

Teenage Pregnancy in Sri Lanka: Trends and Causes

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Abstract

The main aim of this paper is to examine the trends and factors affecting teenage pregnancies in Sri Lanka. This paper draws mainly upon secondary data, reviewing the available research findings to describe the patterns, trends and causes for teenage pregnancies in Sri Lanka. When taking into account the trends of teenage pregnancies in Sri Lanka, the percentage of teenage mothers is lower than the other countries in South Asia. However, on the island, the percentage of teenage pregnancy varies from district to district and the prevalence of teenage mothers in certain areas is high. Social factors such as sexual violence, extreme poverty, the impact of war, lack of social opportunities and family conflicts could be identified as the main factors associated with teenage pregnancies. However, patriarchal culture, negative attitudes on poverty, social pressure and misuse of technology or social media as identified in this paper are the root causes for the teenage pregnancies in the country. In order to eliminate the problem of teenage pregnancy, short term and long-term solutions need to be planned. Taking strong actions against gender-based violence, expanding educational opportunities, eradicating poverty and also rehabilitating social systems devastated by the effects of the long-drawn civil war, motivating children and families for engaging with institutions such as schools and religious institutions will be helpful to solve this problem up to some extent. The engagement with the institutions of the health sector should also be implemented in providing sex education, family counselling, and educating parents on alternative income schemes. Awareness programmes in the areas where teenage pregnancies are high also can be implemented and human resources available in the particular area can be utilized for this purpose.

Keywords: Teenage mothers, Sri Lanka, Social, Economic, Cultural

Introduction

Teenage pregnancies are a global problem that is mainly addressed by the health sector due to the life risk that is associated with the problem. It also has adverse connections with the socio-economic sectors of a country. When considering "motherhood" in the South Asian context, giving birth is seen as a special event and is often celebrated. Even though there are slight changes in the ideology, the birth of a child into a family is seen as a blessing for the family and it is seen as a sign of the family's success (Paranavitana, 2008). According to the historical evidence, teenage motherhood is considered a normal thing in many countries in the world (Santelli & Melnikas, 2010; Vinovskis, 2003). However, current research has identified that a girl entering motherhood before reaching adulthood leads to many health-related issues and it is connected with several socio-economic issues. Many countries in the world, especially American and European countries consider the issue primarily as a health concern and are in the process of finding remedies for it, whereas, in many Asian countries, the increase in teenage mothers is seen both as a medical as well as a social and cultural issue (Akella & Jordan, 2015).

According to the United Nations Child Rights Convention, those who are below the age of eighteen years are considered children. The United Nations Organization further identifies the stage of the children below 18 years as school period and playtime while underscoring the fact that they grow up into strong and confident individuals based on the love and encouragement they receive from their families. For this reason, they point out that a safe environment where the children can live without fear and suspicion should be facilitated and if the children face any form of violence or harassment it would adversely impact the entire society (UNICEF, 2005).

However, different countries define childhood in different ways. In India, children are defined as those who belong to the age category lesser than 15- 18 years (Sikdar, 2012) and in Japan; those who are below 17 years are considered children. According to the 1939 Sri Lanka Children and Young Persons Ordinance, those who are below the age of 14 are

considered children and those who are between 14 to 16 years are considered young adults (UNICEF, 2004). Sri Lanka has signed the United Nations Child Rights Convention like many other countries and considers those who are below eighteen years as children. Going by this definition, girls below the age of eighteen who become pregnant or give birth can be identified as teenage mothers. In other words, this can be defined as a child giving birth to another child.

However, formally the definition of teenage motherhood refers to a girl belonging to the age group of 13-19 years becoming pregnant or giving birth to a child or it also can be defined as, a girl who has not attained the legal age of adulthood becoming a mother. This is defined by the term teenage motherhood (Akella & Jordan, 2015). To define the term in other words, a teenage mother is a girl who becomes pregnant or gives birth to a child before reaching her 20th birthday. This definition disregards the legal provisions for marriage and/or how adulthood has been defined legally (UNICEF, 2008).

As I stated earlier, many researchers have focused on health-related research and much attention is needed on the socio-economic issues related to teenage pregnancies. In most developed countries, especially in Europe, teenage pregnancies are considered as a health risk rather than a social or economic issue (Part et al, 2013) and therefore, research is focused on finding ways out of it. However, in most developing countries, issues related to teenage pregnancies are more connected with social, cultural and economic issues in parallel with health risks (Ahinkorah et al, 2019). In general, teenage pregnancy is not a popular topic in the research field in many of the developing countries and very little focus has been given to research or policymaking discussions to mitigate the problem. There are a few reasons that can be identified with this trend; one major fact is this topic is more connected with other social issues of these countries. For example, sexual harassment, rape, violence against girls, the impact of war etc. may be reasons for teenage pregnancy and hence, more research needs to be done in connecting the problem of teenage pregnancies with these broader issues. Even though a few research studies have been done

on teenage mothers in developing countries including Sri Lanka; more attention has been given to identifying the impact of the problem for both teenage mothers and to society.

