The Experience of Early Maternity, Contraceptive Measures and Comparative Optimism Regarding the Early Pregnancy Risk among Teenage Girls from 15 to 19 years old

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Abstract
This study aims at highlighting the role of contraceptive measures and the experience of early motherhood on the occurrence of comparative optimism about the risk of pregnancy. The data obtained using a questionnaire with 80 teenage girls whose age is between 15 and 19 years old were treated with the Pearson Khi-two test. The results of this study have shown that the experience of early pregnancy as well as the use contraception as a pregnancy preventing method has a significant effect on comparative optimism developed by the subjects about the risk of pregnancy. Thus comparative optimism is a factor to be taken into account in the analysis of risky behaviors, which is to focus the strategies against unwanted pregnancies.

Keywords: comparative optimism, risk, early motherhood, contraception.

1. Introduction
Early motherhood, as the phenomenon of unmarried mothers is taken very seriously and is the object of great concern, given the contraceptive means and awareness campaigns deployed with target populations. For a better effectiveness of prevention methods, the populations concerned receive subsidy from international organizations in charge of the issue such as WHO and UNICEF.

Despite all the efforts made, the number of victims remains increasingly important. The data on this phenomenon show how the problem is worrying in Côte d’Ivoire where culture often allows early marriages. According to statistics from the Ivorian Agency for Women Well-being “IAWW” (1992), more than 695 pregnancies among young girls were registered in Abidjan. These pregnancies that can be described as risky pregnancies have harmful consequences on their physical and psychological health. Besides the health aspect, early motherhood is the basis of many school dropouts in our society.

The consequences of such a phenomenon arouse this research to understand early motherhood from the perspective of comparative optimism. The draft of this work is divided into three parts. The first deals with the theoretical aspect, which includes the issue that incorporates analysis of the concepts involved in the study, the synthesis of the work and the research hypotheses. The second part is about the methodological approach turning around the research. At last, the third part undermines the results.

2. Problem
Culture is phrased, according to authors like Linton (1999), in terms of the basis or the foundation of the development of individual’s personality. It thus shapes the individual according to social values and norms. So, based on culture, early marriages are imposed to some girls who, for the most part, are under duress due to cultural considerations.
These girls are then quite often forced to live an early family life which results accordingly by early pregnancy and motherhood. Beside this cultural and traditional practice above, we can point out another more modern and voluntarist practice sparked by social living conditions.

These are the young girls’ precarious living conditions combined with the fact that the media will inevitably lead some of them to expose themselves to the prostitution phenomenon. Often by naivety or by force, they engage themselves in the practice of a sexual act without any contraceptive measure: sexual risky behavior source of unwanted pregnancies.

These sexual practices are becoming more and more emphasized by the development of Information and Communication Technologies (ICT) among which are the media that broadcast tendentious movies but also the internet that gives the opportunity to all young to make contacts that makes do with love proposals. To these decisive audiovisual media in the event of risky behaviors among young girls, the mobile phone, with its personal and confidential nature, and which is a means for the girls to hide from the parents’ vigilance is added. The consequence is that these risky behaviors are the cause of these young adolescents’ early pregnancies. The extent of the phenomenon can be apprehended through the results of the work of authors such as Diarra (1989) on fertility; Seni (1993) on early maturation in girls, but also the intensity of the investigations of some structures such as the Ivorian Agency for Women Well-being “IAWW” and the NGO International Friendship Service (1992).

Let us note that early pregnancies can have serious physical consequences on the young girl giving birth. In general, the death risk is much higher among newborns and infants of teenage mothers. The works that focused on this aspect of reproductive health show that early pregnancies are linked to socioeconomic factors (Hetherington, 1972; Ferakis, 1989); social, economic, psychological and medical factors (Banhoudel, 2008); the attitude of teenagers towards contraceptive measures (Herbigniaux & Thai, 1999).

Most of the researches conducted on this phenomenon suggest some methodological as well as some conceptual concern. The consideration of these concerns encourage to involve in the present work, the concept of comparative optimism in explaining this phenomenon of early motherhood, motivated by factors such as the personal experience of these individuals. Comparative optimism appears, according to Weinstein (1982), as the individuals’ tendency to believe that they are more lucky than their peers to go through happy events and less lucky than others to experience negative events. In other words, Comparative Optimism (CO) is the tendency to believe that negative events (cancer, divorce, serious accidents...) more likely happen to others than to oneself; and vice versa for the positive events (Harris & Guten, 1979). What about this optimism in the field of reproductive health: the perception of early pregnancies?

The Expression of comparative optimism allowed Schwarser (1994) to highlight the idea of a defensive optimism in the face of danger despite the knowledge of risks associated with our actions. A defensive optimism would appear when the individuals anticipate a disease and make a wrong judgment of the probability of occurrence of this event in terms of temporal and social comparison. Schwarser indicates that there may be a negative correlation between defensive optimism and the risks of early motherhood.

