

**EARLY PREGNANCY AND SCHOOL DROPOUT AMONG GIRLS IN
SELECTED SECONDARY SCHOOLS IN
WAKISO DISTRICT**

**BY:
NASUUNA AISHA
BSW/37695/123/DU**

**A RESEARCH REPORT SUBMITTED TO COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF A BACHELOR'S
DEGREE OF SOCIAL WORK AND SOCIAL
ADMINISTRATION OF KAMPALA
INTERNATIONAL
UNIVERSITY**

JULY, 2015

DECLARATION

I, NASUUNA AISHA declare that the content of this research is as a result of my original work and has been submitted for my academic award and it has never been submitted in this university or any other institution of higher learning.

Name : NASUUNA AISHA

Signature : 

Date : 4th / 08 / 2015

APPROVAL

I do hereby certify that this research has been submitted for university examination in partial fulfillment of the requirements for the degree in Bachelor of social work and social administration of Kampala International University, with my approval as a supervisor.

Sign: Otanga Rusoke Date: 4th August 2015

Dr. Otanga Rusoke

(Academic Supervisor)

DEDICATION

I dedicate this piece of work to my beloved parents; my Dad Mr. and My mum Nakamya Catherine and father Ssembajje Tonny and my uncles Kagwa Andrew and Kigongo Edward and my aunt Naguta Rose plus the entire family at large whose love and intellectual challenge encouraged and enabled me to aim higher hence writing up this piece of work.

ACKNOWLEDGEMENTS

First and foremost, I thank the almighty God for the life, wisdom, care and love he provides to me untirelessly coupled with encouragement for the successful completion of study.

Also my supervisor Dr. Otanga Rusoke for his effort in helping me acquaint with practical skills and knowledge.

Special thanks go to my parents whose financial assistance enabled me to have this study possible. To my dear sisters Sharon, Irene, Shamira, Hellen, Patricia and Noreen brothers Kevin. Mwesigwa, Kato , I feel greatly indebted for both your moral and financial support you provide to me at all times and I therefore owe you my appreciation for that.

My thanks go to my friends faith, Joan, Jidah, Becky who made my research work possible.

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CHAPTER ONE

THE PROBLEM AND ITS SCOPE

1.0 Introduction

In conducting the research on the topic mentioned, this chapter brings forth the introduction, background of the study, statement of the problem, purpose of the study, study objectives, research questions, the scope of the study in terms of geography, content/variables and time, the significance of the study, conceptual framework and eventually operational definitions of key terms.

1.1 Background of the study

Teenage or adolescent pregnancy means pregnancy in a woman aged 10 to 19 years (Treffler, 2004:5). The eHow (Spencer, 2011) defines teenage pregnancy as pregnancy occurring in a young girl between the age of 13 and 19, whereas Macleod (2011:45) defines teenage pregnancy 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. Teenage pregnancy in this study entails falling pregnant and parenting of younger girls in secondary schools, aged between 13 and 19 and enrolled in grades 8 to 12, which have various effects on one's educational progress and negative implications for one's future adjustment into life in general.

School dropout refers to the rate at which the students leave schools due to the reasons usually beyond the control of the family or the individual students. This usually occurs due to several factors that make it hard for a student to continue with education.

Globally, 15 million women under the age of 20 give birth, representing up to one-fifth of all births and 529, 000 women die due to pregnancy and childbirth related complications every year (Dev Raj, Rabi, Amudha, Van Teijlingen & Chapman, 2010:4). Teenage pregnancy is a major concern to world communities with the US being at the top with almost 1,000,000 teenage pregnancies each year (Williams, 2010:1). The United States has the highest pregnancy and births among adolescents (Coley & Lansdale, 1998) cited in Changach (2012:3). According to the Inter-press Service (2011), the global rate for teenage pregnancy for the year 2011 was 52.9 pregnancies per 1,000 female adolescents. In, 2000 the total number of teenage pregnancies in

the United States was 821, 81 (84 pregnancies per 1000 people), as compared to Canada whose total rate of teenage pregnancies in 2000 was 38,600 (38 pregnancies per 1000 people) (Changach, 2012:4). In England there are nearly 90,000 teenage conceptions per year; around 7,700 to girls under the age 16 and 2,200 to girls aged 14 or under (Holgate, Evans & Yuen, 2006:9). The Department of Health (United Kingdom) in Macleod (2011:137) reports that in England and Wales, more women in their early twenties find themselves with unwanted pregnancies that end in abortion. The United States has the highest teenage birth rate of all developed countries (Crosson-Tower, 2007:280).

This statement is also verified by McWhirter, (2007:160) when they maintain that the United States has the highest teen pregnancy and birth rates among comparable industrialized nations which is twice as high as Great Britain and ten times higher than the Netherlands. In the United States, 800,000 to 900,000 adolescent girls who are 19 years of age or younger become pregnant each year (Centres for Disease Control and Prevention, 2000). The UK has the highest rate of teenage pregnancies in Western Europe and between 1998 and 2006 the under 18-conception rate in England and Wales remained higher than other western European countries, three times higher than in Germany (Lemos, 2009:14).

In Africa, the sexual behaviour of urban adolescents in Nigeria and Liberia is now very similar to that of people in the same age category in the USA and Europe (UNICEF, 2006). In the same continent (Africa), girls are often married at a young age and are under pressure to give birth to children. According to UNICEF (2006), Bangladesh has almost 16 per cent of fifteen-year old girls who are pregnant or already have children, whereas 75 per cent of girls in the Democratic Republic of Congo and over half of all girls in Afghanistan and Bangladesh are married before the age of 18. The survey conducted by a leading International Organization called "Save the Children" stated that annually 13 million children are born to women under the age of 16 years and more than 90 per cent in developing countries. It is also said that the highest rate of teenage pregnancy in the world was found in the sub-Saharan Africa (Changach, 2012:3).

In sub-Saharan African countries, girls and women are losing the battle for equal access to secondary education. In South Africa, 61 per cent of the uneducated adult population are women

(James, Auerbach, 2000:18). In many developing countries such as Kenya, teenage pregnancy has been one of the major hindrances to the educational success of girls. As more young women remain in school past puberty in sub-Saharan Africa, more students are exposed to the risk of becoming pregnant (Mensch, Clark, Lloyd, & Erulka, 2001).

In Uganda a consensus has still not been reached with regard to the prevalence of behavior problems in pregnant and parenting adolescents (Sieger, 2007:588). Some studies (Milan, Ickovics, Kershaw, Lewis, & Meade, 2004:329) have shown that behavior problems are common in pregnant and parenting learners, with both groups demonstrating similar rates of such problems. The high proportion of unintended pregnancies for teenagers in South Africa remains a serious challenge to both the schools as learning institutions, the Department of Education, and various community stakeholders.

