TEENAGE PREGANCY IN KISOZI SUBCOUNTY, KAMULI DISTRICT

BY

NASSIWA MELLAN
REG NO. 1161-06044-04149

A RESEARCH REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELORS DEGREE IN DEVELOPMENT STUDIES OF KAMPALA INTERNATIONAL UNIVERSITY

MAY, 2019

DECLARATION

I, Nassiwa Mellan hereby declare that this research report has never been presented to any university or higher institution of learning for the award of degree or its equivalent. All the work is original except where the sources are referenced in the reference list.

.....

Nassiwa Mellan

Date.....2nd/05/2019.....

APPROVAL

This research report has been submitted with my approval as the students' University supervisor.

Signature: .....

Dr. Kafeero Kiggundu

Date.....10th May 2019.....

ACKNOWLEGEMENT

I wish to express my gratitude to all people whose support has enabled me to complete my studies.

First I wish to acknowledge my beloved parents Mr. and Mrs. Kabanda Moses, thank you for raising me into a responsible citizen. Without their support I wouldn't have accomplished my studies.

I also thank my supervisor Dr. Kafeero Stephen for his guidance and time dedication to ensure that I came up with a successful report.
I cannot forget to acknowledge my uncle Mr. Byenkya John and uncle Allan thank you for your generous contributions towards my education. Thank you for your love, care and financial support.

Sincere gratitude also goes to my friends Asumpta, Mubarak, Deng, Elijah and Angella whom we have been struggling together at the University.

Last but not least I thank my grandparent Mr Kabuye Edward for encouraging me all the time.

May God bless you all.

TABLE OF CONTENTS

ABSTRACT

The purpose of this research report was to assess the effects of increasing teenage pregnancy on girls in Kisozi sub county, Kamuli District. The study was guided by four specific objectives which included; to identify the prevalence of teenage pregnancy in Kisozi sub county, Kamuli District; to assess the causes of teenage pregnancy in Kisozi sub-county, Kamuli District; to establish the effects of teenage pregnancy in Kisozi sub-county, Kamuli district and to come up with possible measures on the causes of teenage pregnancy in Kamuli district. The study used descriptive design which was explanatory in nature and it was based on quantitative and qualitative approaches. It covered a sample of forty (40) respondents. The data instruments used were the questionnaires, observation and interviews. Findings revealed that the prevalence of teenage pregnancy is high in Kisozi subcounty with its causes being early marriages, child abuse, poverty, peer pressure and poor parenting. The effects of the problem were increased maternal and infant mortality due to lack of pre and post-antenatal care, school dropout and illiteracy. Measures to curb down teenage pregnancy were to put more emphasis on the importance of abstinence, promotion of sex education to both young boys and girls, use of contraceptives, and enforcement of strict laws to people abusing children rights. The study concluded and recommended that parents should not be too harsh on teenagers but they should be approachable so as the children can confide with them whenever there is a pressure from peers. Teenagers should be enlighten about the consequence of engaging in sex at the early stage of their lives and parents should stand at best to meet the needs of the teenage child.

CHAPTER ONE
INTRODUCTION

1.0 Introduction

This chapter introduces the study and presents the background, statement of the problem, objectives, research questions, scope and significance of the study.

1.1 Background of the study

The problem of teenage pregnancy has become a common phenomenon in Uganda. The country now has the youngest grandmother in the world. According to Maemeko (2018), teenage pregnancy is defined as pregnancy occurring in a young girl between the age of 13 and 19. Whereas Macleod (2011) defines it as a social problem in which adult practices and functions (sexual intercourse, reproduction, mothering) are displayed by a person who, owing to her age and developmental status, is not-yet-adult, that is, adult, but not adult, child, but not child. Pregnancies are a result of sexual activities either voluntary or not. One of the most traumatic and devastating effects on teenage pregnancy is making it difficult for the girl to continue with her education (Maemeko, 2018).

Worldwide, teenage pregnancy continues to be a major global public health concern, affecting more than 16 million girls and young women worldwide (WHO, 2014). Teenage pregnancy is highly associated with abortions, infant and maternal mortality, high rate of unemployment, school failure and drop-outs and limited future career opportunities. As a result of increased awareness of the socioeconomic consequences of teenage pregnancy, researchers and policy makers have concluded that teenage pregnancy and childbearing is a serious problem (Gebregzabher, & Assefa, 2018).

Teenage pregnancy is one serious problem that transcend racial, social, and economic and regional in most areas. This violence is always directed to adolescents in primary and high schools mostly in poor families, living on less than one dollar a day ($1), a standard measure according to World Bank standards (The world bank, 2000).

According to UNICEF (2001), worldwide every 5th child is born to teenage mother. Worldwide 13 million births each year occur to girls younger than 19 years. The

incidence of teenage pregnancies varies dramatically between the different countries. Approximately 90% of the teenage births occur in developing countries. Nevertheless, there is also a significant variation in teenage pregnancy and birth rates between developed countries, although the teenage pregnancy and birth rate of developed countries are significantly lower than that of developing countries.

As pregnant teenagers often receive inadequate antenatal care, their anaemia during labour and the postpartum period usually get worse. In developing countries more than 25% of teenage mothers are anaemic at and during birth (Mayor, 2004).

Pregnancy and childbirth carry more risk in teenagers than in adults because the adolescent girl is not yet mature physically and emotionally for motherhood. Teenage mothers are more likely to have children with low birth weight, inadequate nutrition and anaemia. And they are more likely to develop cervical cancer later in life. Early motherhood can affect the psychosocial development of the infant. The occurrence of developmental disabilities and behavioral issues are increased in children born to adolescent mothers.

The risk of dying from pregnancy related cause is much higher for adolescents than for older women and greater is the risk for younger the adolescent. The risk of maternal mortality is higher for adolescent girls, especially those under age, 15 compared to older women. The behaviours of the teenagers and cultural preservations are slowly being eroded by exposure to foreign culture through access to media and internet, for example pornographic films, movies, shows and printed media like magazines that either portray teenage pregnancy as exciting experiences or show adult content with open sexual activity (Matimbo, 2010). Teenagers get uncontrolled access to sexual information that exacerbates their sexual curiosity and are therefore enticed to try out as they have seen. This is mostly occurring in school environments where they share such information freely.

Pregnancy in unmarried teen not only creates social problem but also there is a high risk of unsafe abortion.15 % of all unsafe abortions in low and middle income countries are

among adolescent girls aged 15-19 years. Pregnancy in this age group adds to the national hazards by contributing to population explosion especially in our country (Molyneaux, 2012).

Teenage pregnancy is rapidly increasing throughout the world and maternal mortality has affected millions of children. It is widely common in the countries of South Asia, Nigerian where every year millions of girls-preteens and teens- become pregnant while getting married to older men. Young girls are married when they are still children and as a result are denied fundamental human rights. Teenage pregnancy compromises girl-child's development and often results in early marriage and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. Similarly, they are required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, married girls and child mothers face constrained decision-making and reduced life choices which consequently has increased the high rates of maternal mortality rates.

One of the most devastating consequences of teenage pregnancy is the maternal mortality and vesico-viginal fistula. To appreciate the nature of this problem in Africa, it is instructive to compare these consequences in the developed world with those in developing world. Generally, the major reasons why young girls get pregnancy at a young age are; school dropout, poverty, and domestic work (MFPED, 2008). For the girl child, there are additional factors that lead to higher teenage pregnancy rate and these include: early marriage, sexual harassment, female genital mutilation, and lack of gender sensitive sanitation facilities at school. *(FOWEDE, 2012)*

According to the findings of the Uganda Demographic and Health Survey (UDHS) (UBOS, 2016), one out of four (25%) girls aged 15 – 19 years have either a child or are pregnant, representing a 1% increase in teenage pregnancy rates over the previous 2011 survey,(UBOS, 2011). The highest prevalence of teenage pregnancy is in Lake Victoria Island districts at 48%. (UBOS, 2016). This shows that teenage pregnancy remains a major issue in the Lake Victoria Island districts. The low use of contraception has been

associated with high fertility, which remains a public health concern that should be averted.