Also it is important to specify the concept of risk, but also its position in relation to the concepts that are similar to it as danger, to apprehend the phenomenon of early motherhood. For Fischoff & al. (1981), the concept of risk refers to the existence of a possible threat more or less predictable for life or health. It is the probability that a specified type of damage for specified parts of the system happens in a given system for a defined period of time (Hale &Glendon, 1987); or the possibility of occurrence of an undesirable event, linked or generated by the working conditions (De la Garza, Weill- Fassina, 2000).

Finally, according to Leplat (2006), the risk is the probability that an event or situation has negative consequences in specific conditions. Succinctly speaking and to articulate both concepts, the author defines the risk as the probability that a threat updates, that actually means that it causes damage in specified conditions. Comparative optimism, like other perceptual bias, leads to risk-taking that can be seen as the threshold of perception or assumption of risk by the individual. Risk-taking has, in this perspective, a double connotation linked to the context. Thus, we can speak about risk-taking by ignorance or risk-taking resulting from a "not perception" or an incorrect evaluation of the risk.

But we can also encounter “conscious” risk-taking situations or deliberate “calculated”, that is to say, situations in which individuals well apprehend the risk, but assume or sometimes look for it.
This is the case, for example, of some risky pregnancies in which risk taking also refers to notions of fault, recklessness, rules breaking, guilt or responsibility. A motherhood is said early when a woman gives birth to a child at a younger age than normal. In this research, we are talking about early maternity to designate births that take place when the mother is aged between 15 and 19 years old. Early motherhood is a concern in the sense that at this age, the woman’s biological maturation is incomplete and the antenatal and postnatal activities have a negative impact on the development. All these activities result in early maternal mortality, delivery problems, etc.

Risky behaviors adopted by young girls on the sexual level result in pregnancies and therefore in early motherhood. The explanation for such behavior is well understood by the theory of planned behavior which states, according to Fishbein (1975), Ajzen (1991) and Eagly & Chaiken (1993), that the behavior adopted by an individual is linked to his intentions. Thus, to Ajzen (1991), all behavior lies in an analysis made by the subject before acting out.

From above, it is to remember that the work done on the phenomenon of early motherhood and that enlightens some factors such as socioeconomic status, parental education, the shortcomings of the family living area, have put a situation on the back burner that deserves to be exploited. This is to show that comparative optimism related to conscious perception of early motherhood risks depends on factors such as the use of contraceptive measures and the experience of early motherhood itself. This results in the following working hypotheses:

**Hypothesis n°1**: Teenage girls who use contraceptive measures predominantly develop a comparative optimism as for the risk of pregnancy unlike their counterparts who do not use contraceptive measures.

**Hypothesis n°2**: Teenage girls who have experience early motherhood overwhelmingly develop a comparative optimism about the risk of pregnancy, compared to their peers do not have the experience.

### 3. Methodological Approach

#### 3.1. Description of Variables

The present work shows the influence of two types of variables on comparative optimism that conditions the perception of the risks of early motherhood. The first independent variable of this work is the use of contraceptive measures. This variable is qualitative with two modalities. On the one hand, we have the use of contraceptive measures by adolescents and on the other, the non-use of these contraceptive methods. The second independent variable is “the experience of an early pregnancy”. Experiencing or having experienced a pregnancy is for a woman to have a baby before. This variable is of dichotomous nature as with modality “the personal experience” and “noexperience of a pregnancy”.

#### 3.2. Participants

The sample of this study is composed of 80 girls aged 15-19 years residing in Abidjan, the economic capital of Côte d’Ivoire (Ivory Coast). Our investigations with maternity services in health centers have enabled us to question these girls the days of their medical consultations in these hospitals.

#### 3.3. Data Collection Instrument

The selected individuals were interviewed through a questionnaire with which we associated a semi-conducted interview to better understand their perception of the risks of early motherhood. The questionnaire used in this research includes three parts which first part give information about biographical variables (age, sex, socioeconomic class, etc.). The second part is related to the perception of contraceptive methods and the third is devoted to the comparative optimism related to the risks of early pregnancy. The information collected for this purpose was the subject of statistical processing using Pearson’s square Khi. This parametric test used for this purpose brought the following results in.

### 4. Results

#### 4.1. Presentation and Analysis of the Results

#### 4.1.1. The Effect of Contraceptive Measures on Comparative Optimism about Early Motherhood.
Table I: Frequencies of Comparative Optimism Responses by Adoption of Contraceptive Methods.

<table>
<thead>
<tr>
<th>Comparative Optimism about Early Motherhood</th>
<th>Contraceptive Methods</th>
<th>Non Adoption of contraceptive Methods</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adoption of contraceptive Methods</td>
<td>Non Adoption of contraceptive Methods</td>
<td></td>
</tr>
<tr>
<td>Expression of CO</td>
<td>35</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>Non expression of CO</td>
<td>05</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>40</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>

X²(1ddl) = 5,12; p <0.05; S.

CO, Comparative optimism.

The statistical treatment performed on the basis of khisquare (X²) yielded the results (X² = 5, 12) which show that at 0.05 probability threshold, there is a significant difference between teenage girls who use contraceptive methods and those who do not (Table I). The comparison of frequencies leads us to observe that teenage girls who use contraceptive measures (35) are outnumber those of teenage girls who do not use these measures of prevention (05).