1.2 The Statement of the problem

In many developing countries such as Uganda, teenage pregnancy has been one of the major hindrances to the educational success of girls (James, Auerbach & Tlakula, 2000). As more young women remain in school past puberty in sub-Saharan Africa, more students are exposed to the risk of becoming pregnant (Mensch et al. 2001). Health Statistics (2007) showed that teenage pregnancy rate in Uganda is 90 per cent and the implication thereof is that the majority of teenagers do not complete their secondary schooling. The report from the ministry of education recently released statistics showing that almost 100,000 school girls in Uganda became pregnant in just one school year. This has had a devastating impact on the schools as many of these students can't sustain being in schools hence become school dropouts. It is based on this that the researcher sought to investigate why there is so much pregnancy among teenage girls.

1.3 Purpose of the study

The purpose of the study was to evaluate the influence of early pregnancy on school dropout in selected secondary schools in Wakiso district.

1.4 Research objectives

- 1) To examine the causes of early pregnancy among school going children in Wakiso district.
- 2) To establish the effect of early pregnancy on school dropouts in Wakiso district
- 3) To establish the strategies that can be adopted to reduce school dropout in Wakiso district.

1.5 Research questions

- 1) What are the causes of early pregnancy among school going children in Wakiso district?
- 2) What is the effect of early pregnancy on school dropouts in Wakiso district?
- 3) What the strategies that can be adopted to reduce school dropout in Wakiso district?

1.6 Scope of the study

1.6.1 Content Scope

The study was conducted on the early pregnancy and its contribution to school dropout. The study focused on the causes of early pregnancy, effects on schools dropout and strategies for reducing school dropout.

1.6.2 Geographical scope

The study was conducted in Wakiso district from the selected secondary schools of St. Augustine S.S Wakiso, Namagunga S.S, Katikamu light college and Billal schools. These are chosen because they are deemed to have information necessary for the study.

1.6.3 Time scope

The study was conducted for a period of 3 months from April–to June 2015. The researcher chose the place of study due to its appropriateness in data collection for the organization.

1.7 Significance of the study

The study is likely to be significant because of the following reasons

The results of this study will to a larger extend useful to the practitioners in the Department of education such as educators at secondary school level and the Department of Health and Social welfare. Educators at secondary schools will acquire knowledge on how to handle the behavioral problems related to teenage pregnancy. The rural secondary schools and their communities will be educated and encouraged to prevent more incidences of teenage pregnancy.

The department of health and social welfare can use the information or the results of this study to assist the affected learners. The study is directed towards the knowledge base of the social work profession so as to create a better understanding of the issues teenagers are confronted with. Social workers would probably also gain more insight into the phenomenon which will enable them to respond positively and effectively towards extending a helping hand to learners who fall victim to teenage pregnancy.

The authorities and policy-makers in the Department of Education may use information derived from this study to come up with policies to address the phenomenon called teenage pregnancy. The results of this study may also be used by the researchers as a baseline study for future studies in the area

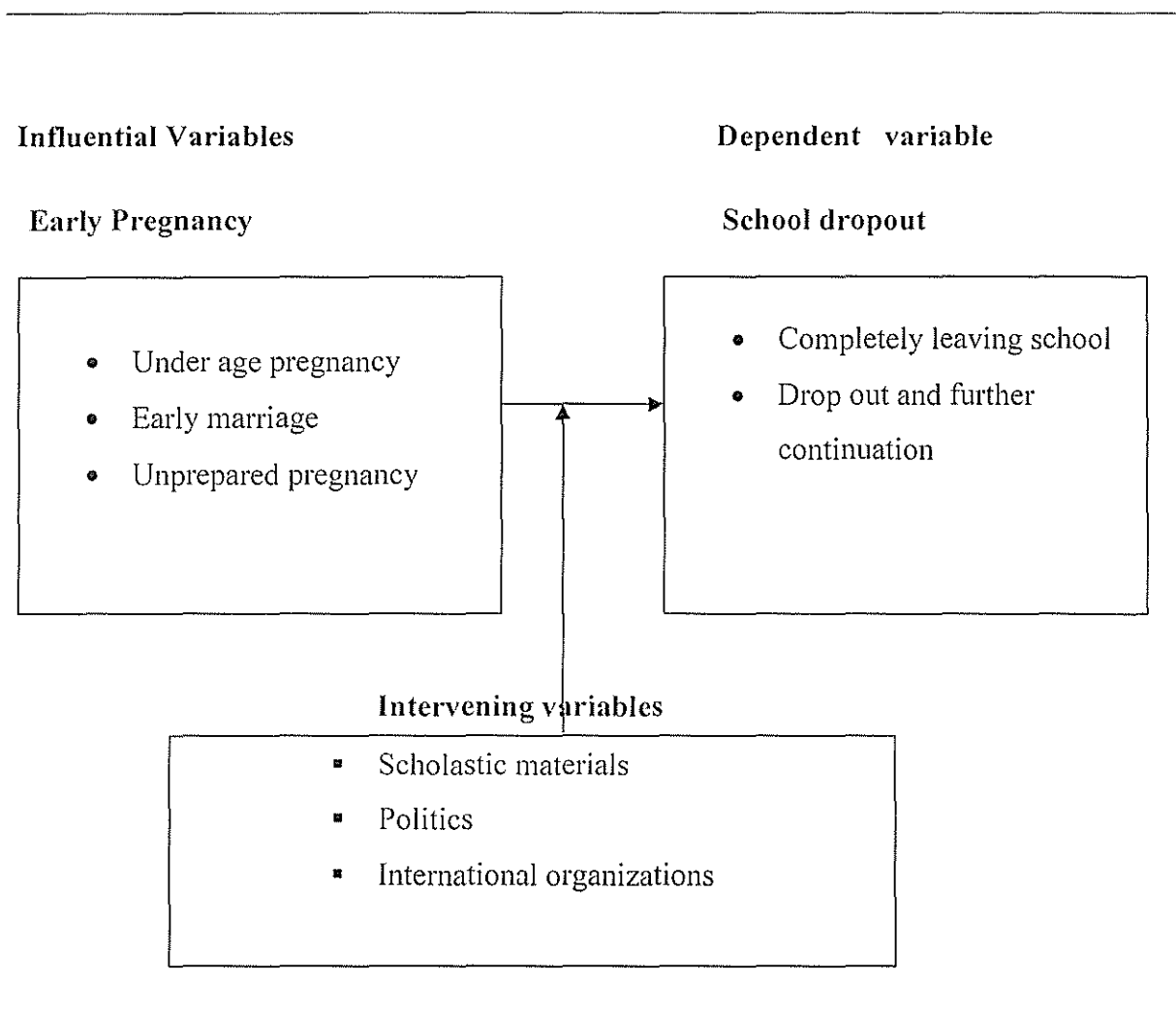
Other academic researchers will use the data collected to come up with better aspects of managing poverty and its negative effects so as to create a self sustaining economy and reduce teenage pregnancy.

The researcher will fulfill the requirement for the award of Bachelors of social work and social administration of Kampala international university and gain more knowledge on the subject. It is upon presentation the research that the researcher is awarded bachelors degree.

Other academic researchers will use the data collected to come up with better mechanisms of managing early pregnancy in Uganda.

