FACTORS CONTRIBUTING TO EARLY PREGNANCY AMONG TEEN AGED GIRLS IN ISHAKA-BUSHENYI MUNICIPALITY

BY

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THE REQUIREMENTS OF THE AWARD OF DIPLOMA

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INTERNATIONAL

UNIVERSITY

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DECLARATION

I Akullo Doreen, declare that this is my own work and that where other peoples work has been used references have been made.

have used or quoted have been indicated by means of complete references and that this work has not been submitted before for any other degree at any other institution

Sign……..... Date……

Acknowledgements

I wish to express my thanks and appreciation to the following;

First, my thanks and Praise to God the Almighty for the strength and health to complete this study

My parents Mr and Mrs Angura George Willy for their love, continuous support and guidance towards my Academics

My sister Miss Angom Dilis for her continuous support and love towards my Academics

My friends for encouraging me and their support in my Academics.

Dedication

I dedicate this research to my parents, my sister for their unlimited support. I also dedicate this research to all whose rent less support and guidance all the way has made this research project a success

APPROVAL

This report was prepared under the guidance of my supervisor.

Sign: ……date…….

Dr Odwee Ambrose

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ABSTRACT.

INTRODUCTION

The research study was carried out in Ishaka -Bushenyi in Bushenyi District. The specific objectives of the study were to assess the teenage girls level of knowledge of reproductive health in general, to assess the social economic factors associated with pregnancy and to assess the cultural factors associated with pregnancy.

METHOD

A cross-sectional study was conducted, a sample of 100 teenage mothers age 13 too 19 years in Ishaka Town municipality answered structural questionnaire

RESULTS

More than half of respondents 83(83%) were not married, (79(79%), were peasant, (60(60%) had their education up to primary level.\

The study revealed that most of the respondents (91(91%) defined teenage pregnancy as pregnancy in teens, 54(54%) did not know the complications of teenage pregnancy, 52(52%) did not know what age the uterus matured.

Most of the participants 88(88%) had sex because of their life styles, a greater proportion 89(89%) did not have parental talk about teenage pregnancy, 69(69%) knew a condom was.

Majority of the participants 91(91%) where not forced to get pregnant, 96(96%) started their menstruation at the age of 13 to 15, 58(58%) got pregnant at the of 16 to 17 years and 9(9%) were not married.

RECOMMENDATION

Form the study it in concluded that the burden of teenage pregnancy still persisted in females who have early menarche, who come from poor families, with low level of education and lack parental guidance.

Parents should be encouraged to welcome and implement government programs for example Universal Primary Education (UPE) and Universal Secondary Education (USE) which has expanded access to education for all Ugandans, to reduce the burden of low education.

There is need to enlighten the communities in rural areas on job creation and taking part in income generating activities to reduce the burden of unemployment and poverty.

Definition of Operational Terms

Abortion: Termination of pregnancy before twenty eight weeks of gestation

Adolescence: The period between childhood and adulthood

Avascular necrosis: A condition where tissue cells die because their supply of blood has been cut off

Caesarean section: Surgical operation to deliver a baby by cutting the abdominal wall into the uterus especially in impossible normal child birth

Cephalopelvic Disproportion: Condition where the pelvic opening is not large enough for the head of the fetus

Fistula: An abnormal connection between two cavities

Hunger: a feeling of discomfort or weakness caused by lack of food, coupled with desire to eat.

Labor: Experiencing the physical changes, contractions in the uterus and pain during child birth (process of giving birth)

Multi gravid: A woman who has been pregnant at least twice**.**

Poverty: is often defined in absolute terms of low income less than US$2a day

Pregnancy: Is the time between conception and child birth when a woman is carrying the unborn child in her uterus

Prime gravid: is a uterus that has never conceived and possesses a fetus for the first time.

Teenage: This is the age group ranging between thirteen to nineteen years

Teenage pregnancy: Pregnancy occurring between the ages of thirteen to nineteen year

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Abbreviation

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
H/C	Health Center
HIV	Human Immune Virus
IDP	Internally Displaced Persons
MoH	Ministry of Health Uganda
NGOs	Non-Governmental Organization
RVF	Recto vaginal Fistula
TBAs	Traditional Birth Attendants
UNICEF	United Nations International Children's Education Fund
VVF	Vesicle Vaginal Fistula
WHO	World Health Organization
UPE	Universal Primary Education
USE	Universal Secondary Education.
MOH	Ministry of Health

CHAPTER ONE

1.0 INTRODUCTION

This chapter consists of the background information, problem statement, and objectives of the study, study research questions and the significance of the study.

1.1 Background of the study

Adolescent or teenage pregnancy refers to the pregnancy occurring between the age of fifteen and nineteen years(MoH, 2011).(Govier, 2015) defined adolescence as a period which marks the transition from childhood to maturity, but while the onset is associated with many physical changes which appear at puberty, a criterion to its completion is problematic mostly leading to early pregnancies in girls and most likely HIV/AIDS among other diseases. According to (AMREF, 2006)adolescents experience feelings not experienced before due to the changes that come along with physical body changes like growth and maturation of sexual organs of both sexes, at the same time development of thoughts about the differences between them and opposite sex, this has resulted into intimate relationship between individual boys and girls. Sexual related behaviors follow sexual changes including dating, masturbations and pre-marital sex which has made many adolescent girls prone to certain conditions related to their behavior such as sexually transmitted diseases, heterosexually active adolescent girls being at risk of becoming pregnant (Berkow, R.B, Bogin, 2007).

The average age of first sexual experience is fifteen years, with many of them starting as young as ten to fourteen years in some area. The adolescent fertility study revealed that, seventy five percent (75%) of males and sixty eight percent (68%) of females were sexually active and twenty five percent of them had experienced at least one pregnancy, with more rural adolescents pregnant than adolescents in urban areas. This coupled with lack of parental guidance has led to an increased percentage of girls conceiving at such an early age (MoH, 2011). The high level of teenage pregnancy is due to poverty and lack of correct information on sexuality and reproductive health. Many of adolescents drop out of school while others are forced into early marriages and face its consequences such as early pregnancies delivered with difficult deliveries or caesarean. Biological effects reported included obstetric complications like obstructed labor due to small sized pelvis in adolescents and attempts to induce abortion to end the pregnancy and

caesarian section due to small pelvises and birth canals too small to allow the passage of the baby without serious tears and other complications such as obstetric fistulae.

1.2 Statement of the problem

According to (WHO, 2006), half a million women each year suffer from complications of pregnancy which are fatal. It is estimated that, one hundred and twenty seven thousand women (25%) die due to hemorrhage, seventy six thousand (15%) due to sepsis, sixty five thousand (12%) due to hypertension in pregnancy, thirty eight thousand (8%) due to obstructed labor and almost sixty seven thousand (13%) due to abortion, these are mainly composed of teenage mothers.

Uganda together with the whole world has tried to prevent the complications in teenage pregnancies; studies still show an increasing number of cases who have got complications. The increasing number of admissions and complicated cases put a strain on the maternity ward ,this has forced the staff members to reduce the stay of complicated cases from six point five to four point five (6.5 - 4.5) days. This they have tried to achieve through increased efficiency in management of complications especially infections. This action is indicative of the increasing number of cases of which two thirds (2/3) adolescents and cannot be accommodated for longer periods of treatment(MoH, 2011).

1.3 Research questions

1. What are the socio-economic factors associated with teenage pregnancy?
2. What are the cultural factors associated with teenage pregnancy?

1.4Objectives of the study

1.4.1 Broad objective

To determine factors contributing to pregnancy among teens aged 13-19 years in Ishaka town.