Although it has declined substantially over the past two decades, in the contemporary Uganda pregnancy rate among girls and women 15 to 19 years of age remains a stubborn public health problem. Each year, more than 600,000 teens become pregnant and 3 in 10 teens will become pregnant before they reach 20 years of age. According to community studies, 10%-40% of young girls have had unintended pregnancy and 14 million children worldwide are born every year to young married and unmarried women aged 15-19 years. Similarly, teenage pregnancy accounts for about 70,000 deaths annually.

Statistics in Uganda show that teenage pregnancy is at a high prevalence and particularly most of these cases come from Eastern Uganda Kamuli district inclusive.
Kamuli District is said to be among the districts with a high number of teenage mothers with nearly one in every three households recording a teen that has got pregnant or has had a child (Daily Monitor, 12th November, 2013). Apparently stakeholders in Kamuli District have called for action to tackle the high teenage pregnancies and unsafe abortions which have left many young girls out of school while others die while procuring unsafe abortion (HEPS, 2018).

In addition, according to the 2016 Uganda Demographic and Health Survey (2016, UDHS) 25 percent of adolescents age 15-19 in Kamuli District have begun child bearing: 19 percent of women age 15-19 have given birth, and another 5 percent were pregnant with their first child at the time of interview. Additionally, the proportion of women age 15-19 who have begun childbearing rises rapidly with age, from 3 percent among women age 15 to 22 percent among women age 17 and 54 percent among women age 19. Adolescent childbearing is more common in rural than in urban areas (HEPS, 2018). Based on this, the study is therefore, concerned with the identification and assessment of increased teenage pregnancy as well as exploring various strategies through which it can be avoided, or tackled in Kisozi sub-county.

1.2 Problem statement

In Eastern Uganda, there's a high prevalence of teenage pregnancy especially in Kamuli District. A big number of young people become sexually active before marriage and because of lack of adequate knowledge on sexual and reproductive health; they consider themselves grown up and mature enough to have sex (Gavamukulya, 2018). Teenage pregnancy thus still remains a burden, to both the community and the government of Uganda especially in terms of expenditure in attempt to curb down the detrimental effects of teenage pregnancy on the lives of teenagers. This partly justifies why Kamuli District Eastern Uganda was chosen as the area of study because it had been found to have increased incidence of early child marriages, teenage pregnancy, illiteracy and ignorance on current situations and gender-based violence among the adolescents. One wonders what are the continuous causes and effects teenage pregnancy could be. This study thus seeks to examine the increased teenage pregnancy in Kisozi sub-county in Kamuli district.

1.3 Objectives of the study

1.3.1 General objective

The general objective of this study is to assess the effects of increasing teenage pregnancy on girls in Kisozi sub county, Kamuli District.

1.3.2 Specific objectives of the study

The study sought;

i. To identify the prevalence of teenage pregnancy in Kisozi sub county, Kamuli District.
ii. To assess the causes of teenage pregnancy in Kisozi sub-county, Kamuli District.
iii. To establish the effects of teenage pregnancy in Kisozi sub-county, Kamuli district
iv. To come up with possible measures on the causes of teenage pregnancy in Kamuli district.

1.4 Research questions

i. What is the level of prevalence of teenage pregnancy in Kisozi sub county, Kamuli District.
ii. What are the causes of teenage pregnancy in Kisozi sub-county, Kamuli District.
iii. What are the effects of teenage pregnancy in Kisozi sub-county, Kamuli District
iv. What are the possible measures on the causes of teenage pregnancy Kisozi sub county in Kamuli district.

1.5 Scope of the study

1.5.1 Geographical scope

The research will be conducted in Kisozi sub-county, Kamuli District found in Busoga sub-region in Eastern Uganda. The region is selected because of high prevalence of Teenage pregnancy. Kamuli district is located about 57 miles (92 km) north-east of Kampala.

1.5.2 Content scope

The study is intended to concentrate on the causes of teenage pregnancy, challenges encountered by teenagers during pregnancy and the level of prevalence in the study area . The study further examines the effects of teenage pregnancy in Kisozi-sub county Kamuli district.

1.7.3 Time scope

The research will be conducted within a period of six months starting from February 2019 up to July 2019 based on time framework of the approval of the research proposal.

1.6 Significance of the study.

The study will contribute to the understanding of the dynamics and complexities on the increasing rates of maternal mortality among teenagers. In essence, an appreciation of this relationship will go a long way into informing future strategies for controlling this development challenge.

The study will also complement other studies and fill in certain gaps which are uncovered. It is anticipated to be of use to a wide range of stakeholders who include Government, youths, policymakers, local authorities, local communities, human rights activists mostly, nongovernmental organizations, and researchers.

In addition, to the findings of the study will help Ministry of Health and the Ministry of Education and Sports, and government agencies to appreciate the need to improve on health and education services and facilities in favour of young girls to motivate them stay in school while the ministry of health extends health needs to the vulnerable situations.

Once proper recommendations are observed and implemented from this research that has been completed, the level will be mitigated and will help the situation as the findings will stimulate a desire for further research into the dynamics that explain the institutional challenges into curbing down the rate of mortality rates in Kamuli district and Uganda as a whole.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter explores concepts of teenage pregnancy experts and conceptual viewpoints of the variable and the researcher used review literatures such as Books, newspapers, and internet and also discusses the literature related to the effects of teenage pregnancy

2.1 Prevalence of Teenage of prevalence

2.1.1 Teenage pregnancy

According to a report by UNICEF (2015) adolescent girls who become pregnant are often unable to complete a secondary education, a fact that diminishes their potential to find employment. Education and economic status are factors that influence adolescent pregnancy. Adolescents who have completed secondary school tend to have low pregnancy rates (15%) compared to adolescents who have no secondary education (50%). From an economic perspective, adolescents from poor households are more likely to become pregnant compared to adolescents from wealthier families. For the former, the pregnancy rate is 41 percent and for the latter the rate is percent.

A substantial proportion of the members of every society in the developmental stage termed "adolescence", otherwise called "teenage", it is a transitional period between the end of childhood and the beginning of adulthood or maturity. It occurs roughly between the age of 13-17, this is a period in every person's life when all seems to be confused, when nothing is good in the eyes of the perceiving adolescent; when she is on "means" land (Lawin, 2006). When her role is not clearly defined. It is a period when girl starts to menstruate. Adolescent describe this period as a period of body contour and stature resembling that an adult mate, (Murphy, 2007), while adults customarily refer to them as children Nigeria adolescents now insists on being treated as adults while parents may dismiss them as being too young to live alone, they are clearly independence and the right to have privacy. The Kontagora teenager is therefore caught in a field of overlapping forces and expectation of all of which constitute on real test for individual identity.

Pregnancy that happened at such as frail age is predominantly, due to lack of sex education therefore, parents responsibility to deliver an adequate sex education to their teenage daughters. Reproductive health situations are also important to be imparted to the young child so that they become aware of the various aspects related to sex and pregnancy.

Adolescent Pregnancy means pregnancy in a woman aged 10-19 years. It can be used synonymously as Teen Pregnancy. About 16 million girls aged 15 to 19 years give birth every year – roughly 11% of all births worldwide. The vast majority of adolescents' birth occurs in developing countries. In our country, where 47.4% of girls and in Gujarat where 38.7% of girls are married before the age of 18 years , there is a high unmet need of contraception, as majority of couple do not use and are unaware of contraception. Pregnancy and childbirth carry more risk in adolescents than in adults because the adolescent girl is not yet mature physically and emotionally for motherhood. Teenage mothers are more likely to have children with low birth weight, inadequate nutrition and anaemia. And they are more likely to develop cervical cancer later in life. Early motherhood can affect the psychosocial development of the infant. The occurrence of developmental disabilities and behavioral issues are increased in children born to adolescent mothers (WHO, 2004).