With this background in mind, this study sets out to describe the patterns of teenage pregnancies in Sri Lanka with two objectives. The first is to describe the trends of teenage pregnancies in Sri Lanka and the second to examine the main causes for teenage pregnancies in Sri Lanka.

This paper draws upon mainly secondary data and reviewing the available research findings and tries to describe the patterns, trends and causes for teenage pregnancies in Sri Lanka. The official reports such as reports of the Family Health Bureau, reports of the Department of Census and Statistics, non-governmental reports, academic literature and research outputs were used and analyzed.

Theoretical background

Although specified theories associated with teenage pregnancy are yet to be developed, it is possible to discuss the main reasons that result in the teenage motherhood through the theories developed regarding sexual behaviour and risk-taking behaviour (Capaldi, Crosby, & Stoolmiller, 1996, Perkins, et al, 1998). For instance, these theories are the "social bond theory", "social learning theory," "problem behaviour theory" and "family development theory."

The social bond theory can be linked to the attachment theory introduced by Bowlby. The attachment theory explains emotional relationships and bonds among people and how those bonds develop from the time a person is born. Bowlby believed that a child's future is determined by the relationship they develop with their parents in childhood. The social bond theory carries this idea further and mainly shows that the bond a person builds with him/herself spread to other family members, friends and the community and through that he/she expresses the inherent preference to build relationships. The social bond theory further posits that social bonding behaviour is created as a result of three factors.

The first factor is that the shaping of a person's behaviour is decided based on the mother-child bonding process and the relationship with the environment. The second is that relationships and behaviour are determined based on the behaviour and relationship of the other family members, friends and members of the community. The third is that for people to choose their behaviour, the strength or the weakness of the relationships with the subgroups in their primary environment affects them to some extent, consciously or unconsciously. Many researchers show that if an individual develops the attitude that society is important for their benefit, that person will develop a strong relationship with his/her mother, family members and the community while the lack of such attitudinal development is likely to result in the development of deviant behaviours in them. Therefore, if a girl does not build a strong relationship with her mother as well as the other family members, and if the family members including the mother are distant from each other, and if society does not fulfil the needs of the child, they would go looking for those needs through other means. Researchers show that teenage pregnancy can be a result of these reasons and especially that there is a close connection between attachment, bond and teenage pregnancy (Ravoira & Cherry, 1992; Hockaday, 1998).

According to the "social learning theory" introduced by Albert Bandura (1963), the social environment has an immense impact on a person's behaviour. Although theoretical ideas about humans "learning process have been developing since the 1940s, Albert Bandura was the first person to present his ideas on the impact of the social environment on a humans" learning process. There are five basic principles identified in this theory. The first is that the learning process is not merely a reaction to the stimulation but a result of a cognitive process that occurs in a wide social system. The second factor is the presence of various social reinforcements affecting an individual's learning. The third is that observations impact a person's learning. Fourthly, an individual builds his/her learning behaviour that is unique to them. The fifth is that no one absorbs the information given to him/her in the same way and the three factors of cognition, environment and behaviour equally impact a person's learning process (Joan, 1992).

As per these principles, this theory emphasizes four other factors that determine a person's learning behaviour. They are; Attention, Retention, Reproduction and Motivation. Here the term "Motivation" explains that motivation is based on a person's expectations and expectations are solely based on social factors; social environment and the value given by society for various behaviours (Bandura, 1972). If a child needs to build up high expectations, then the respective social environment background should provide the necessary motivation and the value for it. If these factors do not take place in the right manner, there is a possibility of children opting for deviant behaviour and teenage pregnancies can be seen as one of the consequences.

The "problem behaviour theory" was introduced by Jessor and his team and this predominantly highlights alcoholism among adolescents along with the problems and factors associated with drunkenness. This theory defines "problem behaviour" as a type of behaviour that is not accepted by society and they show that the reaction of society for such behaviour can range from normal to severe. To a great extent, this theory has been presented from a socio-psychological approach and it has presented the factors that affect problem behaviour such as drunkenness, addiction to drugs, etc. from a psychological angle. According to Jessor (1987), this theory assumes that every behaviour of an individual is a result of his/her interconnection with his/her environment. The theory further reiterates that a person's behaviour is shaped by the person's personality, the environment in which the person lives as well as the behaviour system of a person.

Thus, this theory emphasizes that an individual's attitudes and personality, as well as the influence from society, leads them to engage in socially unacceptable practices. This theory specifically focuses on the socialization process and peer group influence on problem behaviours. Therefore, the problem behaviour theory is used to study and examine various behaviours of adolescents, particularly alcoholism, drug addiction and sexual behaviour. Accordingly, this theory can also be used to examine and identify the main factors that influence teenage pregnancy in Sri Lanka and identify to what extent attitudes and personalities of

