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**THE SOCIO-ECONOMIC EFFECTS OF TEENAGE PREGNANCIES AND ACADEMIC
PERFORMANCE OF LEARNERS IN SELECTED SCHOOLS OF KALANGALA
DISTRICT**

BY

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**A RESEARCH REPORT SUBMITTED TO COLLEGE OF EDUCATION, OPEN
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REQUIREMENT OF THE AWARD OF A BACHELOR
OF ARTS WITH EDUCATION OF KAMPALA
INTERNATIONAL UNIVERSITY**

MAY 2019

DECLARATION

I ,Nagawa Doreen do hereby declare that this is my own original production and that it has never been submitted to any institution for the award of a degree or any other award.

Signature.....

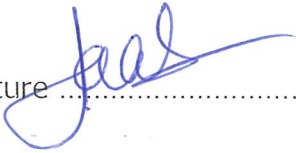
Date..25th March-2019..

NAGAWA DOREEN

APPROVAL

This report is resulting from the researcher's efforts on **the socio-economic effects of early pregnancies and academic performance of learners in selected schools of Kalangala District**. It was conducted under my supervision with my approval; it is now ready for submission to the academic board for the award of a bachelor's degree in education of Kampala International University.

Signature



Date

25th March, 2019

MR. LAAKI SAMSON

DEDICATION

This work is affectionately dedicated with to respect my beloved Father and mother Mr Lwanga Robert and Mrs Nakalembe Deborah respectively. My siblings Mwesigwa Geoffery, Munawa Dan Nalwanga Maureen and Namazzi Irene lastly my friends Kasule Fahad and Nabukenya Hanifah for the inspiration during the period of study at Kampala International University.

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I would like to thank all my respondents who within a short notice returned questionnaires and all those who cooperated without them this work would not have been possible.

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May the almighty God bless you all

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ABSTRACT

This study sought to examine the effect of teenage pregnancy on socio-economic aspects of girls in the selected schools of Kalangala district specially to identify the causes of teenage pregnancy among the girls, the socio-economic consequences of teenage pregnancies, and investigated the measures that would be taken to curb this problem. The respondents used in the study were local leaders, teachers, parents who filled a semi-structured questionnaire containing items which had been formulated from the objectives. Findings showed that in Kalangala district, it was established that young girls are becoming pregnant mostly because peer pressure and bad company. It was also discovered that due to economic hardships some girls go out with men to get some of their requirements and end up becoming pregnant. Those parents did not care much about what their daughters did with their friends. More factors that were hinted on by the respondents include the negative media influence and pinpointed films. It was established that teenagers lacked relevant education about sex and how to handle sexuality. Recommendations were also made. Public debates on sexuality and teenage pregnancy must be initiated. These can teach the youth in a very dynamic and interactive way, so that they learn about the dangers of the out of school participants become part of their learning process. Youth they must be encouraged to participate. The teenage mothers should be encouraged to go back to school after giving birth to continue with their education. This will only work if a policy is formulated to safeguard the young mothers in school from social ostrachy and isolation. Due to ignorance, some teachers and learners have socially stigmatized such girls who chose to rejoin school and as a result they have had to terminate their studies.

CHAPTER ONE

INTRODUCTION

1.0 Background to the study

This chapter contains the introductory aspects of the study under the following sub-headings: the background of the study, statement of the problem, purpose of the study, scope of the study, research objectives and research questions.

Foege (1999) stated that teenage was a period of life between childhood and adulthood, those aged from 14 to 19 years though some demographers included up to age 24. It is a transition period that can hurt a young person's future course. Teenage pregnancy is therefore the period a young girl carries a developing baby in her womb.

Foege (Ibid) continued to state that in Uganda as in any other countries in the world, more women are enrolled to school but they drop out as a result of teenage pregnancies. The social conditions that underlie early pregnancy for women who live in rural areas differ from those educated urban women because of limited education opportunities in rural areas. The decision of when to have children and become pregnant is a basic human right. However the right doesn't exist to people under the age of child bearing, this is teenage pregnancy. Despite the effort and help put in place by education in schools, families and Churches teaches about the dangers of and prevention of teenage pregnancies, the rate remains unacceptably high.

Hatcher (1992) stated that in United States, one woman among ten (10) women aged between 15 and 19 become pregnant each year which approximately 75% yet in Africa teenage pregnancies are nearly twice as high as those in developed countries, Uganda inclusive.

According to Uganda Health and Demographic survey (2000), overall 31% of teenagers in Uganda have begun child bearing, with almost 20% having had a child already and 6% carrying their first child. This is a substantial decline from the 43% observed in the 1995 UDHS which put Uganda at the top for teenage pregnancy among the sub Saharan countries. This high percentage of teenage pregnancy is infarct a major problem because teenagers are not responsible enough to raise a baby. The cause of teenage pregnancy is not only the fault of the individual.

According to Maclead (1999) there are Myriad of causes that give rise to teenage pregnancy which may include family, community and social dysfunctions. There are many ways to prevent teenage pregnancy and many decisions to make as well as many challenges. This study is therefore intended to examine the causes of teenage pregnancy, its negative consequences to the individuals and how to prevent the problem.

1.1 Statement of the problem

Although teenage pregnancy rates in Uganda have been reported declining as compared to those of the mid 1990s, it is still a problem in **schools** of kalangala District today, it is a social problem which has affected the entire community. Many adolescent girls have had to terminate their education, some of whom have faced medical or health problems both to the mother and child. It also implies that many of these girls could have lost their socio-economic opportunities, hence the need to carry out this study.

