and suggest policy recommendations. Secondary and primary data was collected from teenagers and key informants, it was collected using a structured questionnaire. A total of 298 respondents was considered selected randomly in Olok sub-county. Data was coded and analyzed using STATA computer package. A Logit model was used for analysis. The results indicated that variables considered were significant however, out of school was the most statically significant with p-value 0.000, others included income of the parent or guardian with 0,212, access to health with 0.017, and employment with 0.011. On the challenges the results indicated that, 68.2% lack of access to basic needs, poverty 33%, lack of school requirements, 49.4%, financial difficulty, were among the major challenges. The study recommended that, increasing access to health care, increasing incomes of the parents/ guardians through employment, government to continue subsidizing education. Areas for further research included the extent to which school drop rates contribute to teenage pregnancy and effect of access to healthcare on the prevention of teenage pregnancy.

Keywords: Teenage pregnancies; Pallisa district; Adolescent; Challenges

JEL Classification: I31; J13; I25

¹ Ndejje University, Uganda, Address: P.O.Box 7088 Kampala, Uganda, E-mail: kizjuan@gmail.com.

² Ndejje University, Uganda, Address: P.O.Box 7088 Kampala, Uganda, Corresponding autor: ssemben@yahh.com.

³ Joint Clinical Research Centre, Uganda, Address: P.O. Box 10005, Kampala, Uganda, E-mail: matsikonicholas@gmail.com.

1. Introduction

Adolescent pregnancy has continued to be a global problem and widespread in sub-Saharan communities. Adolescence refers to the period of transition from childhood to adulthood and independence from one's parents (Casey & Caudle, 2013). It is during this period between the ages of 10 and 19 years (Ministry of Health Kenya, 2015) that adolescents learn and develop knowledge and skills to deal with their health as their bodies develop. However, for millions of young people around the world, this period in life brings new vulnerabilities. Adolescent girls are coerced into unwanted sex or early marriage placing them at risk of unwanted teen pregnancies, unsafe abortions, sexually transmitted infections and unsafe childbirth (Morris & Rushwan, 2015). Adolescent pregnancy is also associated with poor maternal and perinatal outcomes. In the last decades of the 20th century, successive British governments came to regard teenage pregnancy as a significant public health and social problem. The view was shared to varying degrees by the governments of many developed nations so that by the late 1990s eight of 28 Organization for Economic Co-operation and Development (OECD) countries were actively intervening to reduce youthful conception and further 12 countries considered teenage pregnancy to be a concern (UNICEF, 2001). In the UK alone, before and after the election of the New Labour government in 1997, teenage pregnancy was seen as a problem requiring intervention (Arai, 2009). In sub-Saharan Africa Teenage pregnancy as a problem has been persistently high (Yakubu & Salisu, 2018) although most African countries through different ministries have put up interventions to curb and deal with this problem. Adolescent pregnancies are a global problem that occurs in high, middle and low-income countries. In 2008, there were 16 million births to mothers aged 15-19 years representing 11% of births worldwide. About 95% of these births occurred in low and middle-income countries (WHO, 2006). Every year an estimated 21 million girls aged 15 to 19 years and 2 million girls under the age of 15 become pregnant in developing regions (Darroch, Woog, Bankole & Ashford, 2016). Approximately 15 million girls aged 15 to 19 years give births every year in developing countries (Blum & Gates, 2015) however births to adolescents aged 10 to 14 years are relatively rare in most countries (WHO, 2012). This means that adolescents aged between 15 and 19 are the most affected. In fact, there is a linear increase in the proportion of teenage pregnancy per unit increase in the age as shown by most DHS done in sub-Saharan Africa. For example UDHS showed that the percentage of teenagers who had begun child bearing at 15 years of age was 3.1% , at 16 years 9.4% ,17 years 22.1%, 18 years 40.2% and by 19 years it was 53.9 % (UBOS, 2016). Early unwanted pregnancies are associated with increased levels of induced abortion (Aderibigbe et al., 2011), which when carried out in unsafe conditions carries severe health risks, including death. For example, in 2008, there were an estimated three million unsafe abortions in developing countries among 15-19-year-olds. A follow-up report in 2012 showed that up to 65% of women with