1.4.2 Specific objectives

1. To assess the socio-economic factors associated with teenage pregnancy
2. To assess the cultural factors associated with teenage pregnancy

1.5Justification of the study

Help the Government and Non-Government Organizations to realize the need to organize programs that will sensitize people of the dangers associated with teenage pregnancies and help to prevent them. To health workers, it will provide up to date information concerning complications associated with teenage pregnancies for better implementation of safe motherhood. Furthermore, it will help health workers easily identify the mothers at risk so as to provide the necessary and appropriate management to reduce the prevalence of complications associated with teenage pregnancy.

Provide information to future researchers who would like to research on a related field. Poverty and the lack of proper education are the main causes of teenage pregnancy in Africa with economically poor countries having far more teenage mothers compared with economically rich countries.

1.5 Scope of the Study

1.5.1 Content Scope

The study found the factors influencing hand hygiene compliance among health workers in Ibanda Hospital, Ibanda District.

1.5.2 Time Scope

The study time scope covered a period of four months between February and June 2017.

1.5.3 Geographical Scope

Ibanda is located approximately 70 kilometres (by road, northwest of Mbarara, the largest city in the Ankole sub-region. This is about 290 kilometres by road, southwest of Kampala, the capital of and largest city in Uganda.

The hospital is located in Kagongo ward, Ibanda subcounty, Ibanda District

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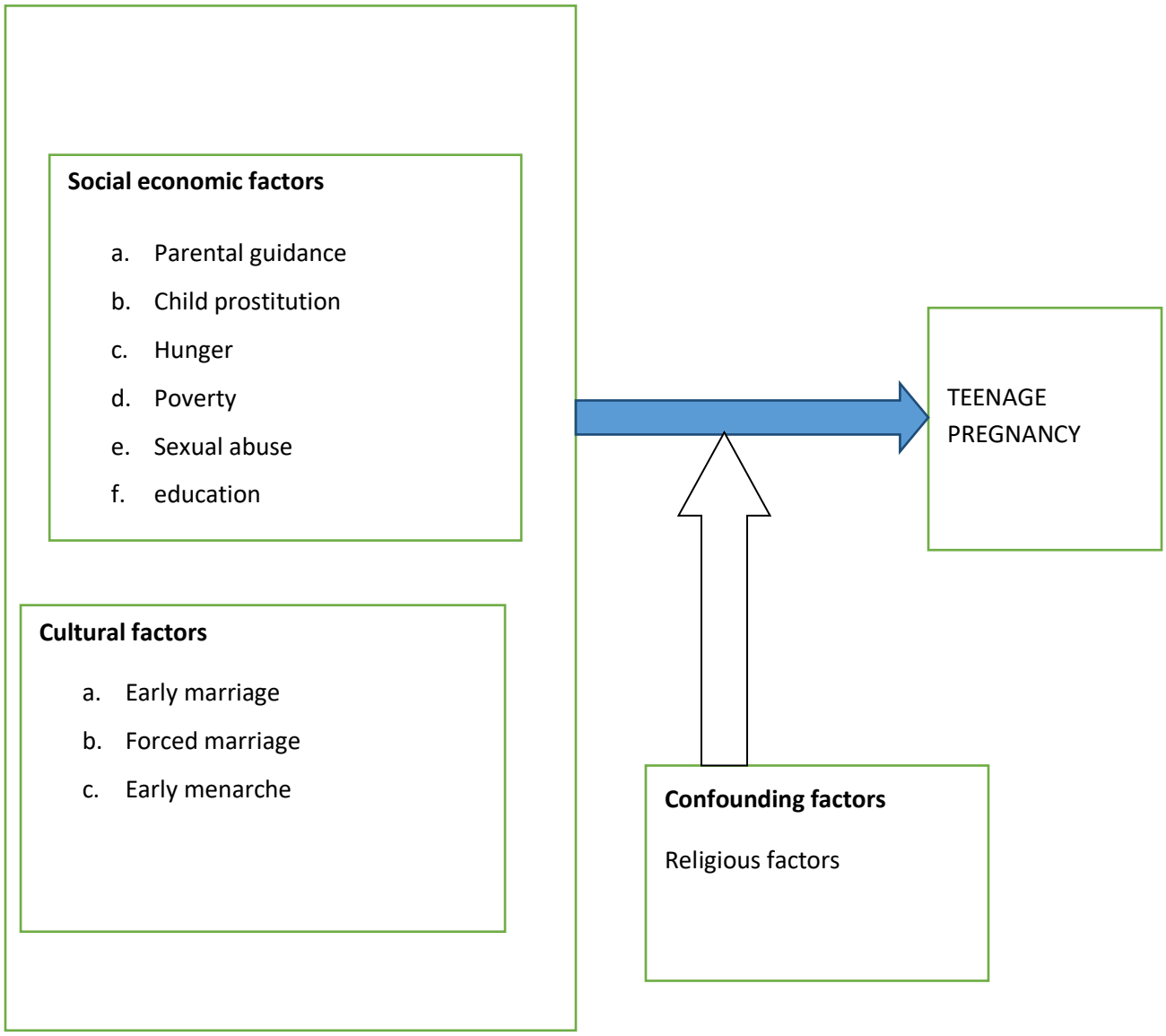
1.6. CONCEPTUAL FRAME WORK



CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter deals with literature review on the problem of adolescent pregnancy and factors contributing to it

2.2 SOCIO- ECONOMIC FACTORS

Teenage pregnancy has been defined predominantly within the research field and among social agencies as a social problem. Poverty is associated with increased rates of teenage pregnancy. Economically poor countries have far more teenage mothers compared with economically rich countries. Most of these teenagers abandon their babies once they give birth because they are unable to cater for them. Some of these teenagers also die from illegal abortions. Even the unfortunate ones who want to abort their pregnancies do not even have the money and what it takes to go to proper hospital for the proper medical procedure. Instead they take concoctions with the hope of removing pregnancy out but most die from doing so. Most of these girls also commit suicide due to depression and rejection from parents and friends. Poverty and the lack of proper education are the main causes of teenage pregnancy in Africa. Most of these children don't even know the consequences of their actions while circumstances (especially poverty and hunger) force others into child prostitution (MoH, 2011) **.**They include the following;

2.2.1 Education

The inadequate acquisition of life and livelihood skills further makes them very vulnerable to adolescent pregnancies and related consequences causing a threat to the health sector (WHO, 2006). Katharyn and Laura states that teenage pregnancy is very common in rural Africa because most of these girls in rural Africa don't even know what a condom is. Those in the big towns and citiesalso tend to practice what they see and hear especially on the media like the television, etc.Children drop out of school due to teenage pregnancy and most of these children do not live past 40 years.

Women with more education are more likely to delay child bearing. In some countries in sub-Saharan Africa, more women with less than seven years education have a child before they are 18 than with those with seven or years of education. In USA, approximately 30% of young women who have less than a basic education (at least seven years) have a child before they are 18 compared to 5% of those who have at least twelve years of education (Ventura, Abma, Mosher and Idenshaw, 2004)

2.2.2 Sexual abuse

Studies by (Babak, I. M, Jensen. M.D, Zalar, 2009) have found that between 11 and 20 percent of pregnancies in teenagers are direct results of rape, while about 60 percent of teenage mothers had unwanted sexual experiences preceding their pregnancy. Before age 15, a majority of first-intercourse experiences among females are reported to be non-voluntary; 60 percent of girls who had sex before age 15 were coerced by males who on average were six years their senior. One in five teenage fathers admitted to forcing girls to have sex with them.