1.2 Objectives

To examine the effect of teenage pregnancy on the socio-economic aspects of girls in selected schools of Kalangala District.

1.3 Specific objectives

The following objectives will guide the study:

1. To identify the causes of teenage pregnancy among girls of I schools of Kalangala District.
2. To examine the socio-economic effects of teenage pregnancy in selected schools in schools of Kalangala District.
3. To investigate the measures this can be taken in order to prevent teenage pregnancy in selected schools in schools of Kalangala District.

Research questions

- i. What are the causes of teenage pregnancies among girls of schools of Kalangala District ?
- ii. What are the socio-economic effects of teenage pregnancy in schools of Kalangala District?
- iii. What are the measures that should be taken in order to prevent teenage pregnancy in schools of Kalangala District ?

1.4 Scope

This study is to be carried out in selected schools which are in I schools of Kalangala District. The population to be studied will include pregnant girls and young mothers aged between 13 and 19 years of age. It will examine the effects of teenage pregnancy on the socio-economic well being of girls with focus on; causes of teenage pregnancy, social effects, and economic consequences of early pregnancies to the young girls. It will also identify relevant measures to control this problem. The study began in December 2018 and will end in May 2019.

1.6 Significance of the study

The following categories of people will benefit from this study:

The government policy makers and planners will need this information to help them formulate viable policies on teenage pregnancy. It will also give them clues on how and where to invest resources on combating the problem.

The society and in particular parents will gain an insight into the magnitude of teenage pregnancy. It will also sensitize them as how to prevent their girls from becoming victims of this problem.

This study will help to sensitize the girls into avoiding teenage sex.

1.7 Definition of Terms

Teenage pregnancy: A situation in which a girl below 18 years of age falls pregnant

Menarche: The first menstruation which the girl experiences

Adolescent: A transition period of development which girls undergo usually from 11 years to 19 years

Peers: A group of girls with the same age and usually socializing together.

1.8 Limitations

The following may be encountered by the researcher:

Attitude. Teenage pregnancy is a sensitive topic which is considered an abomination among the people living in the community. On this note, the researcher might receive straight forward answer from the girls or even their parents.

Time. Time could be a limiting factor to exhausting carry out this study.

Financial constraints. The researcher is self sponsored and therefore might encounter financial shortages.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains of researchers and experts who conducted studies about teenage pregnancy.

2.1 Meaning of teenage pregnancy

According to Wikipedia (2009), teenage pregnancy has been defined as a situation which a teenage or underage girl between 13-17 years becomes pregnant. The term in everyday speech usually refers to women who have not reached legal adulthood which varies across the world become pregnant.

The average age of menarche in the United States according Treffers (2003) is 12 and half years. He added that the figure varies by ethnicity and weight and first ovulation will occur only irregularly until after this. It has however been noted that the average age of menarche has been declining and continues to do so whether fertility leads to pregnancy depends on a number of factors both societal and personal. Treffers view on the age at which girls become pregnant is true although in Chepkorio division, girls as young as eleven years have been reported to become pregnant. However the girls are usually married off and are impregnated while in their marriage relationships.

2.1.1 Trends of teenage pregnancy

UNICEF (2001) reported the rates of pregnancy world wide as from 143 per 1000 young girls in some sub Saharan African countries.

Ritchter (1990) showed that one in three women conceives her child before the age of 20. Steinberg (1996) was specific and recorded that each year in America, approximately 1 million adolescent become pregnant. He quoted Schellen Bach, Whitman and Borkowski (1992) that pregnancy was higher in the industrialized world. And that nearly one fourth of the American young women experience pregnancy before the age of 18 years and the number increases at about 455 before the age of 21 years. That among the blacks and two thirds by age 21. Macloed (1999) commented that the figures have been going down due to decline of sexual activity and effective contraceptive use among sexually active teenagers.

According to the independent Newspaper (2005) escalating pregnancies have been reported in South Africa among school going girls. Speculations were that child support grants could be acting as incentives for young girls to fall pregnant. The love life survey conducted by the South African Reproductive Health Research Unit in 2003 indicated that the rate of teen pregnancy in South Africa has not diminished despite the initiatives to improve reproductive health counseling and related services.

In Kenya, according to Kenya Health and Demographic survey conducted between 2000 and 2001, over all 31% of teenagers have begun child already and 6% carrying the first child. The same report recorded a substantial decline from 43% observed in the 1995 study conducted by the same organization. The report also highlighted that pregnancies increased as the women advanced in age due to longer exposure, from 3% of 15 year old to 61% of 19 year old. In the same survey, it was reported that overall teenage women are more likely to have started parenthood than their urban counter parts, where in Urban areas the percentage stood at 34% and in rural it is 23%. In the same

survey it was indicated that teenage pregnancy varies greatly with educational and social economic statuses.

From the above citations about teenage pregnancy in the three countries there is some similarity of trend. Teenage pregnancies increase similarity of trend. Teenage pregnancies increase with age. In Uganda there is high teenage pregnancy in urban areas compared to rural areas. This could be attributed the fact that in rural areas like In schools of Kalangala District, these teenage girls have to get married before their first child is born and therefore their pregnancy do not cause much concern because they are legitimized by marriage.