According to the report by the UNICEF (2001), worldwide every 5^{th} child is born to teenage mother. Worldwide 13 million births each year occur to girls younger than 19 years. The incidence of teenage pregnancies varies dramatically between the different countries. Approximately 90% of the teenage births occur in developing countries. Nevertheless, there is also a significant variation in teenage pregnancy and birth rates between developed countries, although the teenage pregnancy and birth rate of developed countries are significantly lower than that of developing countries.

In many countries large numbers of adolescent pregnancies and births are reported. If, as is usual in health statistics, it is births which are counted (as opposed to pregnancies) then this figure will depend to a large extent on the number of spontaneous and induced

abortions. Although the number of spontaneous abortions probably does not differ substantially (even in various populations) the rates of induced abortions are widely divergent in different countries and among different social or ethnic groups. In some countries the registration of legally induced abortions is reliable, but in other countries (and in relation to illegal and unsafe abortion) figures are often based on rough estimates or even speculation.

The burdens of early childbearing on teens are undeniable. Trying to untangle the factors which contribute to teenage pregnancy from its effects, however, leads to a "which came first, the chicken or the egg?" dilemma. Educational failure, poverty, unemployment and low self-esteem are understood to be negative outcomes of teenage pregnancy. These circumstances also contribute to the likelihood of teen pregnancy. For example, recent studies suggest that most adolescent mothers have already dropped out of school before they become pregnant. On the other hand, adolescents still enrolled in school when they give birth are as likely to graduate as their peers. It is not clear how well the adolescents with the most problems would have fared in the future even without early parenthood (Allan, 2000).

Dubashi (2008) notes that teenage pregnancy is an important public health problem in both developed and developing country, as it is a 'highrisk' or 'at-risk' pregnancy due to its association with various adverse maternal and fetal outcomes which results in increased mortalit y and morbidity of the mother and the child. Early childbearing is associated with various health risks for both mother and child. Teenage mothers are more likely to experience pregnancy related complications which often lead to maternal death. Teenage pregnancies are considered problematic because complications from pregnancy and childbirth are the leading causes of death in teenage girls aging between 15 and 19 years in developing countries. It is estimated that successful motherhood. Therefore, teenage pregnancies and births are considered as risky.

2.2 Causes of teenage pregnancy

In the context of physical abuse, the tradition of female genital mutilation (FGM) or female circumcision is mostly mentioned in causing teenage pregnancies as at this point, girls are considered ready for marriage. It comprises procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reason (WHO, 2000). The practice occurs mostly in Africa in a large number of countries from Somalia to Mali; and about 120 million women have been subjected to it. According to the information available it has psychological, sexual and obstetric consequences, among them scar formation in the vulva and stenosis of the opening to the vagina (WHO, 1998). Although the procedure is often performed on young girls and has ill effects on the course of labour, its consequences are also specific to adolescent pregnancies.

Poverty

In developing countries, comparable relations between poverty and adolescent childbearing are observed. According to Angodia (2009), a multidisciplinary study was conducted aimed at understanding the complex social, economic, cultural and psychological contexts of unwanted and adolescent pregnancy. The information originated from in-depth interviews with adolescent girls. One of the main conclusions was that in Nicaragua unwanted pregnancy is to a large extent just another characteristic of poverty. Almost all of the women approached (for whom an unplanned pregnancy was both a frequent condition and a serious problem) came from and still lived under circumstances that could be described as destitution. Typically these women grew up in broken families with no or very poor contact with their fathers. Poor economic conditions, low self-esteem and lack of moral support from home implied early dropout from school.

Material dependency, the craving for emotional affection, lack of alternative opportunities and culturally sanctioned female subordination to machismo values leave very few options for a poor woman other than the physical and material protection of a man as a last resort (Berglund et al., 1997). As a general rule, poverty leads to increased

childbearing among adolescents too, because the greater the disadvantage within a population, the less difference adolescent childbearing makes in determining long-term success. Poor people have few opportunities and reasons to avoid or delay childbearing, and simply see no reason not to get pregnant (Furstenberg, 1998; Mawer, 1999).

Adolescent sexual behavior

Taylor et al (2006) mentioned that as adolescence marks the onset of sexual maturity, it is but obvious that both the sexes show interest in and explore the much hyped topics of sex by the irresponsible and careless approach of mass media. This makes them vulnerable to teenage sex and pregnancy without adequate sex education. Lack of sexual education causes teens to get abortions as they ultimately realize their inability to bear the responsibilities of being a parent at such a young age.

Lack of discipline and control (low self-esteem)

According to Mawer, (1999),factors like alcohol and substance abuse accompanied by unrestricted interaction with the opposite sex can ignite the sparks of lust and passion in youngsters very easily ultimately leading to teenage pregnancy. Nonetheless, at times, parents put too many restrictions of their children, especially girls to protect them from dangers. This overprotection gives rise to frustration and a feeling of not being loved and cared for. Thus, balance is the key to avoid this problem.

Socio-economic factors: Childhood environment, lower educational and income levels have also been associated with high rates of teenage pregnancy because of negligence towards birth control methods. Similarly, Access for unmarried adolescents to contraceptive services is difficult in many countries. In the USA adolescents who wish to use contraceptives that require a prescription or insertion by a clinician often delay seeing a clinician for a contraceptive prescription until they have been sexually active for one year or more (American Academy of Pediatrics, 1999). The immature and irresponsible behavior arising due to complex teenage psychology is another important cause of teenage pregnancies. Teenagers often go through a number of emotions because of their own transition from childhood and peer pressure. In addition, weak family relationships

fail to provide the emotional support that teenagers require. This lack of attention and affection from family resulting in depression forces them to seek love and support from other people, especially members of the opposite sex.

Sexual abuse

In South Africa in a matched case-control study among pregnant and non-pregnant sexually active adolescents, the pregnant adolescents were significantly more likely to have experienced forced sexual initiation and were beaten more often. They were much less likely to have confronted their boyfriend when they discovered he had other girlfriends. Once again, such associations are mediated through unequal power relations within the relationship which are reinforced by violence (Jewkes et al., 2001). In a population-based study from Bangladesh, pregnant adolescents had a three-fold increase in mortality from intentional and unintentional injuries compared with girls who were not pregnant (Ronsmans & Khlat, 1999). Sexual relationships between teenage girls and older men are more likely to end up in teenage pregnancy as compared to sexual relationships between teenage boys and girls.

According to Jackie, (2012) low self-esteem is among the causes of teenage pregnancy. Children who are not shown love and affection from parents will seek it out with their peer group. Many adolescents report feeling pressured by their peers to have sex before they are married.

Patrick (2010) asserts that the transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology can results an immature and irresponsible behaviour which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fail to provide the emotional support that they need during their transitional term. This lack of attention and affection from the family causing depression and pushing them to look for love and attention from others especially from the opposite sex.

2.3 Effects of Teenage Pregnancy

Information from the World Health Organisation also shows that maternal deaths are higher in teenage mothers compared to older women. This poses a challenge in responding to maternal and infant mortality but also strains families in terms of providing health care to the teenage mother incase complications arise during pregnancy or during child delivery which, according to Dr. Akol, are more likely to happen among teenagers than older women (Allan, 2000).

Adverse Maternal outcomes of teenage pregnancy includes Preterm labour, anemia, Hypertensive Disorders of Pregnancy (HDP), Urinary Tract Infection, abortion, Sexually Transmitted Diseases, HIV, malaria, obstetric fistulas, puerperial sepsis, mental illness and high rate of Cesaerean Sections for cephalopelvic disproportion and fetal distress. Adverse fetal outcomes include preterm births, Low Birth Weight infants, Still Births, birth asphyxia, Respiratory Distress Syndrome and birth trauma or injury.