(Beachy, P and Deacon, 2013) noted that multiple studies have indicated a strong link between early childhood sexual abuse and subsequent teenage pregnancy in industrialized countries. Up to 70 percent of women who gave birth in their teens were molested as young girls; by contrast, 25 percent for women who did not give birth as teens were molested.

According to Gray, Wagman, Nauganda, Lutalo, Zabiotsical koening (2004:156-163), among rural adolescents aged 15 to 19 in Uganda, both un wanted and mistimed pregnancies were more common among those who had been coerced than those who had not. Coerced sexual intercourse represents only one of the more extremes of sexual abuse

2.2.3Parental guidance

According to (Domain, C. C and James, 2015) Lack of parental guidance has been pinpointed as a risk factor. A girl is more likely to become a teenage parent if her mother or older sister gave birth in her teens; occurrence of adolescent pregnancy is due to a breakdown of communication between parents and child and also to inadequate supervision. Girls exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers, and the

risk of becoming pregnant as a teenager increases with the number of adverse childhood experiences. One-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence, and family strife. He further explains that family dysfunction has enduring and unfavorable health consequences for women during the adolescent years, the childbearing years, and beyond. When the family environment does not include adverse childhood experiences, becoming pregnant as an adolescent does not appear to raise the likelihood of long-term, negative psychosocial consequences. Boys raised in homes with a battered mother, or who experienced physical violence directly, were significantly more likely to impregnate a girl.

According to (Diane, 2013) they stated that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood. Foster care youth are more likely than their peers to become pregnant as teenagers. They also found that the birth rate for girls in foster care was more than double the rate of their peers outside the foster care system.

2.2.4 Poverty and hunger

Many teenage girls become pregnant every year. For some of them, this means the end of their education, which could lead to reduced employment opportunities, poverty,hopelessness, because they cannot support themselves and their children. The main consequence of teenage pregnancy of teenage pregnancy is school drop-out as some learners do not return back to school after the birth of the child or interrupted education for maternity leave (Chetty, 2007). Studies in South Africa show that after financial concerns, teenage pregnancy is one of the main reasons for high school drop-out rate (Kasonde, J. M, Nasah B. T and Mati, 2003)

2.2.5 Child prostitution

Teenage girls who work as prostitutes are at risk of getting pregnant. Weisberg's study found that "half of juvenile prostitutes have been pregnant at least once, a significant number have been pregnant more than once, and almost one fifth have been pregnant more than twice. The average age of first pregnancy is 14.5." Because of their illegal status as runaways and criminals, teen

prostitutes rarely get health care they need. And the way they are forced to live mean that it is very difficult for them to take good care of a child. (Thompson, 2004)

2.3 CULTURAL FACTORS

2.3.1 Early marriage

Child marriage affects all aspects of a child's life and is a violation of children's rights, as recognized globally and nationally. It exposes children especially girls to multiple vulnerabilities and significantly impacts on development of their capabilities. Child marriage and adolescent pregnancies are interlinked with significant negative consequences on girl's physical and psychological wellbeing; and general development of girls including their education opportunities and outcomes. Evidence shows that in spite of Government's support and implementation of Universal Primary Education (UPE) and Universal Secondary Education (USE) which has expanded access to education for Ugandans, many girls are increasingly dropping out of school. (UNICEF, 2015)

2.3.2. Forced marriage

Forced marriage is when the bride, groom or both don't want to get married but are pressured into it usually by their families. Forced marriage victims can also be forced to live as domestic slaves kept under virtual house arrest, suffering abuse from extended family too. Women in forced marriage also frequently suffer violence, rape, forced pregnancy and child bearing. Children conceived in forced marriage environment can be seriously affected by it either by learning that violence is acceptable, or being traumatized by witnessing it.(Baker, 2015).

2.3.3 Early Menarche

The earlier the occurrence of menarche, the earlier the biological possibility of conceiving. In Dar-es-Salaam, Tanzania, (Nasoro, 2003)found that the age of menarche was between13 and 15 years, and was associated with increased sexual activity, which put teenagers at risk of unwanted pregnancies and STIs.

In the Southern Hho-Hho region of Swaziland, Dlamini, (Ehlers, n.d.)found that the average age of menarche was 11 years, and their first sexual intercourse was reported to happen between the ages of 11 and 14. Due to lack of Knowledge, advice and emotional support, the youngsters practiced unsafe sex and were not aware that they could be pregnant or contract HIV/AIDS. (Philemon, 2007)

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter explains the methodology and study area in geographical terms the nature of the people in the study area that is the tribes, location of the area and the economic activities in the area. Together with this are the sampling technique, data interpretation techniques and the tools, which were used in data collection. It also describes the problems, which the researcher faced in the study and the ethical consideration.

3.2 Study design

The study was a cross-sectional descriptive survey, using both qualitative and quantitative methods. Qualitative methods questionnaire was used with both open and closed ended questions to collect data. Qualitative information was used; here the researcher visited homes, and selected teenage mothers. The questionnaire was designed according to the objectives of the study solutions.

3.3Study area

This study was carried out from Ishaka, Igara County; Bushenyi district which is in western Uganda. It is bordered by Mbarara district in the East, Ntungamo district in the South West, Kasese and kamwenge districts in the north. Bushenyi district population and housing census preliminary results indicated that, Ishaka-Bushenyi town council has an estimated population of 22,799 people (Secretariat, 2007). Ishaka -Bushenyi town council has four wards, which are; ward I, II, III, and IV. This is further divided into 16 cells and each cell is headed by local chairman I. Kampala international University Teaching Hospital and Ishaka Adventist Hospital are the main health facilities in the area offering ANC services. These services are offered daily except weekends, in both Hospitals no fee is charged to offer the services.

3.4 Study variables

3.4.1 Dependent variables

Teenage pregnancy

3.4.2 Independent variable

Knowledge about teenage pregnancy, socio-economic factors and cultural factors

3.5Study population

A population is the aggregate or totality of all subjects or members that conform to a set of specifications (Babbie 2005:90; Polit and Hungler 1999: 37) the population in this study comprised all adolescent girls aged between 13 and 19 years from Ishaka municipality.

Eligibility criteria specify the characteristics that people in the population must possess in order to be included in the study (Polit and Beck 2004:290). To be included in the study, the respondents had to;

Be teenage girls between 13 and 19 years old

Reside in Ishaka town and Kizinda

Be willing to participate in the study

Give informed consent.

The target population included all teenage girls from the age of 13 to 19 years who were pregnant or had ever been pregnant in that age bracket. In Bushenyi- Ishaka it's estimated that at least 31% of the population had ever had teen pregnancy or was carrying teenage pregnancy(UBOS, 2014).

3.6Sample Size determination

This sample size was obtained using Fitcher's et al (1990) formula i.e. $n = Z^2PQ/D^2$.This formula was valid for a population approximately 12729 teenage mothers.

Where; n = desired sample size

Z = standard normal deviation taken as 1.96 at confidence interval of 95%.

P = proportion of the target population estimated to have similar characteristics, 93% = 0.93

D = degree of accuracy (0.05).

Q = population without the desired characteristics (1-P).

P+Q = 1

$$n = \frac{Z^2 X P X 1\text{-}P}{D^2}$$

$n = (1.96^2 \times 0.93 \times 0.07) / (0.05^{2)}$

n = 100 respondents.

Therefore 100 respondents were used.

3.7Sampling technique

Simple random sampling method was used; here the researcher selected the respondent regardless of tribe or religion. All respondents were interviewed in their respective homestead.