2.2 Causes of early pregnancies

2.2.1 Changes in sex behavior

According to Dacy J and Kenny (1999), in the past, boys were much more likely to have sex earlier than girls. But it has now changed, the belief that you should wait until marriage, is less common and girls are having earlier as well. In relation to schools of Kalangala , it is true that girls are experimenting abolition of the punishment which used to be given to those girls, who were not found to be virgins, when getting married. This explains the currently growing proportions of teenage child bearing that occur out of wedlock.

Steinberg (1996) commented that society is now more tolerant of single parenthood and of non marital pregnancy than it was forty years ago, and many women choose this option today than did so in the past.

In Indian sub continent, early marriage and pregnancy has been reported a more common tradition in rural communities compared to the rate in cities. Methal, Suman, Groenem (1998) in societies where adolescent marriage is uncommon, young age at

first intercourse and lack of contraceptives use may be factors in teenage pregnancy (UNICEF, 2001).

2.2.2 Misinformation about sex

Studies carried out by Macleod (1999) indicate sometimes from home to school, in the malls, in the theatres and almost everywhere else that teenagers mostly frequent, sex is always advertised as a "cool" thing. On prime time TV, the occurrence of pre marital and extra marital sex far out numbers sex between spouses with the rite soaring to 24:1 in soap operas. The same author went on to lament about the inadequate sex education in schools. Before having sex was regarded as a form of prestige, most especially for boys. And for girls virginity was regarded as outdated. But recently there is now an initiative by the Ministry of Education and Sports to impart life skills among the youngsters. The intention is to fight HIV/AIDS and other sexually transmitted diseases. But it is believed that this intervention can work to inform the girls about sexuality and teenage pregnancy.

More so it should be remembered that even parents can supervise their teens without forgetting that they are no longer kids, but rather young adults who need a certain amount of independent.

Sebald (1997) on this note stated that teenage pregnancies are due to poverty of correct information concerning conception and contraceptive methods; he also noted the failure of service and education programmes to reach the young and prepare them for sexual freedom.

2.2.3 Lack of knowledge about contraceptives

Girls may lack knowledge of or access to, conventional methods of preventing pregnancy. Some girls have been reported to be too embarrassed or frightened to seek information. This is true to those in schools of Kalangala District, where family planning

to what is now happening to the population in **schools of** Kalangala District, Girls are given freedom because they are now mature and therefore independent.

2.2.6 Parental influences

According to Mcleod (1999) the teenagers who feel close to their parents and talk freely with their parents are less likely to be sexually active in their teens. Sexual activities are less likely to take place when teenage activities are supervised by parents. This is not in most cases of African families where parents keep a distance away from their children.

2.2.7 Peer influence

Whether or not, teen's friends are sexually active makes a big difference in whether that girl becomes sexually active. Adolescents are more likely to have sex when it is the thing to do among their friends. Teenagers who get boy friends and date early are more likely to become pregnant. Steinberg (1996); Macleod (1999); Science Biog (2004).

2.2.8 Academic influences

Sebald (1977) noted that when girls are not performing well in school and those who do not plan to continue with education, are more likely to become pregnant or whether they become pregnant they are disinterested in school. Macleod (1999) in similar study also mentioned that poor school performance or lack of future goals sometimes create an atmosphere that opens the door to sexual activity. Given our cultural values and practices here in Africa, where girls a subordinate gender, most of them do not derive value but of schooling, hence their poor performance. The consequence could be teenage pregnant.

2.3 Socio-economic factors on teenage

Researchers have established that social economic factors have a bearing on girls who fall pregnant.

Besharov, Douglas and Gardiner (1997) associated poverty with increased rates of pregnancy, adding that economically poor countries such as Niger and Bangladesh have more teenage mothers compared with economically rich countries such as Japan.

According to the Health statistics quaterly volume 33 (2007) in the United Kingdom, around half of all pregnancies to under 18s are concentrated among the 30% of the most deprived population with only 14% occurring among the 30% less deprived. This relates with the UDHS (2001) report mention earlier.

According to Steinberg (1996) less educated parents are a contributing factor to teenage parents.

2.3.1 Childhood environment

According to Tamkins (2004) women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant teenagers and the risk of becoming pregnant as a teenager increases with the number of adverse childhood experiences. Tamkins went on to comment that one third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence and family strife. Tamkins also quoted the researchers that "family dysfunction has enduring and unfavorable health consequences for women during the adolescence years."

2.4 Effects of teenage pregnancy

Teenage pregnancy is a social problem that affects the entire community. Several studies have examined the socio-economic outcomes of pregnancy and parenthood in teens.

Life outcomes of teenage mothers and their children vary. Among the consequences of pregnancy to the young mother include termination of education. Many teenagers do not get a chance to graduate because they have to spend much time with their babies. However one study on 2001 found that women who give birth during their teens completed secondary school (Hofferth et al, 2001).

In comparison with what is in schools of Kalangala District, when a girl conceives she has to drop out from school, although there are some few who after giving birth to their children resumed schooling.

Moncloa et al (2003) on the same note contributed that young motherhood in an industrialized country can affect employment and social class.

Steinberg (1996) also linked young mother with poverty that most of these mothers live in poverty thereafter. Additional research found that nearly 50% of all adolescent mothers sought social assistance, social stigma has also been reported as the case of a teenage girl who was impregnated and refused to sit for her examinations as reported in Monitor November (2007).