1.8 Conceptual Framework

Figure 1 Showing the effect of early pregnancy on school dropout.



Source: Researcher devised, 2015

The conceptual framework above shows the linkages between independent variables (early pregnancy) and dependent variables (school dropouts). Early pregnancy indicates that it prevails that Under age pregnancy, early marriage and unprepared pregnancy. These occurrences contribute to the completely leaving school or drop out and further continuation. The occurrences lead to low academic attainment.

Intervening factors such as Scholastic materials, politics and International organizations can either contribute to reduction of early pregnancy or contribute to its prevalence. The positive

prevalence of intervening factors reduce early pregnancy hence reduced school dropout and vice versa. <

1.9 Definition of key terms

Early pregnancy is pregnancy in human females under the age of 20 at the time that the pregnancy ends. A pregnancy can take place after the start of the puberty before first menstrual period, but usually occurs after the onset of periods. In well-nourished girls, menarche usually takes place around the age of 12 or 13.

School dropout means the level of permanent or temporary departure of students from the schools due to conditions beyond the control of the student.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This gives views about what other authors have written about the topic. The review is to take the form of the objectives so other authors' contribution in related literature is recognized in this chapter.

2.1 Causes of early pregnancy among young girls in Uganda

Nowadays, teenage pregnancy has become a growing concern and therefore various causes of teenage pregnancy have become crucial. Teenage pregnancy refers to pregnancy that occurs in young girls, mostly in the range of age 13 to 17 years old. 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.

According to Patrick (2010), 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 result in an immature and irresponsible behaviour which in turn may be another cause of teenage pregnancy. Meanwhile, weak family bonding fails to provide the emotional support that they need during their transitional term. This lack of attention and affection from the family causes depression and pushes them to look for love and attention from others especially from the opposite sex.

A substantial proportion of the members of every society in the developmental stage termed "adolescence", otherwise called "teenage", 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 "in-between" land (Lawin, 2006). When her role is not clearly defined. It is a period when a girl starts to menstruate. Adolescents describe this period as a period of body contour and stature resembling that of an adult mate, (Murphy, 2007), while adults customarily refer to them as children. In Nigeria, adolescents now insist 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. According to Count (2010), adolescent marks the onset of sexual maturity. It is period time for them to show interest to the opposite sex and curiosity about the much topics of sex. Irresponsible and careless approach of mass media has also contributed in sex occurrence among teenagers.

Carrera (2012) said, unrestricted interaction with the opposite sex ignite the sparks of lust in teenagers very easily, especially when alcohol and drugs are involve. Also Ideir (2011) said high rates of teenage pregnancy usually associated to such conditions of under education, income levels, and childhood environment, because of negligence towards birth control. Sexual abuse of teenage girls is also one of the most disgraceful causes of teenage pregnancy. Teenage parents of teens do not have financial resource to cater for their babies. They usually have to rely on the families and relatives to assist them. This lead to the break down in vocational expulsion from school and may not have the opportunities of being re-absorbed to the school system, this break can hinder the future development opportunities as well as the quality of life the person, family/nation sometimes, however, teenage mothers are not mature to meet emotional and social needs of children. They may feel Isolated and deserted by their friends who continued with their education, contributing to psychological blinks

The percentage of teenage pregnancy in the society is growing at along rate. It is perceived that lack of adequate knowledge about sex education to teenage girls make them to be sexually active which eventually leads to pregnancy. Teenage pregnancy has pregnancy has been found to have negative and social long lasting effects on the life of the adolescents. It is in the light of this that this study is carried out to examine the causes and effects of teenage pregnancy in Kontagora local Government.

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy. For example, in some sub-Saharan African countries, early pregnancy is often seen as a blessing because it is proof of the young woman's fertility. Locoh, Therese (1999). The average marriage age differs by country, and countries where teenage marriages are common experience higher levels of teenage pregnancies. In the Indian subcontinent, early marriage and pregnancy is more common in traditional rural communities than cities. Mehta, Suman; Groenen, Riet; Roque, Francisco (1998) The lack of education on safe sex, whether it is from parents, schools, or otherwise, is a cause of teenage pregnancy. Many teenagers are not taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Many pregnant teenagers do not have any cognition of the central facts of sexuality.

Inhibition-reducing drugs and alcohol may possibly encourage unintended sexual activity. If so, it is unknown if the drugs themselves directly influence teenagers to engage in riskier behavior, or whether teenagers who engage in drug use are more likely to engage in sex. Correlation does not imply causation. The drugs with the strongest evidence linking them to teenage pregnancy are alcohol, cannabis, "ecstasy" and other substituted amphetamines. The drugs with the least evidence to support a link to early pregnancy are opioids, such as heroin, morphine, and oxycodone, of which a well-known effect is the significant reduction of libido – it appears that teenage opioid users have significantly reduced rates of conception compared to their non-using, and alcohol, "ecstasy", cannabis, and amphetamine using peers.

Adolescents may lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek such information. Contraception for teenagers presents a huge challenge for the clinician. In 1998, the government of the United Kingdom set a target to halve the under-18 pregnancy rate by 2010. The Teenage Pregnancy Strategy (TPS) was established to achieve this. The pregnancy rate in this group, although falling, rose slightly in 2007, to 41.7 per 1000 women. Young women often think of contraception either as 'the pill' or condoms and have little knowledge about other methods. They are heavily influenced by negative, second-hand stories about methods of contraception from their friends and the media. Prejudices are extremely difficult to overcome. Over concern about side-effects, for example weight gain and acne, often affect choice.

According to the Family Research Council, a conservative lobbying organization, studies in the US indicate that age discrepancy between the teenage girls and the men who impregnate them is an important contributing factor. Teenage girls in relationships with older boys, and in particular with adult men, are more likely to become pregnant than teenage girls in relationships with boys their own age. They are also more likely to carry the baby to term rather than have an abortion. A review of California's 1990 vital statistics found that men older than high school age fathered 77% of all births to high school-aged girls (ages 16–18), and 51% of births to junior high school-aged girls (under 16). Men over age 25 fathered twice as many children of teenage mothers than boys under age 18, and men over age 20 fathered five times as many children of junior high school-aged girls as did junior high school-aged boys

Studies from South Africa have found that 11–20% of pregnancies in teenagers are a direct result of rape, while about 60% 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; the Guttmacher Institute found that 60% of girls who had sex before age 15 were coerced by males who on average were six years their senior. Peizer, I. S.; Pettifor, A.; Cummings, S.; MacPhail, C.; Kleinschmidt, I.; Rees, H. V. (2009) One in five teenage fathers admitted to forcing girls to have sex with them.

Women 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. Smith, Carolyn (1996) According to a 2004 study, one-third of teenage pregnancies could be prevented by eliminating exposure to abuse, violence, and family strife. The researchers note 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. Studies have also found that boys raised in homes with a battered mother, or who experienced physical violence directly, were significantly more likely to impregnate a girl The National Campaign to Prevent Teen Pregnancy. (1997).