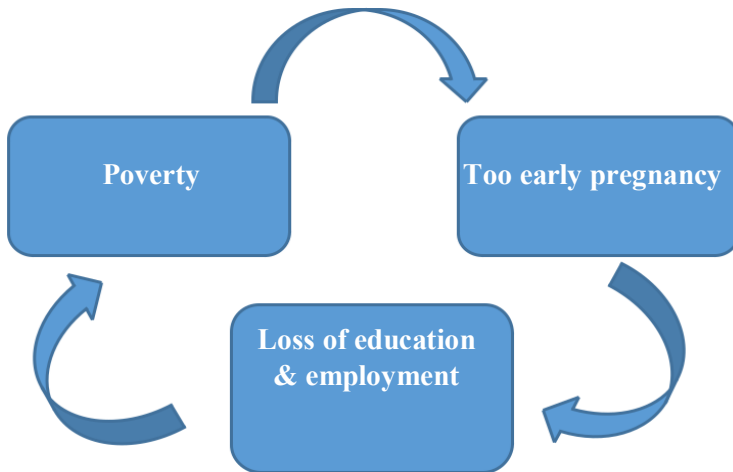
adolescents as well as the support they receive from their social environment contribute to teenage pregnancy.

The above-mentioned theories explain the factors associated with teenage pregnancies from different angles. Therefore, in understanding teenage pregnancy in the context of different societies and countries, the theories that can be used may differ. However, when analyzing these varying theories, there are common factors that can be identified and they can be listed down under three main domains. These are the social background factors, family relationships and individual factors. (Capaldi, Crosby, & Stoolmiller, 1996, Perkins, et al, 1998; Camacho & Chandra- Mouli, 2010).

1. Social Factors

According to the above theoretical discussion and the research done in this field globally, it can be mentioned that there is a clear link between stressful social environments and teenage pregnancy. For instance, extreme poverty, lack of educational facilities and low achievement or failure in education, lower level of education of parents as well as the lack of welfare opportunities are some of them (Jewell, Tacchi & Donovan, 2000, Raj, et al, 2010; Akella & Jordan, 2015). Camacho and Chandra-Mouli, (2010) state that poverty has a direct impact on teenage pregnancy and teenage pregnancy on the other hand further increases the level of poverty and this cycle keeps perpetuating. They have explained it as mentioned below.

Figure 1



Source: Camacho & Chandra-Mouli, (2010: 15)

A study conducted by Fernando et al (2013) has also confirmed that social pressure has a direct link with teenage pregnancy. They have based their research in Anuradhapura, Batticaloa and Colombo districts in Sri Lanka and the sample size was 510 teenage mothers. The objective of the study was to identify the risk factors affecting teenage pregnancy in Sri Lanka. According to this study, personal characteristics, low educational attainment, poor parental supervision and poor support from teachers were identified as risk factors for teenage pregnancy.

Apart from this, researchers have confirmed that teenage pregnancy has a direct relationship with factors like ethnicity, and race, cultural and social variables. Especially in many developing countries, there is a higher number of teenage mothers within their minority communities and the main reason for this is being ignored by the dominant groups, economic background, and their customs etc. (Akella & Jordan, 2015).

2. Family Matters

Most of the research on teenage pregnancy conducted thus far has ascertained that broken and distant relationships that girls have with their

families result in them opting for underage sexual relationships and this can be a reason for teenage pregnancy. Family-oriented theories (family system theory, family development theory) have tentatively confirmed that the relationship between children and parents directly impacts children's personality development (Brennan, Mc Donald & Shlomowitz, 2005; Sharma, et al, 2002; Khandait et al, 2000). Apart from this, children becoming violent inside families, the use of drugs by parents, the level of education of parents, early marriage of parents as well as single-parent family also impact teenage pregnancy (Haldre, et al, 2009; Healthy Teen Network, 2008; Akella & Jordan).

For instance, Ekanyake, Thennakoon & Hemapriya, (2015) have conducted research based at the Kandy General Hospital in Sri Lanka. The objective of their study was to find out socioeconomic risk factors, obstetric outcome and perinatal depression in pregnant teenagers. They have used 182 teenage mothers who registered in the hospital within a seven months as teenage mothers. According to this study, 79% of the teenage mothers were from low-income families and 21% from lower-middle-class backgrounds while no teenage mothers reported from middle-class and upper-class families. One reason for this could be that middle-class or upper-class children are more likely to access private hospitals. Nevertheless, this study shows that the majority of these teenage mothers have been reported from broken families and families with lots of problems such as violence, single parent, and divorce of parents and so on.

3. Individual Factors

The researchers' opinion is that there is a close correlation between the individual factors or personal experiences of young girls and teenage pregnancy. Among these; sexual factors, psychological factors, school achievements and peer relations are key (Lottes & Kontula, 2000; Imamura, Tucker & Hannaford, 2007; Bardone et al, 1996; Habitu, Yalew & Bisetegn, 2017). When considering sexual factors, the natural inclination towards sexual intercourse, the lack of awareness or knowledge about the consequences of having sexual intercourse and the

lack of knowledge on contraception, directly impact teenage pregnancy (Chung, Kim & Lee, 2018). When considering psychological factors, it has been found that there is a greater possibility for impulsive as well as violent girls to become pregnant at a very young age. Moreover, researchers also mention that there is a strong correlation between drug addiction as well as being engaged in other illegal activities with teenage pregnancies (Bardone et al, 1996; Yamaguchi & Kandel, 1987). It can be shown that these findings are consistent with the problem behaviour theory because the problem behaviour theory explains that smoking, drug consumption, and negative behaviours of peers during adolescence are reasons for early sexual activities. It can directly impact teenage motherhood (Donovan & Jessor, 1985). Accordingly, drug addiction, as well as peer group influence can be strong impacts on teenage motherhood.