obstetric fistula developed this during adolescence (WHO, 2012) Studies show that complications among pregnant adolescents include preterm labor (Goossens, Kadji, & Delvenne, 2015), obstructed labor and genital fistula among others (Babafemi & Adeleke, 2012). Additionally, their reproductive health is affected by unsafe abortions, sexually transmitted infections, sexual violence and limited access to medical services for adolescents in rural areas (Molina Cartes & González Araya, 2012). Adolescent pregnancy does not only affect the mothers but their off springs as well as the communities in which they leave. In low – and middle -income countries still birth and death in first month of life are 50% higher among babies born to adolescent mothers than those born to older mothers (Mukhopadhyay, Chaudhuri, & Paul, 2010). Several studies have demonstrated that the younger the mother the higher the risk associated with negative outcomes (Kumar, Singh, Basu, Pandey, & Bhargava, 2007). The rates of pre-term birth, low birth weight and asphyxia are higher among the children of adolescent girls It is therefore important to understand the socio-economic and health aspects of teenage pregnancy, determine the magnitude of the burden in order to guide timely control interventions. Consequently, this will reduce the vice in communities and improve the health outcomes of teenagers.

2. Statement of the Problem

The prevalence of teen pregnancy in Uganda was estimated at 25% by the UDHS (2016.) This was estimated to be a 1% increase from 2011. The adolescent population projections continue to grow (UN-DESA Population Division, 2017) implying a 1% increase for a 10-year population increase is significant. Such projections imply that the number of adolescent pregnancies will increase by 2030 with the greatest proportional increases in West and Central Africa and Eastern and Southern (Liang & UNFPA, 2013). In Pallisa, 1 out of 3 teenagers (30%) are estimated to be pregnant (UDHS, 2018). The Government of Uganda through various bodies including the Ministries of Health and Education and sports, together with support from various development partners has implemented and scaled up interventions aimed at mitigating this scourge.

The interventions covered family planning services, health education to communities and primary education for all (UNICEF, 2015). Furthermore, several national and international legal instruments have been put in place and endorsed by the government of Uganda to protect the fundamental rights of children so that they are not married before the legal age. These instruments include the National Constitution, Convention on the Elimination of Discrimination against women (CEDAW) and the Convention on the Rights of the Child (CRC). All these are geared towards raising awareness on the causes and consequences of child marriage and how it impacts teenage girls in Uganda. According to statistics, in 2014 the

helpline received 166 child marriage cases and 92 were followed and successfully closed. Other free community SMS based platforms have been utilized to report on Child marriage within their communities. All these efforts are geared to end Child marriage and reduce teenage pregnancy in the community and the country. However, with nearly half of women (49%) aged 20-49 being married by 18 and 15% married by the age of 15 child marriage remains a serious problem in Uganda. Despite all these interventions, teenage pregnancy has persisted in Pallisa district and Uganda at large. High teenage pregnancy levels pose a huge health challenge while undermining the achievement of Sustainable Development Goal (SDG) One which is End poverty in all its forms everywhere. Goal 5 particularly the elimination of all harmful practices, such as child, early and forced marriages. Determining the extent to which economic welfare of families interacts with other elements to influence - teenage pregnancy will provide a window for prevention of teenage pregnancy and its associated negative outcomes. This will inform programs and policies for the control and prevention of the vice and Local government and Non-Governmental organization and government will find it easy to design model of assistance in such situation.

3. Objectives of the Study

The objectives of study were to find out the prevalence of teenage pregnancy in Pallisa district, to investigate the factors influencing the level of teenage pregnancy in Pallisa district and to find out the major challenges faced by teenagers and propose policy recommendations. The findings from the study may be used by the district leadership and community to put in place key interventions to curb teenage pregnancies. The study may inform families on the ongoing trend of events regarding teenage girls and so put measures in place to provide guidance to the girl child. This new knowledge may be used by policy makers, donors and other stakeholders who wish to contribute to reduction of this trend in Pallisa district as well as other districts. The study may add to existing literature in Pallisa and Uganda in the area of maternal health and adolescence.