2.2 Effect of early pregnancy on school dropout in Uganda

According to Melissa (2012), teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Early motherhood had been linked to effects the psychological development of the child adversely. Beside psychological physical risks cannot be ignored. Teenage girls body is not as developed as adult women in term of childbearing. Thus, they are often to face certain complications during pregnancy. Lack of sexual education caused teens get abortions since they realize that they are not ready yet to take responsibility to be a parent at such a young age and they still have many things to chase in life. The chance of maternal death cannot be ruled out in effecting teenage pregnancy by child.

According to Marnach et al (2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens who are pregnant or parenting. The world wide incidence of premature birth and low birth weight is higher among adolescent mothers. Teenage mothers between 15-19 years old were more likely to have anemia, preterm delivery and low birth than nothers between 20-24 years old physiologically for the child as well as the mother. The mother can become easily frustrated and find violence is the way to overcome grief. She might become distraught thinking that she is a failure as a parent when seeing the reaction of her after being beaten. The teen mother might become depressed and consider suicide.

Thigona and Chetty (2007:1) contend that teenage pregnancy has militated against the educational success of girls in South Africa, and that though the girls are allowed to return to school after becoming mothers, they face many challenges in trying to balance motherhood and the demands of school. According to the Alan Guttmacher Institute (1994) as well as Coley and Mansdale (1998) in O'Hollaran (1998:2), adolescent mothers who stay in school are almost as likely to graduate (73 per cent) as women who do not become mothers while in high school (77 per cent) and children of teen parents perform worse in school than children of older parents. The National Campaign To Prevent Teen Pregnancy (March 2010) also reports that children of teen mothers do worse in school than those born to older parents, do not perform on measures of child development and school readiness such as cognition, language and communication, interpersonal skills and have lower performance on standardized tests.

Teenagers who give birth tend to complete fewer years of schooling than those who delay parenthood and every additional year that passes without a live birth positively corresponds with an increase in educational achievement (Moore & White, 1977 ; Card & Wise, 1978 ; Carlora, 1998) cited in Natalie (2011:8). MacManis and Sorensen (2000) maintain that teen parents are likely to do more poorly in school and repeat grades more often than teens that are not parents, and that high-risk sexual behaviour among teenagers, such as multiple partners and not using protection, can also lead to HIV/AIDS, other STIs and impaired school performance. Agarwal (2006) supports this statement when he states that after giving birth, the young mother finds it difficult to keep up with her peers where academic performance is concerned and she is forced to repeat classes and exhibit poor scoring in standardized tests.

According to Ashcraft and Lang (2006), teenage pregnancy can have a profound impact on young mothers and their children by placing limits on their educational achievements and economic stability, and predisposing them to single parenthood and marital instability in the future. Studies have shown that early motherhood is associated with low educational achievement, long-term benefit receipt, low or no income, low occupational status, or unemployment and this can affect teenage girl's well-being (Tsai & Wong, 2003:351). Bridges and Alford (2010:21) maintain that though students who are involved in teenage pregnancy experience difficulties or challenges such as STIs or HIV as major obstacles to their academic success, schools have the opportunity to help students avoid these barriers to success. They further state that on the one hand comprehensive sex education can help students protect their sexual health, promote academic performance and help them avoid negative outcomes while on the other hand, teenage pregnancy has a profound effect on school performance in that a higher percentage of teen mothers fail to complete school than teenagers who do not have children, for example, "less than one-third of teens who begin families before age 18 ever complete high school" (McManis & Sorensen, 2000:3).

When pregnancy interrupts an adolescent's education, a history of poor academic performance usually exists (Jonathan, Klein, MPH & the Committee on Adolescence, 2005:57). Jonathan et al. (2005) further state that having repeat births before 18 years of age has a negative effect on high school performance and completion and that factors associated with school performance and increased high school completion for pregnant teenagers include race, being raised in a

smaller family, presence of reading materials in the home, employment of the teenager's mother, and having parents with higher education

Falling pregnant while still at school or at an educational institution generates a set of problems for which the teenager has to find a solution (Bezuidenhout, 2004:40). She has to decide if she carries the unborn baby to full term or to have an abortion. Should she decide to carry the unborn baby to full term, her studies are obviously going to be interrupted and she would immediately be placed in a disadvantaged position, especially when having to rear her own baby (Bezuidenhout, 2004:40), and poor academic performance leads to poor employment and financial prospects, which in turn may have detrimental effects on all the other aspects of the life of the mother and her baby (Enderbe, 2000:16). Conversely, several long-term follow-up studies indicate that most former adolescent mothers are not welfare- dependent; many have completed high school, have secured regular employment, and do not have large families, and that comprehensive adolescent pregnancy programs seem to contribute to good outcomes (Klein et al. 2005:282).

2.3 Strategies for controlling early pregnancy and school dropout in Uganda

The Dutch approach to preventing teenage pregnancy has often been seen as a model by other countries. The curriculum focuses on values, attitudes, communication and negotiation skills, as well as biological aspects of reproduction. The media has encouraged open dialogue and the health-care system guarantees confidentiality and a non-judgmental approach

Some schools provide abstinence-only sex education. Evidence does not support the effectiveness of abstinence-only sex education. It has been found to be ineffective in decreasing HIV risk in the developed world, Underhill, K; Operario, D; Montgomery, P (Oct 17, 2007). and does not decrease rates of unplanned pregnancy when compared to comprehensive sex education. It does not decrease the sexual activity rates of students, when compared to students who undertake comprehensive sexual education classes.

In the U.S., one policy initiative that has been used to increase rates of contraceptive use is Title X: Title X of the 1970 Public Health Service act provides family planning services for those who do not qualify for Medicaid by distributing "funding to a network of public, private, and nonprofit entities [to provide] services on a sliding scale based on income." Studies indicate that,

internationally, success in reducing teen pregnancy rates is directly correlated with the kind of access that Title X provides: "What appears crucial to success is that adolescents know where they can go to obtain information and services, can get there easily and are assured of receiving confidential, nonjudgmental care, and that these services and contraceptive supplies are free or cost very little. In addressing high rates of unplanned teen pregnancies, scholars agree that the problem must be confronted from both the biological and cultural contexts.

Adoption across national borders. The dramatic impact of TUSEME on schools, particularly on girls, has been so impressive that, through facilitation by FAWE, thirteen other countries in sub-Saharan Africa have in various ways adopted the approach. These countries are Kenya, Rwanda, Malawi, Namibia, Zimbabwe, Zambia, Senegal, Guinea, Mali, Chad, Burkina Faso, The Gambia and Ethiopia (see testimonies below) is a pan-African non-governmental organization, founded in 1992 in order to increase access, improve retention and enhance the quality of education for girls and women in Africa. FAWE's membership includes African women ministers of education, permanent secretaries and university vice-chancellors, all who come together and, by virtue of their positions and experiences, hope to wield influence on their constituencies and society in general in the pursuit.