However, as mentioned earlier, these factors that influence teenage pregnancy may sometimes change from one country to another or even from one area to another within the same country. For instance, in one country social factors might impact the increase in teenage motherhood while in other societies it might be because of "individual factors". In some societies" family conflicts might be a reason while in others it might be a mix of all these factors that increase in early pregnancy. Numerically in Sri Lanka, there hasn't been a significant increase in the number of teenage mothers though it can still be identified as a social problem in some districts where the numbers are high. Therefore, this theoretical approach will be utilized to explain the nature of Sri Lanka's situation regarding teenage motherhood.

Global Teenage Mothers

"Teenage pregnancy and motherhood" is not a new concept and there is evidence to show that it has been socially accepted as a normal phenomenon since ancient times. For instance, in European societies even in the 20th century, teenage motherhood has been treated as a normal phenomenon and it has been a social need that many girls produce children either prematurely or during the second decade of their lives (Santelli & Melnikas, 2010). The best example related to this is that

it has been mentioned that Margaret Beauford, who was the mother of King Henry VII; King of England and Ireland from 1457 to 1509, was only a 13-year-old girl when she gave birth to King Henry. Even the second wife of the Roman Emperor Charlemagne (772 AD) gave birth to their son when she was 14 years old (Vinovskis, 2003). Teenage motherhood which has been treated as a normal phenomenon throughout history is now viewed differently. Mainly, teenage pregnancy is questioned from a medical point of view and even sociologists have joined the effort. For instance, after about 1950 apart from the experts in the medical field, religious leaders, policymakers, sociologists as well as the general public have been trying to build a discourse against teenage motherhood (Cherry & Dillon, 2014).

However, even today teenage pregnancies can be seen in every country in the world. For example, according to the World Health Organization (WHO), there are about 16 million girls between the ages of 15 to 19 who become teenage mothers annually and among those who are below 15 years of age, there are about a million who become teenage mothers (WHO, 2020). However, it has been found that at present, the majority of teenage mothers are reported from developing and middle-income countries which possess weak healthcare systems. For instance, according to UNICEF (2008) reports, one out of five children born is born to a teenage mother and 80% of these have been reported from developing countries. However, a considerable number of teenage mothers were also reported from developed countries. Although they have advanced healthcare systems, they consider teenage pregnancy as a serious issue and actively discourage teenage pregnancies. Based on the above information it can be noticed that there is a considerable anomaly in the reporting of teenage mothers regionally. This is further explained by Tables No.1 and 2.

Table 01: Countries with highest teenage pregnancy- 2019

Country	percentage
Niger	20.3%
Mali	17.5%
Angola	16.6%
Mozambique	14.6%
Guinea	14.17%
Chad	13.71
Malawi	13.69%
Congo	12.29%
Madagascar	11.74%
Uganda	11.48%

Source: Change Care Foundation, 2019

Table 02: Countries with lowest teen pregnancy- 2018

Country	Percentage
South Korea	0.1%
Denmark	0.3%
Singapore	0.3%
Switzerland	0.3%
Netherlands	0.3%
Andorra	0.3%

Liechtenstein	0.4%
Japan	0.4%
Norway	0.4%
Cypress	0.4%

Source: United Nation Population Fund, 2019

Tables No 1 and 2 show that the highest numbers of teenage mothers in the world are reported from countries in the African continent. In general, the ratio is 1000:143 and it is relatively an unsafe situation. Also, when analyzing the above tables as pointed out by UNICEF, WHO and the World Bank, there is a direct link between teenage motherhood and the social, economic environment of developing countries.

Trends of Teenage Mothers in Sri Lanka

According to social indicators, Sri Lanka is considered to be well ahead of its neighbours in South Asia. Due to this, Sri Lanka has been able to reach the level of other developed countries in the world, especially in the areas of health and education (World Bank, 2020). An analysis of the situation of teenage mothers in Sri Lanka under such circumstances shows that although there are teenage mothers in Sri Lanka, the percentage is low compared to other countries in South Asia. The table below confirms this fact.

Table 03: Teenage mothers in South Asia- 2017

Country	Percentage
Afghanistan	12%
Bangladesh	8.2%
India	7.9%
Nepal	6.05%
Pakistan	4.4%
Sri Lanka	4.4%
Maldives	0.7%
Bhutan	No data

Source: World Population Prospects, (2019), Sharma & Sharma, (2021), Gurung et al, (2020), UNFPA, (2020)

According to Table 3, in comparison to other South Asian countries, Sri Lanka holds a favourable position in terms of the number of teenage mothers reported, second only to the Maldives. Although this is the overall situation, Table 4 confirms that in some districts in Sri Lanka, the prevalence of teenage mothers is high.