As pregnant teenagers often receive inadequate antenatal care, their anemia during labour and the postpartum period usually get worse. In developing countries more than 25% of teenage mothers were found to be anemic as revealed in studies conducted by Saxena et al, (2001) and Rahman et al.(2010). However, in most developed countries (including the USA) 30–60% of adolescent pregnancies end in abortion. While in developing countries including India abortion rate was found to be between 8-10% among teenage mothers.

According to Ermisch, (2003), Teenagers who may be pregnant tend to seek medical advice much later in pregnancy than older mothers. As a result they may miss out on pre-conception and first trimester health care such as taking folic acid supplements. This could adversely affect the health of both mother and baby. Teenage mothers are also three times more likely to smoke throughout their pregnancy and 50 per cent less likely to breastfeed than older mothers, both of which have negative health consequences for the child. For these and other reasons birth weights of babies of teenage mothers are more likely to be lower and the rate of infant mortality for a baby born to a teenage mother is 60 per cent higher than for babies of older women. Children of teenage mothers have a 63

per cent increased risk of being born into poverty compared to babies born to mothers in their twenties, and also have higher mortality rates under the age of eight and are more likely to have accidents and behavioural problems. Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth. In short, the experience of being a parent can lead some young mothers (perhaps unwittingly) to take greater risks with the health and wellbeing of both themselves and the baby. This can result in many adverse consequences, some of which materialise a long time after the birth.

Adolescent girls who give birth each year have a much higher risk of dying from maternal causes compared to women in their 20s and 30s. These risks increase greatly as maternal age decreases, with adolescents under 16 facing four times the risk of maternal death as women over 20. Moreover, babies born to adolescents also face a significantly higher risk of death compared to babies born to older women (WHO, 2008). About 75% of adolescent pregnancies are intended, ranging from 42% in Colombia to 93% in Egypt. The pregnancies may be "intended" due to social and cultural norms, or because unmarried young women see it as their only means of establishing identity. Worldwide, births to unmarried adolescent mothers are far more likely to be unintended and those outside marriage are more likely to end in abortion.

Maternal deaths

Besides, bodies of teenage girls are not as developed as those of adult women in terms of childbearing, therefore, they are likely to face certain complications as well. Moreover, the chances of maternal death cannot be ruled out. Regrettably, the young adolescent mothers who themselves have often suffered physical abuse, form a high-risk group for committing child abuse in the early months and years of their child's life (Olds et al., 1986).

Anaemia

The increase in plasma volume and the subsequent decrease in haemoglobin concentration and haematocrit in normal pregnancy complicate the assessment of anaemia. WHO defines the minimum haemoglobin concentration in normal pregnant women as 11.0 g/dl (WHO, 1972); the minimum haematocrit level is 0.31 g/dl (Letzky, 1991). In fact there are good reasons to set the minimum haemoglobin value somewhat lower than 11.0 g/dl because haemodilution in normal pregnancies may decrease this level to 10.4 g/dl (Van den Broek, 1998). Severe anaemia is haemoglobin <7.0 g/dl. A number of studies have reported on the prevalence of anaemia among pregnant adolescents, compared to older pregnant women. In their review of hospital-based studies up to 1993, Scholl et al. (1994) reported no statistically significant differences in the prevalence of anaemia in adolescents compared to adults in six studies from the USA. However in one hospital-based study in the United Kingdom, Osbourne et al. (1981) reported a two-fold statistically significant increase in the relative risk of anaemia (<10 g/dl) in adolescent pregnant women compared to adults in Glasgow.

Severe cases of malaria

In large regions of the world malaria is endemic. There is good evidence that parasitaemia is more common and heavier in pregnant than non-pregnant women, and that during pregnancy placental infection occurs. This leads to consequences for both mother and fetus (Lalloo, 2000). Nulliparous women (including many adolescents) are more prone to attacks than multiparae (Gilles et al., 1969; Jackson et al., 1991; Shulman et al., 1996; Van den Broek & Letsky, 1998). Frequently malaria is not controlled or treated well in adolescent pregnancy, because antenatal care in adolescents is often deficient (Okonofua et al., 1992; Brabin et al., 1998). In endemic areas malaria is an important cause of anaemia, especially during pregnancy, together with nutritional deficiencies. In Mozambique, malaria is one of the most important causes of maternal mortality in adolescents (Granja et al., 2001).

The worldwide pandemic of HIV casts its shadow on childbirth, especially in developing countries. In some countries in Southern, East and Central Africa 20–30% of all pregnant

women are infected. The infection is also spreading rapidly in South-East Asia and Eastern and Central Europe. In many countries however prevalence remains relatively low. The main concern with respect to childbirth is the vertical transmission of HIV from mother to infant during pregnancy, labour and postnatally through breastfeeding (WHO, 1998b). In developed countries, transmission rates in untreated non-breastfeeding populations have ranged from 14–25% compared with 13–42% among breastfeeding populations in resource-poor settings (Working Group on Mother-to-Child Transmission of HIV, 1995). With the advent of antiretroviral (ARV) therapy during pregnancy in developed countries, much lower transmission rates are now described (WHO, 1998c; De Cock et al., 2000). In the USA in 1990, the transmission rate was 22.7% in the absence of ARV therapy, but in 1999 studies involving the use of ARV combination therapies starting early in pregnancy have reported a fall in the transmission rate to 3.3% (Farley et al., 2002).

Teenage pregnancies also create a host of other problems like incomplete education, unemployment, poverty, social embarrassment and numerous other emotional traumas. Further, early motherhood also affects the psychological development of the child adversely.

2.4 Measures to curb the problem of teenage pregnancy

Abstinence

Although there are many different ways to prevent a teenage girl from becoming pregnant, the only one that is absolutely effective is sexual abstinence. This method is the only one that guarantees no risk of getting pregnant and protects the teen from getting any STD's. For many years abstinence has been viewed as a decision based upon a religious or moral belief. In the article "Promotion of Sexual Abstinence: Reducing Adolescent Sexual Activity and Pregnancies," (Khouzam, 2015) "Sexual abstinence is not associated with public health risks and needs to be presented and promoted as the most effective primary prevention for unplanned pregnancies". While Lippman (2001) explained that Elders must propose teaching sexual abstinence as prevention for pregnancy, not as a religious or moral belief.

According to Khouzam (2015), in a study involving 7,000 Utah teens, the students were taught one of three abstinence curriculums stressing abstinence as a pregnancy prevention method. They were surveyed three times based on their attitudes on the issue. After taking the abstinence curriculum, the studies found that from these students, a significantly higher percentage of them remained virgins than those who did not go through the program. With results like this, it becomes evident that abstinence courses in schools are a sure way to get teens to realize the responsibility that comes with becoming sexually active, and to get them thinking about choosing to remain abstinent. The more information teenagers are given on the subject, the higher the chances that they will make this decision. For this reason, it is important that teenagers be taught the health benefits of choosing to remain abstinent.

Use of contraceptives

Another form of teenage pregnancy prevention that is being taught in schools is various contraceptive techniques. Although abstinence remains the best way to prevent pregnancy among teens, it is a fact that there are still a large number of them who will be involved in sexual relations. For this reason, it is important that teens be provided with broad information on how to do so responsibly using various contraceptive techniques. Most of the sex education in schools consists of one message: "Don't have sex--but if you do, use a condom" (Khouzam 2015). The problem that rises from this is that teenagers are not being exposed to extensive information on the various forms of birth control, condoms, and other methods of prevention that are available.

According to Helen Lippman (2001), contraceptives are talked about in sex education classes, but only as being ineffective in preventing pregnancy and not diseases. Also, these classes on contraceptives should include information on how to obtain the different methods of birth control. This is a way to ensure contraceptive use for many young teens who, rather than going to their parents for help in obtaining birth control, choose to have sex without protection simply because that protection is not made available to them.

Teaching teens the consequences of having a child at young age.