The effects of teenage pregnancy should be conducted to determine the effects of teenage pregnancy on the behaviour of secondary school learners as perceived by the teenage mothers themselves and their classmates. The present study was only limited to seven secondary schools and fourteen educators in the Mankweng area of Limpopo province. There may be need to carry out this kind of research in Limpopo province and South Africa as a whole.

There are various ways of reducing or preventing teenage pregnancy as suggested by the educators. These include, among others, dramatizing teenage pregnancy and its effects, usage of audio-visual aids such as DVDs that portray the effects of teenage pregnancy, making use of the ABC rule where A stands for abstinence, B for being faithful to oneself, and C meaning character formation, and among others, the importance of introducing sex education in schools and net-working with other departments, for example, the Department of Health and social development (Social workers) and the Department of Health (Nurses) to come to school and help educate learners on sexuality and teenage pregnancy.

The government should establish health centers or school clinics in secondary schools to alleviate the problem of absenteeism, truancy and ultimately grade repetition, based on reasons behind antenatal clinic consultations. Mobile clinics can also be provided to rural secondary schools in collaboration with the Department of Health at least once per week for professional nurses to attend to pregnant teenagers' issues, and to supply teenagers with the necessary preventative measures.

The educators should consider giving emotional support to pregnant teenagers by showing them love and empathy. Negative remarks about pregnant learners in the classroom situation should be avoided at all costs. Advices or corrections pertaining to the state of affairs of pregnant teenagers should be done in camera or privately by the teacher, not in the presence of other learners who are not pregnant. This will promote good relationships between educators and pregnant teenagers.

Learners who are not pregnant in secondary schools should avoid discriminating against those that are pregnant. Educators should teach learners who are not pregnant never to tease and arouse the temper of those that are pregnant so that both learners should maintain harmonious relationships between themselves. This will alleviate the problem of low self-esteem and inferiority complex on pregnant teenagers in the classroom situation and the school premises.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlines the study design to be used in the research, the population of study, the sample size, sampling techniques, data collection instrument, data sources, ethical consideration, data analysis and limitations of the study.

3.1 Research Design

The study adopted a case study design on both qualitative and quantitative aspects used. This method is preferred because it is an ideal method that eases the collection of information from the respondents at both individual and group levels. The researcher used both descriptive and explanatory design. The research findings were displayed in table form.

3.2. Study Population

A population is the aggregate or totality of objects or individual having one or more characteristics in common that are of interest to the researcher. The target population of study is mainly the teachers and students of St. Augustine S.S Wakiso, Namagunga S.S, Katikamu light college and Billal schools population of interface by the researcher selected will select the respondents. The total population of study was therefore be 80 people.

3.2.1 Sample population

A sample is a portion of the population that represents the entire population, because of time and resource the researcher may not interface with the entire research population, this prompted the researcher to choose a sample. The study constituted 70 respondents.

3.2.2 Sampling procedure

The researcher used probability sampling method and in particular stratified sampling and simple random sampling was used to give equal chance to the respondents. In stratified sampling that the researcher divided the population into sub populations this was especially used to students to capture the different sub groups of the population. Then he selected simple random sample independently from each Sub-population. Purposive sampling was used in the selection of local leader; these are perceived to have information suitable for the study.

3.3 Data Collection Instruments

Data was collected using primary and secondary sources in order to get accurate data.

3.3.1 Questionnaire

The use of questionnaire as a technique of data collection was employed. This involved writing down questions to the people to tick the right alternative and fill in the questionnaire. The method was made relevant to the study because it was used to obtain the information on this specific problem under in brief intervals of time. This was also provided information about a large and representative sample.

3.3.2 Interview Guide

The researcher personally administered the questions to the respondents and collect them after a set interval of time. The questions comprised of open- ended questions that require respondents to answer all questions to the best of their knowledge and the information..

3.4 Sources of data

3.4.1 Primary data

This information or data that is collected by researcher from the field, data collected afresh and for the first time, have not been processed, questionnaires and interview were common research tools used to collect data. In recognition to this, the researcher will collect data that is relevant to the research problem.

3.4.2 Secondary data

In secondary sources, documentary method was used where by the researcher use different documents to obtain relevant information about the office in general like files, policies attendance registers and reports. These documents helped the researcher to get such data as number of existing departments, total number of respondents.

3.5 Ethical consideration

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in the study, the following activities were implemented by the researcher.

1. The respondents were coded instead of reflecting the names through a written request to the concerned officials of the selected private schools in order to access the data from them.
2. The researcher acknowledged the authors quoted in the study through citations and referencing.
3. Findings to the study presented in a generalized manner to enhance privacy and confidentiality.

3.6 Reliability and Validity

The reliability ensured by testing the instruments for the reliability of values (Alpha values) as recommended by Cronbach, (1946). Cronbach recommends analysis for Alpha values for each variable under study. According to Sekaran 2001 Alpha values for each variable under study should not be less than 0.6 for the statements in the Instruments to be deemed reliable. Consequently, all the statements under each variable were subjected to this test and were proven to be above 0.6. The validity of the data collection instruments will do with the help of an Expert to edit the questionnaire and the Interview guide. The researcher forwarded the structured Questionnaire to Supervisor who is an expert in the area covered by the research for editing and reviewing.

3.7 Data Analysis

Data was analyzed both qualitatively and quantitatively. Upon collection of necessary data from the field, the researcher was analyzed, and interprets it in relation to the objectives of the study. The researcher presented the findings in form of tables, graphs and pie charts.

3.7 Limitations of the study

Extraneous variables which were beyond the researchers control such as respondents honesty, personal biases and uncontrolled setting of the study.

Instrumentation: The research instruments on resource availability and utilization are not standardized. Therefore a validity and reliability test was done to produce credible measurement of research variables.

Not all questionnaires were returned neither completely answered nor even retrieved back due to circumstances on the part of the respondents such as travels, sickness, hospitalization and refusal or withdrawal to participate. In anticipation to this the researcher reserved more respondents exceeding the minimum sample size. The respondents were reminded not to leave any item in the questionnaires unanswered and were closely followed up as to the date of retrieval.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter attempts to analyze the data collected and its interpretation in relation to the studied subjects. “Evaluate the influence of early pregnancy on school dropout in selected secondary schools in Wakiso district. The empirical findings of the study are presented, analyzed and interpreted. The collected data was organized from the responses to questionnaires administered to all the respondents of respondents of Wakiso district using the questionnaires which were distributed to 70 respondents.

4.1 Background of respondents

This section presents socio- economical demographic characteristics of respondents that include sex, age, and marital status, to mention. This information was obtained from all the respondents as shown in the tables below;

4.1.1 Age of respondents

Table 1: Showing the age of the respondents

Academic qualifications	Frequency	Percentage
18-25	18	25.7
26-30	15	21.4
31-35	27	38.5
44-50	6	8.5
Above 50	4	5.7
Total	70	100

Source: Primary Data, June, 2015

inding table 1 show the age of respondents show that majority of respondents were aged between 31-35 years, 27 respondents with 38.5% followed by 18-25 who were 25.7% of the total number of respondents then followed by 26-30 years represented by 15 respondents (21.4%), followed 44-50 was represented by 6 respondents with 8.5% and above 50 represented by (5.7%) and this was the least of all. From the above analysis, it is clear that majority of respondents were youthful, information obtained from them can be trusted and looked at as true and good representation of the information the researcher was looking for.