3.8 Inclusion and exclusion criteria

3.8.1 Inclusion criteria

Child mothers within 13-19 years of age who resided in Ishaka and Kizinda town who will consent.

3.8.2 Exclusion criteria

Child mothers who did not meet the criteria in 3.8.1, critically ill, mentally unwell and those unwilling.

2.9 Data collection

Data collection instruments refer to devices used to collect data such as questionnaires, tests and structured interview schedules and checklists (Brink 2006:296). Polit and Beck (2004:32) define as information obtained during the course of investigation or study. A questionnaire was usedto obtain data relevant to the objectives and questions. The purpose of the study was to identify about teenager's knowledge, attitudes and beliefs regarding pregnancy.

Data was collected with the help of predesigned and tested questionnaire; open and close-ended questions were used. The questionnaire was straight forward for the respondent to understand, where one was not able to read, a translator was used.

3.10 Pre-test

The researcher used pretested data collection tools in a nearby village of Saint Kagwa, unclear questions and irregularities were then corrected and adjustment effected before the day of data collection.

3.11 Data quality control

The quality of data was enhanced by using questionnaires and use of trained research assistants. Pre-testing the questionnaires and checking for their completeness was done daily to sort out all the confusing questions.

3.12Data presentation analysis and interpretation

The data obtained was processed with the help of a simple electronic calculator Microsoft excel 2007 and presented in tables, and interpretation done.

3.13 Ethical consideration

Permission to do the study was obtained from the ethical committee of the university.

Informed consent was given to the participants with enough information to make decision whether to participate in the study or not voluntarily. Anonymity of respondents' ensured confidentiality of all information obtained hence there was no risk of exposure.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter contains a full statement of the study findings recorded, analyzed and presented in form of tables and figures like pie charts and bar graphs. Data was analyzed in terms of percentage frequency distribution. A total of 100 respondents ranging from the ages of 13-19years participated in the studies.

4.1 DEMOGRAPHIC CHARACTERISSTICS OF STUDY POPULATION

The demographic characteristics included age, religion, education level, occupation and marital status of the respondents. The personal data helped to contextualize the findings and information of reproductive health programs to meet the needs of teenage girls.

4.1.1 Religion of respondents

A greater proportion of the respondents 37(37%) were Catholics, 25(25%) were Anglicans, 15(15%) were Muslims and 23(23%) belonged to other religion, this means that the study area comprises of many religions

Table 1 showing the distribution of the respondents by religion

Religion	Frequency	Percentage
Catholics	37	37
Anglicans	25	25
Moslems	15	15
Others	23	23

4.1.2 Education level

Table 2 showing education level of the respondents

Majority of the respondents 60(60%) were educated up to primary level, 12(12%) up to secondary level, 8(8%) up to tertiary level and 20(20%) did not reach any level of education.

Education level	Frequency	Percentage
Primary	60	60
Secondary	12	12
Tertiary	08	08
None	20	20

4.1.3 Occupation of respondents

Table 3 bar graph showing occupation of respondents

Most of the respondents 79(79%) were peasants, 13(13%) were salaried and 8(8%) were self - employed. In this area, self-employment meant small-scale businesses, like shops' selling raw/cooked food items along the road or market places

Occupation	Frequency	Percentage
Peasant	79	79
Salaried	13	13
Self employed	08	08

4.1.4 Marital status of respondents

A greater proportion of respondents 83(83%) were single, 9(9%) were married,8(8%) had separated.

Table 4 showing distribution of respondents by marital status

Marital status	Frequency	Percentage
Single	83	83
Married	09	09
Separated	08	08

4.2 SOCIO-ECONOMIC FACTORS ASSOCIATED WITH TEENAGE PREGNANCY

4.2.1 Having sex for commercial reasons

Of the 100 respondents most of them, 99(99%) did not have sex for commercial reasons while 1(1%) of the respondents had sex for commercial reasons

Table 5 showing respondents having sex for commercial reasons

Yes	01	01%
No	99	99%

4.2.2 Knowing how to use a condom

Table 6 showing respondents who knew how to use a condom

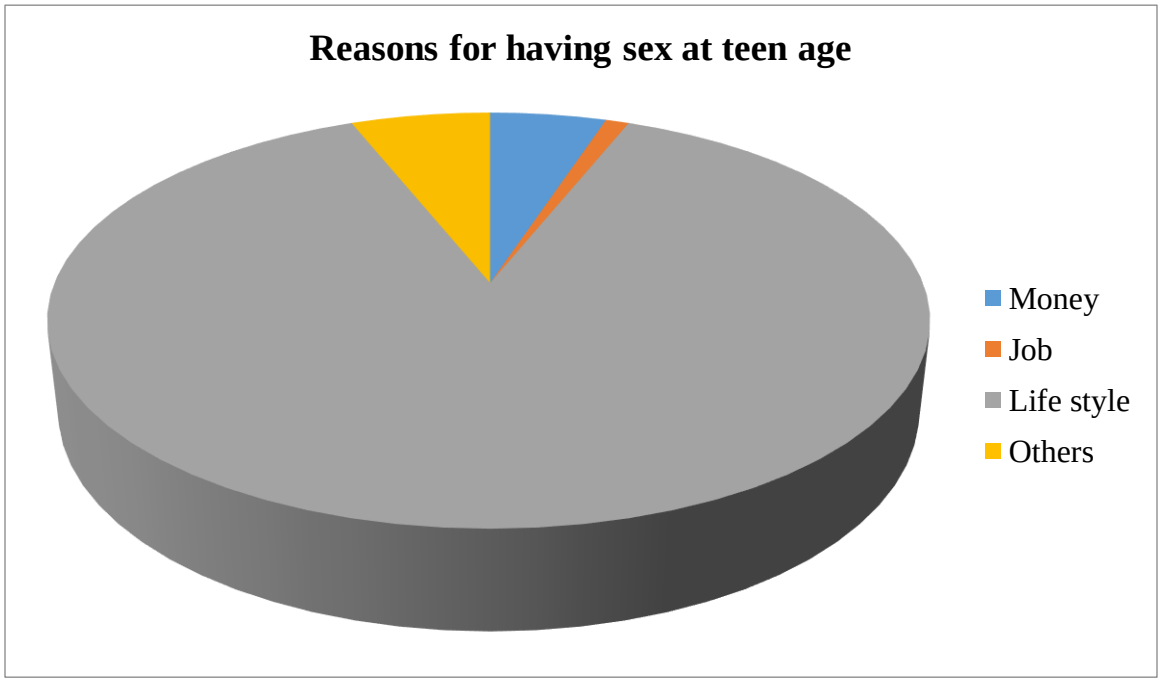
Of the 100 respondents, a great proportion 69(69%) indicated that they knew how to use a condom and 31(31%) of the respondents did not know how to use a condom.

Yes	69	69%
No	31	31%

4.2.3 Reasons for having sex at teen age

Of the 100 respondents, majority 87(87%) of the respondents stated lifestyle, 6(6%) mentioned others, 5(5%) indicated money and the least number of respondents 1(1%) stated job as the reason for indulging into sex at their teen age.