For most teenagers, the real consequences of having a child at such a young age are unknown. Teens need to be aware of the harsh reality of raising a baby and the negative effects that an unplanned pregnancy can cause in both the mother and the child's lives. In the article "The Decline of Teen Marriage Is a Serious Problem," Fagan (2019) talks about the effects of having a child out of wedlock at a very young age including loosing both their lives (mother and the baby), low education attainment, lowered health for newborns and increased risk of early infant death; lowered job attainment: increased Welfare dependency", among others. Teenage mothers must be aware of the tremendous effect their offspring will have on society in the future, and the high risk of the cycle repeating once this child becomes a teen.

Sex Education

According to Planned Parenthood Federation of America (PPFA, 2012) assets that sex education that is responsible and medically accurate, begins in kindergarten, and continues in an age-appropriate manner through the 12th grade is necessary given the early ages at which young people are initiating intercourse. Sex education programs that are balanced and realistic, encourage students to postpone sex until they are older, and promote safer-sex practices among those who choose to be sexually active have been proven effective at delaying first intercourse and increasing use of contraception among sexually active youth. These programs have not been shown to initiate early sexual activity or to increase levels of sexual activity or numbers of sexual partners among sexually active youth (Kirby, 2007; Kohler et al., 2008)

CHAPTER THREE

METHODOLOGY

3.0 1ntroduction

This chapter presents the methodology of the study namely; research design, geographical location/area, population, sampling size, sample selection, data collection methods and analysis, ethical consideration, and limitations.

3.1 Research design

This study employed the descriptive survey design. Descriptive studies are non-experimental researches that describe the characteristics of a particular individual, or of a group. No other method of observation provided this general capability. It gives the researcher a chance to ask many questions about the research topic hence giving considerable flexibility to the analysis.

3.2 Area and population of study

3.2.1 Study Population

Kamuli district has got a population estimate of 49,832 people as per Uganda Bureau of Statistics, (2017). The population of this study included teenage mothers, midwives, community leaders and the local people who in this case were considered as parents and guardians. The study also involved young mothers as victims of teenage pregnancy. Key informants in this study were medical officers, midwives and adolescents mothers.

3.3. Sample Size & Sample Design

The sample size comprised a total of 40 respondents (Table 3.1). The sampling method that was used for the informants were purposive. These were divided into five categories. Medical personnel (doctors and midwives), young mothers/parents and guardians and then local leaders of Kisozi Sub County. The assumption was that each of the sampled informants in this category would be in position to provide maximum information since they have in one way experienced or attended to issues of teenage pregnancy.

Table 1: Showing category of respondents

Category	Population	Sample	Sampling technique
Community leaders	12	5	Purposive sampling
Medical officers	2	2	Purposive sampling
Mid-wives	3	3	Purposive sampling
Parents /guardians	40	20	Simple random sampling
Young mothers	10	10	Purposive sampling
Total	62	40	

3.4. Data Collection Methods

Data was collected through questionnaire, the type of questionnaire correlated to category. There was also a one to one category of informants' answers that were solicited through personal interviews. The researcher gained in-depth information through this method which was mostly used in this research because this category was selected on the basis of its knowledge of the problem after facing it, not only in facing it but they had seen the effects of it and had a hint about ongoing measures.

3.4.1 Questionnaires

The Questionnaires were delivered and administered by the researcher, so that the researcher probes further whenever she felt that there are gaps in the information provided. These questionnaires were delivered to literate persons who answered them by filling answers.

3.5.2 Interviews

Personal interviews were conducted and these helped the researcher to probe for particular responses and clarification on spot. These were carried out with the help of an interview guide. Interview guides was prepared for each key informant and it helped to get in-depth data hence exhausting the study.

3.6 Data analysis

Both qualitative and quantitative methods of data analysis were used. Qualitative data was analyzed during and after collection. Quantitative data was checked before leaving the field to ensure uniformity, accuracy, consistency, legibility and comprehensibility. Data was edited, coded and tabulated. This followed data analysis which was done in light of the different objectives of the study to come up with this dissertation.

3.7 Ethical procedure

Before going to the field, the researcher began with getting an authorization letter from the Dean of Faculty of Social science then take it to the respondents and this enabled the researcher to attain adequate information from the respondents. During the process of data collection, confirmation was given to the respondents in that the researcher assured the respondents that the reason for the research is for only academic purpose and that no information was given out outside.

3.9 Limitations of the study

Unwillingness of the respondents to effectively respond to the questions was one of the most notable problems that the researcher faced while conducting the research.

Financial constraint was also another problem that occurred during the process of conducting the research. Transport costs were so high to be met by the researcher and this fully contributed to the delay of the research because it became so hard for the researcher to continue with the tight budget.

Hostility among some respondents was also another limitation of the study in the sense that the researcher found that there are hostile respondents who in the long run turned down the request of the researcher to answer the questions. Many of such respondents walked away in spite of the fact that the researcher tried to plead for their attention.

Sensitivity of the research topic; the topic understudy was sensitive especially to the adolescent mothers hence could find it difficult to reveal the challenges encountered as some are hard to reveal like if someone got a challenge of fistula, however, the medical doctors were open to discuss these challenges as they had registered so many cases pertaining the same.

CHAPTER FOUR

PRESENTATION OF FINDINGS, INTERPRETATION AND DISCUSSION

4.1. Background information of respondents

Frequency tables and percentages were used to summarize background information. They included the following, age, religion, education level, and marital status of the respondents. The results are summarized in tables below;

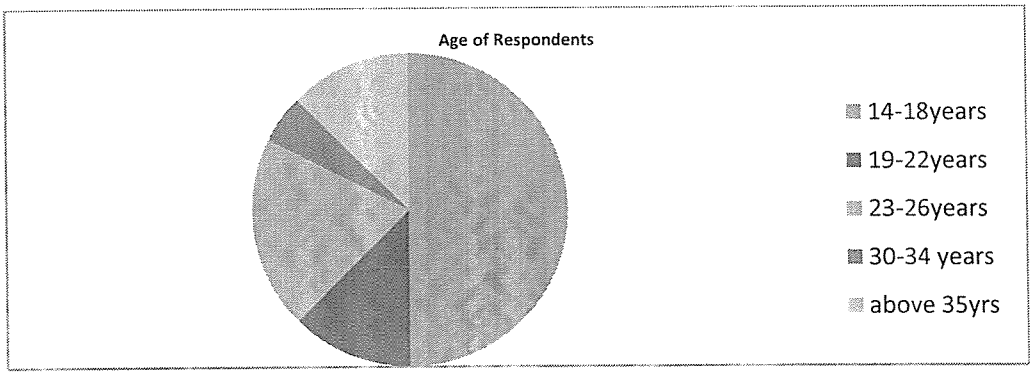
Table 4.1: ***Age of respondents***

Variable		**Frequency**	**Valid %**
Age bracket	14-18	20	50
	19-22	05	12.5
	26-30	08	20
	31-34	05	12.5
	Above 35	02	5
Total		**40**	**100%**

Source: Primary data, 2019

Table 1 show that majority of the respondents were aged 14-18yrs (50%), followed by those between 26-30 years (20%) and those between 19-22 years and 31-34 years with 12.5% respectively, only 5% were above 35 years and these were basically the medical officers and midwives.

Fig. 4.1 Showing age of respondents



Source: *Primary data, 2019*

Table 4.2: Religion of respondents

Religion	Frequency	Percent
Christian	8	20
Muslim	10	25
Born again	7	17.5
Catholic	15	37.5
Total	**40**	**100**

Source: Primary data, 2019

Table 2 shows that majority of respondents were Catholics (37.5%), followed by Muslims (25%), 20% were Christians and only 17.5% were born again. These results show that mostly Muslims and catholic respondents dominated the study.