The difference between frequencies confirm us in the truthfulness of our hypothesis 1. Indeed, early motherhoods, because of comparative optimism, can be explained by the use of contraceptive methods as reported in Table I.

4.1.2. Effect of the Experience of Early Motherhood on Comparative Optimism about the Risk of Early Motherhood

Table II: Frequencies of Comparative Optimism Responses by Early Motherhood Experience.

<table>
<thead>
<tr>
<th>Experience of Early Motherhood</th>
<th>Comparative Optimism About the Risk of Early Motherhood</th>
<th>Non Experience of Motherhood</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expression of CO</td>
<td>40</td>
<td>05</td>
</tr>
<tr>
<td></td>
<td>Non Expression of CO</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>50</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

X²= 25,13; P<0.05

The khi square (X²) used for the treatment of the survey data allowed to draw the conclusion that there is a significant difference between Teenage girls who have experienced early pregnancy and those who never experienced it (X² = 25, 13; P < 0.05) (Table II). The comparison of the frequencies helps mention, on the one hand, that teenage girls who have experienced early pregnancy (frequency =40), develop a comparative optimism. On the other hand, the teenage girls who have experienced a pregnancy and whose frequency is equal to 10, do not develop a comparative optimism. The survey also reveals that, on all the 30 teenage girls who have not experienced a pregnancy, 05 developed a comparative optimism whereas 25 do not(Table II). These results confirm our hypothesis 2 that teenage girls who have experienced early motherhood develop mainly comparative optimism unlike those who have no experiences.

5. Interpretation - Discussion

In this study, we planned that in the case of the practice of contraception on the one hand, and the experience of motherhood on the other, the use of comparative optimism about the risk of early pregnancy would be higher for the majority of subjects as they would tend to believe they are more lucky than their peers to be safe from early pregnancy and less lucky than others to experience early pregnancy considered, here, as a negative event.

Statistical analysis as part of this study showed that: the subjects who experienced motherhood and those who resort to contraception differ significantly from those who have never experienced early motherhood and those who do not use contraception as for optimism about the risk of early pregnancy, respectively.
From the foregoing, we can state that our results are in line with what we expected. So, our hypothesis (H1 and H2) are therefore confirmed.

In a study conducted by authors such as Douglas and Calvez (1990), it comes out that according the individuals, several conceptions of the body prevail, with two structuring representations and antagonists: the resistant body, defended by protective coverings, or on the contrary the “porous” body. In the first case, the one who thinks that his body is very strong, able to regulate its internal functioning because his immune system defends him against virus attacks, will not feel the need to protect him against infectious diseases as well as pregnancies. Our hypothesis corroborates the results of this study, namely that the teenage girls who use contraception develop a comparative optimism about the risk of pregnancy unlike those who do not use them.

The explanation following this result lies on the fact that teenage girls who use contraceptive methods tend to show themselves less exposed to unwanted pregnancies. This comparative optimism they develop leads them to take more risks with the belief that they are more or less immune. Based on the theory of planned behavior developed by Ajsen (1991) which illustrates this aspect of behavior, we can say that these risky behaviors adopted by these teenage girls result from the decision making consciousness, a certain planning of their behavior.

6. Conclusion

This work is devoted to highlight the role of the adoption of contraceptive measures to protect oneself against unwanted pregnancies and the experience of motherhood in the development of comparative optimism about the risk of early pregnancy. Let us remember that the phenomenon of early pregnancies is nowadays a public health problem in all modern societies, even more in our social context where statistics are increasingly alarming. And for, the 2012-2013 school year recorded 5076 pregnancy cases including 1137 cases in primary education while the 2013-2014 school year showed, 4055 cases including 284 cases of pregnancies for the primary education (Ouattara, 2015).

It transpires from this that the harmful consequences are also as worrying as the progression of this phenomenon in our society. The results of this study sustain a paradox maintained by comparative optimism about the risk of early pregnancies especially among teenage girls. It follows, thus, that comparative optimism is a factor to consider in the analysis of risky behaviors. The explanation of these findings in light of the planned behavior theory of Ajsen (1991) corroborates those of some works done on risky behaviors (Hermand, 2006; Kouamenan, 2006).

This raises the difficulty of the re-centering of strategies of struggle against unwanted pregnancies that in particular favor the contraceptive method that is mainly part of an informative approach. From this viewpoint and considering the present results, it is useful to suggest an improvement of strategies for prevention and of struggle against the phenomenon of early pregnancy that have eventually become ineffective.

These education activities for the emotional and sexual life to be possible and effective will have to integrate, in a participation approach (which raises the emergence of young people questioning), a number of factors including intellectual abilities that promote a better discernment in the subjects, self-esteem, psycho social skills such as the ability to identify and express one’s needs, emotional aspects (Aujoulat, Libion & al., 2007), the level of the participants’ training, parental coaching, etc., so many variables that can open up new paths of research.
References