Table 04: Teenage mothers in Sri Lanka (By District)

District	2000	2006	2010	2015	2018
Colombo	5.2	3.4	4.3	3.8	3.1
Gampaha	8.3	4.4	4.4	4.3	3.7
Kalutara	9.0	5.7	5.7	4.4	3.5
Kandy	5.7	3.7	5.2	4.6	3.5
Matale	7.8	5.1	6.7	4.3	3.9
Nuwara Eliya	6.6	4.7	6.1	5.4	4.6
Galle	8.3	5.3	5.7	5.9	4.4
Matara	6.1	4.8	5.5	4.9	3.6
Hambanthota	9.4	6.7	6.6	4.9	4.1
Jaffna	5.9	4.2	4.5	3.3	3.7
Killinochchi	8.3	5.8	11.3	6.4	5.3
Mannar	6.7	7.5	7.4	4.3	4.6
Vavuniya	7.7	6.0	8.6	5.9	4.7
Mullaitivu	9.6	7.4	9.3	7.4	6.9
Batticaloa	12.2	10.2	11.2	8.7	7.8
Ampara	8.9	7.1	8.6	5.2	3.8
Trincomalee	12.6	8.3	12.1	9.0	9.3
Kurunagala	8.8	5.0	5.7	4.0	3.5
Chilaw	14.5	9.0	9.6	8.0	6.8
Anuradhapura	11.3	6.7	8.5	7.0	4.9

Pollonnaruwa	10.9	6.8	7.8	4.3	3.8
Badulla	7.7	5.7	7.8	5.9	5.0
Moneragala	9.8	8.4	7.4	5.1	4.3
Rathnapura	10.5	6.5	7.1	5.1	4.2
Kegalle	6.2	4.2	4.9	4.5	3.5
Total			6.5	5.2	4.4

Source: Family Health Bureau reports

According to the table above, reviewing the annual reports of the Family Health Bureau reveal several facts regarding the problems that prevail among teenage mothers in Sri Lanka. The first fact is that the number of teenage mothers in Sri Lanka is gradually declining. However, since this table only shows the number of teenage mothers registered with the Family Health Bureau, the Bureau believes that there may be more teenage mothers than what is officially reported. The declining number of teenage mothers can be pointed out as a positive development.

The second point is that although there is a decrease in the number of teenage mothers in Sri Lanka in general, some districts show this number to be on the rise. For instance, according to the table above, the highest number of teenage mothers reported are from the districts of Trincomalee, Batticaloa and Mullaitivu, while the lowest numbers are reported from Colombo, Kandy and Kalutara districts. It is clear from these facts that there is a relative decrease in the number of teenage mothers in the districts where educational and other facilities are available than in the other districts. For instance, in districts such as Gampaha, Galle, Matara and Kurunegala, the proportion of teenage mothers is less than 4%. The analysis of this table also reveals that the number of teenage mothers is relatively high in areas that have been impacted by poor facilities and civil war. For instance, although Trincomalee, Batticaloa and Mullaitivu districts have been identified as districts with the highest number of teenage mothers, the other districts are Kilinochchi, Puttalam, Badulla and Vavuniya. There is a tendency for

adolescent girls to become mothers in districts where facilities are low, and poverty is high. However, although there is a decrease in the number of teenage mothers in Sri Lanka compared to other South Asian countries, it can still be pointed out as a social problem that exists within the Sri Lankan society and urgent attention should be taken to this regard.

Factors influencing the emergence of teenage mothers in Sri Lanka

Like other countries in the world, Sri Lanka also pays special attention to teenage pregnancies because teenage mothers and infants born to them are likely to face various health problems. In the long run, this could affect the social and economic indicators of the country as well. Table 4 shows that, despite the declining number of teenage mothers compared to other countries, Sri Lanka still records a tendency towards teenage motherhood in certain districts and among different ethnic groups. Three major factors which contribute to this scenario worldwide have been discussed above. And as per that discussion, social factors, individual factors and family factors are identified as key factors that influence teenage pregnancy. When analyzing the research done in Sri Lanka, it can be observed that trends and causes for teenage pregnancies are going in the same direction. But within those common factors, there are a few causes that could be identified as unique characteristics which contribute to teenage pregnancies in Sri Lanka and those factors have been discussed below.

1. Sexual Violence

In many European countries, the main cause behind teenage motherhood is "individual factors" such as sexual intercourse among multiple partners and non-use of contraceptives, and consumption of alcohol, drugs and tobacco have become major causes for teenage pregnancy (Fernando, et al, 2013). The trends, patterns and causes for teenage pregnancies thus in developed and many European countries mainly consist of „problem behaviour theory which is introduced by Jessor and his team stated through this theory that alcoholism among adolescents contributes to many socially unaccepted behaviours.

However, in most of the South Asian countries, it has been identified that "social factors" have mainly contributed to teenage pregnancies rather than "individual factors." Countries such as Afghanistan, Bangladesh, Nepal and India, have the highest numbers of teenage pregnancies within South Asia. The cultural practices, poverty, and lack of access to social opportunities have been identified as the main social factors for teenage pregnancies among these countries (Shrestha, 2002; Goonesekera & Amarasuriya, 2013). Among those "social factors" child marriages have been identified as the main cause for teenage pregnancies in many of the said countries.