2.4.1 Medical outcomes of early pregnancy

Macloed (1999) associated adolescent pregnancy with higher rates of illness and death for both mother and infants. Due to inadequate nutrition during pregnancy teenage mothers are most likely to produce underweight babies UDHS (2000-2001). Other risks in teenage mothers include difficult child births due to under developed pelvis; obstructed labour which is normally leads to girls to undergo caesarian section. In developing countries; however, infant and maternal mortality have been reported. It can also lead to obstetric fistula (Monitor publications March 2009).

2.4.2 Impact on the child

Early motherhood can affect the psycho social development of the infant. The occurrence of developmental disabilities and behavioral issues is increased in children born to teenagers (American Academy of Pediatrics, 2001).

One study suggested that adolescent mothers are less likely to stimulate their infant through dysfunctional behaviors such as drug addiction and some studies showed that girls born by teenage mothers are most likely become pregnant as teenagers. Makinson (1985)

Further Steinberg et al (1990) also added that children of teenage mothers are most likely to perform poorly in class and some born to young mothers are three times more likely to serve time in prison.

2.5 Ways of controlling teenage pregnancies

it should be noted that the negative consequences of teenage pregnancy affects the child involved, the mother, the tax payer and the father. Therefore every step must be taken to battle this problem. There is however no single solution to the problem and it is up to the stakeholders to play a role in battling this problem.

Macleod (1999) advised that parents to supervise their teens activities without forgetting that they are no longer children but rather adults who need a certain amount of independence.

The amount of support a teen mother receives from her family can make a difference in how well she adjusts to motherhood-teenage mothers who receive emotional support from their families are often better mothers.

Macleod (1999) again advised the need for responsible and positive adult role models in the home, because teenagers sometimes feel a sense of hopelessness and isolation from the world around them. In the same study he advises that family sensitize their children about the consequences of premarital sexual activity.

Researches on the consequences of adolescent child bearing also suggest that many of the negative effects of having children early can be prevented by lessening the disruptive economic impact on teenage motherhood (Steinberg, 1996).

According to National Campaign to prevent teen pregnancy in the United States (1997) early pregnancies were attributed to occurrence of a breakdown of communication between parents and child and also lack of child supervision.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter contains the procedure, methods and techniques that will be employed in conducting this research.

3.1 Research design

This research will take form of a survey to investigate the socio-economic effects of teenage pregnancy. The researcher will then apply some quantitative technique towards the end of the study in order to answer the pre set questions.

3.2 Research area and population

This study was undertaken in selected schools of **schools of Kalangala District**, Uganda. The researcher chose this area because of the diverse culture in this place. The languages spoken here is Luganda which is understood by the majority of the people. The economic activities carried out by the people here is subsistence farming, fishing and the majority of them have lowly educational qualification with many of them having dropped out, with lowly qualifications. The population has quite a number of teenage pregnancies, which prompted the researcher to conduct this study.

3.3 Sample framework

3.3.1 Sample size

They key informants in this study were four members of local council 1, local council III, 10 village elders, who identified a number of young mothers.

3.3.2 Sampling techniques

The researcher employed a purposive type of sampling to select the respondents for the study. This technique was used because these are the people with accurate information about teenage pregnancy in schools of Kalangala District.

3.3.3 Sample procedure

In schools of Kalangala District. there are 5 local councils which are headed by LC V Chairman. These individuals have relevant information about the affairs concerning the youth in this sub county. The secretaries for youth in every council are another category of people who also have relevant information about young girls. The elders will be charged with the responsibility of identifying the girls affected. All the researcher will have to do is to go to these local council administrators seeking their permission to talk to her.

3.4 Methods of data collection

3.4.1 Instrumentation

For the purpose of collecting relevant data about teenage pregnancy, the research instruments shall be constructed. These are:-

Key informant interview. An interview schedule was designed to collect information from the respondents. The researcher identified the interview schedule because it was the best to use since this research will be partly conducted using the key informant interview.

Observation. The researcher also made a careful observation on girls to confirm if what is being said by the respondents is really accurate. Observations will greatly contribute to the analysis and interpretation of findings in that they will consolidate of what has been found out in the field.

3.4.2 Sources of data

The researcher collected both primary and secondary data for the purpose of establishing the socio-economic challenges which pregnant teenagers face.

Primary data were collected by reviewing what other researchers have done and said.

Secondary data on the other hand were obtained as responses of the people studied.

3.5 Data processing

Permission was sought from the zone chief of schools of Kalangala District, to the entire researcher to carryout this study. On getting that permission, the researcher then proceeded to the field and sought further permission from the chairman local council, one of four locations, the secretaries for youth and women affairs, as well as the elders and the young mothers.

Key informant interview was then conducted with the respondents while also carrying out an observation. After collection the relevant data, it was edited to remove inconsistency. The responses were then coded to prepare the data for-computer analysis.

3.6 Data analysis

Descriptive data collected during this research was analyzed using frequency tables and bar graphs and the findings were interpreted.

3.7 Ethical considerations

In this study, no names were mentioned to respect the respondent's anonymity. Permission was sought from all respondents and administrators.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This study sought to examine the effect of teenage pregnancy on socio-economic aspects of girls in the selected schools of schools of Kalangala District specially it identified the causes of teenage pregnancy among the girls, the socio-economic consequences of teenage pregnancies, and investigated the measures that would be taken to curb this problem.