4. Literature Review

Findings by Krugu J. et al 2017 showed that young women's motivations for sexual relationships are mostly 'beyond love' and seem to focus on economic factors. The main means of sexual protection seems to be condom use. Other forms of contraception were believed to be linked to infertility. Sexuality remains a largely taboo topic for open discussion and sex education in schools seems limited to abstinence-only messages. The need for more open communication on the matters of sexuality with young people and the provision of a more comprehensive sexuality

education in school to address teenage pregnancies is discussed. (John Kingsley Krugu, Mevissen, Munkel, & Ruiters, 2017). A study carried out in Malawi where 76% of teenage respondents in the study had experienced unplanned pregnancy, indicated early sex and marriage, low contraceptive use, low education levels low socio-economic status, lack of knowledge of reproductive and sexual health, gender inequity and physical/sexual violence. These problems point to a multi-sectoral approach to tackle the problem on teenage pregnancy. (Kaphagawani & Kalipeni, 2017). A study carried out in Wogedi north eastern Ethiopia to assess the prevalence and associated factors of teenage showed that non contraception use and parental marital status (divorce) were highly associated to teenage pregnancy. Strengthening contraception use by giving special attention to rural dwellers and showing consequences of divorce to the community were strongly recommended. (Habit, Yalaw, & Bisetegn, 2018). In a study carried out in Uganda in Kibuku district, it was discovered that there was a big knowledge gap about reproductive health as 75% of school going teenagers believed the minimum age of conception was 14 years. Bad peer groups, enticement with gifts and poverty were the most causes of teenage pregnancy. The study noted that teenage pregnancy remained a big problem in the district and needed urgent intervention. Parents and schools were encouraged to adopt a culture of discussing sexual and reproductive health, advocating for abstinence and where necessary contraception be made open and accepted without stigma (Manzi et al., 2018). The debate of teenage pregnancy and motherhood continues to be a topical media and political issue and a contested policy area. The book highlights social and welfare reforms that need to be adopted by those working on government strategies to reduce teenage pregnancies. The study contributes to the debate in terms of filling the gap in education, social policy and welfare reforms (Holgate, Evans, & Yuen, 2006). Previous research has suggested that comprehensive teenage pregnancy prevention programs that address sex education, life skills development and provide academic support are effective in reducing births among enrolled teenagers. However, there is limited data on the costs and cost effectiveness of such programs. In a study carried out in Mbarara municipality to assess stakeholder's views concerning factors affecting availability, accessibility and utilization of teenager friendly antenatal services health workers described their experience with teenagers as challenging due to their limited skills when it comes to addressing adolescent specific needs. Adolescent friendly services were described as those that could provide privacy, enough time and patience when dealing with teenagers. Recommendations were therefore made to have specialized training for health workers who deal with pregnant teenagers in order to provide friendly teen services (Rukundo, Abaasa, Natukunda, Ashabahebwa & Allain, 2015).

5. Methodology

The study adopted a cross-sectional survey research design which involved collecting data using a questionnaire. The study adopted a random sampling of households in the sub-county and purposively selected pregnant girls from the households who were interviewed. Teenagers found in the sampled households were the ones interviewed. During the data collection, two questionnaires were used. One was for the key Informants and the other for the respondents. The questionnaires solicited information on income, health, age, pregnancy status of the respondent and the suggestions of the community leaders on how to curb the dire situation. In addition, document review was done. Data analysis was done using STATA as a software. A logit model was estimate to find the impact of different variable on teenage pregnancy.

