Teenage pregnancy in croydon – literature review and research outline

Family, Teenage Pregnancy



Research studies have suggested thatteenage pregnancy a major global issue and it needs to be addressed accurately due to thehealth, social and economic risks associated with this issue (Baker, 2007; Roth et al., 2009; Kamberg, 2012). Decline in the number of teenage pregnancies have been reported as a result of the strategies undertaken by governing bodies across Europe to reduce the number of unplanned teenage conceptions. However, England still has the highest rate of teenage pregnancies which are mostly unplanned (Teenage Pregnancy Associates, 2011). Teenage pregnancies are a major cause of poor health conditions in teen mothers and their babies, it have an adverse economic impact and play a crucial role in increasing childpoverty(WHO, 2012).

According to a recent press release, London Borough of Croydon recorded 50% reduction in the teenage conceptions; however, the borough is still amongst the regions with highest teenage pregnancy rate (Croydon, 2012). In order to further reduce the rate of teenage pregnancies in Borough of Croydon it is crucial to identify the factors causing the increase in teenage conceptions. Therefore, the aim of this research study is to effectively recognize the factors causing increase in teenage pregnancies in the London Borough of Croydon and the chosen organisation is Croydon Health Services NHS Trust. The research objectives are:

- * To identify the factors causing increase in teenage pregnancies through literature.
- * To identify the factors causing increase in teenage pregnancies in the London Borough of Croydon.

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* To identify the strategies that could be adopted by the governing bodies in London Borough of Croydon to address the issues of increasing teenage pregnancies.

1. LITERATURE REVIEW

1. Individual Factors

Research studies have suggested that individual factors play an important role in teenage conceptions (Imamura et al., 2007). Children of teenage lone mothers are more vulnerable to become teenage parents (Botting et al. 1998). Members of some certain ethnic groups such as Caribbean and Asian are more likely to become teenage parents in comparison to white teenagers (Botting et al., 1998; Berthoud, 2001). Underperforming children at school who show little or no interest in learning and eventually drops out at early ages are also at a risk of becoming teenage parents (Kiernan, 1995).

Research evidences have suggested that increased number of teenage pregnancies have also been observed in young children living in care or those who leave care (Imamura et al., 2007). According to Haldre et al. (2009) alcohol abuse in thefamilyand lower levels of sexual knowledge also lead to higher number of teenage pregnancies.

1. Socio- Economic Factors

According to Baker (2007), socio-economic disadvantages are one of the major causes of teenage pregnancies. Teenagers who are detached or detach themselves from the society as a result of discrimination or lack of

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support from the society are highly vulnerable to early pregnancies. Social disadvantages as identified by England's Social Exclusion Unit includes unemployment, poor quality of health, living in deprived areas, having lower levels of skills, poor housing facilities, family fall outs and low income (SEU, 2001). Gruber (2009) argued that individuals become socially disadvantaged when they are denied their basic rights and the opportunities to become an active part of the society which leas to involvements in crimes and other illegal activities. Research studies have suggested that children of socially disadvantaged young parents live in poverty (Baker, 2007).

However, not many evidences are present in the literature about the contribution of poverty to teenage pregnancies and this area needs more exploration. According to a research study by Arai (2009), poverty is common in households where the head of the household is a teenager.

MacPhail and Campbell (2001) identified that poverty pose an influential impact on the decisions of teenagers to buy contraceptives leading to unintended teenage pregnancies which further leads to lack offinanceand support. Trapani (1999) found out that in most cases of teenage pregnancies boyfriends of teenage pregnant girls hesitate from taking theresponsibility of the child due to its impact on their educational and employment opportunities. This rejection from partners can causedepressionin teenage mothers and their children could significantly suffer in many ways as a result of this depression.

It is clear from the preliminary literature review that individual, social and economic factors play an important role in increased number of teenage conceptions. Recent reports published by NHS suggest that government has taken a number of steps to reduce teenage pregnancies; however, despite of these measures the success rate is low. This leads to the formulation of the research question for this study which is to understand why is teenage pregnancy increasing and what more factors are contributing to this problem in addition to the ones identified by previous research studies

1. METHODOLOGY

1. ResearchPhilosophyand Approach

Positivist research philosophy has been adopted for this research study. Positivist research philosophy will allow gathering quality data, having high validity in a natural setting (Belk, 2008). Research approach can be inductive or deductive depending upon the type of the research study and for this qualitative research study inductive research approach has been adopted. The advantages of inductive research approach include its flexibility and its supportive framework that effectively allows the formulation of new models (Monsen and Horn, 2007).

1. Research Strategy

An exploratorycase studyresearch strategy has been undertaken for the accomplishment of the aim of this research study because of its effectiveness in exploring the problem understudy and because of its proficiency in unveiling new issues (Walsh and Wigens, 2003). This research strategy is extremely time consuming and provides no control over the

information provided by the participants; however, according to Kumar (2008) the researcher can effectively overcome these problems through his/her competent research skills.

1. Data Collection and Analysis

Primary as well as secondary data will be collected for this research study. Secondary data will be collected from the reports published by NHS, books, journals and news articles. Both the qualitative and quantitative sources of information will be explored. The advantages of include time effectiveness, cost effectiveness and the ease of access to the information. Invalid or incomplete pieces of information and possible confusion due to the availability of huge amount of information are few limitations of this data collection method (Kumar, 2011).

Primary data will be collected by conducting semi- structured interviews because of its efficacy in establishing an informal two way conversation between the researcher and the participant (Carter and Thomas, 1997). Data will be analysed in a step wise manner (Maykut and Morehouse, 1994). Firstly all the responses will be carefully examined followed by the unitization and categorisation of different pieces of information. Finally the responses will be interpreted.

1. Target Population and Access

The target population for this research study are the pregnant teenagers attending antenatal clinics in Croydon and the sample size would be 15.

Initially contact over the phone was established with a supervisor of midwives to arrange a meeting in order to explain the benefits of this research study. It was decided in the meeting that the invitation for participating in the research study will be given to the pregnant teenagers by the midwives attending antenatal clinics in local medical practices.

Pregnant teenagers willing to participate will be given a date and time for the interviews after consulting the researcher and all the interviews will take place in a room within the medical practices so that an assuringenvironment be provided to the participants.

1. Ethical Considerations

Participation will be voluntary, anonymity will be maintained, information about the study will be provided to the participants and written consents will be taken prior to the interviews. Information collected will only be used by the researcher.

1. Validity, Reliability and Generalisability

To maintain the reliability and validity of the data all the measures will be taken to avoid the chances of errors during face-to-face interviews and when analysing the data. Generalisability is the potential limitation of the research study as the results might not completely reflect the condition in other Boroughs of England.

1. CONCLUSION

In conclusion, despite of the limitation this research study will effectively contribute towards the information present in the literature about the factors causing the increase in the number of teenage conceptions.