The study utilized four local council, one Chairperson from the sub county, secretaries for youth and women affairs. These in turn identified the young mothers and their mothers to also respond to the instrument. This chapter presents the Data that were collected from the above specified respondents.

4.1 Questionnaire run rate

All together 28 research instruments but 24 were filled. The four respondents declined from giving information.

4.2 Background information of respondent which has a bearing on teenage pregnancy

Researchers are of view that girls from low socio-economic status families and those from broken families or those that are having problems are more likely to fall pregnant.

4.2.1 Marital status of parents who are pregnant

Six parents responded to this research instead of ten. The researchers wanted to find out if they were married or not.

Table 1: showing the marital status of parents

Marital status	Frequency	Percentage
Monogamous marriage	2	33.3
Polygamous marriage	3	50.0
Never married	-	
Divorced	1	16.6
Total	6	99.9

Source: Primary data

From the above table 1, two parents of the young mothers were living in a monogamous marriage, three of them were living in a polygamous marriage, none of the parents shared that she/he never married, and one parent was divorced.

The above finding reflects the negative impact of both the polygamous and divorced families on girls teenage pregnancy. However the two girls who came from the monogamous families show that to some extent, there is no relationship between family stability and teenage pregnancy. It shows that girls get pregnant regardless of their marital status of their parents.

4.2.2 Educational status of parents of pregnant teenagers

The researcher wanted to find out about the educational status of parents of those girls who were victims of pregnancy.

Table 2: Showing the educational status of parents of pregnant teenagers

Educational attainment of parents	Frequency	Percentage
Tertiary level	1	16.6
Advanced level		
Ordinary	1	16.6
Primary	4	66.6
Total	6	99.9

Source: Field data 2009

From table 2, out of the six parents who responded to this study, four of them had attended school up to primary level. Only one parent had reached secondary, up to ordinary level and another one had gone up to tertiary level. This clearly shows that most of the parents were lowly qualified and therefore misinformed about sexuality and teenage pregnancy. This also could greatly affect their economic status, limiting them to farming activities or labouring in case of getting jobs.

4.3 Causes of early pregnancies among girls

The three categories of respondents were asked why girls were falling pregnant

Table 3: Showing the respondents views about the causes of pregnancy

	Girls	Parents	Youth leaders	Local chief	Total	%age
Peer pressure , bad company	2	3		1	6	25
Moral decay in society			1	1	2	8.3
Economic hardships	1		2	1	4	16.6
Films		1			1	4.1
Lack of family planning	1				1	4.1
Lack of knowledge about family planning	2				2	8.3
Laxity of parents		1	1	1	3	12.5
Rape	1	1			2	8.3
Fear of family planning	2				2	8.3
Did not know the consequences	1				1	4.1
Total	10	6	4	4	24	99.6

Source: Field data 2015

In table 3, out of the total 24 respondents interviewed in this study, 6 of them contributed that the main reason as to why young girls fell pregnant was due to peer pressure. Two of them local council administrators shared that there was moral decay in the society. One parent and one local chief shared that girls were falling pregnant because of medical negative influence. One girl lamented that she fell pregnant because she could not access contraceptives. However two girls said they became pregnant because they did not know about family planning methods.

One parent shared that she was negligent and this was confirmed by the local council administrators who also contribute that girls fell pregnant because of the negligence of their parents. One girl and her parent contributed that she had been raped by an unknown man. Two girls said they had become pregnant because they feared to go for contraceptives. One girl had fallen pregnant because she did not realize the negative part of having sex which was not protected.

The above finding shows that most girls in selected schools of Kalangala District, were falling pregnant because of peer influence, coupled with moral decay in the society, although other factors such as misinformation and economic factors would be also responsible for this situation.

4.4 Effects of teenage pregnancy on the society

Researchers have contributed a number of possible consequences of teenage pregnancy, to different family members and society at large. The consequences according to these scholars range from psychosocial to physical (Macleod, 1999; Makinson, 1985; Steinberg, 1990).

4.4.1 Psychosocial consequences of teenage pregnancies on the family and society

The research wanted to establish how the girl, parents and society were affected by the teenage pregnancy.

Table 4: Showing the psychosocial consequences of teenage pregnancy on the girls

Psychosocial effects of teenage pregnancy	Frequency	Percentage
Rejection by parents and friends	4	40
Ostrarchy by school children	10	100
Drop out of school	10	100
Laughed at by community	08	80
Guilt and fear	08	80

Source: Primary data 2015

Findings in table 4 showed that four of the girls had been rejected by the parents. It was later established that it was those specific respondent who had declined to contribute to this study. All girls shared that they had to drop out of school. All girls lamented that they had to suffer alienation and ostrarchy at school because of their condition. Eight of those girls added that they had been laughed at by the society members. Eight of those girls who were interviewed expressed their guilt and shame.

The above findings show how hurt the children are suffering psychologically and emotionally. It also showed how some parents have been devastated by this occurrence. It also highlights the society's tendency to stigmatize the teenage mothers. Instead of giving them support, the population concerned, including the parents who are supposed to offer support are instead tormenting their already nobled daughters.

4.4.2 Pregnant teenagers living with their partners or who have plans to marry them

Dacy (1999) had contributed that the young mothers feel more frustrated when they realize they can not marry their partners. It therefore became important to find out if these girls had got married to their partners.

Table 5: Showing the number of girls living with their partners or those planning to marry them.