Table 4.3: Education level

Religion	Frequency	Percent
Primary	22	55
Secondary	10	25
Diploma	5	12.5
Degree	3	7.5
Total	**40**	**100**

Source: Primary data, 2019

The findings in the above table show that 55% of the respondents were of primary level, 25% secondary and only 12.5% and 7.5 % were holding diplomas and degrees respectively. This implies that the respondents who had degrees and diplomas were basically the medical officers and midwives.

Table 4.4: Marital status

Religion	Frequency	Percent
Married	30	75
Single	8	20
Divorced	-	-
Widowed	2	5
Total	**40**	**100**

Source: Primary data, 2019

Results in table 4 shows that majority of the respondents were married (75%), others were single (20%), and only 5% had lost their partners. This is an indication of early marriages given that the biggest number of respondents were below 18 years.

4.2. Prevalence of Teenage pregnancy in Kisozi sub-county

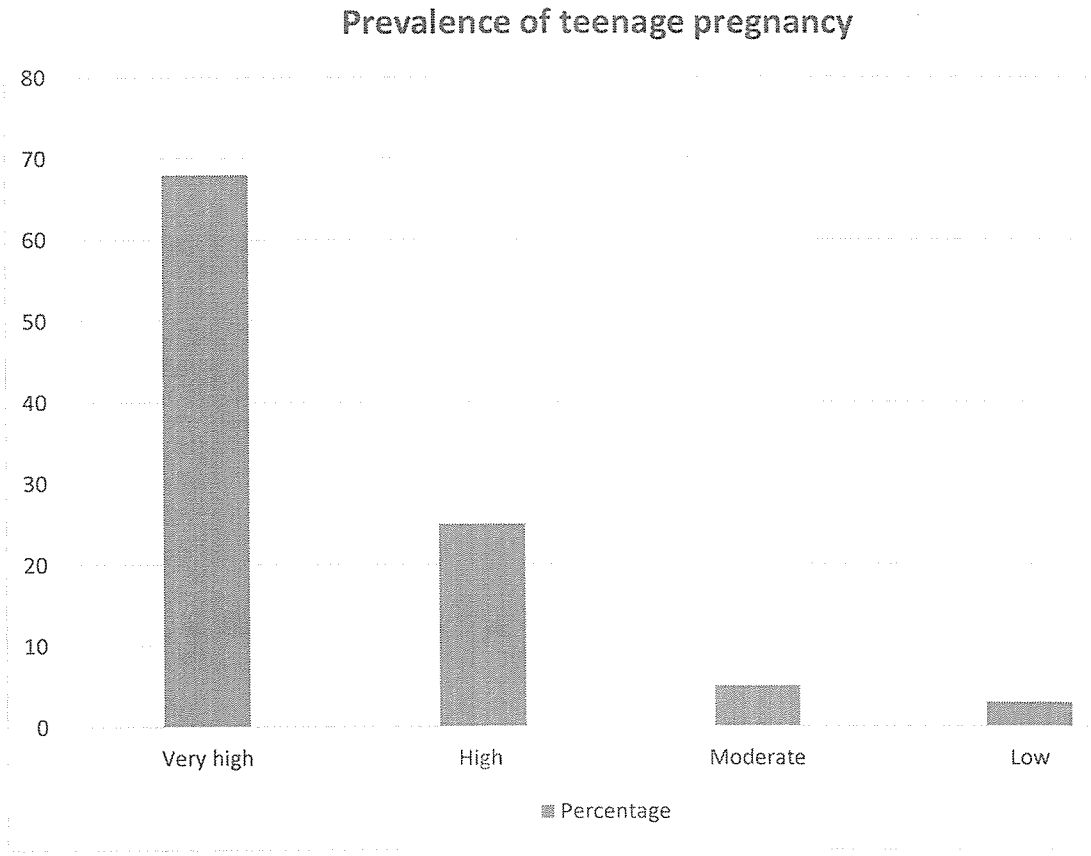
The first objective of this study was to identify the prevalence of teenage pregnancy in Kisozi sub-county, Kamuli District, findings on what was obtained are summarized below;

Table 4.5: Prevalence of teenage pregnancy in Kisozi sub-county

Prevalence rate	**Frequency**	**Percentage**
Very high	27	68
High	10	25
Moderate	2	5
Low	1	3
Total	**40**	**100**

Source: Primary data, 2019

Figure 4.3: Prevalence of teenage pregnancy



Source: Primary data, 2019

Results in table 5 and figure 3 indicate that the prevalence of teenage pregnancy in Kisozi Sub County is very high as attributed by 68% of the respondents, 25% said that its high and 5% said that it's moderate. Only 3% said that it is low. Respondents submitted that due to high prevalence rates of child pregnancy, maternal death rates for adolescents under 16 are higher than for women in their 20s and above. This implies that there is high prevalence of teenage pregnancy in Kisozi sub county and the risks associated with this are quite many.

4.3 Causes of Teenage Pregnancy

The second objective of the study was to assess the causes of increased teenage pregnancy in Kisozi Sub-count in Kamuli District. Findings obtained are summarised in table 4. 6 below;

Table 4.6: Causes of teenage pregnancy

Causes	Agree	%	Disagree	%	Total
Child abuse,	32	80	08	20	**40**
Poverty	28	70	12	30	**40**
Early marriages,	19	47.5	21	52.5	**40**
Poor parenting	16	40	24	60	**40**
Peer pressure	26	65	14	35	**40**
School drop out	30	75	10	25	**40**

Source: Primary Data, 2019

The study findings showed that child abuse and poverty were the most significant causes of increasing teenage pregnancy in Kisozi sub county as indicated by 32(80%) and 28 (70%) of the respondents. Respondents agreed that child abuse among families is common which has forced many young girls run out of their homes to streets where they face problems like rape. Others explained that some girls within homes are raped by their relatives (incest) and they end up becoming pregnant at a very young age. Cases of child abuse reported included rape and defilement and domestic violence is also among them.

Poverty that has become persistent in the area where very many teenagers have become market vendors and sex workers reason being they look for daily income simply because others believe that the bird at hand is better than that on the tree. This puts young girls on the risk of being manipulated by cruel men who end up defiling them as they are deceived to give them money and the end result is getting pregnant at an early age.

Similarly 19 (47.5) agreed that the problem of early marriages is equally a contributing factor /cause of teenage pregnancy. It reported that many young girls are pushed into marriage by their relatives with an ambition of getting money from the man because some parents and guardians still believe that girls are source of income. This automatically leads them to become pregnant at a young age and the problem worsens as they get involved in domestic chores that they are not ready to as young mothers.

On the other hand 16 (40%) of the respondents agreed that poor parenting is another cause of teenage pregnancy while 24(60%) disagreed. This implies that although some parents do not raise their girl children properly, it is not a major risk factor to make girls vulnerable to pregnancy at a young age.

Respondents (65%) also agreed peer pressure is also another major cause of teenage pregnancy. They attributed this to the influence social media which exposes young people to so many things including pornography. Respondents further explained that peer pressure is currently happening through social media where girls and youths are exposed to lots of sexual information.

School dropout is also another factor leading to teenage pregnancy and this is cross-cutting with poverty as most of the young girls getting pregnant are from poor families. This was agreed to by 75% of the respondents that girls who drop out of school are more likely to engage in early sexual activities thereby resulting in teenage pregnancy and also girls who become pregnant at early ages are more likely to drop out of school.

4.4 Effects of teenage pregnancy

The third objective of the study was to assess the effects of increased teenage pregnancies in Kisozi Sub-county, Kamuli Districts. Summary of results obtained is as follows;

Table 3.7: Effects of teenage pregnancy

Item	Agree	%	Disagree	%	Total
Increased maternal mortality rate	27	67.5	13	32.5	40
School dropouts	26	65	14	35	40
High illiteracy level in the community	24	60	16	40	40
High dependence rate among families.	20	50	20	50	40
rejection and isolation from family members	14	65	26	35	**40**

Source: Primary data, 2019

According to the study findings in the table above it was revealed that teenage pregnancy brings the following effects, over the lives of those who are involved.