4.1.2 Gender of respondents

Table 2: Showing the gender distribution of the respondents

Gender	Frequency	Percentage
Male	42	60
Female	28	40
Total	70	100

Source: Primary data, April, 2015

From the research findings and also as illustrated in table 2 above, from the 70 respondents that participated in the study, the majority (60%) were male, while the minorities (40%) were female. This therefore reflects that the research employed both women and men in the study. It is vital to argue that gender was a focal point of the research.

4.1.3 Education level of respondents

Table 3: Showing academic qualifications of the respondents

Academic qualifications	Frequency	Percentage
Primary	12	17.1
Secondary	21	30
Certificate	8	11.4
Diploma	17	24.2
Degree	12	17.1
Total	70	100

Source: Primary Data, June, 2015

Results in table 3 indicate that majority of the respondents were secondary leavers representing 30%, followed by diploma with 24.2%, followed by degree with 17.1%, followed by primary level with 12% respondents representing 17.1% and 8 respondents were for certificate with 11.4%. The study findings imply that the respondents are educated though not very educated and therefore the information obtained from them can be relied on for the purpose of this study.

4.1.4 Marital Status of respondents

Table 4 Showing Responses on Marital Status of respondents

Marital Status	Frequency	Percentage
Single	17	24.2
Married	35	50.0
Separated/ Divorced	18	25.8
Total	70	100

Source: Primary Data, June, 2015

The results in table 4 show that 50 percent of the respondents were married, and 24.2 percent were single and 18 percent divorced or separated. The presentation indicates that most respondents involved are married. This is perhaps because of the high responsibility therefore information attained from them can be trusted for decision making.

1.2 Causes of early pregnancy among school going children in Uganda.

The first objective examines the causes of early pregnancy among school going children in Uganda. . The study findings on the objective were collected and presented as shown below.

1.2.1 Whether there prevails early pregnancy among school going children in Wakiso district

Table 5: Showing responses on whether there prevails early pregnancy among school going children in Wakiso district.

Response	Frequency	Percentage
Yes	44	62.8
No	12	17.2
Not sure	14	20.0
Total	70	100

Source: Primary Data, June, 2015

The study findings on whether there prevails early pregnancy among school going children in Wakiso district 62.8% of the respondents agreed, those who were not sure were 20.0% and 17.2% disagreed meaning that given the higher percentage of agreement, the researcher contend that early pregnancy among school going children in Wakiso district. Some respondents argued

that there was no early pregnancy. This finding implies early pregnancy prevails in wakiso district; it is of no doubt that information required concerning traits.

4.2.2 Causes of early pregnancy among school going children in Wakiso

Table 6: Showing the causes of early pregnancy among school going children in Wakiso district.

Causes of early pregnancy	Frequency	Percentage
Failure to be sustained in schools	11	15.7
Poverty among the youths	10	14.2
Lack of parental love	08	11.4
Rape and defilement cases	20	28.5
Failure by parents to provide necessities	05	07.1
Culture	07	10.0
Irresponsible parenthood	03	04.2
Children neglect	6	08.5
Total	70	100

Source: Primary Data, June, 2015

The responses on the causes of early pregnancy among school going children in Wakiso. The study findings were that Failure to be sustained in schools had 15.7% of the respondents, Poverty among the youths 14.2% of the respondents, Lack of parental love 11.4% of the respondents, rape and defilement cases had 28.5% of the respondents, Failure by parents to provide necessities 7.1% of the respondents, cultural beliefs and traditions had 10.0% of the respondents, irresponsible parenthood 4.2% and child neglect had 8.5% of the respondents. The responses were that early pregnancy prevail among the selected schools in Wakiso district. The responses imply that many respondents are in agreement with the prevailing harsh conditions graduating into early pregnancy in schools.

4.2.3 What do you actually attribute early pregnancy to in your schools

Table 7: Showing responses on what do you actually attribute early pregnancy to in your schools.

Response	Frequency	Percentage
Community	25	35.7
Religion	15	21.5
Government	30	42.8
Total	70	100

Source: Primary data, June, 2015

From the above table it was showed that the responses on responses on what do you actually attribute early pregnancy to in your schools indicate that government had the highest percentage with 42.8% followed with 35.7% for community and religion with 21.5%, hence it was observed that all respondents participated. The study findings imply that all the parties mentioned constitute and contribute the prevalence of early pregnancy among the school going children in Wakiso district.

4.3 Effect of early pregnancy on school dropouts in selected schools in wakiso district

The study was set to investigate the effect of early pregnancy on school dropouts in selected schools in wakiso district. The data collected is presented and interpreted as shown in the tables below.

4.3.1 Whether early pregnancy contribute to school dropout among school going children in Wakiso district

Table 8: Showing responses on whether early pregnancy contributes to school dropout among school going children in Wakiso district.

Respondents	Frequency	Percentage
Yes	45	64.2
No	20	28.5
Not sure	5	07.1
Total	70	100

Source: Primary Data, June, 2015

The study findings on whether early pregnancy contributes to school dropout among school going children in Wakiso district. The findings were that 64.2% of the respondents agreed, 28.5% of the respondents disagreed and 7.1% of the respondents were not sure. The findings were that early pregnancy is a key contributor school dropout.

1.3.2 Effect of early pregnancy on school dropouts in Uganda

Table 9: Showing responses on the effect of early pregnancy on school dropouts in Wakiso district.

Responses	Frequency	Percentage
Segregation by fellow peers	27	38.5
Much responsibility on childcare	12	17.1
Limited society support while at school	16	22.8
Lack of scholastic requirements due to care for child	15	21.4
Total	70	100

Source: Primary Data, June, 2015

The study findings on how early pregnancy affect school dropouts in Wakiso district. The findings were that Segregation by fellow peers had 38.5% of the respondents agreed, Much responsibility on childcare had 17.1% of the respondents, Limited society support while at school had 22.8% of the respondents and Lack of scholastic requirements due to care for child had 21.4% of the respondents were available. The findings imply that many respondents agreed that early pregnancy contribute to school dropout in Wakiso district.

4.3.3 Other factors lead to schools dropout among the students in your schools

Table 10: Showing responses on other factors lead to schools dropout among the students in your schools.

Other factors	Frequency	Total
Poverty	15	21.4
Poor academic performance of schooling youths	16	22.8
Health diseases amongst youths	14	20.0
Failure of youths to involve in productive activity	20	28.5
Segregation from society	05	07.1
Total	70	100

Source: Primary Data, June, 2015

From the above results in regard to other factors lead to schools dropout among the students in your schools. The results were that Failure of youths to involve in productive activity had majority response with 28.5% of the respondents, Poor academic performance of schooling youths had 22%, health diseases amongst youths had 20%, poverty had 21.4%, Segregation from society had 7.1%.This implies that the major and key aspects noted confirmed that other factors other than early pregnancy contribute to school dropout.