Living arrangements for young mothers	Frequency	Percentage
Living with partner	-	
Plans to live with partner	3	30
Do not have any plans to do that	7	70
Total	10	100

Source: Field data 2009

From the above table 5, no girl was married to her partner. Three girls had plans to marry their partners, the rest of the girls (seven) did not have any plan to marry.

This finding highlights that these girls are too young to marry or could be their partners were not ready psychologically and financially to start families. It could be that their partners have disappointed them. There are negative implications for this, most especially to the young mothers and these include increased financial constraints and emotional torture, because they are separated from their lovers who are supposed to offer to their financial and emotional support.

4.4.3 Why young mothers are not living with their partners

The researcher wanted to confirm why the girls could not live with their partners.

Table 6: Showing why young mothers are not living with their partners

Why girls are living with partners	Frequency	Percentage
Decision by parents	2	28.5
Decision made by self	2	28.5
Decision made by partner	3	42.8
Total	7	99.8

Source: Field data

From the table 6, two girls shared that their parents would not allow them to go and marry their partners; then to go and marry their partners, two more girls decided not to marry them and three girls could not live with their partners because they have refused to accept responsibility of their children.

From this finding the three girls are devastated and really feel a sense of hopelessness and isolation from the world around them (Macleod, 1999).

4.4.4 Psychosocial consequences of teenage pregnancy to the parents

The researcher therefore sought to find out what may have happened to the parents on receiving the news that their children had become pregnant.

Table 7: Showing how parents have been affected by the pregnancy

Psychosocial consequences of teenage parenthood to parents	Frequency	Percentage
Laughed at by the community	2	33.3
Remained supportive of their children	2	33.3
Have banished them from their homes	-	
Felt disgraced	2	33.3
Total	6	99.9

Source: Field data 2015

Only six parents were able to respond to this research and according to them; two of them have remained supportive of their parents, two expressed their feeling, disgrace after what their children had done and another two did not like the way they were laughed at by the community.

Indeed from the above analysis parents are affected both socially and psychologically when their children fall pregnant.

4.4.5 Economic consequences of teenage pregnancy

Similarly the economic implications of young girls falling pregnant are for both the parents and the children. This what the researcher wanted to find out.

Table 8: Showing the economic consequences of teenage pregnancy on both the parents and teenage girls.

Economic constraints of teenage pregnancy	Frequency	Percentage
Financial constraints	13	81.2
Unemployment	1	6.2
Low occupational status for the girls		
Poverty	2	12.5
Total	16	99.9

Source: Field data 2015

In this analysis both parents and teenage mothers were put together. Findings in table 8 showed that 13 respondents were financially strained. In their own words they lamented that maintaining the baby and the girls themselves was very difficult given the limited financial resources. One young girl contributed that she did not have a job to support herself and the baby and two respondents expressed their concern about living in poverty. None of the respondents said any thing about the quality of employment their daughter would get due to reduced educational attainment.

The above findings show that indeed teenage pregnancies have increased poverty in some families. It has reduced the educational opportunities which in turn have made young mothers to lose socio-economic opportunities. It puts a heavy financial burden on the parents, who have had to care for both the young mother and the baby born.

4.4.6 Health challenges caused by teen pregnancy

According to Wikipedia (2009) pregnant teenagers face many obstetric problems, because they are not ready for child bearing. Maternal and prenatal health therefore become a great concern among the teens who are pregnant.

Table 9: Showing the medical consequences of teen pregnancy

Health consequences of teen pregnancy	Frequency	Percentage
Premature births	4	50
Low birth weight	4	50
Nutritional deficiencies	8	100
Birth by caesarian	8	100
Obstetric fistula	2	25
Infant mortality	8	100
Maternal mortality	8	100
Total	42/56	75

Source: Field data 2015

In table 9 analysis, the local council Chairmen and secretaries responded to this item. It was assumed that each items would yield the same responses and therefore each item was multiplied by eight.

According to the local council I personnel premature births, four council members shared that some babies of these teenage mothers are underweight.

All local council chairmen contributed that the teenager mothers were not in good health and all of them again reported that some of these girls produce by caesarian

section. Two local councils stated that some girls have experienced problems of severe damage in their vaginas during birth of babies. All of the local councils staff interviewed reported death of babies, young girls and abortion.

From the above findings the teenage mothers of schools of Kalangala District are experiencing the same health problems which the rest of the world faces. For as long as this happens the nation will continue to spend much of the tax payers on solving the problem of teenage deaths due to child delivery.

4.5 Ways of controlling teen pregnancy

There is no single solution to the problem of teen pregnancy, and it is also almost impossible for one person to give solutions. It was therefore important to utilize the views of the stakeholders into this problem.

Table 10: Presents the different views on how teen pregnancy can be controlled in the sub county

Control measures	Local chief	Parents	Girls	Total
Parents to supervise keenly their activities of teens	8	2	5	15
Religious leaders to help	3	6	10	19
Seminars by government	8			8
Schools to teach about sex life skills	8	6	10	24
Contraceptives to be made available	8	1	2	11
Law enforcement to punish the teens involved	8	6		14
Total!	43/48	21/36	27/60	91/144
Percentage	87.5	58.3	45	63.1

Source: Primary data 2008

From table 10, it is evident that local chief administrators would like measures to be put in place if teenage pregnancy is to be controlled. According to all of them, parents need to monitor their children's activities a piece of advice which was given by Mcleod (1999)

similarly two parents and five girls also suggested that supervision of their activities be intensified.