Increased maternal mortality was found out to be one of the biggest effect with a percentage of 67.5%, followed by school dropout at 65%, then others like High illiteracy rates in the community and high dependence rate among families, at 60% and 50% respectively. Rejection and isolation from family members was also another effect mentioned by 35% of the respondents.

The results indicate that teenage pregnancy is highly associated with maternal mortality as most teenagers have uncontrollable challenges pertaining health during pregnancy and in childbearing more than adult mothers, according to the medical doctors, teenagers who get pregnancy usually experience severe malaria and become anemic due to poor nutrition since most of them come from poor families.

Another effect mentioned was school dropout. It was explained that girls who get pregnant at school automatically have to drop out and it's more difficult for them to resume studies after giving birth due to socio-economic situations like discrimination and poverty.

Finding showed that increased teenage pregnancy leads to high illiteracy levels in the community especially among young girls/women. This affect teenage mother by way of missing opportunities like employment, where the researcher found out that very many young mothers had to become street vendors in the nearby market selling vegetables and other foods to earn a living for their children. This is in line with (Plan et al 2005) who stated that unemployment is due to lack of skills.

Table 4.8: Solutions to the challenges of teenage pregnancy in Kisozi sub county

Solution	Agree	%	Disagree	%	Total
Sex education to the young girls	26	65	14	35	40
Use of contraceptives	20	50	20	50	40
Abstinence	30	75	10	25	40
Provision of basic needs to the girls	20	50	20	50	
Enforcement of strict laws	35	87.5	05	12.5	40

Source: Primary data

Results indicate that the government and community leaders need to work hand in hand to extend sex education to teenagers particularly girls, this was attributed by 65% of the respondents.

The respondents also suggested that the use of contraceptives should be openly emphasized to every teenager while majority 75% of the respondents said that emphasis should be put on abstinence – young people must abstain from sex before completing their studies as this is the best way to prevent teenage pregnancy. Similarly 50% said that there should be provision of basic needs to girls from poor families and 87.5% emphasized that strict laws should be enforced with serious punishments to those found guilty of abusing children's rights.

The respondent further stated that the government should sensitize children about the dangers of teenage pregnancy through media whereby should encourage an increase of media use to promote public education about the dangers associated with teenage pregnancy and facilitate sex education to the rural community.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents / focuses on the summary of the findings of the study. It also presents conclusions, recommendations and proposes areas for further research. The summary of findings based on the study objectives which were; to identify the prevalence of teenage pregnancy in Kisozi Sub-County, Kamuli district, to assess the cases of teenage pregnancy, establish the effects of teenage pregnancy and to come up with the possible remedies.

5.2. Summary of findings

Prevalence of teenage pregnancy was identified to be high and on a high increase Kisozi Sub-county, Kamuli district. It was revealed that young girls are involved into sexual activities either due to child abuse, social economic factors like poverty, peer pressure and high school dropping, exposure to social media and poor parenting where many young girls are pushed into marriage by their relatives with an ambition of getting money. The problem of incest and rape by irresponsible men in the community, relatively to poverty, some girls are pushed into marriage for rich men thinking that he can be a source of income to the girl's family. However, teenagers in this case are victims of maternal mortality due to unsafe or illegal abortion; insufficient prenatal care and assistance at birth; insufficient resources dedicated to maternal health care; and lack of access to reproductive health services, including the lack of adequate access to contraceptives, especially for teenagers. Medical officers who participated in this study reported that teenagers who get pregnant usually are at a higher risk of experiencing severe malaria which leads them and their and become anemic due to poor nutrition.

Accordingly, findings established that girls who get pregnant at school are expelled from school and it's more difficult for them to resume studies after giving birth due to so many

factors like poverty, pre-occupied domestic chores, isolation by family members and others even acquire incurable diseases like HIV/AIDS.

The most important actions for preventing teenage pregnancy according to this study is abstinence and sex education for adolescents (including information on the use of contraceptives). Although there are many different ways to prevent a teenage girl from becoming pregnant, the only one that is absolutely effective is sexual abstinence. Teens must also be aware of the fact that an unplanned pregnancy will take a toll on other aspects of their lives. For example increasing the dependency burden, risk of diseases like Fistula, loss of employment opportunities as well as losing self-esteeem in the public.

The above results were supported by study of Nambuya (2010) of the AIDS Information Centre who noted that teenagers who are mostly in high schools are attracted to men because of financial security. Young girls are "side dishes", young boys taken by sugar mummies for sexual satisfaction and yet they are weak when it comes to negotiate safe sex. In such instances, there are likely to have unprotected sex leading to pregnancy for girls and contracting AIDS for all, which ends stopping them from continuing being at school thus dropping out of schools.

The findings is are also supported by Kukunda (1990) who found out that economic hardships force students mostly girls to be submissive which makes them to resort to men for assistance but unfortunately find themselves pregnant in the due course. More especially school girls. The finding is again empirically supported by Abondo (1980) in a research carried out in Tororo found that S.1 and S.2 girls get pregnant because they are attracted to money. In her own words, "they are attracted by extra financial aid that they expect from other sources other than from families and relatives

5.3. Conclusion

From the analysis of the findings, the conclusion was made in the line with the purpose of study. The results indicated that the prevalence of teenage pregnancy in Kisozi has increased in the contemporary days being caused by factors such as poverty, child abuse, and misuse of social media i.e. watching pornography though this is still limited in Kisozi because of limited internet facilities. Pregnancy at an early age in Kisozi has left many young girls dropped out of school hence increased illiteracy levels in the community. The level of poverty among families with young mothers has also increased while this is equally associated with risks of maternal and infant mortality. In order to prevent teenage pregnancy, teenagers need to have a comprehensive understanding of abstinence, contraceptive techniques, and consequences. Therefore, parents responsibility to deliver adequate sex education to their teenage daughters is urgent and relevant. Reproductive health situations are also important to be imparted to the young child so that they become aware of the various aspects related to early pregnancy and in any case, antenatal care should easily be accessed.

5.4 Recommendations

Teenage programmes should be tailored to the needs of individual communities and include health promotion information and advice, especially on risks associated with teenage pregnancy.

The government and local NGOs can contribute in the effort to reduce teenage pregnancy by providing stable funding for comprehensive educational and support services to young girls while putting emphasis on abstinence and staying in school.

Parents should not be too harsh on teenagers but they should be approachable so as the children can confide with them whenever there is a pressure from peers.

Teenagers should be enlighten about the consequence of engaging in sex at the early stage of their lives and parents should stand at best to meet the needs of the teenage child.

Sub-county chiefs together with councilors should develop programmes that will empower teenagers to cope with the challenges that they face during their pregnancy.

Efforts towards poverty reduction should be promoted in order to improve the socio-economic standards of people at grassroot level.

References

Alan Guttmacher Institute (2000). Risks and realities of early childbearing. Alan Guttmacher Institute.

Bategeka, L. and Okurut, N. (2005): Inter-Regional Inequality Facility, policy brief 10, Economic analysis and financial management consulting limited.

Besharov, Douglas, J Gardener & Karen, N (1997).Trends in Teen Sexual Behaviour, Children and Youth Services Reviews. Retrieved on June 13th 2010 from http://www.en.wikipedia.org/wik/teenage-pregnancy.

Civil society budget Advocacy group (2013) Position paper on education Financial year 2013/14

Coalition for health promotion and social development, Uganda-HEPS (2018). : High Teenage Pregnancies, Unsafe Abortion Top Maternal Challenges in Kamuli district. Plot 351A Balintuma Road, Namirembe Hill, Kampala, Uganda.

Committee on Economic, Social and Cultural Rights (2000), *General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12)* (22nd Sess., *in* Compilation of General Comments and General.

Daily Monitor (Monday, 2013, April, 8) .The Slum dogs' life in Bwaise.