5.1. Model Specification

$$Y_i = \beta_0 + \beta x_1 + \beta x_2 + \beta x_3 + \beta x_4 \dots \beta x_n + \mathcal{E}$$

Where;

Y_i = Dependent variable (Teenage pregnancy/TP)

x_1 = Income (Y) (Income level of the Parent/Guardian)

x_2 = Education level (E) (Of the teenager/Respondent)

x_3 = Employment (e) (Employment status of Parent/guardian)

x_4 = Health (H) (Access to Medical care)

Thus TP = $f(Y, E, e, H \dots n + \mathcal{E})$

β_0 = Constant term (It is the Value of Y_i when x_i or the independent variables are zero)

β = Coefficient of the independent variable (It measures the amount of change in teenage pregnancy caused by a unit change in income, Education, Employment and access to medical care)

\mathcal{E} = Error term within a confidence interval of 5%

6. Presentation and Analysis of Results

The study and the discussions of the findings which include an assessment of the characteristics of the respondents, family economic welfare and how these contribute to teenage pregnancy in a family. The analysis was based on 328 respondents.

Table 1. Parishes in Pallisa Districts

Parish	Frequency	Percentage
Apapa	162	49.4
Olok	82	25
Ngale	59	18
Kateki	25	7.6
Total	328	100

Source: Primary Data, (2019)

The study was carried out in four parishes of Olok subcounty where half of the residents (49.0%) were from Apapa Parish while Kateki contributed the least (7.6%). The study considered finding out the socio-characteristics of the respondents which included age, education among other variables and descriptive statistics such as frequency tables were used. The study was interested in finding out which age bracket were teenage pregnancies most rampant in the study discovered teenage pregnancy was widely spread among teenagers aged 17+ years (50.3%) and only 9.1 % (30) among teenagers aged 10-13years and aged 14-16 were 40.5%. On the education level results indicates that a considerable number of teenagers were not in school (62.2%). Of all school going teenagers, only (39.2 %) were in secondary level and about a quarter (29.2 %) had no education at all. 53.1 % of the school dropouts had attained Primary Education and only 0.4% were able to have tertiary skills. Inquiring into the guardian's employment status and income, the study wanted to know household head from where the teenager was coming from, the employment status of the parent/guardian and the income of the parent/guardian. Furthermore, the study found that most of the respondents were from households headed by a biological parent (74.4%) with a substantial number headed by a father (59.2%). A total of 25% of the teenagers were from households headed by a guardian. Furthermore, the parents and guardians of these teenagers were either doing household chores (30.5%), had no formal employment (36.3%) or too old to work (13.1%) while a few were self-employed (9.5%) or engaged in voluntary work (5.8%). Many of the teenagers did not know the income of their parent or guardian (68.6%) however of the 103 who knew this income, quite a number (68.9%) reported earnings of 100,000 Ugandan shillings or less per a month. The stud further inquired into pregnancy status and the found 29% of teenagers were pregnant at the time of field data collection of which only 15% had a planned pregnancy and the majority 85% had not planned for their pregnancy.

Results of the Logistic Regression

The results of the logit model were summarized in the table below,

Table 2. Results of the Logistic Model

log Likelihood -137.89514 Number observation= 290, LR Chi2 (4)=126.11, Prob>Chi2=0.000

Teenage frequency	Coef.	Standard Err	Z	P> (z)	95%.conf.	Interval
Income	-.7951855	.6372494	-1.25	0.212	-2.044171	0.4538005
Out of school	2.89442	.3856098	7.74	0.000	2.228639	3.749201
Access to Health	-1.509593	.6332408	-2.38	0.017	-2,750722	-02684630
Employed	-1.563003	.6155852	-2.54	0.011	-2.776888	-0.3571180
Cons.	1.680017	2.10843	0.80	0.426	-2.45243	5.012465