0.1A pie chart showing the reasons for respondents having sex at teen age



4.2.4 Parental talk about teenage pregnancy

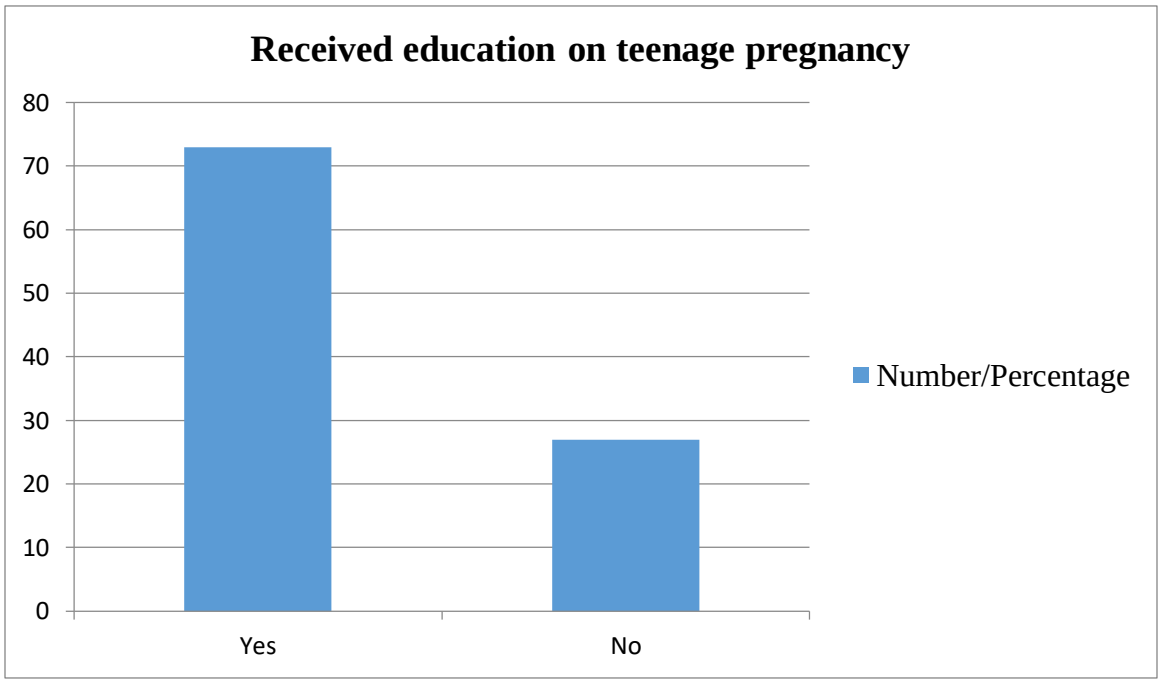
Of the 100 respondents, majority of them 89(89%) had parental talk about teenage pregnancy and 11(11%) did not have a parental talk about teenage pregnancy

Table 7 showing teen aged girls who had parental talk

Yes	11	11%
No	89	89%

4.2.5 Received education on teenage pregnancy

0.2A bar graph showing teen aged girls who received education about teenage pregnancy

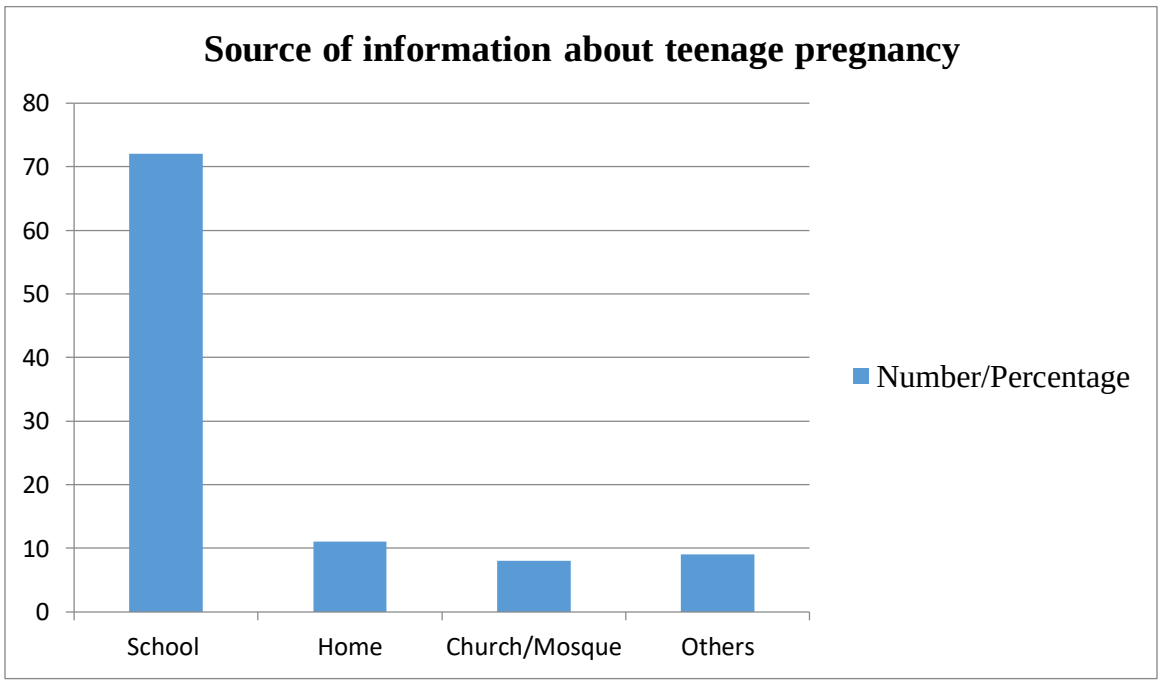


Source of information about teenage pregnancy

Different sources if knowledge regarding sexuality and reproducing were presented to the respondents. They were asked on the source of knowledge that contributed more towards the knowledge they had.

The information regarding teenage pregnancy was important to identify those who contributed more and the deficit in relation to equipping the adolescents with knowledge necessary for their development.

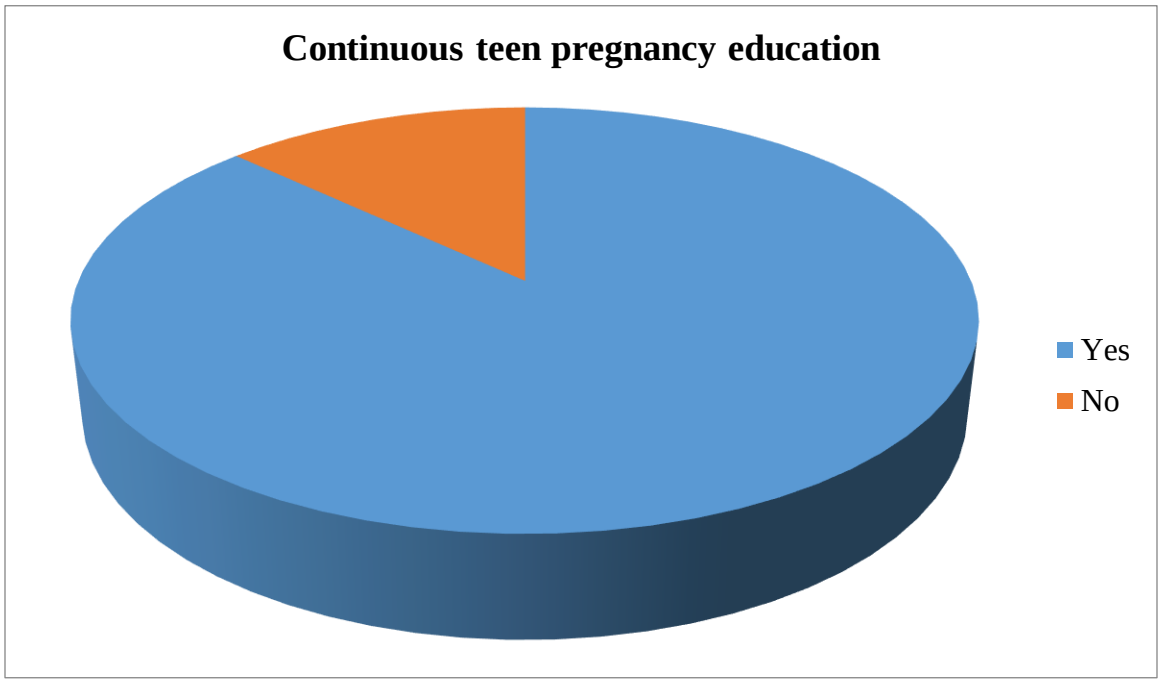
0.3A bar graph showing the source of information about teenage pregnancy of respondents



In relation to the source of information about source of information about teenage pregnancy, majority of the respondents 72(72%) stated that they received information from school, 11(11%) stated receiving information from home, 8(8%) indicated that the church/mosque provided the information and 9(9%) indicated others.