For instance, based on the studies done by Atwood & Hussain (1997) and Pathak et al (1993), Nandi et al (2014) pointed out that child marriage is the leading cause of teenage pregnancy in India. Further, Nandi et al (2014), state that 22.8% of the mothers who were admitted to the Nadia District Hospital in West Bengal in India during the first six months from 02.02.2013 to 02.08.2013 were teenage mothers and child marriage was identified as the main reason for their pregnancy. Although the age to get married in South Asian countries is accepted as 18 years or above (Goonesekera & Amarasuriya, 2013), 92.34% of these child marriages were arranged by their parents, while the main reason behind this issue is extreme poverty. For instance, 68.93% of parents pointed out that extreme poverty caused their daughter to be married off at such a tender age. 71.5% were married under social pressure and 46.27% due to large family sizes (Nandi et al, 2014).

When analyzing the research and reports of the Family Health Bureau on teenage pregnancies in Sri Lanka, it is clear that "social factors" are the main cause for teenage pregnancies. However, the root causes within the "social factors" differ from other South Asian countries. Because many researchers have highlighted that sexual violence is one of the major causes of teenage pregnancies in Sri Lanka. For instance, Tissera (2020) states that the main reason for teenage motherhood is girls becoming victims of sexual abuse or child marriages. Goonesekere & Amarasuriya (2013) stated that child marriage occurrences in Sri Lanka when compared to other South Asian countries are very low. But they also have

confirmed that sexual violence as the main reason for teenage pregnancy in Sri Lanka.

For instance, a study done by Vidanapathirana et al (2011) has confirmed that sexual violence affects teenage pregnancies in Sri Lanka. They have researched in 2009 and 2010 using 19 teenage mothers who were admitted to the Forensic Medicine Department of the Karapitiya Medical Faculty in Galle, Sri Lanka for a medico-legal examination. Of these, 04 became pregnant having been abused by close relatives, 10 girls got pregnant by the person they identified as their husband and five have also become pregnant due to physical abuse suffered at the hands of their boyfriends. This study revealed that 9 cases out of 19 have become pregnant due to the sexual violence of close relatives or friends. The above discussion revealed that even though all the cases of teenage pregnancies is not happening due to sexual violence, most of the cases were a result of such. All the theories discussed above related to teenage pregnancies highlighted that a safe environment and the favourable relationships that children build up with their mother, family members and the community or society will make a trustworthy person to society. For instance, Bowlby highlighted the idea that through his attachment theory, a child's future is determined by the relationship that they develop with their parents and family members in childhood. Albert Bandura believes through his "social learning theory" that the social environment has an immense impact on a person's behaviour. However, when children are raped or abused by their close relatives or family members when their social environment is not safe as Bandura highlighted, a child can develop deviant behaviour which can negatively affect the child victim as well as the whole of society.

2. Poverty

Many of the research done globally highlighted that poverty is also one of the major causes for teenage pregnancies. Few pieces of researches are done in Sri Lanka also have confirmed that poverty is one of the major causes of this problem, but these researches are limited to studying a very small space and it is difficult to get a clear idea of the situation of teenage pregnancies in Sri Lanka. However, when analyzing the Family Health

Bureau reports from 2000 to 2018, a clear link between poverty and teenage pregnancies could be observed. According to Table 4, the highest number of teenage pregnancies in Sri Lanka is reported from Batticaloa, Mullaitivu and Trincomalee districts, which are also considered to be the poorest in the country. For instance, according to the poverty indices compiled between 2006 and 2016, the highest number of poorest households were reported within these three districts. For instance, in Colombo, Kandy and Kalutara districts where the lowest number of teenage mothers were reported, the proportion of poor households in 2016 was 0.6%, 2.3% and 4.2% respectively, while Mullaitivu, Batticaloa and Trincomalee districts where the highest number of poor households were recorded, marked the proportion of poor households as 11.2%, 8.1% and 6.8% respectively. The personal conversation with the few medical doctors who work in the maternity ward in Batticaloa teaching hospital (20.12.2020 to 25.12.2020) revealed that many parents push teenage girls to marry early in their age hence, they can get rid of their burden and teenage girls find out a partner since they lack even their basic needs at their own house. Even though child marriage is not common in Sri Lanka, it is quite high among the Tamil community and poverty has been identified as the main reason for this trend. Therefore, as pointed out by Camacho & Chandra-Mouli (2010), there is a strong link between teenage pregnancy and poverty in Sri Lanka, in a cyclical system in which poverty causes teenage pregnancy which in turn leads to teenage pregnancy further perpetuating poverty.