1.4 Strategies that can be adopted to reduce school dropout in Wakiso district

The third objective of the study was to assess the strategies that can be adopted to reduce school dropout in Uganda. The data collected was presented and interpreted as shown in the presentations below

1.4.1 Whether strategies are in place to reduce school dropout among school going children in Wakiso district

Table 11: Showing responses on whether strategies are in place to reduce school dropout among school going children in Wakiso district.

Respondents	Frequency	Percentage
Yes	30	42.1
No	25	35.7
Not sure	15	21.4
Total	70	100

Source: Primary Data, June, 2015

The study findings on whether there are strategies are in place to reduce school dropout among school going children in Wakiso district. The findings were that 42.1% argued in regard to the question arguing positively, 35.7% disagreed while 21.4% were not sure. This implies that majority of the respondents agree that less is being done to reduce early pregnancy prevalence among the schools going children in Wakiso district.

4.4.2 Strategies adopted to reduce school dropout in Wakiso district

Table 12: Showing Strategies adopted to reduce school dropout in Wakiso district

Responses	Frequency	Percentage
Fighting cultural hardship	14	20.0
Children restoration	16	22.8
Fighting domestic violence	10	14.2
Sensitization of communities	12	17.1
Provision of social amenities to children	18	25.7
Total	70	100

Source: Primary data, June, 2015

The study findings on the Strategies adopted to reduce school dropout in Wakiso district was that fighting cultural hardship had 20.0% of the respondents, Children restoration had 22.8% of the respondents, Fighting domestic violence had 14.2% of the respondents, Sensitization of communities had 17.1% and Provision of social amenities to children and 25.7% of the respondents who agreed. The findings therefore imply that strategies are in place for the provision of reduced dropout in Wakiso district.

4.4.3 What should be done to reduce school dropout in Wakiso district

Table 13: Showing responses on what should be done to reduce school dropout in Wakiso district.

What need to be done to reduce School dropout	Frequency	Percentage
Establishing stringent policy	10	16.7
Establishment of regulations by local authorities	11	18.3
Reduction of poverty	09	15
There is need for implementation of appropriate means of guiding youths	12	20
There is need for intensified counseling and guidance	18	30
Total	70	100

Source: Primary data, June, 2015

The study findings on what should be done to reduce school dropout in Wakiso district was that Establishing stringent policy had 16.7% of the respondents, establishment of regulations by local authorities 18.3%, reduction of poverty had 15% of the respondents, there is need for mplementation of appropriate means of guiding youths had 20% of respondents and There is need for intensified counseling and guidance had 30% of the respondents. The findings therefore mply that there is need for adoption and application of the measures suggested above.

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSION, RECOMMENDATIONS AND SUGGESTIONS

5.0 Introduction

This chapter presents the Discussion, summary, conclusions and recommendations made based on the study findings. They were made basing on the research questions. It also gives areas of further study.

5.1 Discussion of Findings.

This section presents the summary of findings which were based on the research questions and a comparison of other authors views on the findings.

5.1.1 Causes of early pregnancy among school going children

The causes of early pregnancy among school going children in Wakiso. The study findings were that Failure to be sustained in schools had 15.7% of the respondents, Poverty among the youths 4.2% of the respondents, Lack of parental love 11.4% of the respondents, rape and defilement cases had 28.5% of the respondents, Failure by parents to provide necessities 7.1% of the respondents, cultural beliefs and traditions had 10.0% of the respondents, Irresponsible parenthood 4.2% and child neglect had 8.5% of the respondents

The findings are in line with according to Patrick (2010), 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 behavior which in turn may be another cause of teenage pregnancy.

The findings are also in line with 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

5.1.2 Effect of early pregnancy on school dropout in Wakiso district

Early pregnancy affect school dropouts in Wakiso district. The findings were that Segregation by fellow peers had 38.5% of the respondents agreed, Much responsibility on childcare had 17.1% of the respondents, Limited society support while at school had 22.8% of the respondents and Lack of scholastic requirements due to care for child had 21.4% of the respondents were available

According to Melissa (2012), teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Early motherhood had been linked to effects the psychological development of the child adversely. Beside psychological physical risks cannot be ignored. Teenage girl’s body is not as developed as adult women in term of childbearing. Thus, they are often to face certain complications during pregnancy

The findings are also in line with Marnach et al (2013) medically, teenage pregnancy maternal and prenatal health is of particular concern among teens who are pregnant or parenting. The world wide incidence of premature birth and low birth weight is higher among adolescent nothers.

5.1.3 Strategies adopted to reduce school dropout in Wakiso district

The study findings on the Strategies adopted to reduce school dropout in Wakiso district was that Fighting cultural hardship had 20.0% of the respondents, Children restoration had 22.8% of the espondents, Fighting domestic violence had 14.2% of the respondents, Sensitization of communities had 17.1% and Provision of social amenities to children and 25.7% of the espondents who agreed.

Operario, D; Montgomery, P (Oct 17, 2007) who argues that decrease rates of unplanned pregnancy when compared to comprehensive sex education. It does not decrease the sexual ctivity rates of students, when compared to students who undertake comprehensive sexual education classes

The findings were also in line with Marnach et al (2013) who argued that the educators should consider giving emotional support to pregnant teenagers by showing them love and empathy. Negative remarks about pregnant learners in the classroom situation should be avoided at all

costs. Advices or corrections pertaining to the state of affairs of pregnant teenagers should be done in camera or privately by the teacher, not in the presence of other learners who are not pregnant. This will promote good relationships between educators and pregnant teenagers.

5.2 Summary of the findings

Early pregnancy prevails among school going children in Wakiso district 62.8% of the respondents agreed, those who were not sure were 20.0% and 17.2% disagreed meaning that given the higher percentage of agreement, the researcher contend that early pregnancy among school going children in Wakiso district.

The causes of early pregnancy among school going children in Wakiso. The study findings were that Failure to be sustained in schools had 15.7% of the respondents, Poverty among the youths 14.2% of the respondents, Lack of parental love 11.4% of the respondents, rape and defilement cases had 28.5% of the respondents, Failure by parents to provide necessities 7.1% of the respondents, cultural beliefs and traditions had 10.0% of the respondents, Irresponsible parenthood 4.2% and child neglect had 8.5% of the respondents

Attribution for early pregnancy to in your schools indicate that government had the highest percentage with 42.8% followed with 35.7% for community and religion with 21.5%, hence it was observed that all respondents participated

Early pregnancy contributes to school dropout among school going children in Wakiso district. The findings were that 64.2% of the respondents agreed, 28.5% of the respondents disagreed and 7.1% of the respondents were not sure.