Source: Primary data 2019

Results from the logit model show that all the variables chosen to measure economic welfare are significantly related to teenage pregnancy ($p < 0.05$). A low income of the parent/guardian increases the probability of the teenagers getting pregnant in the household with coefficient of -0.7951855, with $p > (z)$ 0.12, This implies that for any one-unit increase in income which was the independent variable, teenage pregnancy would decrease by 0.7951655. Having access to health reduces the probability of teenage pregnancy with coefficient of - 1.509593, with $p < (z)$ of 0.017. Being out of school increases the probability of a teenager getting pregnant. This is statistically significant with coefficient of 2.89542, with $p < (z)$ 0.000). Therefore, out of school element had the highest level of significance towards causing teenage pregnancy. Being in household whose bread winner is not employed increases the probability of teenage pregnancy with coefficient of 1.563003 with $p < (z)$ 0. 011. From these findings, the study concluded that economic welfare impacts on teenage pregnancy. As mentioned earlier in the background that there were less pregnancies and births among girls aged less than 14, the study also discovered that there were fewer pregnancies and births among girls less than 14 years. The most vulnerable age to this scourge were adolescents aged above 14 years. There was a linear increase in the number of teenage pregnancies per unit increase in a teenager's age. It was found that an increase in income of the parents reduces the probability of the teenager getting pregnant. Teenagers' views on adolescent pregnancies in Eastern Uganda where teenage pregnancy was blamed on failed parental generation showed that;poverty was the underlying structural cause of parental failure. Parents were blamed for failing to provide for their daughters' needs. The above findings are also concordant with the study carried out in Eastern Uganda in Kibuku district, where poverty was cited as one of the leading causes of pregnancy among teenagers who were being enticed by small gifts. Parents were either not employed or underemployed which led to low incomes and the inability to provide for the needs of their daughters. The study discovered that teenagers who were not in school were

more likely to get pregnant than those in school. It was further found out that the number of teenagers who were not accessing health care was high. Based on the results, a teenager who has access to medical care is at reduced odds of getting pregnant. The study discovered several challenges. Out of the total 328 respondents on this matter, 68.2% of the respondents gave lack of access to basic needs, 33% (109) of the respondents cited poverty, 12% mentioned early engagement in sexual activity, 10% revealed it was due to peer influence and sexual violence and 9.3% alcoholism and drug abuse.. 49.4% pointed out lack of school requirements, few of the respondents (5.1%) stated family neglect. Information from key informants gave lack of parenting and poverty as the key challenges faced by teenagers. Also, financial difficulties (21.8%) and peer pressure (8%) and only 6.7% of the school dropouts were engaged in income generating activities with tailoring contributing highest (18.2%).

7. Conclusion, Recommendation and Areas for further Research

Teenage pregnancy was rampant in age of 17+ and many were not in school with a percent of 262.2. The respondents indicated that guardians did not have formal employment or had no job and those who were generating incomes were earning 100,000 Ugandan shilling (approximately. USD 30) or less. The results indicated that all factors considered were significant but out of school was the most statically significant with p-value 0.000 at 95% confidence interval. Others included income of the parent or guardian with 0.212, that is low income increases the probability of a teenager getting pregnant. Access to health was significant in influencing teenage pregnancy with a p-value of 0.017, this is that having access to health services reduces the probability of a teenager of getting pregnant and employment with 0.011. Lastly being without a formal employment and steady stream of income as a guardian increases the probability of the teenager being pregnant. All variables were associated with teenage pregnancy Findings also indicated that pregnancies and birth were less among girls aged less than 14 years and was more in girls with more than 14 years and above. On the challenges, the results indicated that, lack of access to basic needs (68.2%), poverty (33%), lack of school requirements (49.4%), financial difficulty (21.8%) were among the major challenges. The study recommended some policies which included, keeping the girl child in school, increasing access to health care, increasing incomes of the parents/ guardians through improving employment. The government to continue subsidizing education or offer free education and making it compulsory to teenagers. For those who fail to complete their education, they should be enrolled in vocational institutions so that they gain skills to engage in income generating activities to avoid the cycle of poverty. The study recommended creation of income generating activities to provide employment to the people of the Olok and at the same time the teenagers that have dropped out of school to get

involved in economic activities. There should be an increase in sex education, to sensitize the teenagers about the effects of early pregnancy. There should be counseling and guidance which is necessary to curb the effects of alcoholism and drug abuse. Lastly sensitizing of parents on their roles towards raising the girl child. Basing on the study findings and observations, there is need to conduct research in the following areas; the extent to which school dropout rates contribute to teenage pregnancy, and the effect of access to healthcare on the prevention of teenage pregnancy.

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