3. Fewer education opportunities

As pointed out by Bandura (1972) a person's learning behaviour is determined by four factors such as attention, retention, reproduction and motivation. According to Bandura, motivation is based on a person's expectations and expectations are solely based on social factors; social environment and the value given by society for various behaviours. When this applies to teenage mothers in Sri Lanka, most of these teenage girls lose motivation for education and the social environment has highly contributed to this. For instance, as described above, the highest teenage pregnancies reported areas are considered as poorest districts while these

areas are with least education facilities. de Mal & Kumarage (2013) have stated that there is a big inequality in the education sector in Sri Lanka in terms of performance, participation and the allocation of resources. Due to these inequalities, de Mal and Kumarage have identified that Killinochchi, Mulative and Trincomalee as the poorest performing districts at G.C.E. O Level Examination. They further highlighted that Mulathive, Trincomalee, Batticaloa and Ampara districts are categorized as under-performing at university entrance and this happens mainly because of inequality of resource allocation. These findings show that the social environment does not provide motivation for children to achieve successful results in education and does not provide adequate value for it in some areas. Therefore, as mentioned in table no 4, they cannot build up expectations and organize their life which may lead to starting their adult life early.

4. The impact of War

Analyzing the data in Table 4, on the problem of teenage pregnancy in Sri Lanka, it is highlighted that the civil war in Sri Lanka which dragged on for more than 30 years has been a major factor in this regard. According to Table 4, not only does war-affected districts like Trincomalee, Batticaloa and Mullaitivu have the highest number of teenage mothers, but other war-affected districts such as Puttalam, Kilinochchi and Vavuniya also have a high percentage of teenage mothers compared to other districts. Commenting on this, Thesera (2020) points out that Sri Lanka has the highest number of teenage mothers in war-affected areas and rural areas. One of the reasons for this was that parents married off their daughters at a tender age to prevent them from being recruited as child soldiers or volunteers at the battleground. Although the war has not had a direct impact at this point, it can be pointed out that the social opportunity they lost due to the war as well as poverty, lack of education and social opportunities has contributed to this.

5. Family conflicts

According to the "social bond theory" the first step of shaping a person's behaviour is the bond that person builds up with his/her mother and the

second step is to build up a relationship with the family members. Research done all over the world on social problems has confirmed that many of these social problems have caused and started due to the lack of relationship, attention and love and care some of the children get from their family. When it comes to teenage pregnancies, broken relationships with the family and the conflict of the family has caused enormously this issue in most of the developing countries. Mothers go abroad as domestic workers when the children are young, the parents getting divorced and getting remarried, parental negligence etc. which may result in children becoming insecure and exposed to teenage pregnancies. For instance, Vidanapathirana et al (2011) have revealed that family structure and the social environment directly contributed to early pregnancies and father's drug addicts, divorce of parents and remarrying and violent behaviour of parents are main reasons among those family problems. Fernando et al (2013) also have confirmed through their research that the absence of mothers at home has highly contributed for teenage pregnancies among the sample.

From the above information, it is clear that social factors and family factors are directly associated with teenage pregnancies in Sri Lanka. Individual factors such as drug addiction, peer pressure may be contributing but not at a high level. Therefore, when studying and examining teenage pregnancies in Sri Lanka, more inputs can be obtained from the social learning theory, social bond theory and even the theory of culture of poverty introduced by Oskar Levis since these theories are more consistent with the situation of teenage pregnancy here than the problem behaviour theory relevant to developed countries.

Discussion

Every country in the world seeks to minimize or completely eradicate teenage pregnancy to minimize the burdens faced by the mother as well as the infant(s) born to that mother as well as other socio-cultural problems that may arise within society. It has been shown by the above discussion that though there is a slight decrease in the number of teenage mothers at present, it remains a significant social problem in every country. It was discussed that there are three main factors affecting this

phenomenon in general. However, according to the above discussion, the factors influencing teenage pregnancies in many countries or regions of the world can be differentiated according to the socio-economic and cultural factors that exist in those societies. When discussing the trends and factors associated with teenage pregnancies in Sri Lanka, it can be noted that the social and cultural set up within the country has a direct link with this problem.

For instance, "patriarchal culture" can be mentioned as one of the root causes for teenage pregnancies in Sri Lanka and this might be common to the South Asian region. Most of the decisions on girls and women are taken by men and this is one of the major causes for early marriage, sexual violence, and domestic violence. The women leaving for Middle Eastern countries as domestic workers have once again influenced teenage pregnancies. For instance, as discussed above Nandi et al, (2014) have stated that through their research in West Bengal, India, child marriage is the main cause for teenage pregnancies and 92.34% of these child marriages were arranged by their parents and in many scenarios by the father of the child. When analyzing the research done in Sri Lanka, patriarchal attitudes can be mentioned as the hidden reason behind teenage pregnancies. For instance, the research was done by Fernando et al (2013) based on the Anuradhapura, Batticaloa and Colombo districts has revealed that in the sample that they were selected, 79.9% of teenage mothers have expressed that they became mothers because of their partner's wish to be a father. These findings have revealed that gender inequality in decision making and men's power over girls and women directly contribute to many issues including teenage pregnancies in Sri Lanka and other South Asian countries.

Negative attitudes towards poverty and other social issues can be mentioned as another cause for teenage pregnancies. Research done in many countries even in Sri Lanka has stated that poverty was one of the main causes of teenage pregnancies. Even when analyzing the data that are mentioned in table no 4, there is a clear link between poverty and teenage pregnancies. However, when going into a deeper analysis,

"negative attitudes" over poverty can be mentioned as the real reason rather than actual poverty.