Continuous teen pregnancy education

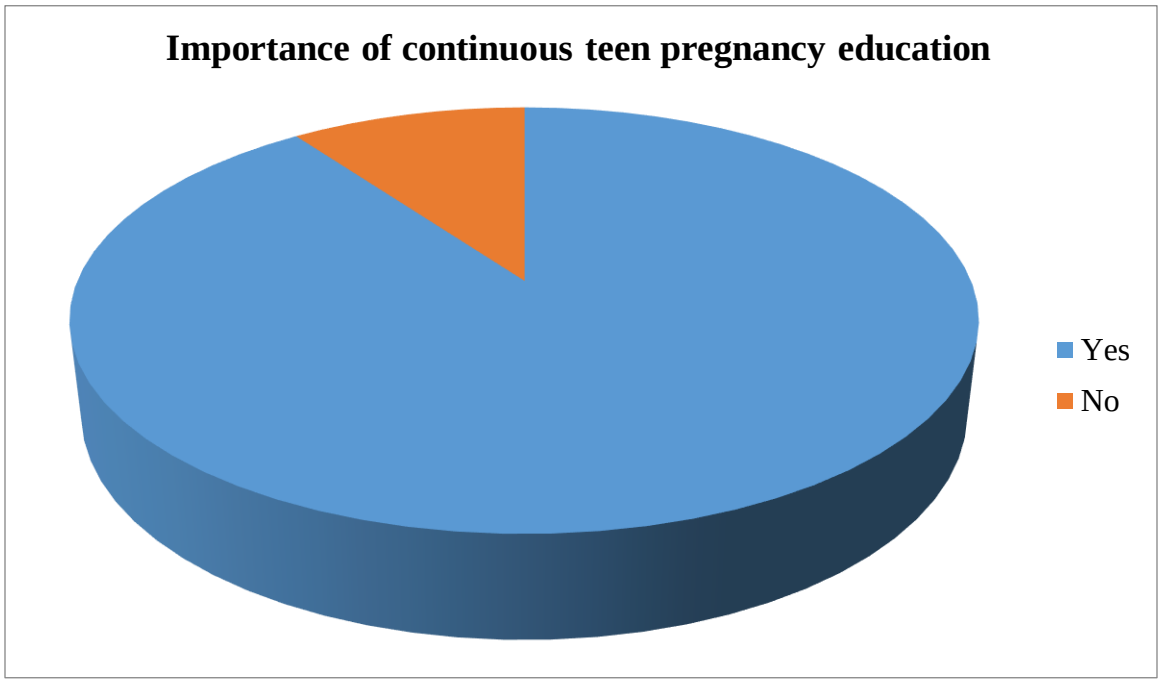
0.4A pie chart showing respondents who had continuous teen pregnancy education



Importance of continuous teen pregnancy education

The respondents were asked if it is important to have continuous teen pregnancy education. The response was corded in a pie chart.

0.5A pie chart showing importance of continuous teen pregnancy education



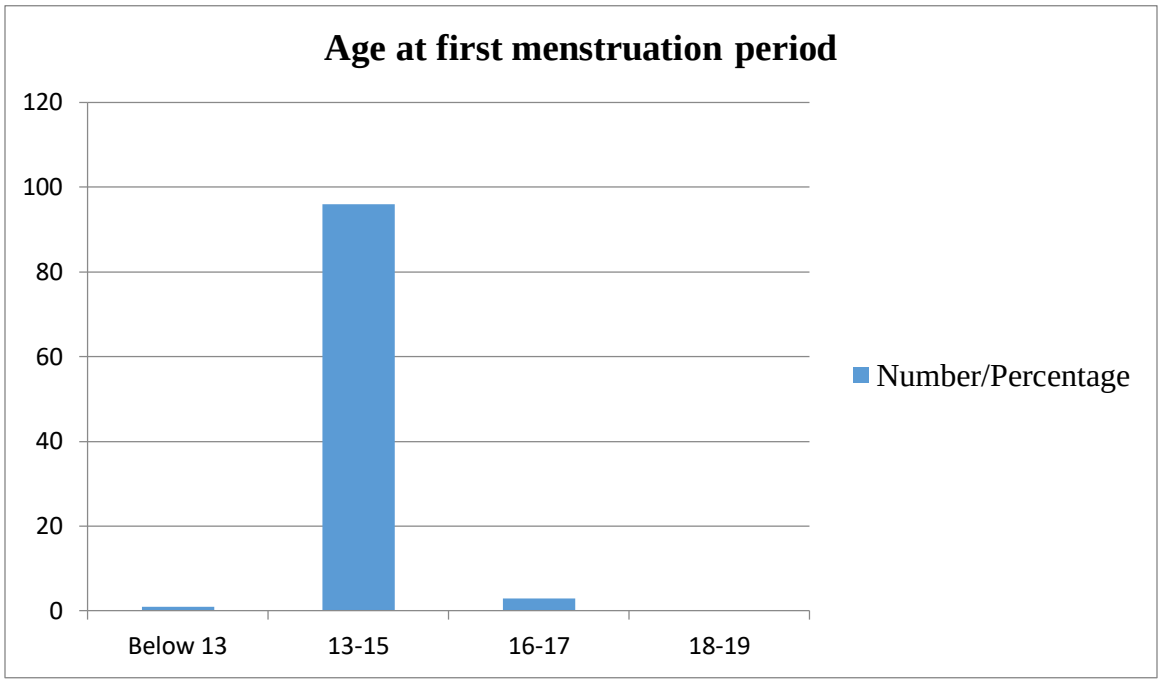
This study found the source of knowledge limited. 90(90%) indicated that it was important well as 10(10%) stated that it was of no importance.

4.3 CULTURAL FACTORS CONTRIBUTING TO TEENAGE PREGNANCY

4.3.1 Age at first menstruation period

Out of 100 respondents, 96(96%) started menstruating at the age of 13years while 3 respondents started menstruating at the age of 16-17years, some of the respondents started their menstruation as early as below 13years while none of the respondents started their menstruation at the age of 18-19years.

0.6A bar graph illustrating the age of first menstruation



Knowing the age at which respondents had their first menstruation period would determine when reproductive health education should be conducted.