Early pregnancy affect school dropouts in Wakiso district. The findings were that Segregation by fellow peers had 38.5% of the respondents agreed, Much responsibility on childcare had 7.1% of the respondents, Limited society support while at school had 22.8% of the respondents and Lack of scholastic requirements due to care for child had 21.4% of the respondents were available

There are strategies are in place to reduce school dropout among school going children in Wakiso district. The findings were that 42.1% argued in regard to the question arguing positively, 35.7% disagreed while 21.4% were not sure

The study findings on the strategies adopted to reduce school dropout in Wakiso district was that Fighting cultural hardship had 20.0% of the respondents, Children restoration had 22.8% of the respondents, Fighting domestic violence had 14.2% of the respondents, Sensitization of communities had 17.1% and Provision of social amenities to children had 25.7% of the respondents who agreed.

To fully address the aspects of early pregnancy and school dropout, there is need for the establishing stringent policy had 16.7% of the respondents, establishment of regulations by local authorities 18.3%, reduction of poverty had 15% of the respondents, there is need for implementation of appropriate means of guiding youths had 20% of respondents and There is need for intensified counseling and guidance.

5.3 Conclusions

The study was set to assess the influence of early pregnancy on school dropout in selected secondary schools in Wakiso district. It was guided by three research objectives which included assessing the causes of early pregnancy among school going children in Uganda, establish the effect of early pregnancy on school dropouts in Uganda and to establish the strategies that can be adopted to reduce school dropout in Uganda. The findings were that early pregnancy prevails among school going children in Wakiso district 62.8% of the respondents, the causes include failure to be sustained in schools had 15.7% of the respondents. Poverty among the youths 4.2% of the respondents. Lack of parental love 11.4% of the respondents, rape and defilement cases had 28.5% of the respondents, Failure by parents to provide necessities 7.1% of the respondents, cultural beliefs and traditions had 10.0% of the respondents, Irresponsible parenthood 4.2% and child neglect had 8.5% of the respondents.

Early pregnancy contributes to school dropout among school going children in Wakiso district. The findings were that 64.2% through segregation by fellow peers had 38.5% of the respondents agreed, Much responsibility on childcare had 17.1% of the respondents, Limited society support while at school had 22.8% of the respondents and Lack of scholastic requirements due to care for child had 21.4% of the respondents were available. Few strategies have been devised to reduce early pregnancy and school dropout. These included fighting cultural hardship had 20.0% of the respondents, Children restoration had 22.8% of the respondents, Fighting domestic violence had

14.2% of the respondents, and Sensitization of communities had 17.1% and Provision of social amenities to children and 25.7% of the respondents who agreed.

5.4 Recommendations

These include, among others, dramatizing teenage pregnancy and its effects, usage of audio-visual aids such as DVDs that portray the effects of teenage pregnancy

The government should establish health centers or school clinics in secondary schools to alleviate the problem of absenteeism, truancy and ultimately grade repetition, based on reasons behind antenatal clinic consultations.

The social educators and counselors should consider giving emotional support to pregnant teenagers by showing them love and empathy. Negative remarks about pregnant learners in the classroom situation should be avoided at all costs

Social workers should teach learners who are not pregnant never to tease and arouse the temper of those that are pregnant so that both learners should maintain harmonious relationships between themselves.

The social workers and relevant authorities should adopt the strategies raised by the researcher such as increased funding and adopting a reduced early pregnancy perspective to fully operate with minimal challenges.

5.5 Areas of further study

Due to time and financial constraints calls for further research on early pregnancy

- . The contributions of social workers in reduced early pregnancy
- . The impact of social work on school dropouts
- . The role of family in promoting social cohesion among pregnant teenagers

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Appendix I: Research Questionnaire for students and teachers

Dear respondent

My name is Nasuuna Aisha a student of Kampala international University carrying out an academic research on the “ Impact of early pregnancy on school dropout in selected schools in Wakiso district. You have been randomly selected to participate in the study and you are therefore kindly requested to provide an appropriate answer by either ticking the best option or give explanation where applicable. The answers provided will only be used for academic purposes and will be treated with utmost confidentiality.

NB: Do not write your name anywhere on this paper.

SECTION A- Background of respondents

1. Age

18 – 25 years	<input type="checkbox"/>
26 – 30 years	<input type="checkbox"/>
31 – 35 years	<input type="checkbox"/>
36 – 40 years	<input type="checkbox"/>
Above 40 years	<input type="checkbox"/>

2. Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

3. Qualification academically

Primary	<input type="checkbox"/>
Secondary	<input type="checkbox"/>
Certificate	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>

4. Marital status

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Separated/divorced	<input type="checkbox"/>

SECTION B: Causes of early pregnancy among school going children in Uganda.

5. Whether there prevails early pregnancy among school going children in Wakiso district

Yes	<input type="text"/>
No	<input type="text"/>
Not sure	<input type="text"/>

5. What are the causes of early pregnancy among school going children in Wakiso district?

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7. What do you actually attribute early pregnancy to in your schools?

Community	<input type="text"/>
Religion	<input type="text"/>
Family	<input type="text"/>
Government	<input type="text"/>

SECTION C: Effect of early pregnancy on school dropouts in Uganda.

3. Whether early pregnancy contribute to school dropout among school going children in Wakiso district

Yes	<input type="text"/>
No	<input type="text"/>
Not sure	<input type="text"/>

9. What is the effect of effect of early pregnancy on school dropouts in Uganda?

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10. What other factors lead to schools dropout among the students in your schools?

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SECTION D: Strategies that can be adopted to reduce school dropout in Uganda

11. Whether strategies are in place to reduce school dropout among school going children in
Wakiso district

Yes	<input type="text"/>
No	<input type="text"/>
Not sure	<input type="text"/>

12. What Strategies have been adopted to reduce school dropout in Uganda?

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13. What should be done to reduce school dropout in Wakiso district?

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Appendix ii: Interview Guide

- 1) What are the causes of early pregnancy among school going children in Wakiso district?
- 2) What do you actually attribute early pregnancy to in your schools?
- 3) What is the effect of effect of early pregnancy on school dropouts in Uganda?
- 4) What other factors lead to schools dropout among the students in your schools?
- 5) Whether strategies are in place to reduce school dropout among school going children in Wakiso district
- 6) What Strategies have been adopted to reduce school dropout in Uganda?
- 7) What should be done to reduce school dropout in Wakiso district?

Appendix iii: Research Budget

No	Item	Qty	Unit cost	Total cost
1	Study analysis	5 times	20,000	100,000
2	Typing and printing	80 pages	500	80,000
3	Binding	4 copies	15,000	60,000
4	Data collection			100,000
5	Meals	10	5,000	50,000
5	Miscellaneous			80,000
	Grand total			470,000

Appendix iv: Research Time frame

This entails different activities and their stipulated weeks when to be preformed.

NO	ACTIVITY	DAY/WEEK
1	Proposal write up	Early June 2015
2	Questionnaire and other data collection development	Mid June „
3	Methodology &literature review	Late June „
4	Data collection	Early July „
5	Data processing& analysis	Mid July „
5	Complete dissertation review and submission	Late July „