The local leaders also suggested that the community be sensitized by government. The same was suggested about sexuality and the use of contraceptives. Similarly the six parents who were interviewed also shared that measure of school intervention and one parent was supportive of the use of contraceptives. However none of the girls and parents thought of the government holding sensitization seminars for sexuality and teenage pregnancy.

Three of the local council administrative suggested that religious leaders take a stand in this problem. Similarly all the parents and children also felt the same. And finally all local council people felt it was time to punish the immoral youth.

Much of what was contributed by the respondents has been cited earlier

More factors that were hinted on by the respondents include the negative media influence and pinpointed films. It was established that teenagers lacked relevant education about sex and how to handle sexuality.

5.1.2 Socio-economic problems of teenage pregnancy

It was discovered that not only the teenage mothers, were affected but also the parents and community at large. The social challenges which the girls faced included social stigma, discrimination, dropping out of school. Being disowned and chased away from their families' teenage mothers also suffered emotional consequences such as isolation, frustration, shame and devastation due to disappointment by the partners. Parents on the other suffered disgrace, shame and social ostrachy due to their daughters committing such a thing parents due to anger have decided to disown some of their daughters, as evident from those who failed to respond to this study. The above findings concur with the story run monitor (2006).

Economic challenges which both teenage mothers and their parents go through included inability for girls to get high paying jobs due to their low educational attainment. Some girls have ended up living in more poverty with their parents who already come from subsistence families. The girls and parents suffer financial constraints to meet the needs of both the young mother and baby.

It was also established that due to financial constraints, the teenage mothers were more likely to suffer health consequences such as nutritional deficiencies for the young mothers. This at times has resulted into these girls producing premature and under weight babies. Other health consequences to the young mothers include birth complications which make them to undergo caesarian section. Maternal and infant mortality were also reported by the local council administrators. This finding concurs with that of Mackinson (1985).

5.1.3 Controlling of teenage pregnancy in schools of Kalangala District.

From the findings all the respondents contributed that religion needs to be used to change the moral decay of the population in schools of Kalangala District if the teenagers were to survive pregnancy. All the local leaders supported the sensitization of the people by Government and sex education in schools. This is what was earlier on cited in Wikipedia (2009). The local council people also made a suggestion about

5.2 Conclusion

Teenage pregnancy is indeed a social health and psychological problem to the people living in schools of Kalangala district. Teen pregnancy has disrupted the educational and occupational trajectories of young girls in the sub county, consequently maintaining and exacerbating poverty. Young girls have been lured into sex activities due to lack of domestic needs. What is worrying the teenager seem not to realize that the whole game is dangerous to their lives. Peer pressure is another leading factor. To most girls and boys in the zone sex is normal yet schools do not offer adequate sexuality education in the life skills.

Pregnant teenagers face more other challenges which range social stigma and obstetric problems which could result into deaths. Government also has a negative role, it has not taken responsibility to intensify the sensitization of people about using contraceptives. The vicious cycle of early pregnancy is more likely to continue because usually children born under such circumstances could end up adopting such behaviors. The time is now to stop teenage pregnancy.

5.3 Recommendations of the study

Open and accepting communication among people who can help is necessary to deal with the personal and social problems of unwanted early pregnancies. In this instance the parents of teenagers and others family members, the teachers at school and nurses in family planning centers are the right categories of individuals to speak to the girls about sexuality and early pregnancies. This should be done repeatedly.

It has been observed that any discussion sex may cause discomfort between many parents and their teenagers. Instead of pushing parental involvement in this issue, parents should be taught how to be involved in other aspects of children's lives.

If possible teenagers should be discouraged from early dating; abstinence and using birth control pills. This has to be done because not all teenagers will hate to or accept advise given to them by their parents. It will therefore be better to teach her how to use contraceptives.

Public debates on sexuality and teenage pregnancy must be initiated. These can teach the youth in a very dynamic and interactive way, so that they learn about the dangers of the out of school participants become part of their learning process. Youth themselves must be encouraged to participate.

At the moment there is the presidential initiative to fight against HIV/AIDS. It equips learners' wit life skills. The ministry of education and sports has implemented this programme in both primary and secondary schools, unfortunately it is not tested and therefore the youth will just learn formally. It is important that it becomes testable at national level.

The teenage mothers should be encouraged to go back to school after giving birth to continue with their education. This will only work if a policy is formulated to safeguard the young mothers in school from social ostrarchy and isolation. Due to ignorance, some teachers and learners have socially stigmatized such girls who chose to rejoin school and as a result they have had to terminate their studies.

REFERENCES

- Dacy J Kenny M (1999). **Adolescent development** Brown and Bench Mark
- Hofferth Sandra L Reld, Lori, Mott and Frank (2001). **The effects of early child bearing on schooling overtime**. Family planning perspectives United States of America.
- Makinson C (1985). **The health consequences of teenage fertility**. Family planning perspectives.
- Mcleod (1999). **The causes of "teenage" pregnancy**: review of South Africa. South African journal of psychology
- National Campaign to prevent Teen pregnancy (2007). **Do most teens who choose to raise the child married when they find they are pregnant?**
- Richter L Norris S and Ginsburg S (2005). **The silent truth of teenage pregnancies**. Department of Pediatrics, university of Witwatersrand South Africa.
- Sebald H (1997). **Adolescence, a Social psychological analysis** 2nd edition, Prentice Hall, Englewood Cliffs.
- Steinberg L (1996). **Adolescence** 4th edition McGraw Hill publishers
- Tamkins T (2004). **Teenage pregnancy risks rises with childhood exposure to family strife perspectives on sexual and reproductive health**.
- The National Campaign to prevent teen pregnancy (2006). **Not just another single issue** Government press.