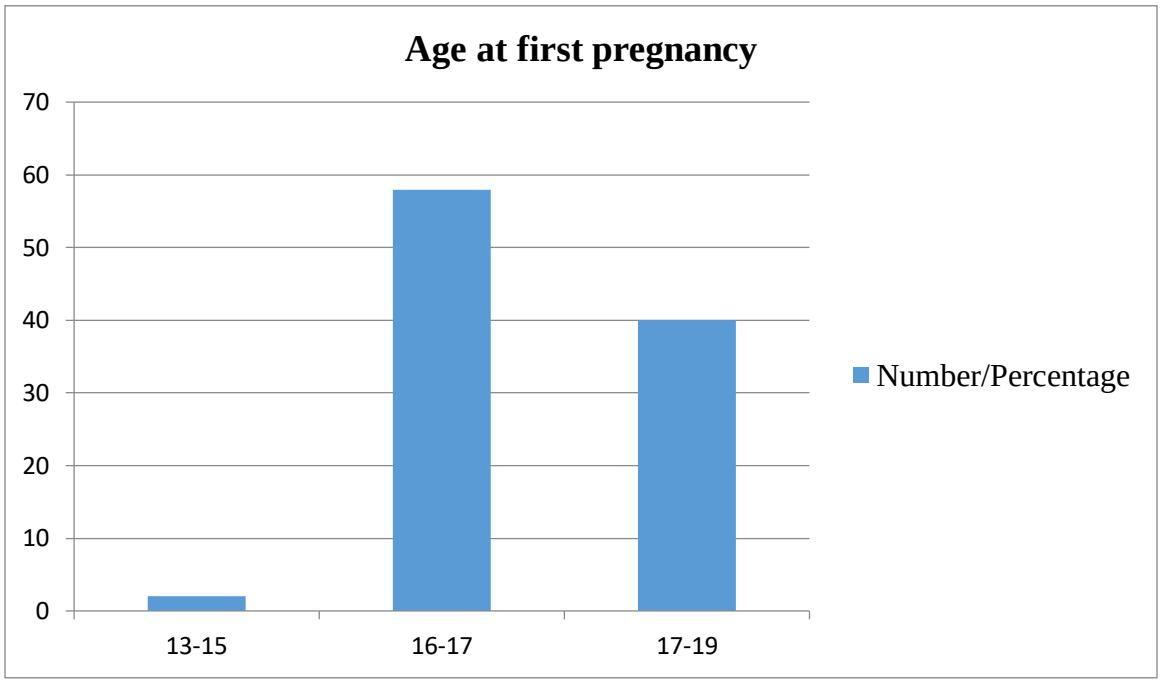
Sexual and reproductive health education would empower teen aged girls with knowledge and life skills about the changes occurring in their bodies, and reproductive health issues.

The purpose would be to postpone sexual intercourse and reduce the occurrence of teenaged pregnancy.

4.3.2 Age at first pregnancy

Of the 100 respondents 40(40%) stated that they had been pregnant at the age of 17-19years, majority of the respondents 58(58%) at 16-17years, 2(2%) at the age of 13-15years. Most of the teenaged occurred in their primary level. This accounted for the 60(60%) who ended in their primary level.

0.7A bar graph illustrating the age at first pregnancy



4.3.3 Respondents' marital status

Here the researcher wished to establish the respondents' marital status, as would indicate the level of early marriage in the society. Of the 100 respondents 9(9%) stated that they were married.

Child marriage and adolescent pregnancy are interlinked with significant negative consequences on girl's physical and psychological wellbeing; and general development including their education opportunities and outcomes.

Table 8 showing respondents' marital status

Yes	09	9%
No	91	91%

4.3.4 Age of getting married

Of the 100 respondents, only 9(9%) stated that they had been married. None of the married respondents indicated getting married at the age of 13-15years while majority of the respondents 6(6%) indicated getting married at the age of 18-19years and 3(3%) got married at the age of 16-17years.

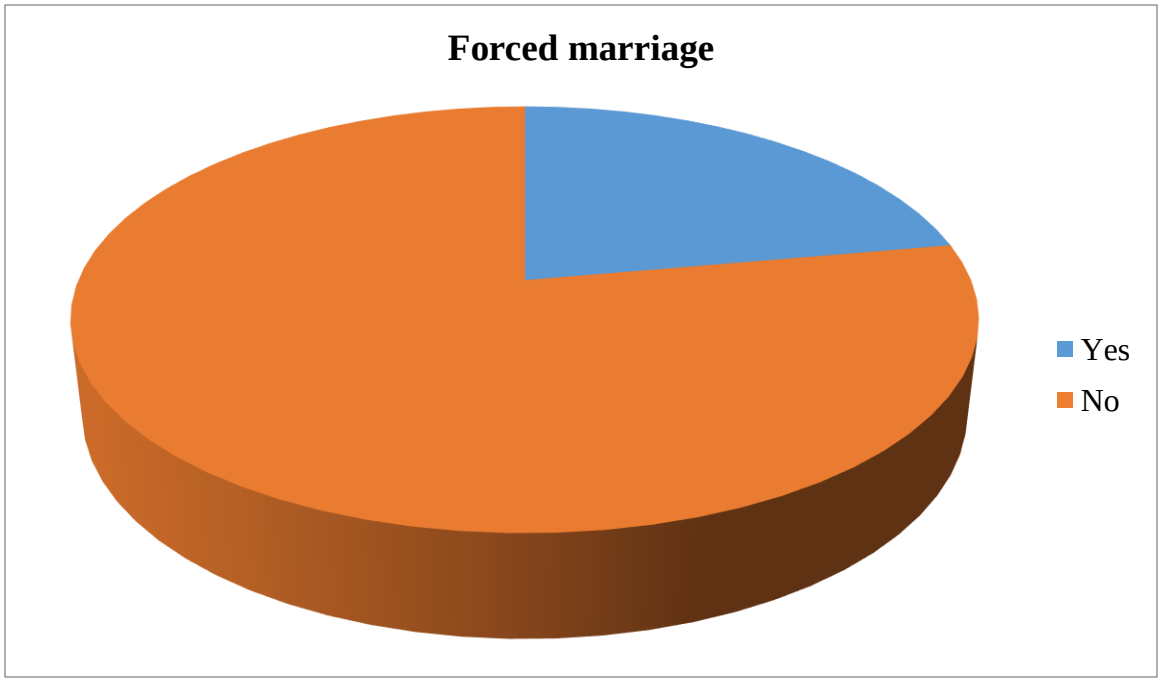
Table 9 **showing the age of getting married**

Age	Frequency	Percentage
13-15	00	00
16-17	03	33.3
18-19	06	66.7

4.3.5 Forced marriage

The married respondents were asked if they were forced into marriage or not. This would enable the researcher to know if there were early marriages in society.

0.8A pie chart showing forced marriage victims among the respondents



Of the 9 respondents who were married, 7(77.8%) were not forced into marriage and 2(22.2%) were forced to get married. Women in forced marriages also suffer violence, rape, forced pregnancy and child bearing.

4.3.6 Forced to get pregnant

Of the 100 respondents, a greater proportion 91(91%) were not forced to get pregnant, 9(9%) were forced to get pregnant.

Table 10 showing forced marriage

Yes	91	91%
No	09	9%

CHAPTER FIVE

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATION.

The purpose of this study was to describe the factors that contribute to early pregnancy among teen aged girls in Ishaka- Bushenyi municipality. This chapter discusses the conclusions of the study and makes recommendations for strategies to improve the services to teen-aged girls and further research.

The study was carried out among 100 females aged between 13-19 years. In this chapter, the reader is introduced to the discussions and arguments behind the research findings.

5.1 DISCUSSION

In this study, a high proportion of the participants 60% attained education up to primary level. This factor put them at risk of becoming pregnant at a teen age. This could be due to inadequate education and livelihood skills which further makes them vulnerable. This is in agreement with the report by WHO 2014.