Dubashi S, Wani R. (2008) Teenage pregnancy. Bombay Hospital journal.;50(2): 236-239.

Ermisch J. (2003), 'Does a 'teen birth' have longer term impacts on the mother? Suggestive evidence from the British Household Panel Study', *ISER Working Papers* No. 2003-32; Institute for Social and Economic Research.

Fagan, Patrick F. (2019) "The Decline of Teen Marriage Is a Serious Problem." *Teen Pregnancy and Parenting.* Current Controversies. *Opposing Viewpoints Resource Center*. Web.

Forum for Women Education and Democracy (2012); Gender Policy Brief for Uganda's Education sector.

Gavamukulya Y. (2018) Factors Associated with Teenage Pregnancy and its Effects in Kibuku Town Council, Kibuku District, Eastern Uganda: A Cross Sectional Study. Busitema University.

http://ritchiesinuganda.blogspot.com/2012/02/universal-secondary-education-big.html

http://www.ubos.org/onlinefiles/uploads/ubos/pdf%2520documents/PNSD/2009EducStatAbst.pdf.

Khouzam, H. (2015) "Promotion of Sexual Abstinence: Reducing Adolescent Sexual Activity and Pregnancies." *Southern Medical Journal* 88.7: 1-6. *Academic Search Premier*. Web.

Kirby, D. (2007) Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC:

Kohler, P.K. et al. (2008). "Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." Journal of Adolescent Health , 42(4), 344–351.

Kukunda, F. (1990).Teenage pregnancy among girls in boarding schools in Bushenyi district Makerere University, unpublished Thesis.

Lippman, H. (2001). "The Dilemma of What to Teach in Sex Education." *Teens and Sex*. Contemporary Issues. *Opposing Viewpoints Resource Center*. Web.

Macleod, C. (2011) "Adolescence", Pregnancy and Abortion: Constructing a Threat of Degeneration. Routledge, New York.

Maemeko, E.L., Nkengbeza, D. and Chokomosi, T.M. (2018) The Impact of Teenage Pregnancy on Aca-demic Performance of Grade 7 Learners at a School in the Zambezi Region. Open Journal of Social Sciences, 6, 88-100. https://doi.org/10.4236/jss.2018.69006

Matibo, C (2010): Parents blamed for teenage pregnancy. Retrieved from http://www.newvision.co.ug/D/9/351706848 on June 12 201.

Mayor, S. (2004). Pregnancy and childbirth are leading causes of death in teenage girls in developing countries BMJ.

Mayor S. (2003), Pregnancy and childbirth are leading causes of death in teenage girls in developing countries BMJ.

Ministry of Finance Planning and Economic Development, MFPED, (2008). Major reasons why Children drop out of school. Kampala-Uganda

Molyneaux, K (2012). Uganda's universal secondary education policy: How a "pro-poor, gender-positive" policy became an "anti-teacher" movement" Paper presented at the annual meeting of the 56th Annual Conference of the Comparative and International Education Society, Caribe Hilton, San Juan, Puerto Rico.

Murillo, W. (2009): To Persist or Drop Out: The Perspective of At-Risk Students, Fazal Ansari, Laurie Stephenson, KendraLa Rose Debra Poortenga, and Maria Salazar, California State University, San Bernardino.

New Vision (2013). Retrieved from www.newvision.co.ug

Nsubuga, Y. K., (2009) "Education policy reforms in Uganda: The case for universal secondary education" Paper presented at the annual meeting of the 53rd Annual Conference of the Comparative and International Education Society, Francis Marion Hotel, Charleston, South Carolina.

PPFA (2012) National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences. Menlo Park, CA: Kaiser Family Foundation. http://www.kff.org/youthhivstds/3218-index.cfm, accessed June 25, 2013.

Rahman MM, Hasan M, Akhter S, Sultan P. (2010) Adolescent pregnancy complication and wastage in Bangladesh. J. Nepal Paediatr. 30(3):147-153.

Recommendations by Human Rights Treaty Bodies, at 92, 20, U.N. Doc. HRI/GEN/1/Rev.7 (2004). Save Children Uganda (2002)The silent Majority: Child poverty in Ugandahttp://www.savethechildren.org/.

Saxena P, Salhan S, Chatopadhyay B, Kohli MPS, Nandan D and Adhish SV (2001). Obstetrics and perinatal outcome of teenage and older primig ravidas –A retrospective analysis. Health and Population: Perspectives and Issues. 2001; 33(1):16-22.

Taylor T. et al., (2006) *Contraception and Sexual Health, 2005/06,* Office for National Statistics.

Uganda Education Statistical Abstract, (2009) available at UN. State of Teenage Pregnancy in Uganda Report. Retrieved on June 13/6/2010 from http://www.waakisaministies.org,pregnancycare.

UNICEF (2001). A league table of teenage births in rich nations. Innocenti Research Centre Florence, Italy. 2001.

UNICEF. A league table of teenage births in rich nations. Incentive; Research Centre Florence, Italy. 2001.

Universal Secondary Education (2012, February, 6) – the big Ugandan con-trick

WHO. 2004. Adolescent Pregnancy, Issues in Adolescent Health and Development page 21-22

APPENDIX 1 : Questionnaire

Dear respondent,

I am s student of Kampala International University pursuing a Bachelors degree in development studies. I am carrying out research on the effects of teenage pregnancy on girls in Kamuli District and hereby request for your participation by responding to the following questions. I promise confidentiality to all information collected and all views be upheld and applied to the respondents, please feel free to participate.

Thank you

Part One: Back Ground Information. (Fill in the gaps)

1. Age.....

2. Marital status.....

3. Occupation .....

4. Where do you stay.....

Section B: Prevalence of Teenage pregnancy

5. Is teenage pregnancy a common phenomenon in your area?

   Yes ☐ No ☐

6. If yes, what is the level of prevalence?

   Very high ☐

   High ☐

   Moderate ☐

   Low ☐

Part Two: Causes of Teenage pregnancy (Tick Yes or No in each case)

	Question	Score	Response	
1.	Is early marriage is one of the causes of teenage pregnancy ?	(a)	Yes	
		(b)	No	
2.	Do you think love for material gains could lead to teenage pregnancy in school?	(a)	Yes	
		(b)	No	
3.	Do peer groups influence teenage pregnancy?	(a)	Yes	
		(b)	No	
4.	Have you ever heard about any method of controlling teenage pregnancy?	(a)	Yes	
		(b)	No	
5.	Are parents to blame for teenage pregnancies?	(a)	Yes	
		(a)	No	
6.	Is teenage pregnancy a cause for increasing maternal mortality	(a)	Yes	
		(a)	No	

Strategies to curb down the rate of teenage pregnancy (Fill in the gaps)

1. What do you think could be done to curb down the high rate teenage pregnancy in your area

.....

2. Suggest ways how teenage mothers can be helped

.....

.....

.....

.....

Do you think parents have played a big role in teenagers giving birth at an early age, if yes , or no give reasons

.....

.....

.....

.....

.....

3. Do you think the government has done what it needs to do to help reduce maternal mortality? , if yes how if no your recommendations.

.....

.....

.....

APPENIX 2: INTERVIEW GUIDE FOR KEY INFORMANTS.

Dear respondent,

I am a student of Kampala International University pursuing a Bachelors degree in development studies. I am carrying out research on the effects of teenage pregnancy on girls and hereby request for your participation by responding to the following questions. I promise confidentiality to all information collected and all views be upheld and applied to the respondents, please feel free to participate.

1. What is teenage pregnancy?
2. What is the level of prevalence of teenage pregnancy in your areas?
3. What do you think are the causes of teenage pregnancy?
4. How can you compare the level of maternal mortality between women below 20 years and those above 20years
5. What problems are associated with teenage pregnancy?
6. What do you think should be done to help teenage mothers?
7. How can the problem of teenage pregnancy be minimized?