The independent News paper March (2005)

Treffers P.E (2003). Teenage Pregnancy, a world wide problem. Nederlands tijdschrift voor geneeskunde.

UNICEF (2001). A league table teenage births in sub Saharan Africa. WIN NEWS

APPENDICES

APPENDIX A: An interview schedule for Local leaders, the chief, assistant chief, youth leaders and women affairs

Dear Respondents

I am carrying out a research on **the socio-economic effects of teenage pregnancies in selected secondary schools of schools of Kalangala District, in Uganda.** Please fill and tick where applicable.

Profile

Your highest academic qualification

- Certificate ☐
- Diploma ☐
- Degree ☐
- None of these ☐

Your age

Sex

Number of years in service

Prevalence of teenage pregnancy

Do you have a problem of young girls falling pregnant?

- Yes ☐
- No ☐
- Do not know ☐

How serious is the problem?

- Very serious ☐
- Average ☐
- Mild ☐

Is there any case of pregnant teenagers whom you can direct me to?

Yes ☐

No ☐

Not sure

If not are there any cases of teenage mothers in your parish?

Yes ☐

No ☐

Not sure ☐

Is it possible to direct me to some of them?

Yes ☐

No ☐

Not sure ☐

Causes of teenage pregnancy

What are the main causes of teenage pregnancy?

☐
.....
☐
.....
.....
.....
.....

Effects of teenage pregnancy on the girls and their babies

Social challenges

Stigma and discrimination ☐

School drop out ☐

Banishment from home ☐

Loss of family socialization ☐

Economic challenges

Lack of finances to care for the baby and young mothers ☐

Living in poverty ☐

Unemployment ☐

Health problems

Malnutrition of girls ☐

Under weight babies ☐

Premature births ☐

Infant mortality ☐

Maternal mortality ☐

Birth complications leading to caesarian section

Do you have cases of teenage mothers who have?

Died ☐

Whose babies have died ☐

Prevention of teenage pregnancy

How are you going to advise the community about this problem of teenage pregnancy?

.....

.....

.....

.....

.....

APPENDIX B:

An interview schedule for pregnant mothers/teenage

1. What is your age?
2. When did you have your first child?
3. Are you living together with the baby's father?

If not why?

.....
.....

4. Do you intend to raise the child with him?
 5. Do you plan to enroll in school?
- If not please state the reason why?

.....
.....

6. Did you face some challenges when you were pregnant

Yes ☐ No ☐

7. Did you face some challenges when you gave birth?

Yes ☐ No ☐

8. Please cite some of the problems encountered

A) When expecting ☐

B) Giving birth ☐

C) After giving birth ☐

9. How did you feel when you realized you were pregnant?
10. What word do you have for the young girls out there?
11. Do your parents support of you being a mother?
12. Where do you get support for the baby from?

APPENDIX C:

An interview schedule for parents

Profile of parent

Your age.....

Your sex.....

Your occupation.....

Marital status

Polygamous family ☐

Monogamous family ☐

Never married ☐

Divorced ☐

Causes of teenage pregnancy

What may have caused your child to fall pregnant?

.....
.....

Who is responsible for the pregnancy?

.....
.....

Consequences of teenage pregnancy

On learning that your daughter was pregnant how did you feel?

.....
.....

Has the society been supportive during their moment?

Yes ☐

No ☐

If no why

.....
.....

Has the person responsible been supportive?

Yes ☐

No ☐

Is your child still going to school?

Yes ☐

No ☐

If no why?

.....

.....

What are some of the challenges do you experience after this has happened?

.....

.....

Prevention and control of teenage pregnancy

What piece of advice can you give to parents out there?

.....

.....

What piece of advice can you give to the schools and government?

.....

.....

After this has happened, what do you plan to change when it comes to teenagers and their upbringing?

.....

.....

Do you support family planning for teenagers?

.....

.....

If no why?

.....

.....

Observation checklist

Housing

The type of house the family is living in

Permanent

☐

Single room

☐

Temporary

☐

Semi-permanent

☐

Single room

☐

The type of family the girl lives with

Monogamous

☐

Polygamous

☐

Single parent

☐

Extended family

☐

Nuclear

Wealth in the family

Plenty of food crops

☐

The quality of clothing

☐

Television set/radio

☐

Vehicle/motorcycle/Bicycle

☐

Family relationship

Father drunkard

☐

Mother drinks

☐

Warm/caring parents

☐

Tense parents

☐

Health of the girl/baby

Healthy

☐

Emaciated

☐

Baby underweight

☐

Thank you very much

APPENDIX D

Budget for research proposal valid in Uganda shillings

Item	Quantity	Amount
Duplicating papers	1 ream	12,000/=
Stencils	2 packets	5,000/=
Ink	3 packets	13,000/=
Travelling	20 days	35,000/=
Binding and typing	3 copies	35,000/=
Total		100,000/=

APPENDIX E

TIME SCHEDULE

Period	Activity
April –May 2018	Proposal submission
June –August 2018	Data collection
August – December 2018	Data analysis and presentation
Jan – May 2019	Report submission