In this study, most participants defined teenage pregnancy as pregnancy in teens. This definition is similar to the research done by Sally et al (2010), a teenage girl may appear physically mature but her body is still developing, the younger the girl the greater the medical risk imposed on her by pregnancy. The study also indicated that most participants engage themselves in early sex as a result of poverty. This finding is different from the study findings by Babak et al (2009) which found that between 11 and 20 percent of pregnancies in teenagers are direct results of rape, while about 60 percent of teenage mothers had unwanted sexual experiences preceding their pregnancy. Before the age of 15, a majority of first-intercourse experiences among females are reported to be non-voluntary; 60 percent of girls who had sex before the age of 15 were coerced by males who on average were six years their senior. One in five teenage fathers admitted to forcing girls to have sex with them. This is true because of the low economic status among the study population.

According to this study, most participants 89% did not have parental talk about teenage pregnancy this is in agreement with study findings according to Domain and James (2015). Lack

of parental guidance has been pinpointed as a risk factor. A girl is more likely to become a teenage parent if her mother or older sister gave birth in her teens; occurrence of adolescent pregnancy is due to a breakdown of communication between parents and child and also due to inadequate supervision.

Furthermore, majority of the participants 96%started their menstruation period at the age of 13-15 years of age. This is similar to the research findings done in Dar-es-Salaam, Tanzania, Nasoro (2003) which found that the age of menarche was between 13 and 15 years. This therefore implies that the earlier the occurrence of menarche, the earlier the biological possibility of conceiving and associated with increased sexual activity. This put teenagers at risk of unwanted pregnancies. However, this is different from the study done in the Southern Hho-Hho region of Swaziland, Dlamini by Van der Merwe and Ehlers (2003) which found that the average age of menarche was 11 years, and their first sexual intercourse was reported to happen between the ages of 11 and 14.

5.2 CONCLUSION

Early pregnancy among teen aged girls is still a major health concern in Ishaka-Bushenyi municipality. The study found that teenagers with low level of education, lack parental guidance, have early menarche and were contributing to early pregnancy among teen aged girls in Ishaka-Bushenyi municipality

5.3 RECOMMENDATIONS

Girls should receive education about menstruation, teenage pregnancy and complications of teenage pregnancy before they reach the age of 13 when a number of them have their menarche and some even their sexual debut

Parents should be encouraged to welcome and implement government programs for example Universal Primary Education (UPE) and Universal Secondary Education (USE) which has expanded access to education for all Ugandans, to reduce the burden of low education.

There is need to enlighten the communities in rural areas on job creation and taking part in income generating activities to reduce the burden of unemployment and poverty.

Parents should guide, supervise and have a closer communication with their teenage girls to ensure they get adequate information on life and livelihood skills.

Further studies are necessary to be carried out over a wide geographical area.

REFERENCES

AMREF. (2006). Parents of tomorrow, A guide to adolescent sexual and Reproductive Health. *AMREF Report*, 14,15,30,34 and 129. Kampala, Uganda.

Babak, I. M, Jensen. M.D, Zalar, M. . (2009). *Maternity Gynaecologicic care. 4 The nurse and the family* (4th ed.). The C.Y Mosby Company USA.

Baker, J. (2015). forced marriage.

Beachy, P and Deacon, J. (2013). *Core Curriculum for Neonatal Intensive Care Clinical medicine*. W.B Saunders Company in MEXICO.

Berkow, R.B, Bogin, M. . and F. (2007). The Merk Manual of Medical Information. Home edition. *Merk Research Laboratories*, 1252 and 1258.

Chetty, C. &. (2007). No Title.

Diane, M. and M. A. C. (2013). *Myles Textbook for Midwives* (4th ed.).

Domain, C. C and James, M. M. (2015). *Miscarriage*.

Ehlers, V. der M. and. (n.d.). No Title, *2003*.

Govier, R. (2015). No Title.

Insel, P. M, Walton, T. R. (2012). *Core Concepts in Health* (9th ed.).

Kasonde, J. M, Nasah B. T and Mati, J. K. G. (2003). planned parenthood Association of South PPASA. *Maternal Health of Africa*.

MoH. (2011). The Malaria-in-Pregnancy Control Strategic plan, p1.Kampala -Uganda.

Nasoro. (2003). No Title.

Philemon, M. N. (2007). *Myles Textbook for Midwives* (14th ed.).

Sally, B. O, Marcia, L. L, Patricia A, Ladewig. P. A and Davidson, S. V. (2010). OBSTETRIC CLINICAL MEDICINE. *Addison Wesley Publishing Company Medical/Clinical Medicine Division.*, 289, 335–336.

Secretariat, P. (2007). *Uganda National Survey Report*.

Sharon, L. and L. (2013). Contemporry issue in Maternal Health of Africa, 281.

Stanley, L. and P. (2010). *THE HIGH RISK PATIENT Management of the critically Il*. USA.

Thompson, R. D. and M. (2004). *Health Making Life Choices* (2nd ed.). USA.

UBOS. (2014). *Uganda National Survey Report*.

UNICEF. (2015). *The state of the World children*. New York, USA.

WHO. (2006). *Mother-Baby Package, Implementing Safe Motherhood in Countries, Geneva.* Geneva.

APPENDIX 2: QUESTIONNAIRES

QUESTIONNAIRE ON FACTORS CONTRIBUTING TO TEENAGE PREGNANCYAMONG 13-19 YEARS TEENS IN ISHAKA TOWN.

Iam **Akullo Doreen**a student of Kampala International University, Uganda, carrying out a research on factors contributing to teenage pregnancy among girls 13-19 years in Ishaka town. Your cooperation in answering these questions will be highly appreciated.

All information obtained will be treated with confidentiality.

Signature ……

Instructions

Answer “yes” or "no” to the questions as they apply to you. There are no restrictions whatsoever about specific answers to be given. Confidentiality will be observed

SECTION A: BACKGROUND INFORMATION

a) Age ……

c) Religion

i) Catholic ☐

ii) Protestant ☐

iii) Muslim ☐

iv) Others (specify)…….

d) Education level

i) Primary ☐

ii) Secondary ☐

iii) Tertiary ☐

iv) None ☐

e) Occupation

i) Peasant ☐

ii) Salaried ☐

iii) Self-employed ☐

f) Marital status

i) Single ☐

ii) Married ☐

iii) Separated ☐

SECTION B: SOCIO ECONOMIC FACTORS ASSOCIATED WITH TEENAGE PREGNANCY.

1) Do you have sex for commercial reasons

Yes ☐

No ☐

2) Do you know how to use a condom?

Yes. ☐

No. ☐

3) What made you get involved in sex at teen age

a) Money ☐

b) Job ☐

c) Lifestyle ☐

d) Others specify……

4) Have your parents ever talked to you about teenage pregnancy?

☐

Yes.

No. ☐

5) Have you ever received education on teen pregnancy?

Yes ☐

No ☐

6) Where did you receive information about teen pregnancy?

i) At school ☐

ii) At home ☐

iii) In church/mosque ☐

iv) Others specify……..

7) Is the teen pregnancy education continuous?

Yes. ☐

No. ☐

8) Is it of importance?

Yes. ☐

No. ☐

SECTION C: CULTURAL FACTORS CONTRIBUTING TO TEENAGE PREGNACY.

1) Are you married?

Yes. ☐

No. ☐

2) If yes, at what age did u get married?.....

3) Were you forced into marriage?

Yes. ☐

No. ☐

4) At what age did u get pregnant?……

5) Were you forced to get pregnant?

Yes ☐

No ☐

6) At what age did you start your menstruation periods? .....

APPENDIX 3: Map of Bushenyi District

(Figure 15)

APPENDIX 4: MAP OF UGANDA