Through the culture of poverty theory, Oscar Lewis states that living in conditions of extreme poverty for a long period will lead to the development of a culture or subculture. This kind of culture is shaped by dependency, powerlessness, marginality and helplessness. Lewis further states that people who live within a culture of poverty have no sense of how to get rid of the situation or they do not want to and rather enjoy autonomous behaviours. Most of the people who belong to these cultures do not get any effort in alleviating their problems and they pass this behaviour from generation to generation (Harvey & Reed, 1996). Oscar Lewis identified four characteristics of the people who live in poverty. The first one is the lack of participation, lack of trust in formal organizations, lack of commitment to the institutions and values of the society. The second one is the low level of local organizations. The third one is different and deviant family and sexual practices and the fourth one is attitudes of dependency, fatalism, apathy etc. (Howe, 1998).

Even though many researchers have confirmed that poverty contributes to teenage pregnancies in Sri Lanka. The negative attitudes of poverty as described in the culture of poverty theory may contribute to this issue. For instance, Sri Lanka has free access to education and children must go school. However, in many of the districts where the teenage pregnancies rate is high as highlighted in table no 4, the school drop-out rate is also high. For instance, based on the 2016 household income and expenditure survey, Nanyakkara (2021) states that 4.7% of poor children dropped school between the ages of 5-14 and 19.6% per cent had dropped out between the 15 to 16 age categories and poverty was identified as the main reason. Poverty may contribute an increase in the school drop-out rate. However, in the Sri Lankan education sector, school children receive free textbooks, school uniforms and sometimes even a meal. Therefore, if children and their families are willing to have education, such a chance is provided. But as the culture of poverty theory highlights, they do not have trust in education institutions hence they do not participate. These children and parents continue deviant and sexual practices.

In a personal conversation, many doctors in Batticaloa where the highest teenage pregnancy rate was confirmed, stated that parents push their daughters to go for an early marriage. This shows how they continue their life patterns through the generations.

"Social pressure" is another reason for teenage pregnancies among other causes. Sexual violence, effects of war, lack of education, poverty and non-communicable diseases are causes for social pressure and teenage pregnancies can be mentioned as the result of all these factors. For instance, according to the table no 4, the districts with a higher rate of teenage pregnancies from 2000 to 2018 are identified as the poorest of the districts. These are also war-affected and with low education performance and with the highest non-communicable disease. Therefore, as Bowlby and Bandura stated through the attachment theory and social learning theory, teenage pregnancies can be mentioned as a result of a stressful social environment.

Much of the research done in the South Asian region including Sri Lanka has confirmed that "social factors" and "family relationships" as the bordering factors for teenage pregnancies while "individual factors" serve as the main cause in many of the developed countries. However, when closely analyzed, the trends of teenage pregnancies in Sri Lanka, "individual factors" contributed to the issue. For instance, Fernando et al (2013) stated through their research that teenagers with higher confidence in decision making were also at risk of becoming pregnant. This study highlighted that mainly teenagers in urban areas try to develop individualistic personalities.

From the above information, it is clear that social factors and family factors are directly associated with teenage pregnancies in Sri Lanka. Individual factors such as drug addiction, peer pressure, the influence of European culture and technological revolution in the country might be contributing but not at a high level. Therefore, when studying and examining teenage pregnancies, more inputs can be obtained from the social learning theory, the social bond theory and even the theory of the culture of poverty introduced by Oskar Lewis since these theories are more consistent with the situation of teenage pregnancies in Sri Lanka.

Conclusion and Recommendations

The main objective of this paper was to identify the main factors leading to teenage pregnancy in Sri Lanka. As per the study, the number of teenage mothers in Sri Lanka is currently declining compared to other South Asian countries. It is clear from the above discussion that, it remains a social issue, in the war-torn and disadvantaged districts of Sri Lanka that needs to be discussed. The main reasons for this problem in Sri Lanka are social factors such as sexual violence, extreme poverty, the impact of war, lack of education, as well as family conflicts such as parental divorce, parental quarrels, parental negligence and illicit relationships, leaving young children alone at home.

These are the factors that are common to many developing countries. The patriarchal culture, negative attitudes on poverty and other social issues, social pressure and technological revolution in the country are identified as root causes for teenage pregnancies. Therefore, to minimize or eliminate the problems of teenage pregnancy, both short term and long-term solutions needed to be planned. For instance, a comprehensive long-term program needs to be formulated in the country to reduce gender-based violence, expand educational opportunities, eradicate poverty and also rehabilitate social systems devastated by the effects of the long-drawn civil war. However, short-term measures such as motivating children and families to engage with institutions such as schools, religious institutions and institutions of the health sector to develop their childhood and also to provide sex education, family counselling, limits on parents leaving young children alone at home, as well as educating mothers on alternative income schemes are important. Conducting workshops at the rural level, giving short lectures at schools regularly can be implemented in practice and existing human resources can be utilized for this purpose. For instance, resource persons such as the family health worker in the area, the *Grama Niladhari* and the local doctors can be utilized for this purpose. All that is required is to identify teenage pregnancy as a social problem and conduct open discussions within the society and facilitate homegrown solutions.

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